

# CAREER STRUCTURE – Survey Two: What is a Career?

## Feedback as of 8 December 2006

343 people have accessed the survey and 214 people have completed it

Roles classification	
EN	8%
RN 1 or 2	30%
RM 1 or 2	10%
RMHN 1 or 2	7%
Level 3 and above	41%
Other	4%

Main type of work	
Clinical practice - general	43%
Clinical practice –midwifery	9%
Clinical practice – mental health	13%
Management/Administration	19%
Education/Research	15%
Student	1%

Work location	
Country	22%
Regional city	9%
Metropolitan	69%

Work setting	
Hospital	87%
Community	13%

Generation	
Matures	2%
Baby Boomers	67%
Generation X	28%
Millenials	3%

What is your goal in terms of your own career? More than one option can be marked	
Any higher pay classification?	37%
A promotional role?	28%
A more interesting role?	32%
A role across different settings?	33%
Several roles according to my interest at the time?	44%
Becoming a Nurse Practitioner?	16%
Becoming a Director of Nursing?	5%

The previous question on your career goals may not have given you suitable options. Is there anything else you want to say about your career goals?

### CURRENT RESPONSES - 14 August 2006 to 8 December 2006 (See below for previous responses)

- More independence in practice & recognition by other health professionals.
- Better recognition of agency nurses. Inclusion of agency nurses in a new career structure. Ability for an agency nurse to attract salary and recognition across related work sites.
- Not enough scope for enrolled nurses or recognition.
- Remuneration should reflect acute care skills and at present does not.
- Concerned for young nurses stuck in the career structure as it stands very hard to get a promotional position, particular if you want to stay in the clinical field.
- Becoming a registered nurse.
- Financial recognition for the extra duties we take on or have studied for eg Immunisation, infection control certificates.

### 20 July 2006 to 14 August 2006

- Commence study to become midwife.
- Enjoy the role I'm now at.
- A role that provides continuity of care across a variety of settings and hopefully restores some of the 'human' factor to nursing.
- I enjoy my clinical role, but would like more recognition for the diverse roles that I undertake in my every day working life.
- I'm quite happy where I sit at the moment: as a level 3 of a busy ward with changing dynamics everyday, new knowledge constantly changing our and my practice I feel challenged enough with keeping up to date with the trends. I feel sure that I would be happier to be able to be more of the midwife/nurse that I was initially trained for not the materials manager, finance and budget manager.
- There is a big pay scale difference from a level 3 to level 4 in acute settings as majority of the nursing directors are level 4 grade 3. They have minimal operational input and are the ideas people. They sure know how to delegate



but are on a significant amount of dollars. Why isn't there more roles available at level 4 grade 1 & 2. I have been in a level 3 role for several years but there are limited career advancements from here. I continue to study but it is frustrating as there are very limited career opportunities or recognition for further development. The level 3 Banding is open to interpretation and hasn't worked at all. The Nursing Directors and Directors of Nursing sometimes band according to favouritism and their interpretation. The Banding needs to be made fairer and clearer about how to progress from one Band to another.

- I am currently paid as a nurse specialist, but work at clinical nurse level. I would like to see the career structure allow rewarding of nurses based on their performance and skill level, more opportunities to work at level 2. More scope for developing advance practice and clinical nurse specialist positions that provide supernumerary time to do work which is currently performed on one's own time.
- Preparation for working autonomously in remote, or with an aid agency.

### **15 May 2006 to 20 July**

- To stay where I am.
- Commence study to become midwife.
- To have good work/life balance while being suitably paid for the work I do, and challenged and interested in that role.
- Aim is to manage nursing professionals and health change in a positive manner, which is not constrained and limited by fiscal policy and hierarchal career structures.
- Have a personal goal of becoming an OH&S nurse, where the reward is more equal to the work performed and the conditions and recognition better. Highly believe need to improve the status of nurses as health professionals.
- I am now planning my retirement.
- A role that I can influence the effective care of all patients within nursing.
- Being a nurse practitioner allows me to incorporate advanced skills and knowledge with my considerable nursing and midwifery knowledge. This allows me to provide a better level of education to the parents and staff. I can provide a broader and more in depth level of care.
- Currently I have an interesting and varied role, do not consider the need to change at this time, and would only consider changing if an opportunity which interested me, and also was suitable in terms of personal life were available.
- Intending to do my Bachelor of Nursing Degree and then Grad Dip of Mental Health Nursing.
- Improving skill & knowledge in my present area.
- Need to have a financially rewarding career as a primary bread winner without leaving the interesting and challenging clinical role. I cannot be stuck at RN9 till retirement.
- I'm interested in a management role.
- Opportunity to develop beyond Nurse Practitioner in the field of nursing.

### **3 April 2006 to 15 May 2006**

- Do not have any actual career goals, all I know that is I am staying in nursing whether it be my present job or a different one.
- Interested in a nursing/midwifery role where I can influence policy and direction for health.
- To advance my career both in terms of job satisfaction and delivery of service to clients (Nurse Practitioner) but also to obtain a higher pay classification than the current career structure allows.
- Recently there have been many rumours around in regards to work force redesign. Most of the rumours have been around reducing the number of career options for nurses and creating non nursing roles to assist the nurse. I am afraid that we are stepping back in time if this happens and the career options are narrowed or limited once again. At present there aren't enough career advancement options. I will share with you one example. "Get rid of nurse managers and managers not directly involved with patient care". These roles are paramount to the smooth running of the organisation and although limited give nurses a chance to extend their career pathways and broaden their knowledge and skill.
- I am at a stage in my career that I want to make changes to the way services are provided, and the way work is organised for both the benefit of the people seeking our services and the professional staff. To make a change in the Career Structure, without changing the way work is structured will not necessarily make the changes that are needed.
- One that balances family and work life
- There are a lot of barriers that nursing needs to break down within its own profession, for example, acute versus community, Metro versus Country. Roles that broaden the appreciation of all nurse's roles in their particular settings can only benefit the profession. So my career goal is about breaking down barriers and trying to show leadership within a primary health care framework within an acute hospital!
- Nursing to acknowledge and value my health promotion role that does not involve patient or client care.
- My current job is very fulfilling and interesting but more pay is always welcome to cover the unpaid hours worked.
- Adolescent patient health advocate.



- I want to make a difference – to my staff and my patients.
- To translate my nursing skills to a range of health settings.
- A position where my senior staff encourage incentive and achievement and don't punish mistakes provided they were committed with good intention (not mistakes resulting in patient harm of course but in more administrative areas).
- Continue as CNC as this is satisfying and challenging.
- I enjoy being involved with Clinical Practice Setting.
- To stay current in practice and provide cost efficient and quality care.
- I would like to contribute more in my chosen specialty - if this means across settings which it will probably in the future, I don't mind. It's not my major motivation however.
- I would like to see a promotional spot for the clinical setting.
- I have no aspirations to 'move up the ladder'. I would just like the time and support to do the role I want to do which is clinical, not the clinical title doing mainly management.
- I would like to have help in deciding what I can and can't do and what options are out there. Often nurses are not familiar with just how to structure a career.
- I am practising at an advanced level including: critical thinking/clinical decision making preceptoring, mentoring, pt and staff education, as a result of self and professional development during recent tertiary studies. I have minimal or nil involvement in 'real and meaningful' clinical decision making on an organisational level. NUMs who may not have studied recently are making the clinical decisions. I want to be valued for my contribution on equal footing as NUM and bring about change.
- Variety promotes interest. There should be more opportunity to undertake different roles at the same level, after 20 years in the clinical setting a little diversification is a good thing. One does not necessarily want to leave the clinical area, just need some variety from time to time.

#### 10 March 2006 to 3 April 2006

- To have the time to incorporate research and teaching into my role as described in my job description.
- Greater flexibility within the mental health field: opportunity to experience a variety of settings maybe on a rotational basis.
- Be able to experience different roles which would allow any hidden areas of expertise to surface.
- I feel very strongly about the future of nursing as a profession in particular the way that we treat one another (which at times can be appalling - nurses still eat their young and this needs to change). In addition to this is the need for patient centred care. Patient centred care and clinical leadership is central to how I approach everything I do, I would like to see this enculturised across our health care system. This leadership needs to occur at all levels and in all areas, but needs to be supported and role modelled from the top.
- I'm an educator and I would like to narrow my role for (eg. an educator just for a division or ward type etc. ie ICU educator, cardiovascular educator etc).
- Level 2 pay but mostly doing level 3 work.
- A role that is recognised for it's contribution to the effective management of the patient's journey through the health service.
- Position not recognised for it's complexities.
- To maintain a professional expert role in my field of emergency nursing care and to always act as the patient advocate. Recently resigned from a clinical nurse role and now want to concentrate on giving excellent nursing care.
- Being rewarded for the skills I have. More skills are being expected of me as times are changing and I am not being rewarded eg teaching of students (medical & midwifery), computer data collection. There are less skilled staff in the clinical area as direct entry midwives are needing much more supervision both as graduates and students. Teaching from the universities seems to be irrelevant (How much do the lecturers get paid?).
- I am a CM and there is no promotional position until the CMC retires or resigns. I have worked with CMCs that are waiting to retire and not performing the role well. I honestly believe there should be a 5 to 10 years contract in the CMC role so that the younger person can have afresh eye to the job.
- To try to encourage people to actually get off their / our collective butts and actually work rather than spend time like this on a computer.
- Not interested in any thing but safe staffing levels.
- An educational role within the clinical setting.
- Specifically enjoy positions with significant autonomy that incorporate leadership of multidisciplinary staff.
- The current position I hold is Community Development Officer for a mental health service for older people this is currently paid as Level 2 but I feel it should be Level 3.
- To develop in my chosen career - safety and quality, without the need to lose recognition as a nurse. PS: my role is not really administrator or manager, but this is the closest to that question I can get to. I audit, data collect, analyse, make recommendations, project manage, teach but I don't administrate, neither do I manage.



- Advancing leadership opportunities. Roles that allow adequate recognition of the importance of family time - eg flexitime, part time etc.

