

Clinical Career Ladder System's Awareness among Nursing Staff at Mansoura Hospitals (Governmental and Non Governmental Hospitals).

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Abstract:

Background: The clinical career ladder is an effective way to allow the licensed nurse more time to perform higher-level of competency in clinical tasks and serves to retain, recognize and compensate expert clinical staff. Aim: To study nursing staff awareness regarding clinical career ladder system and its benefits at Mansoura Hospitals.

Subjects and Methods: Analytical cross sectional design was used, and convenience sample of all available nursing staff working at Mansoura city participated in the study. Two tools used to collecting data, as well as clinical career ladder system Questionnaire and Benefits of clinical career ladder Questionnaire.

Results: Regarding to total agreement about clinical ladder system. The highest mean score (320.37 ± 7.65) were in Private Hospitals than in health insurance hospitals (257.15 ± 30.91). There is a significance relation between all items and total agreement ($P < 0.05$).

Conclusion: Nurses in the nongovernmental hospital (private hospital) have better aware regarding Clinical Career Ladder System than nurses in the governmental hospitals (Mansoura university hospital, health insurance hospital) respectively. Otherwise regarding benefits and advantages of Clinical Career Ladder System, nurses in the governmental hospitals have better aware than nurses in the nongovernmental hospital.

Keywords: Awareness, Clinical Career Ladder, Governmental, Hospital, Non Governmental, Nursing Staff.

INTRODUCTION

Career is very important; it is a part of individual's dreams, goals, accomplishments and provides individuals with daily income and identity and gives their insight in what their find important in life, and what want to achieve during lives. Career is a central part of live and everybody wants to have a successful career (Bos, 2012).

Historically, nurses have often lacked a career focus and generally viewed nursing as a job and not a career. However, now both organizations that employ nurses and nurses themselves are recognizing the benefits of career development (Marquis & Huston, 2009).

Career can be viewed as a critical life process involving both the individual and the employer; career development consisted of career planning and career management (Marquis & Huston, 2009). Both of them the way and the structure path in the form of options for career progression as clinical career ladder (Thomas, 2013).

Career ladder were envisioned as planned, coordinated, and well-articulated academic programs designed to help people move up hierarchy in a step-like manner; metaphor of a ladder emphasized that each step would provide new, not repetitive, knowledge and skills. So that Politicians and leaders emphasis on career ladder programs as attractive academic opportunities for many disciplines (Donley & Jean, 2008).

Clinical career ladder program has adhering to the foundational tenets of recognizing and rewarding excellent bedside nursing practice, nurses on the clinical ladder represent the ideal performance of mentoring and motivating other nurses and interdisciplinary team members (Happell, Platania, Harris & Bradshaw, 2014).

Implementing the clinical ladder program is to offer professional nurses the opportunity for career development and advancement while maintaining a clinical focus on patient care at the bedside. The clinical ladder program is a voluntary program in which the nurse demonstrates expertise in the areas of clinical management, educational activities and research (Ohio State's University Medical Center, OSUMC, 2013):

The clinical ladder program at Ducke has three distinct tracks: education. Practice and management.

The clinical ladder program is consists of four levels of professional practice, Nurse Clinician I, Nurse Clinician II-sound practitioner, Nurse Clinician III-proficient practitioner, and Nurse Clinician IV- expert practitioner.

The clinical ladder program has adhering to the foundational tenets of recognizing and rewarding excellent bedside nursing practice, nurses on the clinical ladder represent the ideal performance of mentoring and motivating other nurses and interdisciplinary team members (Happell, Platania, Harris & Bradshaw, 2014). Otherwise, implementing the clinical ladder program is to offer professional nurses the opportunity for career development. And advancement

while maintaining a clinical *focus on patient care at the bedside (Ohio State's University Medical Center, OSUMC, 2013)*.

The clinical career ladder program will differentiate between staff nurses depend on classification of nurses to levels' according to years of experiences' in clinical care and the further training program on the field of practice. So the clinical career ladder is the key to meeting the expectations of the nursing workforce by providing recognition, mentoring, and continued education (Riley, Rolband, James & Norton, 2009). So that the researchers aimed to study awareness of nursing staff regarding clinical career ladder system and its advantage and benefits at Mansoura Hospitals, which a one step to be developed and implementing in a governmental and nongovernmental hospitals in Egypt.

Aim: To study nursing staff awareness regarding clinical career ladder system at Mansoura Hospitals.

Hypothesis: There is a defective and unequal awareness regarding clinical career ladder system at Mansoura Hospitals.

SUBJECTS AND METHODS

Design: Analytical cross sectional study design.

Setting: The study included two settings, governmental and nongovernmental hospitals.

