The Career Ladder Concept: A Tool to Promote Professional Development and Staff Retention

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To date, career ladders have been implemented in only a small number of nuclear medicine departments. However, these departments have reported a dramatic impact on staff satisfaction and retention. The purpose of this article is to describe the career ladder concept and provide some specific examples. In doing so, we hope to encourage widespread adoption of the career ladder as a means to address the national technologist shortage issue. The same model can be modified and adapted to accommodate a variety of departments from a 600-plus bed, university-affiliated, teaching medical center to a 100-bed, rural, community hospital.

It is well recognized that the problems imposed by the severe technologist shortage have been caused primarily by two factors: an insufficient number of new technologists being recruited into the field and too many technologists leaving the field prematurely. A program which promotes retention of experienced technologists, especially within hospitals and clinics, could be expected to have a very positive impact in reducing the current shortage.

THE CAREER LADDER CONCEPT

The manpower shortage affecting nuclear medicine technology and the other allied health professions was preceded for several years by a similar shortage in the nursing profession. Since a large majority of hospital employees are in nursing, hospital administrators and governing boards have been very responsive to adopting innovative and aggressive programs to counteract the effect of this shortage upon their institutions. The career ladder for nurses is one such program which has been successfully adopted by many hospitals, to deal with the nursing shortage (1). In a small number of cases, the career ladder program was actually implemented on an institution-wide basis; thereby including nuclear medicine technologists. At other institutions, the existence of a successfully implemented career ladder program in nursing has pro-

vided sufficient justification for adapting it to other departments.

One of the real benefits of a career ladder program, especially for medium and large departments, is the greater vertical stratification of staffing levels. Most such departments have only two levels, junior and senior technologist. Frequently, this is effectively compressed to only one level, if the primary criteria for the senior level is certification. As a result, all or most of the staff technologists become bunched at one level, regardless of experience or special competence.

We have observed that this horizontal bunching tends to cause a general loss of motivation among experienced staff. Their frustration is commonly magnified by the reality that advancement will not be possible until someone in a more senior position elects to leave the institution. Career ladder programs provide the ability to control one's own destiny through the open "challenge" process. In the long run, this seems to be an even more motivating factor than the incremental salary increases associated with promotion up the ladder.

Most career ladder programs include the following key components.

1. A stepwise hierarchy of staff technologist levels. There are typically at least 3 or 4 nonsupervisory, staff levels. The number of levels will vary depending upon the size of the department.
2. There should not be any maximum quota per level.
3. Staff technologists are provided an opportunity to voluntarily present their qualifications and "challenge" for promotion to the next level. Typically, this challenge period is provided at least twice per year.
4. The technologist seeking promotion must meet specific, standardized qualifications for each level. These qualifications include such areas as certification, evidence of continuing education (i.e., VOICE credit), job performance, performance of more complex procedures, participation in research, and teaching or preceptoring activities. It should be emphasized that number of years of

experience should not be a significant criterion. It is vital to avoid even the appearance that when two technologists are performing the same set of duties, one is at a higher level solely because of longer work experience.

5. The applicant's qualification portfolio is reviewed by a designated review board, which is empowered to recommend promotion to the next level if deemed appropriate.

6. Management retains the final authority to either approve or reject the promotion, based on its independent assessment of the applicant's qualifications and prior performance.

7. A technologist will be required to return to a previous level if he or she fails to maintain minimum qualifications and standards for the current level.

8. As with conventional promotions, a specific salary increase should be associated with moving up each rung of the ladder. Failure to maintain one's qualifications, resulting in demotion, would also necessitate loss of that salary increase.

SETTING UP A CAREER LADDER

Establish a Precedent

The first step is to determine whether a career ladder program exists either in nursing or some other department in your institution. If it does, most of your work is already done because the administration has already endorsed the concept and an acceptable model has already been developed, which should only require some customization for nuclear medicine technology. If there are no career ladder programs in your institution, research other hospitals in your area.

Develop a Model

Whenever practical, use an existing program within your institution as a template and adapt that to your department. Key components to be developed include the following.

1. Specify program objectives, such as improving quality and patient care, professional competence, and job satisfaction.

2. Define specific staff levels and associated criteria.

3. Establish pay rates and advancement bonuses.

4. Define the composition of the review board, challenge periods, and review procedures.

5. Whenever possible, prepare a budget to assess the financial impact.

Approval, Implementation, and Monitoring

Once administrative approval is obtained, hold preliminary meetings with the staff to explain the concept and details of the program. Then, establish a program starting date and the challenge periods. Once the program has begun, monitor it closely and make modifications as appropriate. At least annually, monitor the program to evaluate its success in meeting the original objectives. Based upon the outcome of this eval-

uation, it may be appropriate to either modify the program or the objectives.

AN EXAMPLE OF AN EXISTING PROGRAM

The Career Horizons Program in Nuclear Medicine, at St. John's Mercy Medical Center, St. Louis, MO, is a direct result of the hospital's stated goal of providing opportunities for all employees to grow in their professional field. The first such program at St. John's was the Nursing Career Ladder, which began in January 1987. The Nuclear Medicine Ladder and other nonnursing ladders were implemented in July of the same year.