#### **Responses up to 10 March 2006**

- Although still a student I am interested in rural health. I would also like to donate a year or so to a third world country.
- High quality nurse researcher/teacher.
- To have a role whereby I can achieve tangible benefits for consumers of health care and nurses and midwives, that is not bogged down with excessive amounts of politicking. Also a role that rewards and expects integrity not expediency.
- Would like to work at a higher level, coordinating staff development across a variety of different disciplines within a defined region.
- I would like to pursue a combination of clinical practice and clinical education. I think the boxes determining your role needs to include a generalist box. At a country health unit I am an RN RM RMHN, and can use all those skills on a daily basis. I fear the boxes reflect the metro area where one can be providing clinical care in one speciality. We don't have that luxury in the country.
- Stability (non contract position) Ability to advance my skills and position, yet maintain 'hands on' clinical role.
- I would like consideration to be given to the new role of mental health practice development nurse in terms of its place in a career structure. It crosses clinical, education, research and leadership domains, and has much to offer the profession.
- Currently undertaking bachelor of nursing: would like more opportunity to take on role such as diabetic educator etc which is not the case for an EN.
- I would like the option of furthering my classification without necessarily taking on a management role. I wish to remain more clinically based.
- Becoming a nurse practitioner in country is not happening, metropolitan areas more supportive of this role, also nurse practitioner pay is the same rate as what I am paid currently at my level 3.
- There needs to be more flexibility - goals change, as life / life goals change. What I want now, may not be what I want in 10 or 20 years times. This I think is one of the reasons for loss of so many older nurses in the last decade or so, as there has not been the flexibility for growth and extension of roles within the profession.

**Many people suggest that clinical ability should be a factor in career advancement. Such 'clinical ability' might include knowledge, technical skill, decision making confidence and temperament as a clinician. How do you think that clinical ability could be measured to decide who demonstrates more ability (with a view to promotional advancement)?**

#### **CURRENT RESPONSES - 14 August 2006 to 8 December 2006 (See below for previous responses.)**

- Clinical ability should be measured on practical skills and nursing knowledge.
- Workplace assessment current or updated competencies.
- Competency assessments - clinical and management, entry into a clinical supervision contract, entry into a properly constructed and evaluated mentoring relationship.
- Work performance. Proven skills. (Tertiary qualifications as well as these to form a sound knowledge base for practice).
- Portfolio and an appraisal system that allows or highlights persons with greater motivation and clinical skills.
- Via clinical supervision. Via self assessment. Via intensive clinical workshops. Via sponsorship. Via clinical case presentations. Client involvement.
- The ability to embrace all clinical situations in the acute (and other ) settings. MANY practitioners in higher roles back away in acute crises yet earn higher rates of pay.
- Further education. Peer review.
- I think expert clinician should be valued for what they know clinically such as a consultant is. But once past a level two this is devalued.
- Performance appraisal. Trial period in the position.
- Assessment of practice areas and specific nursing skills. Recognition of previous roles and experience gained.
- Previous given experience and ability to successfully manage a group of people and retain staff.
- Previous experience is also important.
- Knowledge, professional growth and job satisfaction.
- Some consideration should be given to previous experience whether it is in health care or not. Recognition of post-grad qualifications is a must. There should be the inclusion of 360 degree feedback modules in staff



appraisals - feedback from clients (inc patients, peers and managers) on different aspects of work performance needs to be included.

- Clinical ability should be rewarded, not just service years or years of experience.
- Not only need clinical ability but also need people skills for both teaching and caring. Need to be approachable and able to foster and encourage best practice principles.

#### **20 July 2006 to 14 August 2006**

- Peer appraisals, competencies, study, mentoring, assisting or initiating in-service education for other staff.
- Through peer and management review and assessments.
- Different criteria and competencies should be determined for different levels.
- Performance appraisal by managers AND co-workers. Competency based technical skills. Client/patient feedback/satisfaction surveys.
- Positive client outcomes, KPI's, new initiatives.
- Maintenance of a portfolio of work completed. Yearly appraisals, with objectives set and achievement of these objectives evaluated. Possibly consider a standardised performance evaluation tool across nursing or at least across institutions, in addition to individualised unit appraisals. A standardised performance evaluation tool should be validated to ensure it is an effective tool.
- References from peer nurses; other team members (e.g. MO, physio), patient questionnaires.
- Peer review, competency assessment, continuing professional development and updating skills and knowledge base.

#### **15 May 2006 to 20 July 2006**

- Knowledge and skills doing research publication.
- Yearly assessment, such as 360 degree.
- Skills audits would be the first to mind, where a nurse is asked to perform a task in either a real or simulated situation and is assessed in doing so. This would need to be done in conjunction with another form of assessment however, as just because a person can perform a skill doesn't necessarily mean that they have the background knowledge and understanding of why they are doing what they are doing, expected outcomes, risks and benefits etc.
- Evidence of knowledge of contemporary clinical issues.
- Roles that those people are currently taking on over and above their current position. Eg. An RN, who performs regular in-services for hospital staff, and liaises with CNC's and Nurse Managers. Also writes protocols and procedures for department specific or hospital wide procedures.
- Peer review from nursing colleagues across all levels. The amount a person interacts, provides education and supports other staff.
- All four areas are important in differing settings and none should be valued higher than another. Qualitative measurement of confidence and temperament is difficult, perhaps this is where peer review becomes important.
- Credentialing by a professional college or external agency.
- Depends on the role. But if role is as a mentor in teaching then clinical is very important.
- Perhaps use of a professional portfolio or achievement of educational points could be a useful guide. At present, assessment of clinical ability is subjective, not objective.
- As an Enrolled Nurse with 27 years in Mental Health and who seeks out any opportunity to further educate myself I feel that my clinical ability can be measured by performance appraisals and perhaps assignments.
- Maintaining an 'evidence based' Professional Portfolio; patient feedback; peer feedback, clinical supervisor f/back; preceptee feedback; evidence of 'further education into practice'??
- Assessment by peers and supervisors.
- Clinical exams and assessments, assessments on leadership and team management skills. not bookwork.
- Knowledge (Courses attended regularly) and skills – taught.
- Educational level to support ability Level of autonomy in technical skill, clinical ability Complexity of patients receiving clinical care Demonstration of comprehensive assessment of patients receiving clinical care, technical skill. Demonstration of application of suitable comprehensive management plan of client. Ability to commence, alter and cease comprehensive management plan for patient autonomously after client review and assessment. Attraction of consultative services due to clinical skills and abilities. Recognition of skills and abilities beyond the local environment. Recognition as an expert in the field. Requirement of extra credentialing, authorisation to perform clinical role or technical aspect.
- Performance Development Plans and Review Portfolio of clinical experience, knowledge and skills Recognition of level of responsibility in the workplace (ie shift co-ordinator, preceptor etc).
- Peer review or Organisation prepares a criteria and the nurse provides evidence of how he/she meets that facet.
- Nurses who have shown dedication to furthering their knowledge and skill base in areas in which they specialise; by studying through University and gaining graduate diploma/cert or Masters.



- Only if clinical ability is proven at a hands on competent level. Many know what they have learned in study but cannot practise it.
- Maybe by running practical and theory skill tests?
- The amount of knowledge they can pass on.
- Peer appraisals, competencies, study, mentoring, assisting or initiating in-service education for other staff.

### 3 April 2006 to 15 May 2006

- Documentation of peer reviews. 6 month probationary period. Positive outcomes for clients. Self evaluation.
- Does that mean that someone without clinical ability will not be able to advance their career. Not everyone is clinical minded, there are those who are management minded.
- We have to be careful that we don't limit our recruitment process because we should also recognise the potential and the "fit" of a nurse, ie that they display the values we want and willingness to learn.
- Examination by employer. Credentialing by relevant nursing college linked to pay rise.
- Experience in the area. Taking on education role on own. Any extra education done in the field. Willingness to join organisations in field and after hours work to maintain knowledge. Taking into account peer perception.
- Competencies, further tertiary education, positions held in other hospitals.
- Acknowledgement of clinical practise.
- Clinical ability must be tailored directly to the position. It must be based on the actual needs of that position.
- By peer appraisal and feedback.
- Good question.
- Assessment of skills and knowledge has to be based on measuring an individual against the profession's competencies. Demonstrating competency at novice to expert level could be a way of an individual demonstrating that they are ready to advance. Perhaps there should be a combination of automatic advancement by years and a way of demonstrating competence at various levels.
- Whatever promotional advancement whether in a clinical setting or through management requires the ability to motivate fellow nurses. Clinical skills especially knowledge and technical skills are important but they are learnt tasks. Clinical ability for promotional roles needs to focus more on people skills, communication, the ability to be passionate and instil confidence in the team, the ability to motivate staff and to value all nurses for what skills they may bring to a situation. The ability to demonstrate person centred care to me is just as important if not more than actually raw clinical skills. If they have good people skills they are going to be able to impart their knowledge and provide support to other nurses.
- Clinical ability needs to be measured in knowledge and in clear thinking through pathways, how do you work through to get the result. Interpersonal skills need to be enhanced to reach any goal.
- I agree with the above. Excellence in nursing is about best practice, in a respectful manner and education for patients, family and other health care professionals.
- I was part of a group which developed performance related pay. They actually asked all the nurses what they thought was the most important thing about nurses. The most common answer was 'kindness'. At appraisal all nurses had to present testimonies or evidence to show they met the criteria.
- A simple measure has been length of service and knowledge within a particular field of practice. It depends on the role. A nurse could have less clinical ability but be very skilled at managing staff with the required ability. Some nurses are highly skilled and demonstrate exceptional clinical ability, but flounder when given promotional responsibilities.
- Achievements - ie projects, initiatives, experience, knowledge relevant to area of practice.
- More emphasis on peer review and past performance, and less on performance in interview. The knowledge of procedure does NOT necessarily mean the employee can put those into practice. In mental health people with less clinical skills rise to senior clinical positions and then perpetuate their level of practice.
- Clinical outcomes. Opportunity to act in promotional roles with assessment. Consumer surveys. Time for seniors to observe practice.
- Based on patient outcomes perhaps.
- Giving interviews with situational problems to solve gives a lot of insight into the above mentioned abilities.
- Clinical ability alone doesn't make you a great CNC/manager/leader. Clinical ability is a matter for performance management which could be better addressed in the career structure. I don't think interview is the best process to select nor assess clinical ability. Suitability for career advancement is multi-faceted - this needs to be in our career structure, which it is to some extent; and J&PS.
- By years of service in the area. By doing relevant education or courses. By showing a professional interest in the field. Can use a peer/ Doctor assessment.
- Formal assessment of clinical knowledge is threatening and does not prove ability. The best assessment is through the management of situations as they occur. On a ward level it is apparent who has the knowledge and incentive to perform well and advance their knowledge to the benefit of the patient and ward.
- Competency based, clear framework that sequentially allows gaining and assessing the clinical application of all types of skills not just clinical, but managerial, research, communication skills.



