

## RELATIONSHIP BETWEEN NURSES' READINESS AND INSTITUTIONAL READINESS IN DEVELOPING NURSING CAREER PATHS IN PUBLIC HEALTH CENTERS

Tuti Afriani<sup>1\*</sup>, Rr. Tutik Sri Hariyati<sup>1</sup>, Dyah Fitri Wulandari<sup>2</sup>

1. Faculty of Nursing Universitas Indonesia, Depok 16424, Indonesia
2. Regional General Hospital Depok, Depok 16511, Indonesia

\*E-mail: tutiafriani@ui.ac.id

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### Abstract

Nursing career paths in public health centers have not been well established compared with nurses in hospitals. It is because the nursing career path has a different organizing system, which then becomes an obstacle in implementing the career path for nurses in primary health care. Therefore, this study aimed to identify the relationship between institutional and nurses' readiness in implementing nursing career paths within public health centers. A cross-sectional study design with questionnaire as instrument was used in this research. A consecutive sampling technique was used to select 93 nurses from 13 public health centers. Furthermore, to identify the objective of this research, the Spearman's correlation coefficient was used to determine the relationship between paired data. The results found that institutional readiness was 64 or 71.9% of maximum values, yet nurses' readiness was 112 or 74.5% of maximum values. Thus, it can be concluded that there was a meaningful relationship between institutional and nurses' readiness with career path implementation ( $p < 0.001$ ), indicating a strong positive relationship ( $r = 0.521$ ). The results of this study are expected to become a baseline data for public health centers and public health offices to establish a professional nursing career path in public health centers.

**Keywords:** career path, implementation, nurses, public health center, readiness

### Abstrak

**Kesiapan Individu Berhubungan dengan Kesiapan Institusi dalam Penerapan Jenjang Karir Perawat di Puskesmas.** Implementasi jenjang karir perawat di puskesmas belum terbentuk seperti pelaksanaan jenjang karir perawat di rumah sakit. Pengorganisasi jenjang karir yang berbeda pada pelayanan primer menjadi kendala dalam implementasi jenjang karir perawat di puskesmas. Tujuan dari penelitian ini adalah untuk mengidentifikasi hubungan kesiapan institusi dan kesiapan perawat dalam penerapan jenjang karir perawat di puskesmas. Desain penelitian menggunakan cross sectional menggunakan kuesioner kepada 93 perawat pada 13 puskesmas. Teknik pengambilan sampel adalah convenience sampling. Data dianalisis menggunakan uji korelasi Spearman yang melihat hubungan kesiapan perawat dengan kesiapan institusi dalam pengembangan jenjang karir perawat di puskesmas. Hasil didapatkan rerata kesiapan institusi 64 (71,9% dari nilai maksimal), sedangkan kesiapan perawat didapatkan hasil lebih tinggi yaitu 112 (74,5%). Terdapat hubungan secara bermakna kesiapan institusi dengan kesiapan perawat dalam penerapan jenjang karir di puskesmas dengan  $p < 0,001$ , arah hubungan positif, dan kekuatan hubungan cukup kuat yaitu  $r = 0,521$ . Penelitian ini menjadi data dasar agar puskesmas dan dinas kesehatan dapat menerapkan jenjang karir perawat profesional di puskesmas.

**Kata Kunci:** implementasi, jenjang karir, kesiapan, perawat, puskesmas

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### Introduction

A nurse as a decision maker in providing nursing care is heavily affected by competence, clinical experience, and knowledge (Holt et al., 2010; Melnyk et al., 2014). Moreover, a competent

nurse must be capable of giving good quality nursing care to ensure patient's safety. One study found a correlation between nurses' knowledge level in taking action and patient safety practices and revealed that the higher the knowledge level of nurses, the better the nursing care

provided to enhance patient safety (Cahyono, 2015).

Developing nursing career paths is one of the methods to improve nurse's competence. The nursing career path is a system that provides and improves nurses' performance and professionalism in the workplace in accordance with the nurses' competence and specialization (American Nurses Association, 2015). Also, the career path is established as a system to improve nurses' career through their competence in providing and delivering nursing care (Hariyati, 2014).

