

The Impact of the Clinical Ladder on Nurse Retention Rates at Lehigh Valley Health Network

Kathryn Sparango
Kathryn.Sparango@lvhn.org

Gerald Mcglinn M.A., ACC
Lehigh Valley Health Network, Gerald.Mcglinn@lvhn.org

Follow this and additional works at: <https://scholarlyworks.lvhn.org/research-scholars-posters>

Published In/Presented At

Sparango, K. Mcglinn, G. (2019, August). *The Impact of the Clinical Ladder on Nurse Retention Rates at Lehigh Valley Health Network*.
Poster Presented at: The Impact of the Clinical Ladder on Nurse Retention Rates at Lehigh Valley Health Network.

This Poster is brought to you for free and open access by LVHN Scholarly Works. It has been accepted for inclusion in LVHN Scholarly Works by an authorized administrator. For more information, please contact LibraryServices@lvhn.org.

The Impact of the Clinical Ladder on Nurse Retention Rates at Lehigh Valley Health Network

Kathryn Sparango, Gerald McGlinn M.A., ACC
Lehigh Valley Health Network, Allentown, Pennsylvania

Background

- The term “Nurse Retention” is used to describe the act of keeping nurses at the organization in which they are currently employed
- “Nurse Turnover” occurs when a nurse chooses to leave their current organization
- The Clinical Ladder program was first introduced in the 1970’s as a way to recognize and reward exceptional nurses¹
- The Clinical Ladder aims to increase nurse retention while decreasing nurse turnover by means of financial compensation, recognition, and the encouragement of professional development
- The Clinical Ladder can be administered in the form of a survey or peer/manager evaluations³

Objectives: To observe the overall impact of the Clinical Ladder program on nurse retention at LVHN while aiding in improving the program as a whole.

Methods

- Create a questionnaire using REDCap that inquires about the impact of the Clinical Ladder at LVHN in FY18
- Distribute the survey to nurses recognized by last year’s Clinical Ladder
 - Recognized nurses who have left the network will not be contacted
- Work with current nursing staff on the PRIME Committee in regards to improving the current Clinical Ladder program
- Aid in creating the PRIME Scorecard (new Clinical Ladder survey) using REDCap

I feel as though the Clinical Ladder program adequately recognized me for my engagement in the unit (i.e. committee participation, leadership positions).	<input type="radio"/> Strongly Disagree <input type="radio"/> Disagree <input type="radio"/> Agree <input type="radio"/> Strongly Agree
I feel as though the Clinical Ladder program adequately recognized me for professionally developing myself (i.e. education, certifications).	<input type="radio"/> Strongly Disagree <input type="radio"/> Disagree <input type="radio"/> Agree <input type="radio"/> Strongly Agree
Did the introduction of the Clinical Ladder motivate you to become more engaged in anyway (i.e. committee participation, leadership positions)	<input type="radio"/> Not at all <input type="radio"/> Somewhat <input type="radio"/> Definitely
If yes, how?	_____
Being recognized as a level 3 RN changed my intent to remain at LVHN for the next year.	<input type="radio"/> Strongly Disagree <input type="radio"/> Disagree <input type="radio"/> Agree <input type="radio"/> Strongly Agree
The compensation that I received last year as a result of the Clinical Ladder program can best be described as:	<input type="radio"/> Not appropriate <input type="radio"/> Somewhat appropriate <input type="radio"/> Definitely appropriate
How would you like to see the Clinical Ladder (now PRIME) improved?	_____

Figure 1: REDCap Questionnaire

Results

- The registered nurse retention rate based on FY18’s data was **98%**
- 107** nurses responded to the REDCap survey (40% response rate)

81% of participants felt the Clinical Ladder program adequately recognized them for their engagement in their unit