- Midwives who have worked in continuity models and have a holistic philosophy of women's care.
- Patient outcomes and feedback. Simple questions asking did nurse make a difference? In what ways? Student and staff feedback -re their preceptoring/mentoring role. List specific ways the nurse developed as a result of this. How the nurse gained confidence and increased knowledge base/technical ability. Give examples of changes to practice and outcomes resulting from these.
- Clinical ability has to be judged by not only yourself, your employer but also your peers that you work with. Demonstrated by knowledge, decision making and ability to have diversity.
- Evaluation sessions, appraisals.
- Knowledge and skills, doing research, publication.

### 10 March 2006 to 3 April 2006

- Clinical ability is just as important as extra qualifications. However not all good clinicians have the ability to take on a leadership, promotional role. Therefore making the most of educational opportunities is imperative.
- ? peer evaluation: might have to be secret ballot.
- Clinical ability - if you only work in one area eg neurology you can become an expert, however in regional and country and maybe some areas of city most nurses work in areas that cover every scenario from medical to surgical and including paed's so they are very good over a diverse area without being an expert. Who is better to be determined in promotional areas? Can this really be measured fairly? I don't think so hence it is important to include these descriptors of both scenarios when talking promotion.
- The current ANMC Competencies are broad and offer little assistance in assessing performance re clinical ability. Articulation of an evidenced-based, critically appraised, outcome oriented focus and practice may be a start. Years of experience should not stand alone these years should bring with them the ability to articulate the above. How we measure temperament, leadership, interpersonal skills is beyond me but absolutely essential in N&M/W.
- A combination of peer review and management review (eg 360 degree review process) Academic or evidence of ongoing formalised learning and commitment (eg this may be active participation in professional groups etc).
- Peer review.
- By actual performance in a position. There should be the opportunity to 'practice' in other positions so that when a specific position is available or is considered actual performance is measured. This measurement may be by a combination of peers, employees and superiors who all have an opportunity to feedback regarding 'clinical ability'. This may be supplemented through education, supervisor performance reviews, interview etc.
- Clinical ability may be judged through effectiveness in the clinical setting. It requires the utilisation of all of the factors listed, knowledge, technical skill... Peer respect and clinical leadership depends on the credibility of the senior nurse in achieving goals and motivating the team through their own example and performance. In my opinion it is only those few who have a proven record of utilisation of those skills that should be considered for promotion.
- Clinical ability could be measured not in terms of tasks completed but related to complexity and autonomous decision making. For instance a nurse practitioner has in depth clinical knowledge and skills, range of decision making processes, responsibility etc as compared to a newly qualified RN. However where does this leave a nurse in a more managerial or education position? Not all nurses are clinicians. Also the setting can be important - nurses in rural and remote areas may have multiple skills such as midwifery, accident and emergency, retrieval skills which may surpass a metropolitan nurse because of less or no access to skilled doctors, the same accidents and emergencies come through the door. Often these skills are not recognised or remunerated (as we all know country nurses spend most of their time knitting!!)
- A monthly review by peers of clinical work through case notes, reviewing documentation, outcomes, clinical input etc.
- Portfolio development combined with professional performance 360 review.
- Review of individual work-look at record keeping, supervision notes, feedback from line manager. Maybe some kind of written test for that particular speciality.
- Anonymous 360 reviews to assess whether or not incumbents have the desired personal attributes along with appropriate qualifications and relevant experience. Then after a given time 360 review them again. We don't want those who have the skill required but at the same time behave like a raving psychopath.
- The degree of independence in regard to clinical decision making, supervision of other staff and ability to function at a high level of skill.
- Peer support and documentation from day one.
- Clinical ability is certainly one component, but is not the only one. Some people make excellent clinicians but can't manage people (many senior roles involve time spent in conflict management with staff). The career structure needs to provide the opportunity for those people who want to remain clinicians and work at a senior level to be rewarded.
- I think you need to have a certain level of clinical competence but I don't think this needs to be the primary focus. Management skills are definitely required as you go up the ladder. Clinical ability should be assessed by several



- avenues. ie performance appraisals, references, there is work being developed about decision making questions etc. that could be utilised - hard topic to define.
- A nurse's clinical ability should be rewarded, however, once the individual(s) attains that ability we tend to move them out. That is, in rewarding their ability we promote them as the incentive and not value them in the area where they should be - the coal face.
  - Clinical ability is important but level of responsibility is the key factor. Work places need to look at several factors when allocating pay levels. eg team leaders being paid next level not their occupation (eg RN2) level.
  - Very difficult to measure. I don't know how you could ensure it so it was unbiased and fair. Clinical ability is not just about technical excellence it incorporates the 'art of nursing' components.
  - A review of what the individual's role entails as some in various areas have much more involvement within many areas, eg teaching outside the department at differing levels.
  - By setting outcomes and objectives that can be measured to assess the areas mentioned above.
  - Provide a grading system eg like England where a nurse does not advance to the next grade until further education has been achieved to progress to the next level.
  - Personality style testing IQ testing Knowledge base testing.
  - A proper yearly assessment of our skills and proof of ongoing education and maintaining of skills.
  - By looking at the role of the nurse/midwife's role in a particular area eg why should a midwife in a women's health clinic whose role is mainly chaperoning doctors be paid the same as a midwife in labour ward who sutures, cannulates, coordinates midwives, students and doctors?
  - Definitely clinical research, to be recognised as a professional body we need to be doing research or at least using evidence-based protocol, or evaluating the services.
  - More basic research needs to be done by nursing staff, this will help nurses gain credibility.
  - One of the main abilities would be to be able to teach and continue to organize work related case studies, questionnaires and maintaining a good quality of nursing at the same time.
  - Clinical ability as defined above is about applied knowledge, skill, critical thinking etc. It is multifactorial and context specific which makes defining a measurement tool difficult, although there are some areas where there is clearly overlap. Round table discussions and 'hypotheticals' may be an alternative or adjunct to an interview process, especially when assessing knowledge and skills, but will also give an indication of communication skills and role as a team member. Relying solely on competencies for example does not give an accurate reflection on clinical skill, only an ability to regurgitate pre-formulated information with a bit of clinical acumen.
  - Regular peer performance appraisals with further education to be listed. Years of clinical practice in the area and responsibilities already being taken.
  - By peers and subordinates not higher up the food chain. ie by those you have to work with.
  - Accountability is crucial. Risk management, leadership and development of teams (with a whole system approach) reflect clinical ability, particularly in mental health and community roles that include health promotion and community development roles.
  - Anything to do with nursing ability should be able to be measured using the ANMCI competency standards. If not then maybe it is not measurable. Some of the skills mentioned are very subjective. I do not think that temperament should get in the way of excellent knowledge and technical skills.
  - Further education developing / facilitating plans to help units work more effectively planning, presenting in service education sessions for staff.
  - Assessing knowledge base and technical skills would be a simple business. Simple test. But how do you assess years of on hands acquired knowledge? That one off that reappears 20 years later? You can't. Confidence assessment is almost impossible.
  - Feedback from manager / peers / the public ie client feedback. Overview of work practices eg absence of client complaint, review of any incident forms involving staff member or could be as in a formal assessment by a suitably trained CNC.
  - Clinical ability is very important in understanding what problems are being faced by those working with patients. I think ability relates to higher level knowledge in diagnosis (therefore anat and phys are useful), that leads to understanding care needs, that leads to care planning, that leads to understanding what it will take to do the care, understanding of outcome measurement, and analysis so one knows when one is succeeding and when one is failing, and etc etc. How to demonstrate? This is harder as specialisation enables higher knowledge, but lesser focus, so depending on where to on the up, will depend on how one wants to measure.
  - Clinical Supervision allowing some flexibility so a clinician can be allocated higher duties and responsibilities.
  - Peer review by panel client/patient feedback (could be skewed so need to remove bias).

#### **Responses up to 10 March 2006**

- I don't totally agree with this suggestion.
- The nurse/midwives own self assessment, peer review and review by acknowledged experts in a manner that covers knowledge, skills and attitudes, not an easy task but all aspects of competence and expertise. This would involve quantitative and qualitative evaluations.