As mentioned in Decree No. 40 of 2017 of the Ministry of Health, a public health center, as a part of primary healthcare service, should establish a well-planned nursing career path. The nursing career path preparations in hospitals or other institutions begin with nurses' mapping based on their formal education, length of work experience, and competency assessment (Sandehang et al., 2019). In addition, institutional readiness to change is also important in developing nursing career paths. Institutional readiness includes the institutions' heads and nursing board committees. The preparation should also involve the public health centers' heads, district or city public health offices' nursing committees, and other units (Ministry of Health Republic of Indonesia, 2017).

Besides institutional readiness, nurses' readiness in implementing nursing career paths is important as well. The readiness can be determined through individual knowledge, communication, desire, emotional readiness, and career path perceptions. A study by Hariyati et al. (2017) stated that nurses' perceptions of career paths can directly affect their satisfaction. Likewise, the role of institutional stakeholders, organization, and career development affects the improvement of nurses' performance and satisfaction (Djestawana, 2012). Another study found that support from ward head nurses was meaningfully related to the readiness of registered nurses (RNs) to improve their career (Artnarong et al., 2020).

Nursing career paths need to be implemented in hospitals and public health centers because then nurses' performance can get a better recognition, which can later increase nurses' satisfaction. An integrative review study of Moore et al. (2019), getting important factors in the implementation of career paths, is an important factor in providing staff satisfaction and retention. In addition, if nursing career paths are not implemented, nurses may have an intention of turnover or desire of moving to another institution because of dissatisfaction (Mughtar, 2013). This issue certainly causes great losses to institutions, such as losing institutions' performance affecting to the decline of patient safety practices (Djestawana, 2012).

Nowadays, nursing career development is merely a structural and functional position. Meanwhile, according to Decree No. 40 of 2017 of the Ministry of Health, the implementation of professional career development based on the competence of public health nurses is also important. Currently, not a single public health center has implemented a nursing career path, so researchers were intrigued to conduct this study. This study aimed to identify the readiness of institutions and nurses in implementing nursing career paths within public health centers.

## Methods

A cross-sectional design with a convenience sampling technique was used in this study. The questionnaire instrument was adapted from Weiner et al. (2008) and Boukenooghe et al. (2009). Questionnaire A was used to measure the readiness of nurses and consisted of the following: (1) the development process (communication and participation quality and institution heads' attitude toward development), (2) development context (institution heads' support, trust, politics, and cohesion), and (3) attitude (emotional readiness, cognitive readiness, and desire to change). Questionnaire B, which was for institutional readiness, comprised contextual change, values, information assessment, commitment, efficacy, and change effort. The

questionnaire trial was conducted on 44 nurses from public health centers scattered around South Jakarta. Validity and reliability tests on the questionnaires resulted with  $r = 0.304$  with a significance level of 5%. Therefore, all data with values less than 0.304 were unused. The Cronbach's alphas were 0.914 and 0.928 for questionnaires A and B, respectively, and these meant the instrument was reliable.

The data were collected using questionnaires given to 93 nurses from 13 public health centers within a city located in West Java. Furthermore, the data were processed using univariate analysis to acquire mean, median, standard deviation, minimum–maximum value, and 95% confidence interval. Meanwhile, category data were displayed in the form of frequency and proportion. Bivariate analysis of the relationship between institutional and individual readiness in implementing career paths in public health centers was performed using the Spearman rank correlation. This research was conducted after passing the ethical test from the ethics committee of the Faculty of Nursing, Universitas Indo-

nesia No. 275/UN2.F12.D/HKP.02.04/2018 on August 27, 2018.