The objectives of the St. John's program are as follows.
• improve the quality of patient care
• improve professional competence
• provide opportunities for recognition and promotion
• provide salary compensation based on demonstrated skill and expertise
• increase staff accountability and responsibility
• enhance both recruitment and retention

The program was created by a task force of nuclear medicine professionals, which included the administrative director, chief technologist of imaging, chief and senior technologists of the RIA laboratory, and other staff technologists. The framework of the program was designed around the four principal objectives: professional development, technical practice, clinical leadership, and quality assurance.

Measurable standards for advancement were established for each of these areas. The task force then consulted the staff for ideas and support. One of the key factors contributing to the success of this program is that participation is completely voluntary. An employee may move upward, downward, or remain at the same level, depending upon his or her own interests and ambitions.

Four levels were designated within the program: Nuclear Medicine Technologist I; Nuclear Medicine Technologist II; Nuclear Medicine Technologist III; and Nuclear Medicine Technologist IV. It is important to note that no maximum quota exists for any level. Each level has specific eligibility requirements and performance expectations, which must be met.

The Level I Technologist: This is considered the entry level position. The basic requirements are a degree from an accredited school of nuclear medicine technology and certification. The employee must spend a minimum of 6 months at this level. At the end of this period, the employee moves up to Level II. No challenge is necessary for the change from Level I to Level II.

The Level II Technologist: At this level, the technologist is required to maintain a larger amount of continuing education credit hours, to perform routine procedures independently, and to participate in quality assurance functions.

Level III and IV Technologists: These technologists are required to maintain even more continuing education credits,

to participate more actively in departmental committees and the quality assurance program, and to serve as preceptors for students and new staff. To achieve and maintain Level III, the technologist must demonstrate competence in the performance of complex and nonroutine procedures. At Level IV, the technologist must perform all procedures competently and independently. In addition, the Level IV technologist serves as chair of department committees, participates in hospital-wide programs, presents inservice training, and serves as a resource person for specific study protocols or new equipment.

A technologist may present his or her qualifications and challenge for a higher level four times per year. When a challenge is not successful, a six-month waiting period is required prior to rechallenge. With the exception of Level I staff, a minimum of one year's experience at the current level is required, as well as completion of one job performance evaluation. New employees are hired into an appropriate level, based on their prior experience; the level is mutually agreed upon by the supervisor and employee.

The challenge process involves the following steps. The employee and supervisor designate fellow technologists to assist in providing peer review input. Preparation of the review portfolio includes documentation of formal and continuing education, professional competence, and previous experience. Examples to be included in the portfolio are drawn primarily from the preceding 12-month period.

The completed portfolio is submitted to the Clinical Ladder Review Board (CLRB). This is a standing committee consisting of a chair and four members. In order to provide greater objectivity in the portfolio evaluation process, two of these members are appointed from other departments. CLRB members are drawn only from departments having a similar career ladder program and some affiliation with nuclear medicine. Each board member submits an independent evaluation of the portfolio and the board then convenes to render a consensus decision; either to approve or disapprove the promotion.

A salary increase and higher pay grade is included in a promotion to a higher level. Once promoted, the technologist is responsible for maintaining his or her skills and performance. A summary of professional activities and a self-evaluation is submitted to the supervisor as part of the annual performance evaluation process.

The First Five Years

The initial design and implementation of the program was greeted with high enthusiasm and participation by the staff.

The majority of the technologists have successfully challenged for promotion to a higher level. One technologist was subsequently moved back to the previous level due to an inability to maintain the requirements of the new level. Some technologists have chosen not to participate in the program. These technologists maintain Level II status.

Early in 1991, a program review committee proposed several changes, including the following.

1. Provide more specific delineation of performance expectations for each level, including examples.
2. Emphasize continuing education obtained through reading and self-study due to decreased availability of travel funds.
3. Create staggered two-year terms for the Clinical Ladder Review Board members.

TOUGH TIMES REQUIRE BOLD SOLUTIONS

The career ladder concept is very different from more traditional personnel advancement systems. Many technologists and even human resources personnel and analysts may express considerable reluctance to change the system. There are many who advocate the "If it isn't broken, don't try to fix it" philosophy. What they fail to realize is that if the system wasn't broken, there wouldn't be a manpower shortage.

Some critics claim that career ladders are "budget busters," and conceivably they can be, if the salary increment between levels is too substantial. If the salary level increments are moderate, one can manage a career ladder program so that it stays reasonably within budget and achieves all of its objectives. A successfully implemented career ladder program will cost the institution a little more in salary expenses in the short run but can pay big dividends through enhanced retention and staff motivation in the long run.

REFERENCE

1. Task Force on Career Strategies. "Advancement programs in the workplace." Sudbury, MA: Summit on Manpower; May 1992:2.