- Mistake to equate clinical ability with management ability. A broad range of skills (communication, IT literacy, adaptability) and qualities (ethics, fairness, lifelong learner etc) should be considered when looking at promotional advancement. A certain level of education preparation eg (Masters level for Level 3 and beyond) should be seen as essential. Continuing education should be mandatory for those in senior roles.
- I don't think that we should go down the path of stratifying clinical ability to determine promotion. Clinical ability should sit equally within a structure with management/education. I think autonomous practice of nurses should be considered alongside professions such as OT's Physio's who may refer to a more experienced/qualified nurse for advice. The management role of nurses is very much able to be done by Admin. Officers and should be handed over so that nurses can get on with nursing.
- Through application of standards and measuring whether people meet those standards. Also by clearly delineating career advancement opportunities based on merit rather than opportunity.
- Extra qualifications, life experience, confidence from other colleagues and leadership qualities.
- All the above. Clinical skills measurement is subjective. Some students will learn better from one style than another, so it would be difficult to measure who is better. This is a post graduate course available at FUSA. Education would determine and improve ones ability.
- From education, work colleagues, and demonstration through own work ethics and management.
- Perhaps a professional portfolio may help. Keeping evidence of not only education attended and given, but trials/research you have been involved with. Your CV and perhaps a list of clinical experience may also fit nicely here.
- Tough question. I am a believer in the demonstrable, so someone who is willing to demonstrate their skill to a broad audience will always gain points from me. Overall I think its the broader picture stuff, eg has a clinician not only demonstrated their skill in the practice setting, have they written about it, presented it, organised others either through a teaching session, or by leading the implementation of a new clinical initiative.
- I agree knowledge, technical skill, decision making and confidence are essential and temperament does play a small part. You need someone however who has leadership qualities and can handle stress.
- Performance.
- I think it is sad when a 'great' clinical nurse is removed from the clinical role because that is the only form of promotion that exists. Why can't clinical excellence be rewarded financially by a career structure that values it??
- Evidence of study/learning combined with professional development reviews A documented career path identified by the individual Key performance indicators.
- Clinical skills workshops. Opportunity to work with students and then evaluate their opinion of your effectiveness.
- Feedback from peers and less experienced colleagues - is the person a good role model? - can they pass that knowledge/skill on to others?
- Yes, I agree. Perhaps a similar framework to credentialing, where the micro-skills and expertise are identified and assessed, leading to recognition of level of expertise and requisite pay. Could be linked to demonstration of ongoing training, education - eg x no hrs per year, maybe even linked to APC renewal.
- I think this needs to be a mixture of peer review (360 type review to avoid too much bias from friends) and some objective measures. People who say they are clinically more competent should be able to take an exam that includes a viva component (similar to the NP requirements but at a lower level).
- Was intended to reward those who chose to stay clinical & those who chose a management path. It does not do this now. We have too many clinicians working in other than what there role is intended within nursing career.
- Introduction of nurse specialist. These nurses have avenues to achieve higher in their RN role and assist in education of both clients and peers. Unfortunately they are unable to get supernumerary days to assist them so all work is done in their own time.
- CN positions giving respect to knowledge and skills but numbers are too limited.
- Flexibility of nursing careers available. Initiatives to encourage ex-nurses back into the workforce - training plus working hours to suit the person.
- None, all the senior nursing roles still take the most experienced nurses away from the bedside.

**Many people get better at their work roles as they have more experience in the role. Do you think you are better at your job now than when you started it? If so, how would you demonstrate that improvement to someone?**

**CURRENT RESPONSES 14 August 2006 to 8 December 2006 (See below for previous responses.)**

- Yes by demonstrating to someone my clinical knowledge and practical skills.
- Yes my current standard of practice.
- Client satisfaction, publications, networks, effectiveness in terms of effort therefore able to multitask.
- Knowledge shown.
- Yes, I have more confidence in myself. Also feeling more comfortable with colleagues and hospital environment.
- Explaining the routine of the ward and by teaching them.



- Increased ability to undertake the role/required actions within the role without the requirement for continual feedback assurance, feedback from mentor, feedback from clinical supervisor, promotion of area of practice, ability to mentor others.
- Work performance. It is fairly easy to pick someone who is proficient at their job. Often peers are able to tell who performs well. It is NOT just a time factor. Many nurses are better at their job 2 years post registration than 20 years after.
- Yes and I think that shows with the ability to teach, coach more junior staff. Could also be shown by use of portfolio, ongoing training that is done and how you can show you have put this learning into practice.
- Via clinical case presentations. Via intensive clinical workshops. Via clinical supervision. By allowing others to observe my practice (directly or via 2 way screens) Via client feedback.
- Yes.... more exposure means more ability to deal with adversity.
- Yes. Taking on the role of educator, mentor, preceptor.
- I've moved sideways to gain advancement and still learning my role which is redesigning care.
- Yes. Individual and systems knowledge that allows for more /greater benefit in client outcomes. After all it is about what is best for the client.
- Proven ability to manage changing groups of people and by staff retention. Superior and peer appraisal.
- Client satisfaction, publications, networks, effective in terms of effort therefore able to multitask.
- Knowledge shown.
- Explaining the routine of the ward and by teaching them.
- Empiric knowledge was the basis of nursing education for years, experience comes with practice, and repetition. Ask anyone that worked with me in my first week as an RN verses now - you would see a big difference.
- Yes I am better, I get put in charge. Team leading.
- When people become comfortable with their practice are able to stand back and look at incidents and issues analytically and critically. Able to see the whole picture and make informed decisions.

#### **15 May 2006 to 20 July 2006**

- Yes I do think I am better. I now see more complex patients independently I now have more direct referrals to my service. I would do better in a theoretical or clinical exam in my area now than previously.
- Yes. The level of responsibility I have in my role. The level of understanding I have for my role. The outcomes of those that experience my work (ie feedback from peers, students, manager).
- Demonstrated expertise in managing more complex situations. Others seek my advice on a consultancy basis. Measurable improvement in patient outcomes.
- This would be very difficult to demonstrate as all nurses should show some level of expertise even at a beginning level. However, many medical officers observe how a nurse practices and often comment on who they feel is experienced and whose not. And yes I am more experienced now than when I started nursing some 34 years ago.
- I think that statement is true. Nursing is a profession where you learn more by experience. The more experiences you have, good or bad, the better the nursing capabilities you evolve.
- Yes, definitely. By show and tell (skill testing).
- Yes I am better. The passing on of your experiences and what you do shows how much you know.
- By observation,
- Yes through experience learn by mistakes, I had a good mentor, education, I had goals I knew want I wanted to do. I set timeframes and I did achieve my career goals.
- Absolutely Yes Demonstrated through competency assessments and staff appraisals.
- Better time management Improved response to complex issues Sought out for consultations and advice.
- Organisation & prioritisation. Effective time management. Answering questions instead of asking them (ie supporting colleagues).
- My outcomes, confidence, leadership ability, Change Champion.
- Yes, I think we develop with time. My current boss is my mentor. My appraisals demonstrate my development over time. I also keep a portfolio of projects and work completed to reflect my development.
- Ability to assess observations and information and decide when it is safe to forgo protocols in the interests of patient comfort.
- Improved communication skills demonstrated by quality of written and verbal information being able to present to peers.

#### **15 May 2006 to 20 July 2006**

- Ability to run a shift with desirable outcomes.
- Yes. Continuous Quality Improvement Program shows many measurable outcomes to initiatives I have managed. Data must be used to measure this.



- Definitely, with experience comes knowledge and greater insight so a problem I dealt with 7 years ago would be dealt with differently now.
- Time has improved and advanced my expertise, however it is also related to gaining an education to the contemporary models and theory of nursing practice/knowledge and applying it to my area of expertise.
- Definitely better in my role now than when first started but still have shortfalls in knowledge and ability however. I don't believe that any nurse could ever claim to know everything there is to know about nursing. As for demonstrating the improvement this could be difficult. There are so many ways in which this could be done, both overtly and covertly. For example, if I now work with less supervision than I did when I first started then this may suggest that I am better able to perform in my role. Likewise, if I am given the role of say, mentoring a student nurse then it is implied that others see my ability as improved.
- Goodness yes. My input to the various strategic developments at this organisation. My "skill" in managing up and not just expecting the right thing to be done. My ability to advocate very strongly for my profession both within and external to this organisation. Heaps of things. I maintain a portfolio of evidence.
- Absolutely improved. For myself it is easy. I am required to be on call; when I started I was not, now I am. Also I have a role of now preceptoring and educating new staff, and I also educate hospital staff several times a fortnight over and above my other required duties.
- Most definitely. Using a self -assessment tool. Feedback from colleagues.
- Yes, demonstrated by increased confidence and ability to articulate what I do, evidence of what has been achieved, peer/client review and feedback.
- Better depth of knowledge that I can draw on easily.
- Increased skill & understanding of role responsibilities.
- Yes. Have established better networks; have a professional portfolio, and evidence of education achieved since commencing in the role.
- I sincerely believe I am far more experienced now and as I work in acute care I can demonstrate this by my clinical practice.
- Yes. Improved and positive comments/feedback from students/preceptees/peers.... Evidence of 'sharing' increased knowledge with peers.... Educational/academic qualifications.(and associated 'incorporation into practice' evidence).
- By advising and educating less experienced staff. Portfolio showing experience, problem solving. Sequential appraisals.
- Better at assessments, could use this to predict treatment plan for client - assessable.
- Have the same skills, can just find things more easily, have upgraded checklists etc.
- Yes I do think I am better. I now see more complex patients independently. I now have more direct referrals to my service. I would do better in a theoretical or clinical exam in my area now than previously.