## Results

The results of this study were focused on the characteristics of the respondent, description of institutional readiness, readiness of nurses, and relationship between institutional readiness and nurses. The age characteristics of nurses were within the average of 35.37 years, with the youngest and eldest being 23 and 58 years, respectively. The average length of work experience was 5 years, with minimum and maximum lengths of 1 year and 35 years, respectively. In terms of sex, the following data (Table 1) showed that participants were mostly women (80.6%). In addition, most of the participants had Diploma 3 (associate degree) of nursing science (67.5%).

Table 2 shows the readiness of institution from nurses' perspective, which are adequately good (74.5% of maximum values). Furthermore, in terms of readiness of superiors' attitude toward

Table 1. Respondents' Characteristics Based on Sex and Educational Background (n= 93)

Characteristics	Frequency	Percentage (%)
Sex		
Female	75	80.6
Male	18	19.4
Education level		
Health Nursing School	6	6.5
Diploma 3 of Nursing	63	67.5
Bachelor of Nursing	7	7.5
Professional Nurse Program	17	18.3

Table 2. Depiction of Institution Readiness Towards Nursing Career Development in Public Health Centers (n= 93)

Subvariables	Median (min–max)	Percentage of maximum values (%)	Confidence interval (%)
Institution readiness	112 (79–150)	74.5	106.9–112.3
Superiors' attitude	15 (9–20)	75.0	13.93–14.78
Commitment	32 (22–44)	72.3	30.15–31.87
Efficacy	43 (27–59)	72.9	40.62–42.76
Effort	1 (0–6)	16.7	1.23–1.99

Table 3. Depiction of Nurses' Readiness toward Career Development within Public Health Centers (n= 93)

Sub Variables	Median (min–max)	Percentage of maximum values (%)	Confidence interval (%)
Nurses' readiness	64 (40–89)	71.9	60.83–65.08
Communication	6 (2–8)	75.0	5.24–5.72
Participation	15 (5–20)	75.0	13.62–14.77
Superiors' support	18 (10–24)	75.0	11.19–11.94
Cognitive readiness	21 (12–28)	75.0	20.82–21.81
Emotional readiness	5 (2–8)	62.5	4.92–5.34
Intention	6 (3–8)	75.0	5.96–6.26

Table 4. The Relationship between Institutional and Nurses' Readiness toward Implementation of Nursing Career Paths in Public Health Centers (n= 93)

Variable	Individual's readiness	
	p	Coefficient correlation (r)
Institution readiness	< 0.001*	0.521

\*Spearman rank test

career path development, the value was 75% of maximum values, whereas the lowest value was coming from the effort of establishing the career path, which was 16.7% of maximum values.

Meanwhile, Table 3 shows nurses' readiness towards career development and a good result (71.9% of maximum values). Nurses' readiness involves some aspects, such as communication, participation, superiors' support, cognitive readiness, and intention in having career development. Meanwhile, emotional readiness shows the opposite results (62.5% of maximum values).

Table 4 shows the relationship between institutional and nurses' readiness toward nursing career paths in public health centers ( $p < 0.001$ ), indicating a strong positive relationship ( $r = 0.521$ ).

## Discussion

**Institution Readiness.** The implementation of nursing career paths aims to provide good quality and safe health services. The implementation is necessary to be supported by all stakeholders within institutions to ensure the planning

and execution to suitable placement for nurses in accordance with their competency (Baucom, 2012). The readiness of institutions to change can be seen from the attitude, efforts, efficacy, and commitment of institutional superiors. The results of this study indicate that the readiness of institutions to develop nursing career paths in public health centers was adequately good at 74.5% of maximum value.

This study assesses four important aspects of institutional readiness, such as superiors' attitude, commitment, efficacy, and efforts, since these aspects are important in establishing a new system. Meanwhile, establishing a new policy or system within institutions often fails when superiors do not plan for the establishment beforehand (Weiner et al., 2008). Therefore, planning as a part of institutional readiness is necessary. Essentially, institutional readiness is influenced by planning, implementation, communication, and internalization (Vakola, 2013).