- Governmental hospital it included Main Mansoura University Hospital which represents a large one of University Hospitals to provide care at delta region. And Mansoura Health Insurance Hospital (the only one at Mansoura) which represents sector of Ministry of Health.
- Nongovernmental hospital it included Delta Hospital which represents sector of private hospitals, and have a large number of nursing staff in relation to other private hospitals.

Subjects: All available nursing staff working in the above mentioned settings, who accepted to share in the study and were convenient at the time of the study. They represented a convenient sample (n=295). The study sample included the following: University hospital (n=231) Health Insurance hospital (n=34) and Private hospital (n=30).

Tools of data collection: The study data were collected by two tools:-

Tool (1) of clinical career ladder system Questionnaire: it was developed by researchers depending on literature reviews and guided by, University Healthcare Jefferson Medical (2014), Sylvan. R, (2014), UMPNC (2010 & 2014) to assess nursing staff awareness (opinion) about clinical career ladder system. This tool consisted of two parts, the first part covered personal characteristics of nursing staff such as: age, years of experience, marital status and qualification. The second part of the questionnaire consisted of 81 items covered three dimensions:

- Dimension 1: represents concept of clinical career ladder system (9 items).
- Dimension 2: represents levels of clinical career ladder system (3 items).

- Dimension 3: represents qualification (22 items) and responsibilities (47 items) for different levels of clinical career ladder system.

Scoring system: Responses of the participants were measured on five -point likert scale ranged from 1-5 for the responses, where strongly disagree was scored (1), disagree scored (2), neutral scored (3), agree scored (4) and strongly agree scored (5). Based on 50% cut of value, the nursing staff responses were considered aware (50%) and not aware (<50%).

Tool (2): Benefits of clinical career ladder Questionnaire: it was developed by researchers based on literature review and guided by: Watts M,(2010), Drenkard & Swartwout (2005), to assess nursing staff awareness about benefits and advantages of clinical career ladder system. It includes 37 items and composed of seven main parts of benefits as the following; Differentiation of levels of nursing competencies (7 items), Reinforcement of responsibility and accountability in nursing practice (4 items), Guide for evaluation of clinical performance (4 items), Assures opportunities for professional growth (7 items), Rewards and benefits are commensurate with levels of practice (4 items), Job satisfaction through recognition for clinical practice (4 items), Provide for increased levels of autonomy and decision making (6 items).

Scoring system:

Responses of the participants were measured on two-point scale as 1-2, where disagree response was scored (1) and agree response was scored (2). Based on 50% cut of value, the nursing staff responses were considered aware (50%) and not aware (<50%).

- Ranking of different items of clinical career levels was based on considering the number of questions of each sub item. The rank of each main sub item was obtained by dividing the mean scores of total questions on the number of questions to obtain the original scale range.

METHODS OF DATA COLLECTION

- **Ethical Consideration:-** Before commencing the study, ethical approval was granted from the research ethics committee in which the study took place. The researchers ensured that the correct procedures were undertaken concerning informed consent, autonomy, anonymity and maintenance of the subjects of confidentiality.

- An official permission to conduct the study was obtained from the hospitals administrator. -The study tools were tested for is content and face validity by jury test of five experts in the field of nursing administration to evaluate the individual items as well as the entire instrument as being relevant and appropriate to test what they wanted to measure. The face validity of the questionnaire was calculated based on experts opinion after calculating content validity index (%) of its items and it was 95%.

-The experts were asked to evaluate the individual items on the study tools in relation to its relevance and appropriateness in terms of the construct and if the items adequately measure all dimensions of the construct. The experts were asked to evaluate individual items and rate

items on a 4-point scale as follows; not relevant scored (1), Little relevant scored (2), relevant scored (3) and very relevant (4).

The study tools were subjected to assessment of internal consistency reliability using Spearman-Brown Prophecy Formula ($r^1=2(3)/1+r$), where r^1 estimated reliability of the entire test and r estimated correlation coefficient computed on the split halves.

-A pilot study was carried out on 10% from different departments in Mansoura Hospitals, to evaluate the clarity and applicability of the tools and necessary modifications were done based on s

- To assess reliability, the study tools was tested by the pilot subjects at first session and retested after 2 weeks as test-retest reliability for calculating Cronbach's Alpha which was 0.925.

- An informed consent for participation in the study was secured from the entire study sample. Participation in the research is voluntary. Each participant may decide to stop completing the study and withdraw at any time without consequence.

Statistical analysis:

- The collected data were organized, tabulated and statistically analyzed using SPSS software (Statistical Package for the Social Sciences, version 16, SPSS Inc. Chicago, IL, USA). For quantitative data, the range, mean and standard deviation were calculated. The confidence interval level chosen for the study was 95%.
- For qualitative data, comparison between two groups and more was done using Chi-square test (χ^2). For comparison between more than two means of parametric data, F value of ANOVA test was calculated. Correlation between variables was evaluated using Pearson's correlation coefficient (r). Significance was adopted at $p<0.05$ for interpretation of results of tests of significance.