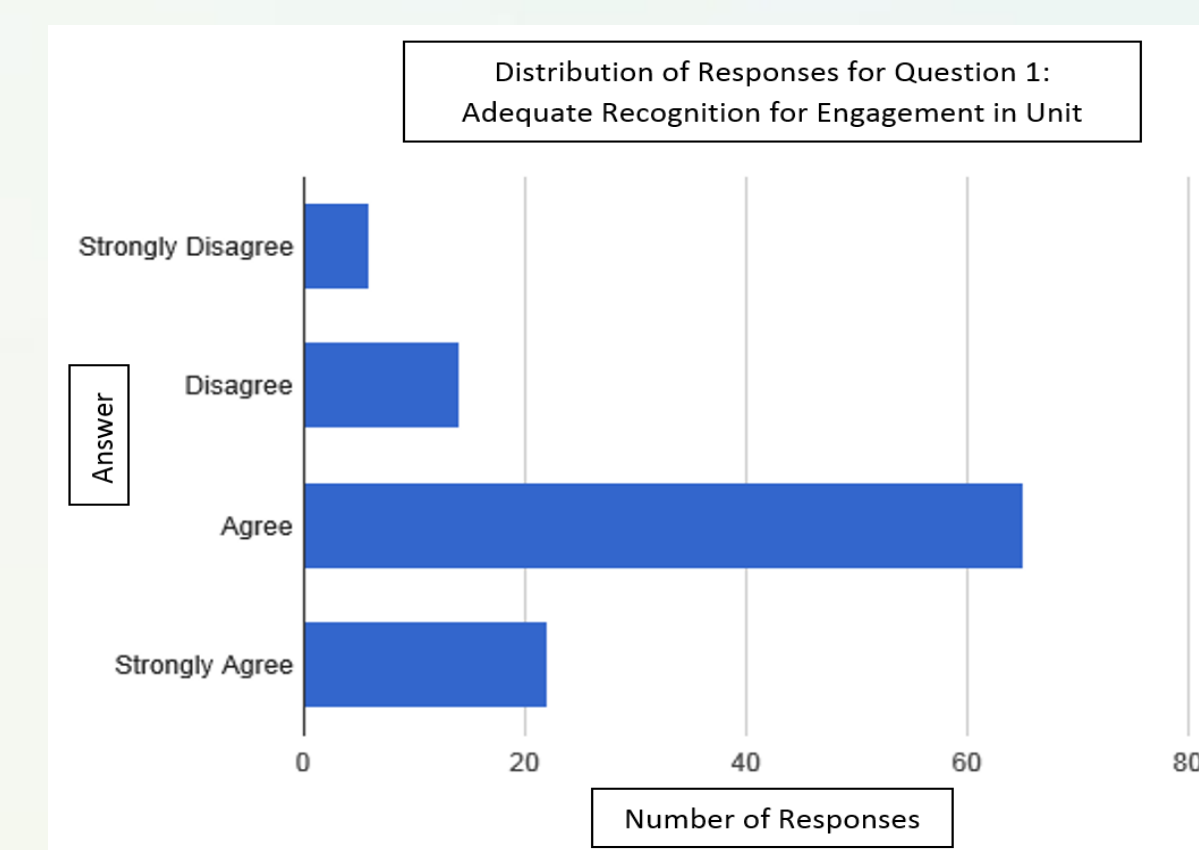


Figure 2: Distribution of responses to questionnaire question 1

85% of participants felt the Clinical Ladder program adequately recognized them for their personal professional development