### 3 April 2006 to 15 May 2006

- Much better in my role now: more confidence, faster or more productive, more strategic in thinking, improved outcomes. How to prove this? Able to empower others to make decisions. Work output KPI's improved Able to take on more workload as now more productive. 360 degree performance review indicates that I am doing better in the role. I feel there should be some type of financial award or reward for achievements and meeting targets.
- After 30 years I believe I have grown with my position.
- It is very true that experience consolidates knowledge and expertise. I am definitely far better in my role than I was say 20 years ago. I would expect that people would assess my ability to carry out the various roles within my job and be able to see the improvement through annual appraisals that occur each year. That is very important.
- Yes, skill acquisition, decision making, mentoring and role modelling ability increased. Education focus In my improved efficiency in my nursing role; my increased capacity to trouble shoot using clinical reasoning; to provide real education to pt's/their parents; Hopefully all this could be measured by measuring (improved) patient outcomes as per the pt's subjective experience of receiving nursing/health care, as well as objective clinical outcomes such as decreased complications and shortened patient stay. But we generally do not measure these criteria, or any performance indicators.
- Yes being in a management role, there are KPI's and outcomes expected that are already defined or negotiated, that need to be met. Having to achieve via others is always a challenge.
- Yes I am because I am now able to prioritise the demands made on me more efficiently. I guess demonstrating this would be difficult as often it is only the amount of personal angst and time put into a part of the role, not the outcome that differs with experience in the role.
- I'm not sure I would say better but have more confidence in decision making, feel more comfortable in the role. Not a day go past that does not provide some opportunity for learning. I think this makes you a more rounded individual able to look at situations from a broad range of perspectives because of previous experiences. Demonstrating the "improvement" may be identifying the ability to look at issues from a broad perspective with a range of options considered, being able to actively listen and value all contributions, to be able to focus on individuals in the team



- and not so concerned about ensuring the "tasks" within the position are completed. I don't think more time necessarily equates to more experience, it is how the person embraces the role.
- Yes, I have greater knowledge, have doubled the area and workforce from when I started and have taken on two other workgroups and manage this within the time frame allocated and have had reviews of work to substantiate the effectiveness of work done.
  - Definitely one continually learns and develops networks.
  - Education, confidence and approachability. safe practice and accountability focus in a novice can demonstrate more clinical ability than a expert who believes they know everything.
  - In some ways I am. I do things faster, I accept the stressful days and they don't bother me at all. I am better at dealing with grief etc, and I have greater clinical knowledge. I demonstrate this by teaching others my skills, by patient testimonials and by continually updating and studying. But I think the basic person that I am - the person who passionately cares about my patients and has a desire to make things better for them and for my colleagues, is unchanged.
  - In my current role, I am regularly given opportunities to take on more challenging work or attempt something new. Experience has enabled me to apply and translate skills from my previous clinical work to education and administrative roles. Experience allows me to know when I am working within professional boundaries and when to refer elsewhere. I am comfortable taking of certain roles but also comfortable to say no to things that I may have previously done which were have been outside of my level of expertise, but I thought I should do because there was no one else at the time.
  - Yes - by knowledge, training to others, achievements, clinical work and process used (ie rationale).
  - Definitely. Peer review, performance review, willingness to do the extra work, client based review to a lesser degree, performance history which takes into account safety and outcome in an acute mental health admission unit.
  - Comparison of case note entries.
  - Patient outcomes.
  - Definitely. Am able to answer more questions and give information to others regarding unit and activities.
  - Absolutely! Demonstrated in the way I assess & manage clinical situations; Informed by theory eg Benner's model. Compare my practice against Advanced Practitioner competencies (or other relevant benchmark).
  - Demonstrated by recognition from peers and other health professionals. Thru' appraisal.
  - Yes because I have done relevant courses and belong to organisations and attend meetings in my area of expertise.
  - If you are motivated and interested your performance improves, whereas we have all met people who 'plod' and do not advance. Demonstrating improvement to an unknown person would be very difficult. However, peers and other colleagues would be aware of improvements.
  - The skills I can demonstrate, the increase in my knowledge base, my participation in hospital and professional activities for the benefit of those organisations and the letters of thanks and congratulations I have received from my workmates and patients related to the care and interactions I have had.
  - I am able to work independently with minimal assistance.
  - I am better because I have worked in several different ways and places and not just provided the same type of care. This has enhanced my knowledge of care, philosophy and the way different people work which now gives me more to offer and a broader view.
  - The manner in which I 'run a ward', educate patients and staff, am willing to raise issues and encourage critical debate. Often ask novice to accompany me as I talk to pt and together we set goals that fit within their context. The way I role model every day, clinical expertise, documentation, involvement in education and quality activities, rapport with MO and other health professionals.
  - Yes, I have improved within the role that I am in at the moment over months. If that person was there at the start they would be able to see the improvement just by noticing that I am more confident, able to prioritise work more efficiently, communication skills have improved and the knowledge that I have gained within the area that I am in has also widened.
  - Better, sound understanding of my clinical area and policies and procedures, able to look at the 'big' picture when making decisions, have the confidence to deal with 'difficult' colleagues including doctors.
  - By increased confidence, by better pt outcomes.

#### **10 March 2006 to 3 April 2006**

- Outcome based -eg development of staff, patient outcomes KPI of nursing/midwifery care.
- Perform an oral viva/OSCI, provide examples of patient assessments with plan of care and outcomes. In service and lecture presentations.
- Increased confidence in making clinical decisions. able to present reasoned argument as to decisions made. Demonstrate improvement in record keeping, increase in skills eg CDT, DBT. Attendance at courses - knowledge put into practice.



- Yes, most definitely. Difficult to define other than to suggest greater ability to problem solve, greater efficiency in tackling routine tasks, greater ability to anticipate and lessening reliance upon others for direction and support.
- I am certainly better. Failure to not improve would indicate a lack of interest in my job. I function independently in areas such as patient retrievals and acting in the role of coordinator on a shift by shift basis. Being challenged to justify decisions and clinical assessments is a good way to show my clinical knowledge base.
- Yes, evidence of outcomes.
- Yes most definitely. I annually develop a personal development plan. This involves getting feedback from my staff, peers and manager, which enables me to identify where I can improve. I also undertaken considerable time in reflection (with a mentor and individually). This helps me to identify the things I am doing well, but also where I could improve. I use these processes to continually challenge myself and ensure that I grow and avoid becoming complacent.
- Yes I do. I have been able to establish more outcomes from my work now compared to when I started, but there is a transition process when you first start a new job. I have a professional portfolio, where I keep all my evidence, I answer my job specification in relation to the outcomes I have been able to accomplish. I keep a list of my accomplishments since I commenced the position, and have regular performance appraisals.
- Experience for the practitioner/clinician will generally ensure better delivery / service for the patient/client. Improvement can be demonstrated by individual approach to patients, intuitive behaviour to their surrounding, clear guidelines that are up to date with evidence base (as opposed to earlier days - always done that way!).
- Definitely what has been achieved in role and ongoing education done.
- Yes. In the way in which I interact with patients, assessment skills which are ongoing and incorporated whilst undertaking various other tasks.
- Through recognition of my abilities by my peers intrastate and interstate.
- Yes I am better at my job than when I started it but then the job has changed markedly also. I would demonstrate it by completing an appraisal based on the job description and asking for peer feedback.
- Yes. Life skills bring more experience and education. Completing a graduate diploma in health counselling improved my communication skills, leadership and management skills. Also have done a Bachelor in Emergency Nursing. So therefore always promote ongoing education to improve clinical knowledge and skills. I am often given students and post grads to preceptor and enjoy this aspect of passing on my knowledge as those coming through are the future. I often talk about the past and the changes that have occurred in my life time of nursing and continually ask nurses to think critically and to always reflect in improving nursing skills for the best possible outcomes for our patients.
- Yes I believe the improvement shows, comparatively, through greater confidence with clinical decisions and with interacting with other team members.
- Yes. They can observe my practice.
- Definitely. I have gained skills and confidence over the years. I have been accredited in IV insertion, speculum exams, suturing, gained skills in ward coordination.
- I am a lateral thinker, and I tend to look at the bigger picture, I have conducted 2 sets of research that changed the clinical protocol, have implemented KPI and surveys to evaluate the service and care.
- By competently handling the usually complex workload we all get in mental health and appropriately directing that specific patient care.
- Yes, I have improved over the years. It is something that is unable to be measured but can be observed by watching quality of nursing practice, listening to patients.
- My level of knowledge and confidence in my role has increased immensely. The role of nursing in my team has been amplified in many aspects, such as clinical management of patients, provision of nursing education, development of evidence-based protocols, effective liaising with other healthcare teams, and achievements in patient outcomes.
- Yes I am much better at the role that I now perform. I would demonstrate this with performance appraisals, the fact that I am the elected OHS&W person for the work group, I am the QI person, I am a Preceptor and I am the resource person for my speciality within the area that I work, but still I am only a level one RN, I do however relieve in the CN position. None of these roles could have been fulfilled as a novice.
- Yes it is about being able to walk the walk not just talk the talk.
- Teaching/mentoring.
- Yes. Outcomes for clients and service development, and team efficiency. These outcomes should be monitored within clinical governance structures.
- Of course we get better with experience. To demonstrate that you had improved you would be able to show that you were able to make decisions (more quickly) and were confident in those decisions. The experienced nurse/midwife knows how to resource information more easily and should be able to have an understanding of evidence-based practice. You could only demonstrate this "on the job" or in a scenario presented to you and being asked "what would you do?"
- Taking on extra responsibilities in education / training / organisation of existing and new staff.



- Having nursed for 30 +years, and being in my current role for 10+ years, it would not be difficult for me to formally prove how my skills have developed. Computer literate, analysis skills, PPK, Used as resource person.
- Possibly I'm not as effective clinically as far as time management skills as I was as I am in more of a managerial role now, hence not the frequent opportunity of practising these clinical skills. However, I have a broader more extensive understanding of options, alternatives and have embraced current trends eg working in "Partnership with clients".
- Absolutely. I can show you some early written work and current work. I can do things faster, and with greater accuracy. Ask me to put an Excel spread sheet together for a complex case and I can tell you how long it will take, give you options, that I have never offered you before, especially earlier in my career. Ask me about MUD or ICE and I can tell you, despite never having been an oncology nurse etc.
- Quality improvement feedback sheets and surveys. Regular clinical supervision.
- Absolutely. Demonstrated by an understanding of issues at a deeper level and being able to extend practice appropriately.
- In some respects I think that I am better at my job than when I started ten years ago, but then also sometimes not.
- Ability to achieve targets and KPIs, able to discuss health issues broadly provide examples of innovative response to work role.
- Yes I am better. I demonstrate this through the manner of my practice, which is intuitive and automatic given any situation. Again, I think credentialing offers the ability to demonstrate this.
- Yes. I have been to workshops in areas that I have seen as a problem. I try to get feedback from my staff as to where I can improve.