RESULTS

Table (1): Demographic data of the studied nursing staff in governmental and non-governmental hospitals in Mansura (n=295).

Variables	The studied staff nurses in Mansoura hospitals (n=295)						χ^2	P
	University hospital(n=231)		Health Insurance hospital(n=34)		Private hospital(n=30)			
	N	%	N	%	n	%		
Gender:								
Females	213	92.2	34	100	18	60.0	34.501	0.0001*
Males	18	7.8	0	0	12	40.0		
Job:								
Nurse	213	92.2	21	61.8	19	63.3	36.260	0.0001*
Supervisor	18	7.8	13	38.2	11	36.7		
Age years:								
Range	19-45		22-47		20-40			
Mean±SD	28.57±6.71		35.23±5.47		27.50±4.97			
F value	17.139							
P	0.0001*							
Marital status:								
Single	40	17.3	3	8.8	17	56.7	30.208	0.0001*
Married	184	79.7	31	91.2	12	40.0		
Widow	7	3.0	0	0	1	3.3		
Educational level:								
Nursing diplomat	121	52.4	23	67.6	10	33.3	66.281	0.0001*
Nursing technician	84	36.4	0	0	1	3.3		
Bachelor of nursing	26	11.3	11	32.4	19	63.3		

*Significant (P< 0.05)

This table illustrated demographic data of the studied nursing staff in governmental and non-governmental hospitals in Mansura. Regarding to gender most nurses were female. In relation to job majority were nurses in three hospitals .also regarding age group the highest mean (35.23±5.47) related to Health Insurance hospitals. Majority of nurses were married And finally educational

level the highest level in university hospitals and health insurance hospitals respectively (52.4%, 67.6%) were diploma nurse while in Private hospitals were Bachelor of nursing(63.3%). There is significance relation between thee hospitals in relation to all items of demographic characteristics.

Table (2): Mean scores of agreement of the studied nursing staff about clinical career ladder system items in governmental and non-governmental hospitals in Mansura (n=295).

Clinical career ladder system items	Mean scores of agreement of the studied nursing staff about clinical career ladder system in Mansoura hospitals (n=295)			F-value	P
	University hospital(n=231)	Health Insurance hospital(n=34)	Private hospital(n=30)		
	Range Mean±SD	Range Mean±SD	Range Mean±SD		
1-Concept	9-44 30.58±8.11	23-40 29.26±3.56	30-45 36.53±3.29	9.762	0.0001*
2-Levels	3-14 9.65±2.74	6-12 8.88±1.41	8-13 11.50±1.31	9.519	0.0001*
3-Qualifications and responsibilities of clinical career ladder levels:					
Fist level:					
-1 st level qualifications	4-20 11.36±3.61	6-16 12.00±1.82	10-19 15.90±1.92	24.787	0.0001*
-1 st level responsibilities	14-55 36.96±10.53	19-37 30.85±5.38	31-48 43.83±3.30	14.642	0.0001*
Second level:					
-2nd level qualifications:	5-24 15.62±4.71	11-20 15.32±2.93	15-23 19.87±1.61	13.296	0.0001*
-2nd level responsibilities	13-65 44.85±11.57	30-50 40.29±6.37	48-57 52.90±2.14	11.882	0.0001*
Third level:					
-3rd level qualifications	9-45 30.67±8.60	18-38 28.23±6.87	30-42 35.47±2.30	6.849	0.001*
-3rd level responsibilities	12-60 40.29±10.85	19-52 41.97±8.02	44-51 47.43±1.85	6.855	0.001*
Fourth level:					
-4th level qualifications	4-20 12.10±3.83	9-17 12.94±2.41	13-18 15.63±1.16	13.634	0.0001*
-4th level responsibilities	11-54 33.09±12.16	23-54 37.38±6.52	33-48 41.30±3.26	8.695	0.0001*
Total agreement about clinical ladder system	108-370 265.19±62.67	197-298 257.15±30.91	305-335 320.37±7.65	13.534	0.0001*

*Significant (P< 0.05)

This table showed mean scores of agreement of the studied nursing staff about clinical career ladder system items in governmental and non-governmental hospitals in Mansura. Regarding to total agreement about clinical

ladder system. The highest mean score (320.37±7.65) were Private hospitals and the lowest (257.15±30.91) were health insurance hospitals .There is a significance relation between all items and total agreement (P< 0.05).

Table (3): Mean scores of agreement of the studied nursing staff about benefits and advantages of clinical career ladder system items in governmental and non-governmental hospitals in Mansura (n=295).