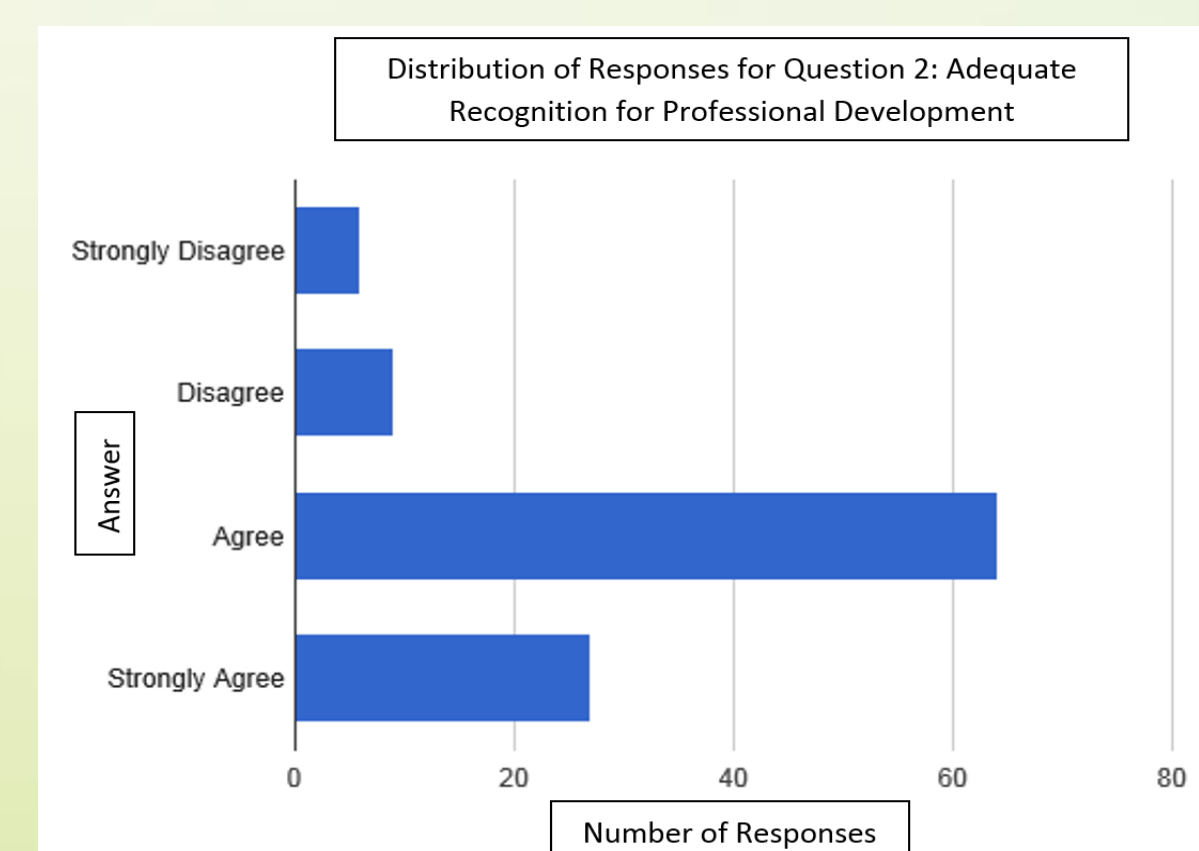


Figure 3: Distribution of responses to questionnaire question 2

66% of participants felt the Clinical Ladder program somewhat, if not definitely, motivated them to become more engaged at LVHN

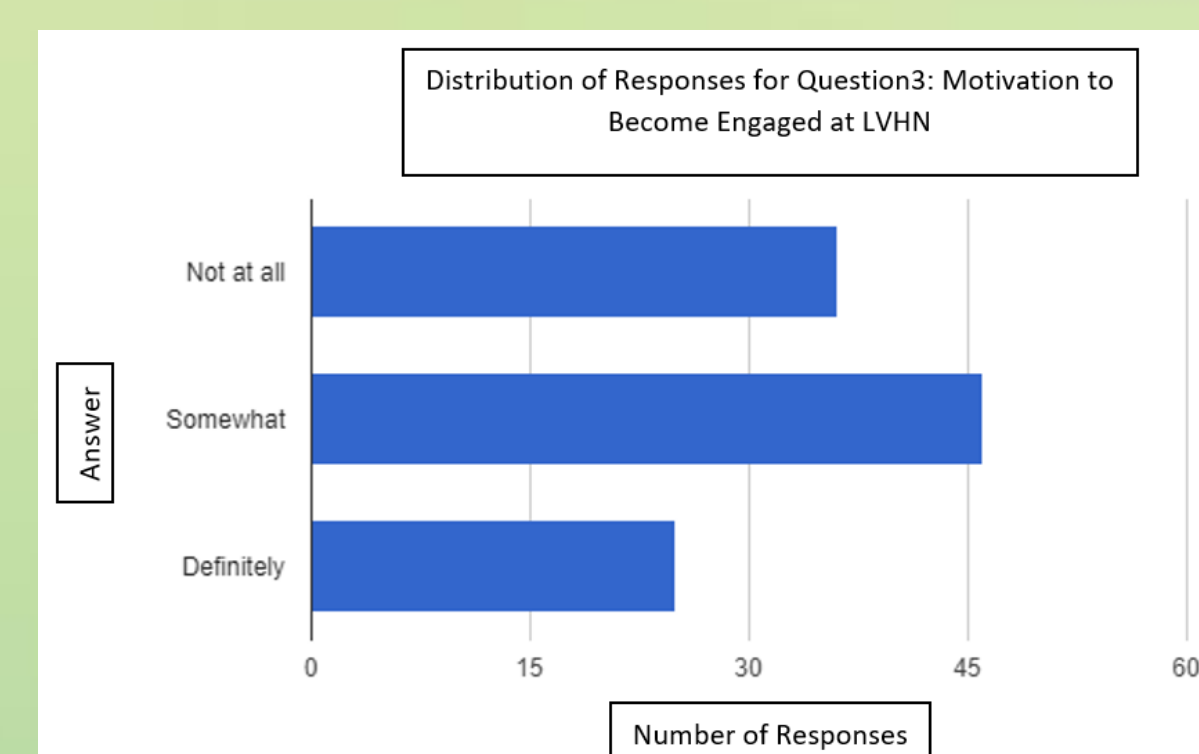


Figure 4: Distribution of responses to questionnaire question 3

59% of participants felt that being recognized by the Clinical Ladder program did **NOT** change their intent to remain at LVHN for the next year