#### **Responses up to 10 March 2006**

- Yes, although still a student I have noticed that experience is something you can't learn, there are some things that can't be learnt until they are experienced, this includes teaching.
- Depending on your measures I do not consider "experience in a job" is always reflected in "getting better". Patient satisfaction may be a barometer.
- Yes I do believe that I am better at some of the aspects of my role now than when I began. I would use a number of ways to demonstrate that, firstly by comparing and contrasting how I would undertake something now as opposed to how I would have in the past ie self-reflection that I would articulate. Secondly by seeking feedback from peers and others that I have regular interactions with. I would also provide evidence of outcomes which are either more frequent or of a higher calibre than previously. Importantly I would ask my team and involve them in the process - my successes are only ever as good as theirs, and if we are not all achieving collectively then we are not really achieving.
- Yes. You would need to describe your baseline experience (when you first started) and parameters of your practice. You would then describe how your scope of practice/role and responsibilities have evolved/developed over a period of time, and the outcomes associated with those changes.
- I have developed most in the area of knowledge rather than doing. I have studied to masters level which has given me a great deal of broad knowledge and research skills but has really allowed me to discern both sides of the story. How can this be measured? I would easily be able to demonstrate this through evidence of work completed, as formative assessment by demonstrating my skills and knowledge and by summative assessment by undergoing performance assessment.
- Certainly. I can meet current NBSA and ANZCMHN professional standards and keep a record of this as evidence.
- Yes. Competency comes with repetition, level of autonomy and collaboration.
- By increasing my knowledge on a subject. By reading and researching issues to support my clinical skills and core "knowing" of something.
- I believe that I am more experienced and confident know than when I first started. Demonstration of this would be how I handle situations that occur and how I practice my nursing duties.
- Most definitely. I have advanced this role from a level 1 RN to a level 2 CN role. The work load has changed as has the complexity of the patients, I have completed additional study and have attended many professional development workshops and hold professional memberships relevant to my field of practice. I also actively participate in research. To demonstrate this work improvement I have recently submitted for reclassification and had to summarise my work value. I do maintain a professional portfolio which carries the evidence of my experience.
- Of course I am better at my job now than when I started. I have completed a number of tertiary education courses, including a Masters degree in my clinical area. I intend to complete a PhD before retirement. I have continuously developed my skills across many domains, including clinical, education, research, management and leadership. I have actively chosen positions to both challenge and develop as a clinician. I have taken opportunities to be a change agent, a developer of new programs and initiatives, and currently am in a role aimed at encouraging and supporting colleagues to do the same.



- Yes. You definitely get better as you have more to draw on for reflection and putting that into practice. I think that someone who is just finished their training can be just as efficient if given time in an acute sector to build up skills, however a range of skills is only found by practicing in all fields.
- Certainly. With ongoing education and updates relating to EBCP.
- Of course you are always improving as you become more familiar and efficient at what you do. Being able to quantify how much better you are at something is almost impossible if you are relying on abstracts like time and motion because it doesn't allow for the variability of clients and the diversity of situations.
- Experience helps as long as you have a positive attitude of learning and evolving. Could be demonstrated by professional development reviews against key performance indicators. Maybe promotional level jobs have a 'life' of a specific time frame - gives a bit more impetus to achieve perhaps - linked to specific outcomes.
- I feel that I have improved my practice and expanded my knowledge since starting my position here. I feel that as above, participating in a clinical skills workshop to demonstrate this knowledge would be one option.
- Feel more 'in control' - better outcomes, feedback from students etc.
- Definitely - I have documented proof of training undertaken, changes to J&PS to reflect the changes in my role, quality of documentation, research, understanding, increase in number of requests for assistance, referrals from other staff to me for advice, support, and information.
- Definitely! I would use outcomes that I have achieved to demonstrate improvements.

**What do you think about there being opportunities to “practice” parts of a promotional role to see whether you like the role, or have the necessary skills?**

**CURRENT RESPONSES – 14 August 2006 to 8 December 2006 (See below for previous responses)**

- Excellent suggestion.
- Unfortunately there are not many opportunities for enrolled nurses.
- Absolute necessity, why enter into a role not knowing whether you will achieve or fail.
- I think it is a good idea for opportunities to be given to nurses to reflect their competencies. It is often only when given a practice at a promotional role that nurses see whether or not the position is for them.
- I think this is important. Roles usually incorporate a lot of un-acknowledged elements. Also one doesn't know how suited one might be to a role until they perform it (with supervision and support).
- Not sure.
- We do this in our hospital now & find that it does work.
- Not many people get offered jobs to try out and if they do it seems to be the same person.
- There should be a trial period of say 3-6 months for both the employee and the employer to ascertain whether or not a person is suited to the role.
- The opportunities to practice up have diminished over the years. Practicing up has become a management role/function rather than clinically focussed. To practice up would necessitate a move away from developing clinical experience to management exp.
- I think this is an excellent idea. At present often there is not an opportunity to work within a role such as CNC and have a mentor. Opportunity exists when you act up in the position, but when you gain the position, there is no-one to support and teach you.
- Great idea.
- Yes, yes, yes.
- As desired by each individual.
- Great.
- There could be a much better use of "supernumerary" days, in all roles. Being able to work with a mentor in a role would be a better way of achieving results on whether you "want to do this in the future" rather than 'practise'.
- Believe as nurses develop their knowledge and practice they take on more and more of a promotional role ie mentoring students and novice nurses, educating of clients and families.

**15 May 2006 to 14 August 2006**

- Sounds good.
- This is rarely available but would be invaluable.
- An excellent idea! You wouldn't buy a car without trying it out first.
- Yes as long as this is done fairly and not by favouritism.
- I think a good CNC will provide staff that show interest the opportunity to develop. The opportunity to "act up" into a promotional position certainly assists with development of knowledge, skill and leadership abilities.



- The more people who know what is involved in a promotional role, the better for the organisation. People should have opportunities to be rotated through roles.
- Could be a useful tool however, some of the necessary skills may be developing and failure during the practise run should not prohibit people from having further opportunities in the future. Unfortunately, there may be limited capacity for allowing people the time to practice sufficiently. Need for suitable mentors.

### **15 May 2006 to 20 July 2006**

- Very necessary.
- Good idea often these roles are very different to what you are currently doing and the perception of what that job involves may be very different than the reality.
- Yes. That would be excellent, however need to be mindful that over saturating the opportunity to undertake promotional roles can be de-stabilising. I believe you will need to exhibit or provide development towards good clinical and human leadership prior to accepting such a role.
- I think it is a good idea. Professional development has to start somewhere and it is all well and good getting information from formal studies but nothing beats being "thrown in the deep end." Naturally proper supports and concurrent training/education would be necessary to maximise the chance of success but it would be a good starting indication of the likelihood of success.
- Good idea and we try to do something like that in this organisation.
- Already happens. Now is more formalised called 'acting up'. However not all get to do this. I feel if you put your hand up and feel it is something you may wish to do, then you should be entitled to do so at some stage.
- I think people should 'act up' as part of their professional advancement to gain an insight into other areas of nursing.
- Practise is essential, as is support while and individual is gaining experience. Sometimes, people are "thrown in at the deep end" and expected to cover a position without adequate experience. This is detrimental to the individual and the group of nurses for whom they have responsibility.
- A good idea as long as there are safe guards such as a mentor or clinical supervision.
- Where possible this type of succession planning is also an important learning tool.
- These opportunities don't generally exist. The only opportunity comes for annual leave relief, for varying period of time.
- As an EN with Diploma I am disappointed that I cannot utilise skills acquired in gaining this qualification. My role has not changed.
- 'Acting up' into my current role gave me my first step forward (oh so many years ago).
- Possibly useful, may in some instances be similar to taking short term 'acting positions'.
- Sounds good, but who will fund it?
- You need to be able to relieve into higher positions to see what it's like.
- I think it important to provide opportunities to experience different roles in an observational capacity. I also think it is important to provide transitional roles to assist nurses to develop necessary skills and experience prior to taking on full responsibilities of a role.
- An excellent idea - I think to some degree the level 2 (Clinical Nurse) position has allowed this to happen.
- This is a real need in nursing. Years ago when I asked what I should be doing to prepare for a Level 2 position in the future I was told "just keep doing what you're doing now". This was from my supervisor (Level 3). Structured secondments would be a real bonus and would help direct ambitions and be a real retention strategy.
- Yes that would be good to do however in the real world its not what you know its who you know.
- I think this is a good idea. As it allows you to determine whether this could be a path in your nursing career.
- Great idea, maybe give the "practice" person the opportunity to run a small program (eg. healthy food, exercise program, no smoking etc).
- Good idea.
- I think this would be good idea and give others a better understanding of roles. It is also good for learning and appreciating how others work and the demands made on them.

### **3 April 2006 to 15 May 2006**

- Yes, Yes. When you get into level 3 roles there is no "practise" role, preceptoring in a level 4 role. I have been placed in level 4 roles with no orientation, no preceptoring etc. Even though at this level the nurse has vast experience there still needs to be the opportunity to ease in or be trained for the next level.
- It can be stale at times.
- Every role needs relievers for annual leave relief or other absences. That is an ideal situation for anyone to have a first hand experience in the role and to see whether you like the role or not. I believe that the organisation must offer any such opportunities to all who are interested.
- Imperative!!!!!!
- Sure, so long as the necessary supports are given during the practise period and the expectations for the role are clearly defined and achievable.