Benefits of clinical career ladder system items	Mean scores of agreement of the studied nursing staff about clinical career ladder system in Mansoura hospitals (n=295)			χ ²	P
	University hospital (n=231)	Health Insurance hospital (n=34)	Private hospital (n=30)		
	Range Mean±SD	Range Mean±SD	Range Mean±SD		
1-Differentiation of levels of nursing competencies	7-14 12.72±1.36	12-14 13.53±0.61	10-14 11.60±1.63	16.925	0.0001*
2-Reinforcement of responsibility and accountability in nursing practice	4-8 6.97±0.97	6-8 7.73±0.51	5-8 6.50±0.97	15.056	0.0001*
3-Guide for evaluation of clinical performance	4-8 7.02±1.01	5-8 6.94±1.01	5-8 6.63±0.96	1.941	0.145
4-Assures opportunities for professional growth	7-14 12.54±1.68	8-14 12.76±1.60	9-14 11.57±1.52	5.161	0.0001*
5-Rewards and benefits are commensurate with levels of practice	4-8 7.04±1.24	4-8 6.23±1.89	4-8 6.43±0.97	7.713	0.0001*
6-Job satisfaction through recognition for clinical practice	4-8 6.67±1.20	6-8 7.56±0.61	5-8 6.63±0.93	9.575	0.0001*

7-Provide increased levels of autonomy and decision making	6-12 10.61±1.55	9-12 11.56±0.75	8-12 10.13±1.41	8.382	0.0001*
Total agreement about benefits of clinical ladder system	36-72 63.57±6.40	57-72 66.32±5.16	51-72 59.50±7.23	9.291	0.0001*

*Significant (P< 0.05)

This table showed mean scores of agreement of the studied nursing staff about benefits and advantages clinical career ladder system items in governmental and non-governmental hospitals in Mansura. Regarding to total agreement about benefits of clinical ladder system.

The highest mean score (66.32±5.16) were health insurance hospitals while the lowest (59.50±7.23) were private hospitals. There is a significance relation between all items and total agreement (P< 0.05).

Table (4): Ranking of agreement mean scores of the studied nursing staff about clinical career ladder system items in governmental and non-governmental hospitals in Mansura (n=295).

Clinical career ladder system items	Mean scores of agreement of the studied nursing staff about clinical career ladder system in Mansoura hospitals (n=295)					
	University hospital (n=231)		Health Insurance hospital (n=34)		Private hospital (n=30)	
	Mean±SD	Rank	Mean±SD	Rank	Mean±SD	Rank
1-Concept	3.40±0.90	7	3.25±0.39	8	4.06±0.36	8
2-Levels	3.22±0.91	5	2.96±0.47	2	3.83±0.44	2
3-Qualifications and responsibilities of clinical career ladder levels:						
First level:						
-1 st level qualifications	2.84±0.90	1	3.00±0.45	3	3.97±0.48	6
-1 st level responsibilities	3.36±0.96	6	2.80±0.49	1	3.98±0.30	7
Second level:						
-2 nd level qualifications:	3.12±0.94	4	3.06±0.59	4	3.97±0.32	6
-2 nd level responsibilities	3.45±0.89	9	3.10±0.49	5	4.07±0.16	9
Third level:						
-3 rd level qualifications	3.41±0.95	8	3.14±0.76	6	3.94±0.25	4
-3 rd level responsibilities	3.36±0.90	6	3.50±0.67	10	3.95±0.15	5
Fourth level:						
-4 th level qualifications	3.02±0.96	3	3.23±0.60	7	3.91±0.29	3
-4 th level responsibilities	3.01±1.10	2	3.40±0.59	9	3.75±0.30	1

*Significant (P< 0.05)

This table showed ranking of agreement mean scores of the studied nursing staff about clinical career ladder system items in governmental and non-governmental hospitals in Mansoura. The highest rank in university hospital were third level of qualification and second level responsibilities of career ladder mean score (3.41 &3.45) respectively. Followed by fourth level of

qualification and third level of responsibilities mean score (3.23 &3.50) respectively. Regarding to qualification the highest rank in private hospital were second and third level of qualification mean score (3.97) for both. While second level responsibilities were the highest of career ladder mean score (4.07).

Table (5): Ranking of agreement mean scores of the studied nursing staff about benefits and advantages of clinical career ladder system items in governmental and non-governmental hospitals in Mansura (n=295).

Benefits of clinical career ladder system items	Mean scores of agreement of the studied nursing staff about clinical career ladder system in Mansoura hospitals (n=295)					
	University hospital (n=231)		Health Insurance hospital (n=34)		Private hospital (n=30)	
	Mean±SD	Rank	Mean±SD	Rank	Mean±SD	Rank
1-Differentiation of levels of nursing competencies	1.82±0.19	6	1.93±0.09	5	1.66±0.23	4
2-Reinforcement of responsibility and accountability in nursing practice	1.74±0.24	2	1.93±0.13	5	1.62±0.24	2
3-Guide for evaluation of clinical performance	1.75±0.25	3	1.73±0.25	2	1.96±0.24	5
4-Assures opportunities for professional growth	1.79±0.24	4	1.82±0.23	3	1.65±0.22	3