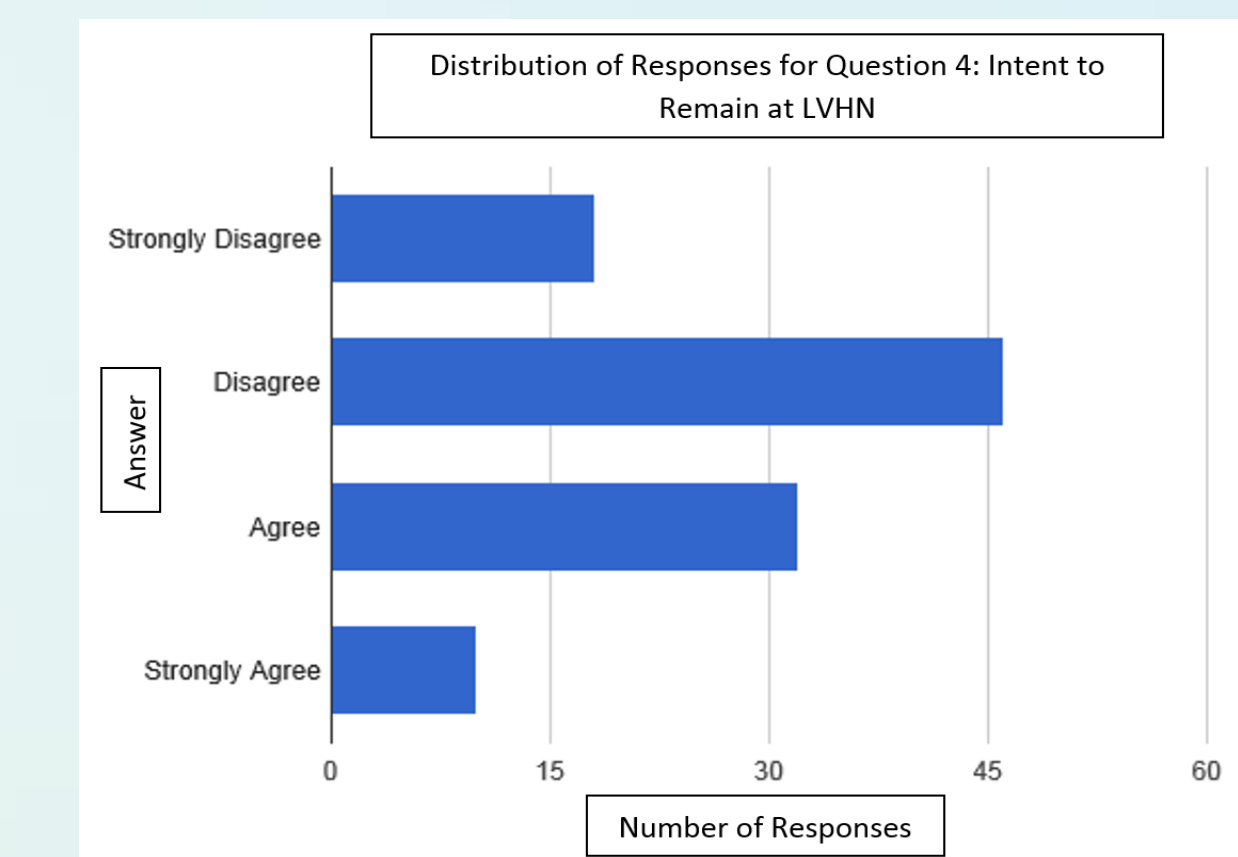


Figure 5: Distribution of responses to questionnaire question 4

77% of participants felt the compensation that they received as a result of the Clinical Ladder Program was somewhat or definitely appropriate

