



The relationship between nurses' job satisfaction and continuing professional development

Rr. Tutik Sri Hariyati^a and Satina Safril^b

^a Faculty of Nursing, Universitas Indonesia, Depok, Jawa Barat, Indonesia

^b Persahabatan Hospital, Jakarta, Indonesia

KEYWORDS

Continuing professional development;
Career ladder system;
Nursing;
Satisfaction

Abstract

Objective: To identify the correlation between nurse's perception of the continuing professional development (CPD) and the satisfaction of nursing career ladder system (NCLS) implementation.

Method: A non-experimental survey design was used for this study. The respondents were selected using proportional random sampling technique with the total sample size of 149 nurses. Data were measured using proportion, central tendency and Pearson product-moment correlation.

Results: There was a moderate, positive correlation between the CPD and the NCLS satisfaction ($R: 0.42, p= 0.0001$).

Conclusions: The results of this research should be used as recommendation for improving CPD at the hospitals in Indonesia.

© 2018 Elsevier España, S.L.U. Todos los derechos reservados.

Introduction

Nursing is the pivotal element of health care service quality. Nurses are the frontier of health care delivery as they work with the patients on 24/7 basis, thus making them most likely to leave tangible impacts on patient outcome and experiences during hospitalization^{1,2}. Nurses make up the largest part of the multidisciplinary health care team, aiming at addressing a wide array of patient's needs, covering the biological, psychological, social, cultural, and spiritual extents³. Therefore, nurse's competency must meet certain standards to ensure quality and safe care for patients^{4,5}.

Nurses also have the principles of professional and ethical conduct to prevent or minimize errors. Nurses play the most critical contribution to patient safety⁶ by coordinating and

integrating the multiple dimensions of quality of care provided by nurses and other health professionals⁶. As the safety net on patient care, nurses must be competent not only in undertaking the clinical procedures but also in the cognitive, attitude, and skill capacities, as well as in clinical judgment⁵. As a consequence, nurses need to keep up with the updates on knowledge, technology, and evidences pertinent to nursing practice⁶.

Improving nurse competence can be achieved through various continuing professional development (CPD) activities. The old concept of CPD was mostly concerned with how to make every nurse get the training on the basis of hospital's predesigned programs, without considering the existing need, competence gap, or even the clinical assignment of the nurse. CPD is ideally conducted according to the training

*Corresponding author.

Email: rrtutik@yahoo.com (R.T.S. Hariyati).

assessment and the clinical assignment of the nurse, to effectively hit the CPD target⁷. For instance, a maternity nurse should have CPD related to her role in the maternity unit and her career ladder, while the ICU nurse would have a critical care-related CPD.

Nursing career ladder system (NCLS) program incorporates the involvement of nurses in CPD programs, the development of competences and authority standards, clinical indicators, and the performance evaluation. A CPD program is inseparable with the NCLS program, since CPD is essentially a tool for the health care management in increasing the professional competence according the career ladder^{8,9}. This program is expected to be able to shape the caring nature, ethical values, a desire to help, and adequate competences of the nurses. CDP aims to improve competencies, safety, and professionalism^{6,10}. CPD should be in line with the career level, therefore, those with higher clinical position will have more specific and advanced CPD based on their clinical assignments.

The implementation of NCLS in hospitals is relatively new in Indonesia. Despite the non-established national standards on the implementation of the nursing career system, some hospitals have already implemented NCLS and a set of CPD programs by their local standard. Without a national standard, the implementation of career ladder is often problematic because the nurse competence levels differ across different hospitals and the CPD programs are mostly irrelevant with the nurse career ladder.

To our best knowledge, little has been known about the issues on career ladder implementation and CPD in Indonesia in spite of the existing phenomena regarding the mismatch of CPD and career ladder and clinical duty. It is also common that the CPD programs being conducted with no evaluation or follow up. CPD programs which are irrelevantly assigned may lead to unsatisfied nurses and eventually decrease their work performance. In terms of patient care, lower nurse performance may also affect patient safety. Nurses may also experience burnout because their CPD programs are not of their work scope or interest. This may end up with a management problem of nurse turnover. High level of nurse turnover is a vast loss of health care management as nursing staff takes much infestation, such as in staff orientation, utilization, and CPD.

This research was conducted as a part of a larger partnership project. We developed a career ladder system in this hospital in collaboration with the hospital, Faculty of Nursing, Universitas Indonesia, Ministry of Health of the Republic of Indonesia, and Japan International Cooperation Agency (JICA). At this particular hospital, the NCLS was introduced in 2012, but it has not been evaluated yet. This research objective was to identify the characteristics of the nurses' educational level, the implementation of NCLS, CPD, and the nurse satisfaction. We also assessed the correlation between the implementation of CPD and the satisfaction of NCLS.

Method

A descriptive quantitative approach was used in this study. Survey was conducted at a hospital serving as the top referral for respiratory problems in Jakarta, Indonesia. We carried out the study through the stages of: *a*) exploring the nurses

perception on CPD implementation; *b*) identifying the work satisfaction, and *c*) examining the relationship of the CPD and NCLS that have been explored on the first stage.

We recruited 149 clinical nurses by using purposive sampling method. Our samples were selected from those working at the medical-surgical nursing wards to restrict factors that might influence the work satisfaction. All participants met the eligibility criteria of having completed the work orientation period and not undertaking a degree education.

Data were collected using self-administered questionnaires with embedded psychometric scales to identify: *a*) nurses' educational background; *b*) perceptions on the CPD implementation; *c*) satisfaction of the implementation of the NCLS, and *d*) correlation between CPD and satisfaction of the NCLS implementation.

We used a standard instrument from Minnesota to measure satisfaction of NCLS. This 18-item tool has sufficient internal-consistency reliability with Cronbach's alpha of 0.914. On the other hand, we developed a questionnaire to assess the CPD implementation through a procedure of tool construction. The pilot test results of this CPD questionnaire indicated its validity and reliability of 0.963.

The data analysis began with the descriptive statistics using percentage, central tendency: mean, median, standard deviation, and continued with the analysis of Pearson product-moment correlation. We ensured all participants had received complete information with regards to the study's objective, purpose, procedures, and the rights of the participants prior signing the consents. Participants filled out the questionnaires voluntarily, in good conscience, and without any forces to do otherwise. Anonymity was guaranteed in all data involved in this study. All data is kept and treated in the strictest manner and is only used for the research purpose.

Results

Nursing education background

Table 1 shows that majority of nurses are vocational/diploma degree (89.9%). Only 9.4 percent of them are BSN (Bachelor of Science in Nursing) or professional. It indicates that hospital is still lacking in professional education and dominated by vocational degree.

Continuing professional development and satisfaction with the implementation of career ladder system

Table 2 indicates satisfaction with the implementation of the career ladder and CPD. Mean of satisfaction perceived with career ladder system implementation was 66.2 out of

Table 1 Educational background of nurses (n = 149)

Education	Frequency	Percentage
Diploma	134	89.9
Nursing bachelor	14	9.4
Non-nursing bachelor	1	0.7

Download English Version:

<https://daneshyari.com/en/article/8568946>

Download Persian Version:

<https://daneshyari.com/article/8568946>

[Daneshyari.com](https://daneshyari.com)