5-Rewards and benefits are commensurate with levels of practice	1.76±0.31	4	1.56±0.47	1	1.61±0.24	1
6-Job satisfaction through recognition for clinical practice	1.67±0.30	1	1.89±0.15	4	1.66±0.23	4
7-Provide increased levels of autonomy and decision making	1.77±0.26	5	1.93±0.12	5	1.69±0.23	5

This table showed ranking of agreement mean scores of the studied nursing staff about benefits and advantages of clinical career ladder system items in governmental and non-governmental hospitals in Mansura. The highest ranking related to item of differentiation of levels of

nursing competencies in university hospital while the lowest ranking related to rewards and benefits are commensurate with levels of practice in private and Health Insurance hospital .Also Job satisfaction through recognition for clinical practice in university hospital

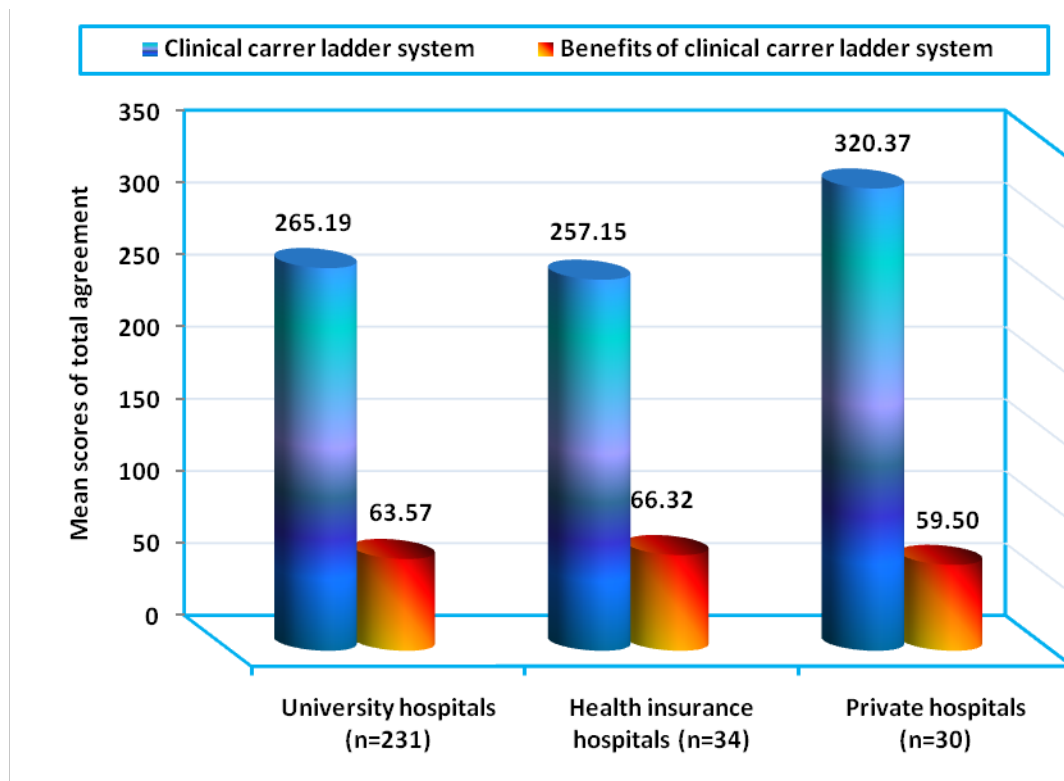


Figure (1): Mean scores of total agreement of the studied nursing staff about clinical career ladder system items and its benefits in governmental and non-governmental hospitals in Mansura (n=295).

This figure showed mean scores of total agreement of the studied nursing staff about clinical career ladder system items and its benefits in governmental and non-governmental hospitals in Mansura. The highest mean score regarding clinical career ladder system (320.37)

were private hospital while the lowest (257.15) were health insurance hospital. Finally related to benefits of clinical ladder the highest mean score regarding to benefits (66.32) were health insurance hospital while the lowest (59.55) were private hospital