- Only in a relieving capacity.
- I think it is imperative that all nurses who are interested in changing their role should be able to try the new role either as part of succession planning, peer shadowing or relieving in the role under supervision.
- It is absolutely essential to challenge those staff who want to be challenged and giving them the opportunity to broaden their skills. This is especially so in the country where opportunities are often few and far between. There are always nurses who just want to come to work. But for the advancement and retention of nurses in rural communities they must be given opportunities to broaden and enhance their skills. They invariably thrive and the facility thrives as well.
- I think there needs to be an ability to work in other roles as a method of succession planning.
- Good idea x 2.
- Great idea for professional development. it is not only about seeing if you like the role, but the increased knowledge could assist you in your position, and sharing of information in your area could assist to increase the knowledge of others.
- Excellent. I do this now, all my nurses have an equal chance to act up as L2 or L3. They simply have to express an interest. Team Leader roles are allocated on a patient focussed approach, not merely on who is the most senior staff member on duty. It's a great way to improve your staff as it gives junior staff a different perspective.
- I think it is important for nurses to have the opportunity to be challenged and apply themselves in roles that they may not normally consider taking on. Nurses often have untapped abilities and lack the confidence to move outside of their safe zone. Acting positions can be valuable in enabling nurses to develop increased knowledge, skills and acknowledgement of what a particular role entails.
- Unsure
- Experiential positions are excellent provided the system is set up to adequately train the staff member as opposed to "throwing off the deep end" as has been my experience in a couple of areas. Time for orientation activities is minimised due to cost restraints, reduced staff numbers and poor forward planning for promotion.
- All ARL should be covered so that people get the opportunity to act up in more senior roles.
- If a person is qualified then contract or "acting" positions should be given.
- It's essential to "act up" and gain experience that way. If only we could better structure such acting up and mentor those that act up. Often it's while you're on leave, and you're not there. Project days are a good opportunity, but there needs to be a facility to backfill the role vacated. This is not always easy in a busy ward environment.
- I think you should be given the opportunity because there is nothing worse than applying for a job and then not liking it once you have got it.
- If you want to practice a role and get the feel of it. However if you do not have any intention of further advancement it should not be forced on them.
- Minimum skills should be identified for all roles and a person encouraged to skill up prior whenever possible. the reward for this is the opportunity to "act up". benefits for the organisation and the person. Meets proactive professional development.
- I think that nurses in these roles should be adequately rewarded if they are trying these promotional roles.
- I think this is a good idea as you may not like it or may not have the knowledge ultimately that is expected.
- Each staff member having a promotional position should be mentoring other nurses to develop them to be able to assist and fulfil parts of the role. This is rare in nursing. There should be little doubt about having skills if mentored properly pre, and also after accepting new position. Little time available to develop nurses in this way one on one or in small group.
- Sometimes it is impossible to really understand and grasp a role unless you are put in the position to work in and at that role.
- Definitely needed.
- Good idea, often these position are chosen because your face fits and hopeless at the job, and staff have to carry them.
- Great idea.

#### **10 March 2006 to 3 April 2006**

- Should be happening now - mentoring etc can encourage this.
- Excellent idea - do not always know what it is like until you try it first hand.
- Good idea x 4 responses.
- Yes. Reasonable 12 week trial period.
- One TREMENDOUS step in the right direction.
- The opportunity to assess these roles is already available in the short term when holiday relief and other leaves need to be back filled.
- More opportunities are needed.
- Extremely important, we also must have a commitment to develop those people that are interested and nurture them. Experience is important but so is the appropriate education as each promotion role has key components (ie: clinical, HR, strategic etc). We should have programs that involve mentoring, education etc that assist people new



to these roles in building the necessary skills to successfully fulfil them. No-one is perfect when they come into the role, we need to take responsibility for their development and encourage and support them. The clinical leadership program assists with one component of this, but there are also many other aspects that sit with the 'management' side of senior roles that not many people get training in.

- In this state it is really hard to gain the experience that you need to gain the job career pathway you want. Most jobs are looking for the experience, but on the other foot you can't get the experience to get one of these jobs.
- It gives an appreciation of the role for the person and if identified as a suitable candidate suggests the individual has qualities that are appropriate for potential opportunities. This may also give an individual scope to diversify / time out / take on more.
- Ideal. Have a trial date and review date.
- Not enough opportunities, people are hand picked and preferred.
- I think that would be an excellent idea as too often staff think they know all about a promotional role and when they experience it they find it is vastly different in reality.
- I have personally been given the opportunities to practice promotional roles and my preference is to provide direct nursing care in the acute care setting I believe in country regions the opportunities are greater as in my organisation younger staff are given the opportunity to do clinical nurse role positions and then to act into the nurse manager role which has been beneficial to them in pursuit of their career when moving to city hospitals.
- No opportunities.
- I don't believe I need a promotional role as this would take me away from what I do best .I need rewarding for what I do.
- To have a position for midwife research, it is very hard to undertake research in your own time.
- A clinical research position would be great for a nurse to be an advocate for nurses to practice research.
- I think that would be a great idea for those who want a different role.
- I think this is a good idea provided it is implemented with appropriate preceptorship and guidance, otherwise it could potentially fail.
- I think that it is a good idea for you to be able to try a role not only decide if you are capable and like the role but also to let the unit decide if you are up to the task. It may prevent the wrong person being promoted into a role at the expense of the right person if interview is the only option used now.
- Great.
- I have benefited form this, but feel a lot of organisations lack clear structure and process to select candidates for acting up opportunities. At times service needs will dominate the decision of who to appoint, but this should still be a transparent process.
- Definitely. It is only fair to have a probationary period with any type of employment.
- Great opportunity to broaden and develop knowledge and skills. Enables staff to look at clinical environment from different perspective which allows them to identify areas of improvement.
- Should be encouraged and not just a select few being given the opportunity to act in a higher promotional role if the individual expresses interest.
- Hey, have a go. But nurses are great ones for saying, 'I knew she couldn't do it.'
- I have always tried to make the most of opportunities for project work, working in different roles. These roles come along - it's a matter of having the courage of trying them and accepting the occasional knockbacks!
- YES YES YES Mentoring, trialling, doing, or great. Why dump, when one can test.
- I think that being able to hold an "acting" position if you like to call it this has 2 advantages - you get to see the role, and the organisation gets to see how you fit into it. I think it also gives people an insight into a role so that even if they don't get that role, they have an understanding of what it entails and can share this with colleagues. By making visible what it is we do, there will be shared understandings and an increase in co-operation across the levels.
- I think this an excellent idea.
- I think this is a good idea, as you never know what a another person's job is like until you have done it yourself, then you have a new appreciation of that job even if you go back to what you were doing beforehand.
- Excellent idea, I particularly like peer shadowing and support many staff with this, often without additional funding.
- I think this is necessary.
- I think this is a brilliant idea.

#### Responses up to 10 March 2006

- Work experience, with a teacher who is passionate and want to teach.
- It may have merit.
- This is something that I have undertaken a number of times. I like the opportunity to act into positions at the same level or higher just in a different area. This is somewhat of a surprise for people who wonder what I'm up to but seems perfectly logical to me. Its all about increasing your experience and exposure to different things and developing your skill set. There should be a lot more of it and it is something I encourage my own team to explore.
- Absolutely- succession planning at it's best. At least a person can get a feel for the job before being thrown into the deep end (and actually deciding if they like it!).



- I think the rotation of nurses through various role is essential to retain the future workforce, improve nursing skills and maintain a motivated and reflective workforce who understand the many roles of a registered nurse.
- Acting into higher duties is a well established mechanism in many occupations by which people gain experience and sort out whether that work role is to their liking. It should remain within nursing career structures.
- Job applications and interviews are expensive in time, cost and stress. If you apply for a position then it is because you seek that position. Staff turnover is high enough with out compromising continuity further.
- This would be excellent, especially if you could peer shadow someone with those skills you wish to acquire. This would be a good idea. I believe it is important to stretch oneself.
- Not sure about this one. Good idea in theory but some roles you develop as you go along it is difficult in these circumstances to try it out as you never know what the potential end product would be as the role and person develop.
- Vital to have the opportunity. Sometimes you don't know the extent of your capabilities until you put yourself in a position to challenge yourself. Often it is not until you try something that you can make a decision about whether you wish to continue in that area.
- Sounds good but expensive and time consuming to the people who offer the role.
- That is always useful however not always practical!
- There is usually scope within a job description to 'act up' into promotional positions but this may be limited to specific roles Perhaps organisations could put out expressions of interest to nurse who want to try something out instead of there being an automatic 'pecking order' Also there is some funding in the country for nurses to 'shadow' colleagues in similar areas Perhaps this could be extended - grants maybe?
- I find that most times, the only opportunity to "practise" a promotional role is when you are actually backfilling the position to cover for leave. This means that there are very limited opportunities to discuss issues or learn from the person "on the job".
- Should be happening now - mentoring etc can encourage this.
- Excellent idea - do not always know what it is like until you try it first hand.
- Good idea.

**If the career structure had more flexibility, would you be interested in doing different roles at the same classification?**

<b>All responses</b>	<b>Yes 50%</b>	<b>No 16%</b>	<b>It depends 34%</b>
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**Reasons for answers provided to the previous question:**

**CURRENT RESPONSES - 14 August 2006 to 8 December 2006(See below for previous responses)**

- I am an advanced practitioner, but find limited opportunity to 'act' across different roles without sacrificing pay or recognition.
- Mainly to see how well you may like different roles. This way you are given a chance to diversify.
- Depends on clinical areas.
- Broaden knowledge and experience. More awareness of nursing role in different settings.
- I have already covered a wide range of roles at RN2 in my career. Now I would like to develop RN2 and above clinical role. It would also be good if there was an ongoing recognition and ability to clinically up date RN2 general nursing certificate competencies. As a MHN I have never found an employer willing to support this in 17 years of MHN practice.
- It would have to be in an area of interest.
- It gives me professional growth and more confidence at work.
- Current RN - Level 1. Can be very diverse, eg: working in a ward, vs: working in home hospital or diabetes education or even in Xray. Staff get "stuck" in ward roles and are not allowed to try other things. Be it nursing, IT, HR etc
- Find career structures sometimes too rigid and sometimes become more involved in such things as cost savings etc rather than look at specific of improving nursing care.

**20 July 2006 to 14 August 2006**

- In my current role (discharge planner) I have learnt to use my nursing knowledge in different ways other than ward work. It has opened my eyes to the opportunities for nurses in other areas.
- This may lead to abuse of someone's skills and not remunerating them financially for these skills. ie payment for extra skills asked for and used.