Moreover, there is a possibility that superiors or heads of public health centers are puzzled by the implementation of nursing career paths, even though it is clearly stated in the decree of the Ministry of Health. This is due to the dif-

ferent systems of nursing career paths within public health centers. In hospitals, nurses have clear bureaucracy, such as nursing officer and nursing committee in handling nursing career paths. Meanwhile, in public health centers, the bureaucracy is not placed within the institution, yet it is being handled by the district or city health offices. A study by Sandehang et al. (2019) stated that the implementation of nursing career paths begins from mapping, working experience, and then assessing self and competency. As mentioned in Decree No. 40 of 2017 of the Ministry of Health, the first step of establishing nursing career paths begins with surveying the basic data of nurses, conducting a review, determining the level of each nurse, taking part in competency assessments, arranging clinical authority, and then releasing a Clinical Delegation Letter according to nurses' level.

The second aspect of institutional readiness is commitment to change, which includes change efficacy. Change commitment is defined as a belief in a change within an institution that can benefit all stakeholders (Weiner, 2009). In this research, the commitment from institutions was adequately good because the superiors or heads of public health centers had perseverance in establishing a nursing career path system. However, in doing so, the institutions needed more competent human resources, funds, knowledge, support, preparation, and reliable information.

The third is efficacy. According to Bandura (2010), efficacy is referred to as a shared belief in the ability of an individual to achieve something. Another definition determines efficacy as confidence in the ability of an individual to master any situation and produce something beneficial (Williams, 2010). Furthermore, this research found that efficacy within the institutional readiness was adequate. However, it was not enough since the institutions needed to improve other aspects such as ability readiness, implementation momentum, adaptation toward change, and staff contribution in developing nursing career paths in public health centers. Readiness to change is divided into four dimen-

sions, namely, appropriateness, change efficacy, management support, and personal benefit (Anjani & Dhanapal, 2012)

The last is change effort, which is found to be the nethermost value in terms of institutional readiness (16.7% of maximum value) in this study. It was because institutions had not had the preparation, such as had not discussed it with other staff, had not appointed a coordinator for the implementation of career paths, had not arranged a nursing committee and budget planning, and had not yet known about the career path program as well. A research conducted by Afriani et al. (2017) stated that support from superiors or heads of institutions is a huge factor in nurses' expectation in developing a career path.

**Nurse Readiness.** Nurse readiness is mostly influenced by institutional readiness through communication, stakeholder participation, superiors' support, knowledge toward the change, intention, and emotional readiness toward change (Weiner, 2009). Still, it is not only institutions that take the responsibility toward the change itself but also the individuals, especially nurses, who have the intention of taking part in career development. A qualitative research on nursing career mapping found that nursing officers or managers needed to provide a position suitable to the individual's competency (Sandehang et al., 2019).

Holt et al. (2010) stated that individual readiness to change is divided into two factors, including structural and psychological factors. The psychological factor is composed of two aspects in terms of change readiness, namely, cognitive and affective aspects. In this study, cognitive aspects were assessed through nurses' knowledge on nursing career paths in public health centers in which it resulted as adequately good (75%). In detail, the value of nurses' effort in seeking information about nursing career development was 63.4%, whereas the other half did not even try seeking information.

However, in reality, information on nursing ca-

reer paths or development for public health centers is still insufficient since most available information is about nursing career development for hospitals. Generally, the development of nursing career paths in public health centers, in terms of administrative division level (level of clinical nurse 1–5), is similar to a hospital career path system yet different from an organizational structure. The organizers of career paths within hospitals become the responsibility of the stakeholders within the hospital. Meanwhile, for public health centers, the organizing is handled by nursing committees from public health offices (Ministry of Health Republic of Indonesia, 2017).

This study found that knowledge on professional nursing career paths for nurses in public health centers is still low. The lack of understanding of career paths is caused by the following: competencies that must be achieved (48.4%), career path process in public health centers (52.7%), objectives of nursing career paths (50.5%), stages of career path (54.8%), differences in nursing career path between hospitals and public health centers (50.5%), nurses' responsibility to improve their competencies (34.3%), importance of documenting nurses' profile (30.1%), and organized training program in increasing nurses' competence (44.1%). A literature review by Rizany et al. (2018) found that the factors that influence the development of nurse competence were work experience, work environment type, education level, professionalism adherence, critical thinking, and personal factors. The factors that influence competency development are work experience and education level. Other research also stated that nurses should follow professional development and career advancement to maintain their competence and skills (Adeniran et al., 2013).