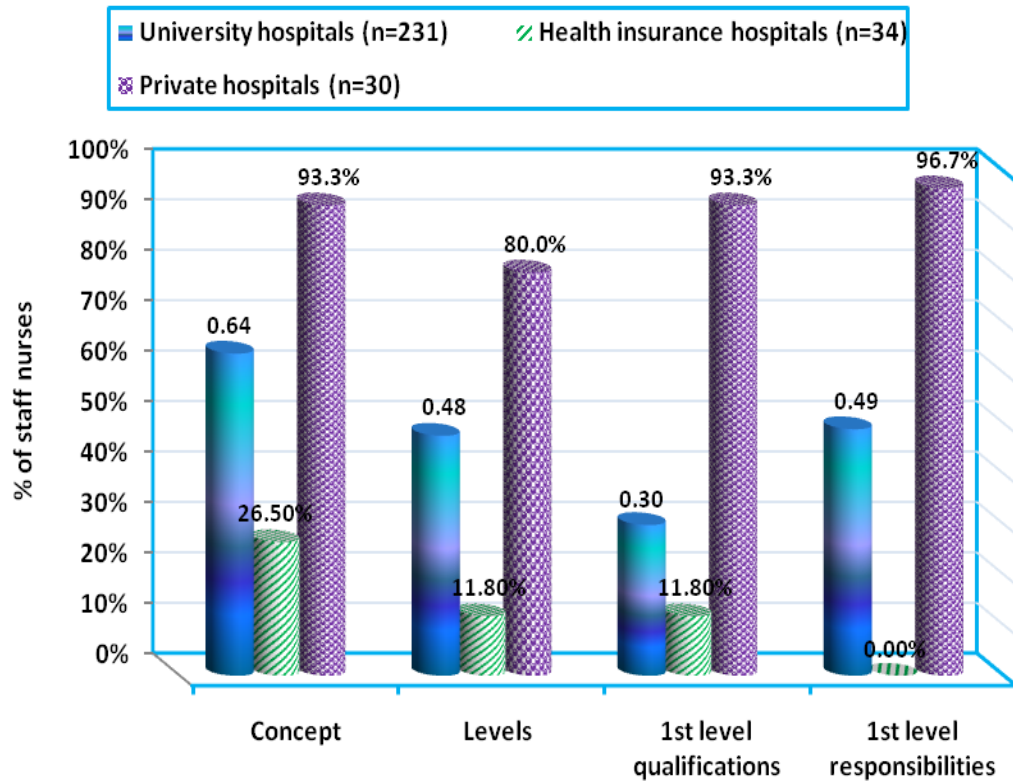
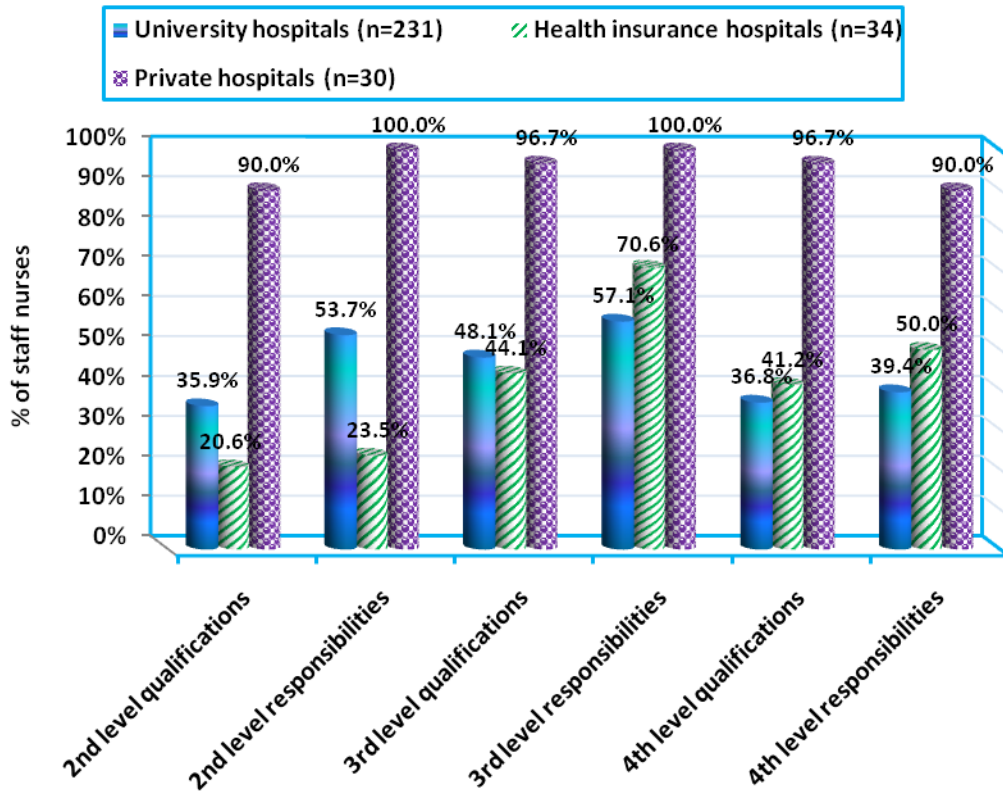


Figure (2): Aware nursing staff about clinical career ladder system items in governmental and non-governmental hospitals in Mansura (n=295).

- Figure (2): Continue.



This figure illustrated aware nursing staff about clinical career ladder system items in governmental and non-governmental hospitals in Mansura. This figure show all

items of clinical ladder system were high in private hospital and the lowest were in health insurance hospital.