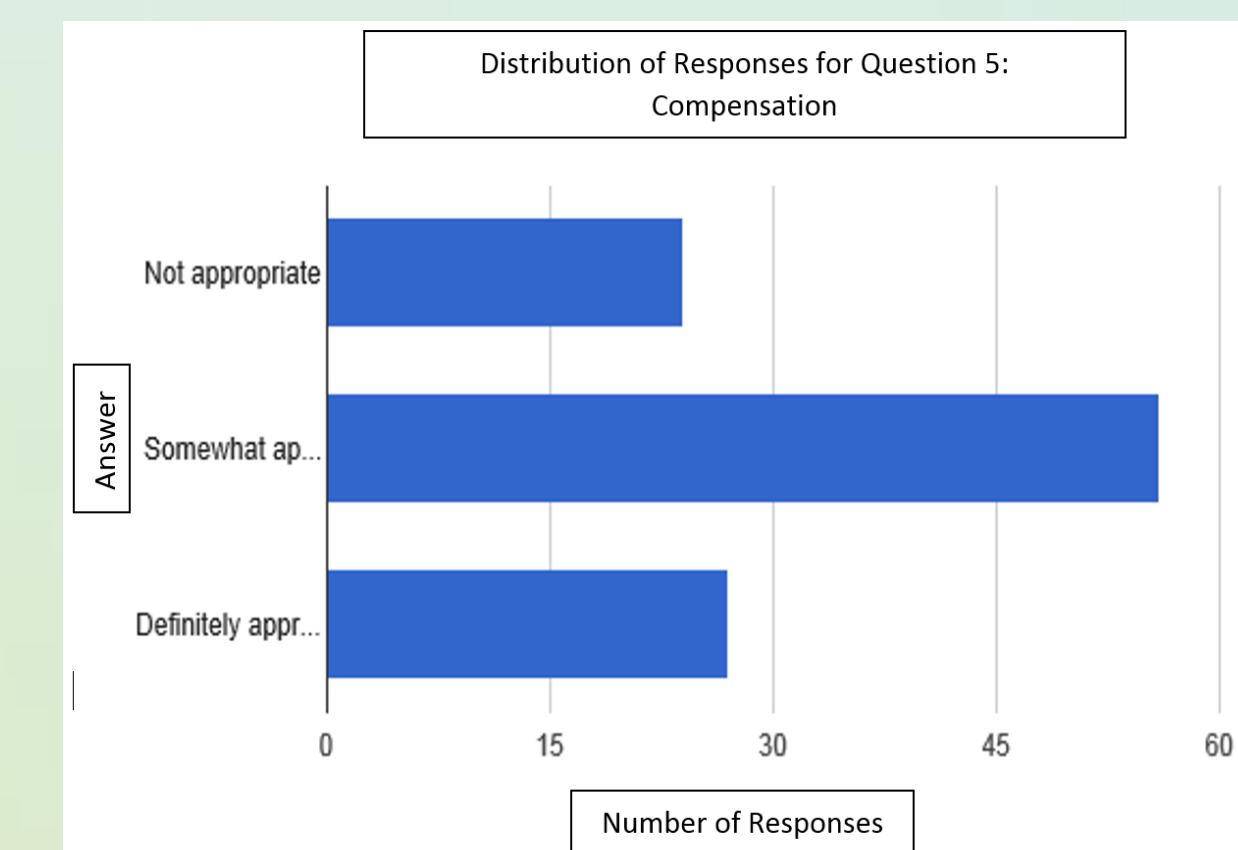


Figure 6: Distribution of responses to questionnaire question 5

Conclusions/Future Recommendations

- Ways to improve the Clinical Ladder as gathered from nurse questionnaire question 6 (83 total responses)
 - Hourly compensation/ change in compensation (23 responses or **27%**)
 - Inclusion of activities/departments not currently recognized in the program (26 responses or **31%**) (i.e. community service, outside volunteer work)
 - Make application process more user-friendly (22 responses or **26%**)
- Other ways to improve retention²
 - Increased nurse involvement in decision making
 - Re-designing nurse work spaces
 - Improving culture and positive atmosphere in the organization
 - Flexibility in work schedule

References:

- Riley, J. K., Rolband, D. H., James, D., & Norton, H. J. (2009). Clinical Ladder: Nurses' Perceptions and Satisfiers. *JONA: The Journal of Nursing Administration*, 39(4), 182-188. doi:10.1097/nna.0b013e31819c9cc0
- Bland Jones, C., & Gates, M. (2007, September 30). The Costs and Benefits of Nurse Turnover: A Business Case for Nurse Retention. Retrieved July 23, 2019, from <http://ojin.nursingworld.org/MainMenuCategories/ANAMarketplace/ANAPeriodicals/OJIN/TableofContents/Volume122007/No3Sept07/NurseRetention.html>
- Drenkard, K., & Swartwout, E. (2005). Effectiveness of a Clinical Ladder Program. *JONA: The Journal of Nursing Administration*, 35(11), 502-506. doi:10.1097/00005110-200511000-00007