The affective aspect of this study measured emotional readiness and intention. Emotional readiness is an individual's belief that changes are made following the demands of the situation in the future, giving new enthusiasm to work, and providing benefits for nurses and nursing ser-

vices. Intention is shown by the nurses' desire to improve their career, including their eagerness to implement and contribute to the realization of nursing career paths in public health centers. This study found that the emotional components and intention of nurses were good. Affectivity has a strong influence on change because it involves internal motivation (Vakola, 2013). This agrees with Harimurti and Mariatin's (2014) research that revealed that affective and normative components have a greater influence on change than the external environment.

**Relationship of Institutional and Nurses' Readiness.** The social cognitive theory stated that with high institutional readiness, stakeholders tend to eagerly make changes within the institution, such as implementing new policies, procedures, or practices (Bandura, 2010). Moreover, stakeholders will show greater intention or effort to support the change, be more persistent in overcoming obstacles during the implementation, and show a cooperative behavior toward change efforts. This is in line with a research by Parish et al. (2008) that stated that commitment to change is determined by relationship quality, work motivation, and work autonomy. Abrell-Vogel and Rowold (2014) found that stakeholders who were committed toward change not only showed cooperative attitudes but also helped solve institutional problems and transferred good values to others.

Nurses' readiness is related to institutional readiness to prepare for change. Institutional readiness functions in assessing stakeholders' willingness to change and assessing three main determinants: task demands, resource availability, and situational factors. Readiness for change refers to the joint decision of stakeholders to implement change (change commitment) and mutual trust in their collective ability to make change (change efficacy) (Hannon et al., 2017).

In line with this research, there is a significant relationship between institutional and nurses' readiness. A previous study also stated that the support of superiors and peers is related to the

hope or desire to apply a career path (Afriani et al., 2017). Support deficiency from management can reduce satisfaction among nurses toward career path implementation (Duffield et al. 2014). A research also found a relationship between career path implementation and constant professional development with career path satisfaction (Hariyati et al., 2017). A study using plan-do-check-action through the implementation of nursing career path to retain nurses resulted in positive responses (Sandehang et al., 2019).

The limitation of this study was the lack of superiors' perspective toward institutional readiness. Meanwhile, the data obtained were merely from the nurses' perspective within public health centers, yet it was necessary to have the views or perceptions of superiors within the institution about the readiness to establish the career path within public health centers. Also, the number of nurses in the facility was insufficient, so it was difficult to use a random sampling technique for this research.

## Conclusion

Institutional readiness in establishing nursing career paths according to public health center nurses' perspective is sufficiently good. Superiors' attitude toward change showed to have good results, followed by commitment and then institutions' efficacy toward change. Meanwhile, the lowest was the effort to apply a career path. Institutional efforts have yet to be seen in the preparation of information, resources, and cost planning and preparation for the formation of a nursing committee in district or city public health offices.

The readiness of nurses in applying the nursing career path was good. The best readiness of nurses was communication, participation, superiors' support, cognitive readiness, and intention or desire to apply for a career path at public health centers. Meanwhile, the emotional readiness was insufficient.

The relationship between institutional and nurses' readiness toward nursing career paths in public health centers was statistically significant with a positive relationship direction and strong correlation. It is necessary to improve the participation, commitment, efficacy, and efforts of superiors within institutions. Institutions can establish nursing career paths together with public health offices through (a) increasing knowledge by conducting benchmarks on hospitals, (b) forming nursing committees at public health offices, (c) mapping nurses' competencies in public health centers, (d) disseminating nursing professional career paths, and (d) connecting to bestari partners by involving professional organizations or universities.

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