Table (6): Awareness of the studied nursing staff about benefits of clinical career ladder system items in governmental and non-governmental hospitals in Mansura (n=295).

Benefits of Clinical career ladder system items	Awareness of the studied nursing staff about benefits clinical career ladder system items (n=295)						χ^2	P
	University hospital (n=231)		Health insurance hospital (n=34)		Private hospital (n=30)			
	n	%	n	%	n	%		
1-Differentiation of levels of nursing competencies	203	87.9	34	100	12	40.0	53.344	0.0001*
2-Reinforcement of responsibility and accountability in nursing practice	164	71.0	33	97.1	11	63.7	28.075	0.0001*
3-Guide for evaluation of clinical performance	171	74.0	18	52.9	13	43.3	15.882	0.0001*
4-Assures opportunities for professional growth	172	74.5	31	91.2	12	40.0	22.460	0.0001*
5-Rewards and benefits are commensurate with levels of practice	169	73.2	18	52.9	10	33.3	22.302	0.0001*
6-Job satisfaction through recognition for clinical practice	123	53.2	32	94.1	13	43.3	22.718	0.0001*
7-Provide increased levels of autonomy and decision making	188	81.4	33	97.1	16	53.3	20.029	0.0001*
Total agreement about benefits of clinical ladder system	205	88.7	33	97.1	13	43.3	47.487	0.0001*

*Significant (P< 0.05)

This table illustrated awareness of the studied nursing staff about benefits of clinical career ladder system items in governmental and non-governmental hospitals in Mansura. Regarding to total agreement about benefits of clinical ladder system. The highest (97.1%) were health insurance

hospitals while the lowest (43.3%) were private hospitals. There is a significance relation between all items and total agreement (P< 0.05).

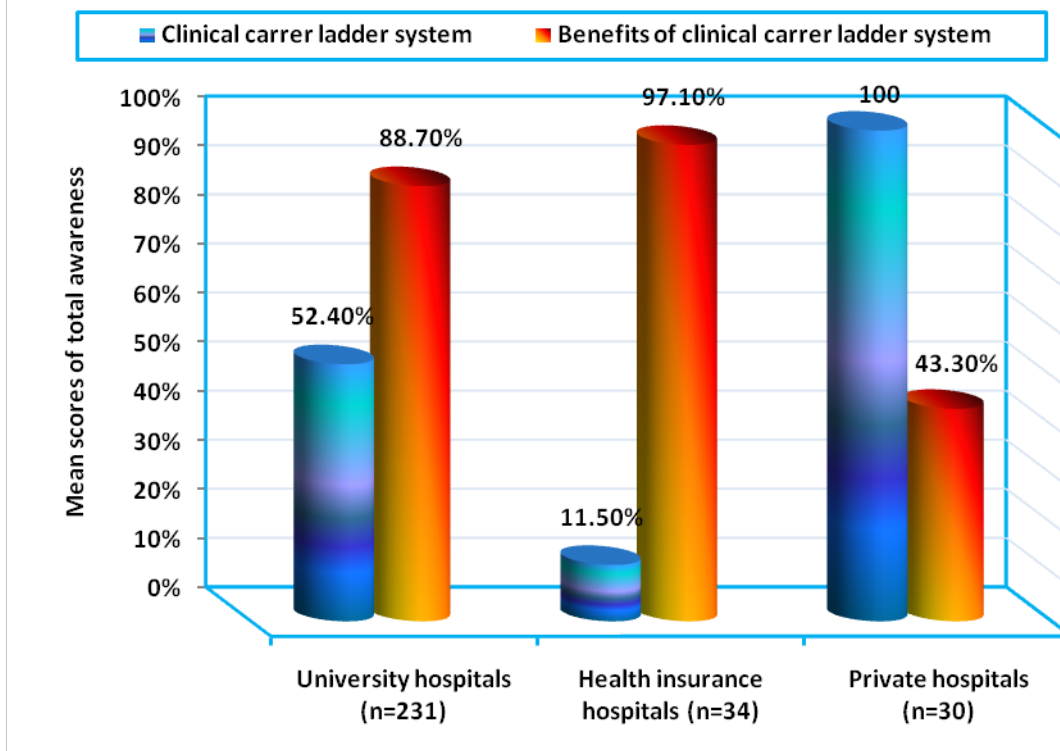


Figure (3): Awareness of the studied nursing staff about clinical career ladder system and its benefits in governmental and non-governmental hospitals in Mansura (n=295).

This figure showed awareness of the studied nursing staff about clinical career ladder system and its benefits in governmental and non-governmental hospitals in Mansoura. The highest awareness regarding clinical career ladder system (100%) were private hospital while the lowest

(11.50%) were health insurance hospital. Finally related to benefits of clinical ladder The highest awareness regarding to benefits (97.10%) were health insurance hospital while the lowest (43.30%) were private hospital.