- Nursing is constantly changing and nurses need to change their expectation as to where they will practice their skills.
- I have and I do, because currently there often isn't much choice if you want to diversify. BUT I believe some roles I've taken on should have been at a higher classification.
- I have just had the opportunity to do a different role at the same classification. I enjoyed this immensely. I refocused, refreshed, made new friends, networked with others, built partnerships. I learnt new skills and new expertise. It was refreshing and I have come back to my previous role motivated and enthusiastic.
- That is what happens already.
- Like to try new things, like a challenge, believe in life-long learning and self development. Great to look at different roles especially if going back to own role as you develop a good awareness of each role.

### 15 May 2006 to 20 July 2006

- Inefficient to waste time in constantly handing over the job between different people.
- I am a CNC currently acting in NM role for experience, variety and opportunity.
- I would be reticent to recommend such a change to career structure as I could see situations arising where a nurse moving into a role could have more work, more responsibility and more accountability for the same amount of pay. Having said that however, I feel that at the moment there is little correlation between responsibility, accountability, job roles, impact on health and social life etc of nurses and their pay anyway. To clarify, nurses at the base level eg. RN Level 1 are not paid what they are worth.
- More strategic development roles perhaps - setting up new businesses etc.
- I already do more than that which is required of me, so to side step and decrease my role would be 'stupid'. However if people would like to side step into my role I would be more than happy for that to occur.
- I have just achieved my desired goal. At this point I am happy with this. Difficult to back fill me if I did choose something else for a short period of time.
- It would need to be my choice as to whether I worked in different roles at the same classification, not, as occasionally has happened to others, the organisation's choice to move me to a different role at the same level.
- I think for many nurses they achieve a level of clinical expertise which they bring to work regardless of their position.
- Depend on ability to return to substantive at reasonable notice; Transfer of conditions etc (eg hours of work).
- Currently enjoy work satisfaction, but can see scope for flexibility, taking some additional roles.
- No one wants to go sideways, most people work for the money not the satisfaction of the work, you work to live not live to work.
- I really like my role now irrespective of the career structure. I hope that changes to the career structure will allow me to develop my current role to its maximum potential and that the classification would increase as the role progressed rather than change roles due to wanting a particular classification.
- This would broaden my skills and knowledge, making me more flexible and adaptable in my work roles.
- In my current role (discharge planner) I have learnt to use my nursing knowledge in different ways other than ward work. It has opened my eyes to the opportunities for nurses in other areas.

### 3 April 2006 to 15 May 2006

- Yes yes, I love my job and I have desire to learn more and advance. After doing the role for more than 5 years it would be great to do something different at the same classification but these types of management roles are few and far between.
- I think doing anything outside your role should receive financial remuneration. Already at present we earn a basic wage for a complex and exhausting role. If flexibility benefits my employer, then it obviously stands that my flexibility deserves a financial reward.
- In rural settings the opportunities are limited and relocation for a different role often means uprooting families, financial disadvantage (due to extra travel, child care and accommodation requirements). The theory is great but the practical considerations side does not always make it possible. My experience is that acute nurses see working in the community for example as a step down and community nurses don't feel they have the skills to work in acute.
- It would depend on the role and whether I felt I had the necessary skills and competence in the area depends on the project I am working on at the time, the availability of being released at that time, and if acting in a position that is already established needs to occur
- I've never been focussed on 'promotion' I think the challenge of learning new skills and being exposed to new ideas is more rewarding and ultimately leads to improved patient outcomes.
- It would depend on the level of experience or expertise required for the role. I could be a specialist in one role and more novice in something that is new to me.
- Depends on what the role is and if it is of interest to me and if it is convenient to my current circumstances.
- Yes, provided it was at my request or if an offer was made that was not compulsory. Change (Clinical rotation) should not be forced on any staff member.



- I have studied to specifically fulfil this role.
- Having flexibility would mean you could move in and out of roles. This increases knowledge and experience.
- I have performed the Nurse Manager role, and this is valuable to understand this role and appreciate how the roles support each other. I would like the opportunity to act up as Nursing Director too.
- Skills I have that I feel are not utilised at the moment, the chance to practice new skills and develop others. Also the chance to represent nursing, my specialty. staff and patients in another arena.
- One has to acknowledge their expertise and use this asset to best of their ability. If a new role suited one's ability then heartily endorse it, however if just to broaden the nurse with no improved outcomes for self or patient or organisation then senseless.
- I am enjoying the role that I am in and am still developing in that role but if the opportunity arose and I was interested in that field or area then it would be good to have the opportunity to expand my knowledge and skills.

### **10 March 2006 to 3 April 2006**

- It would depend on what was on offer, how it fitted with what I was already doing, support from line manager to do that (that is often a problem even if the interest is there), what the boundaries and expectations, pressures would be.
- I work as a NP, I would be interested in supporting other nurses in developing skills and experience in this area, but as the only NP in this area if I moved for a short period there would be no cover for the service.
- If the roles were clinical and client contact could be maintained.
- I want recognition for my current skills and clinical aptitude rather than seeking to change roles.
- I think this will only build a better more diverse profession. I know that I would enjoy doing something different at my level as it only broadens your opinions and experience and at the end of the day helps you to better influence patient care.
- I would only be interested in the area of specialty I am in. I see no value to "test" something outside my area.
- No, because I wish to continue this role but maybe have classification looked at.
- If it enhanced my current position.
- Difficult to say as in my organisation we have staff in senior positions that have been their for a long time and these people are not willing to adapt to change and do not like to be challenged. Some have not pursued further education such as management leadership skills and do not have the ability to handle conflict. I like to challenge and keep people honest but over the years have seen much victimisation and bullying so eventually one becomes burnt out.
- As long as the workload is not greater than at present and that the job numbers do not decrease with reclassification.
- I would like to be rewarded for my current expertise.
- Depends on what the offer is and how it is structured.
- I would not like to be in administration but would like to work in aboriginal health with antenatal and postnatal care.
- I feel that I already have a vast amount of roles and that I do not receive any extra for it, and the CN's do not fulfil the educational roles within the department that I and a few others do. In fact our CN's have little or no clinical time and perform clerical or IT roles as opposed to nursing roles. They do no clinical teaching and very rarely are expected to perform clinical duties.
- Clinical role tends to diminish the higher you go up the ladder and it becomes more administrative.
- I don't think it should be assumed that career development automatically entails a pay rise. Human nature often dictates otherwise I'd guess.
- In a country setting which is what I am familiar with at present it is necessary as well as satisfying.
- Because you would more than likely get dumped with tasks others don't want, some that should be payed at a higher rate. Do the job, get remunerated.
- I do this to a certain extent currently.
- I like my current job a lot. The offer would have to be very tempting.
- The current position I am doing I am enjoying and has a lot of scope and flexibility.
- I don't think people should be doing advanced roles without financial reward. I think it may be a dangerous path to travel to say that people could do say a current level 3 role but only get a level 1 pay for it.
- As long as the different roles is within my abilities.
- Diversity in the workplace makes for interested and motivated employees. Opportunities for general nurses to try specialist positions means potential recruitment for specialty areas. An important factor is income. Nurses working shift work substantively who want to try a non-shift work position should not be disadvantaged in terms of take home pay during the period of their trial.

### **Responses up to 10 March 2006**

- So far I would say that this career has plenty of flexibility, even if you compare it to other careers.
- Anything that increases understanding and communication across roles, specialities, departments and divisions has got to be a good thing. This gives you the ability to see the bigger picture. it also challenges you on a personal



level by moving you out of your comfort zone and experiencing being the new kid on the block again. Humility is a wonderful thing and certainly enhances learning.

- To make myself multi-skilled, and use those skills to further enhance my role (bring a new perspective/understanding of the context I am working in).
- My goal is to advance my career to the highest clinical level I can attain. Working in administrative or managerial roles does not appeal to me. However, if research, education or other "clinically supportive" roles are made available, I would consider functioning within them provided remuneration did not suffer as a result.
- Nursing is nursing. If you seek an alternative role then change careers. It would make more sense to retain the already existent nurses to prevent them leaving.
- I feel it would be an excellent way to gain new skills in a supported environment. However if this would be a long term role it would be reasonable to anticipate financial remuneration for that knowledge/skill gained and put to use for the organisation ,as it is in other industries where staff skill is recognised, nurtured and rewarded.
- Depends on the role and the expectations and duties involved with it.
- My current role is exciting and satisfying. I have a lot to offer and yet it is not a permanent position at this time. I believe I am an extremely competent nurse, at the moment I can go no further in the current clinical career structure. I wouldn't want to keep doing different roles at the same classification as I want my skills and passion and endeavours to be recognised by the profession by having further promotional opportunities in my current area of practice.
- Some people like to expand their roles and some like to stay in the same one for life. I personally think we should all experience different roles at lets say 5 year intervals to avoid going stale and to increase job satisfaction.
- Given the amount of work expected from each shift it is almost impossible to imagine there being any flexibility in the workplace. It is hard enough to accomplish the basics in a busy work environment without contemplating anything extra.
- I am interested with a specific area of nursing there could be opportunities to express this interest in different ways - leading to expert knowledge over a range of contexts.
- Depends on the availability of roles that interest me.
- It would depend on what was on offer, how it fitted with what I was already doing, support from line manager to do that (that is often a problem even if the interest is there), what the boundaries and expectations and pressures would be.

**How much of an incentive would the following be for you, in choosing, or remaining in, a job position?**

	<b>Very strong incentive</b>	<b>Somewhat an incentive</b>	<b>Not much of an incentive</b>	<b>Not an incentive at all</b>	<b>Unsure</b>
The level of base salary	63%	29%	7%	1%	
Shift allowances	43%	26%	18%	13%	
Paid study leave	54%	35%	7%	3%	1%
Child care place or subsidy	22%	13%	13%	47%	5%
Provision of ongoing education	59%	33%	5%	2%	1%
A financial bonus for meeting agreed performance criteria	51%	30%	12%	6%	1%
A financial bonus for length of time with an organisation	45%	32%	14%	7%	2%
A financial bonus for working in an area of shortage	38%	32%	15%	12%	3%
Working with a friendly team	78%	20%	1%	1%	
Working with types of clients that interest you	71%	24%	1%	4%	

**THANKS FOR PARTICIPATING...**