DISCUSSION

A nursing clinical ladder system is well known for its ability to enhance retention, job satisfaction, and professional development, as well as improve employee engagement (Korman & Eliades, 2010; J. Nelson & Cook, 2008; Riley, Rolband, James, & Norton, 2009; Winslow *et al.*, 2011). So the aim of this study to determine awareness of nurses about clinical ladder system and its benefits among nurses in governmental and nongovernmental hospital.

Regarding to agreement and awareness about clinical ladder system, result of present study showed total agreement about clinical ladder system. The highest were in Private Hospitals and the lowest were in health insurance hospitals. There is a significance relation between all items and total agreement. This may be due to private hospital differentiate between knowledge and skills among staff nurses through payment system while in governmental hospital recruitment staff depending on education level. also promotion system differ in private and government also this agree with LUHS, (2012) which emphasize "clinical career ladder" performed, to attract, retain nurses to direct patient care positions and to enhance nursing care by recognizing and utilizing nursing expertise.

The present study found that awareness of nurses regarding clinical career ladder system was high in private hospital than in health insurance hospital. The present study show nurses aware by level of qualification in private hospital than in governmental hospital, these results may be due to the majority of nurses were diploma nurse in governmental hospital also this agree with. (Riley *et al.* 2009). Said that nurses feared that the educational requirements associated with level advancement might discourage nurses from participating.

The present study showed nurses aware by level of responsibilities in private hospital than in governmental hospital. Congruent with baccalaureate and leader nurses the present study Benner, (2013) illustrated the famous CCLP model "From novice to expert model) consisted of five level "novice, advanced beginner, competent, proficient, and expert. In relation to total agreement and awareness about benefits of clinical ladder system. The present study showed highest were in health insurance hospitals than in private hospitals. There is a significance relation between all items and total agreement. This may be due to payment system in health insurance were better than university hospital and nurses not temporary worked as in private hospital.

These results showed ranking of agreement mean scores of the studied nursing staff about clinical career ladder system items in governmental and non-governmental hospitals in Mansoura. The highest rank in university hospital were third level of qualification and second level responsibilities of career ladder mean score respectively. Followed by fourth level of qualification and third level of responsibilities mean score respectively. Regarding to qualification the highest rank in private hospital at second and third level of qualification mean score. While second level responsibilities were the highest of career ladder mean score. These results may be due to the private hospital preferred second level of responsibilities, this level characterized by nurses whom had experience and B.sc in nursing or master degree because

the most of nurses in private having already B.sc and in Egypt secondary technical schools of nursing had decreased at mansoura. Also preferred in university hospital may be due to most they matching with qualification she had licensed, in this level nurses working as leader, supervisor and guidance and administrative rather than bedside nurse.

The present study showed highest ranking related to item of differentiation of levels of nursing competencies in university hospital may be due to university hospital was large health organization found in it different level of nursing categories so they feel by different level of competencies in nursing categories than private and health insurance hospital. While the lowest ranking related to rewards and benefits are commensurate with levels of practice in private and Health Insurance hospital. Also Job satisfaction through recognition for clinical practice in university hospital may be in private hospital not recognized or give benefits or reward for good practice because there is no performance appraisal for nurses job also nurses may leave job any time and the shortage of staff lead to negligent to evaluate of nursing practice.

Also the present study showed nurses highly awareness regarding to benefits of clinical ladder in health insurance hospital than in private hospital. These results may be due to level of educational in private hospital were B.sc nurses while in governmental the majority were diploma nurse also the issue of valuing experience over academic development is not unique to this community hospital. Otherwise nurses in private hospital working temporary and not interest to promotion in work and not committed to hospital. Tetuan *et al.* (2013) indicated that nurses close to retirement age 59 years were less likely to perceive the benefits of joining CLPs because most of them were already at the top of their pay scale. Younger nurses were more open to the idea but are concerned about time constraints, family commitments, and the ability to meet eligibility requirements.

CONCLUSION

Nurses in the nongovernmental hospital (private hospital) have better aware regarding Clinical Career Ladder System than nurses in the governmental hospitals (Mansoura university hospital, health insurance hospital) respectively. Otherwise regarding benefits and advantages of Clinical Career Ladder System, nurses in the governmental hospitals have better aware than nurses in the nongovernmental hospital.

RECOMMENDATION

- Empowerment and modification programs of capacity building of nursing staff at hospitals (governmental or nongovernmental) regarding clinical career ladder to raise the overall perception about it.
- Workshop about career ladder and its benefits.
- A ware administrative personnel at study hospitals by this system and encourage to apply in health system.
- Raise to the administrative personnel in the Egyptian Ministry of Health to be generalized the system in all hospitals.

- House-wide education initiative regarding the “what, how, and why of the clinical ladder system” would be recommended to enhance participation

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