

CAREER STRUCTURE – Survey Four: Generations

Feedback as of 8 December 2006

167 people have accessed the survey and 108 people have completed it.

Roles classification	
EN	10%
RN 1 or 2	36%
RM 1 or 2	3%
RMHN 1 or 2	4%
Level 3 and above	40%
Other	7%

Main type of work	
Clinical practice - general	52%
Clinical practice –midwifery	3%
Clinical practice – mental health	6%
Management/Administration	25%
Education/Research	9%
Student	5%

Work location	
Country	31%
Regional city	12%
Metropolitan	57%

Work setting	
Hospital	92%
Community	8%

Generation	
Matures	0%
Baby Boomers	69%
Generation X	27%
Millenials	4%

Do you think having a mentor/adviser role would be useful?

(Someone you could go to as part of a formal process of professional support to reflect on practice, increase capability, assume responsibility for improving your practice and enhance safety of care).

Very useful	Somewhat useful	Useful	Not very useful	Not useful at all	Opposed to such a role
65%	20%	9%	2%	2%	2%

Would you prefer that a mentor/adviser be someone other than your line manager (that is the person you report to in your day to day work)?

Mentor/Adviser should be my line manager	Mentor/Adviser should NOT be my line manager	Either option will suit me	Unsure
5%	58%	34%	3%

Would you be interested in undertaking a role as a mentor or adviser? (Assume this would be part of your paid role and that you would receive training in the role of advising on practice growth).

Yes, definitely	Yes, perhaps	Not really	Not at all
73%	16%	3%	8%

In your organisation, are promotional positions open to part-timers?

All promotional positions available either part or full time	Most promotional positions open to part-timers	Some promotional positions open to part-timers	Few promotional positions open to part-timers	No promotional positions open to part-timers
12%	11%	23%	31%	23%

Do you support more promotional positions being open to part-timers?

Yes	No	It depends on the role	Unsure
71%	3%	24%	2%



If your response to making promotional positions more open to part-timers was “it depends”, could you list here the kind of issues you think this depends on?

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

- Management and senior positions.
- It depends on role requirements and the applicants' availability to meet the job and person specifications. Even with part time job sharing it is difficult in some jobs to maintain a delivery consistency.
- The part-timers would have to be consistently on duty during the times of their work contract without days off because of this or that. There would have to be consistency in the 2-3 people sharing the role without constant turnover.
- Limited full time positions, management want flexible workforce to staff demand, nurses have family commitments so require balance there.
- Access to other staff - their role being full or part time, office hours? i.e. surgery etc.
- If possible to job share the role. Depends on whether hospital needs full-time coverage in position;
- Whether the role can fulfil the required workload and responsibilities with part time. How is continuity affected? Are those nurses working more hours than the part timer left to pick up the pieces when the part timer is not around?
- Part-time positions often have a full-time work load

RESPONSES - to 20 July 2006

- Qualifications.
- Utilises a wealth of knowledge.
- There should be more opportunity for promotional positions to be offered as part-time.
- Depends if there is good communication/handover between the part-timers sharing one role.
- Depends on nature and role of job. Whether or not the part time hours covers the requirement of the position, whether it involved job sharing and continuity of the position.
- Only in rare circumstances. Full timers get priority. If it's a part time position the full timer should be able to combine the work with their current employment.
- If a staff member works 2-3 days a week they lose the rhythm of a busy ward environment and have difficulty in assessing and planning quality activities. If one wants to make a career from nursing and ride the ladder up then I believe in commitment. It seems that is a bit old fashioned today though.
- Can the role be adequately covered by the person being in a part time role.
- Whether sufficient numbers of part-timers can be recruited to fill FTE's.
- Flexibility to cover each other for leave but not paramount as other staff can be up-skilled for the role as well.
- There should be an option for all promotional positions to be part time, the major issue will be the support mechanisms available to the part time worker, and what is determined as reasonable part-time:18 days/month could be a workable situation.
- Many areas in nursing now require consistent knowledge and update so one has to judge what the impact is going to be. I do believe that there should be a move to part-time level 3 positions in the wards only due to the enormous stress they face but also they have their level 2's to support them more and take on far more responsibilities. I believe this would also help teach our young staff to have to take on issues themselves and learn how to and grow into future leaders.
- If the role requires administrative or clinical decisions that can't be made by others, if the role requires continuity.
- As long as you are not expected to do a full time job in part time hours I support the notion of job sharing.
- Superannuation is a major stumbling block in going part time as you say it often depends on final salaries. You often see burnt out nurses at all levels hanging in there for their superannuation counting the days to retirement making their colleagues lives a misery.
- All positions should be made available to part-timers and job share options should be encouraged.
- It is always a balance of ensuring the unit has the coverage it needs and providing opportunities for staff. I don't think it is fair for the rest of staff if you only have a CNC working 2 days a week or an EO/DON 2 days a week.
- Everyone should have a fair go even if they are part time.
- Depends on the person who applied for the work.
- I think that you can fulfil the requirements of the job working either part time or full time.
- You need two compatible staff to job share.
- Ability to job share, ability to do the work required in the time allowed, ability to work full time if required to get the job done, prejudice about working part-time eliminated.
- If there is someone else willing to job share when the position requires someone available full time.
- Both positions may need set responsibilities so that one is not undermining the other eg in management and education Need to ensure flexibility and not rigidity in shifts worked.
- I think holding back and keeping positions for multiple years for those that have had children and allowing them to come back part-time stops others from obtaining higher positions.



- If higher level (eg level 3 or above) there would need to be parameters put in place to ensure consistency in communication and approach.
- Should the position involve continuous day to day contact with individual clients, a disruption in that contact can cause breakdown in communication, support and assessment.
- I support promotions to part timers because they have to have just as much education hours up each year. They have to meet all the criteria that that full timers do so why is it that they can't job share and why is it assumed by so many (unjustly) that part-timers are just hobby nurses instead of the committed nurses that we are.
- What is the definition of part - timer? If it's 2 days a week, then I don't believe that 2 days give enough work content.

LEADERSHIP

From a list of 25 characteristics, respondents chose the five characteristics they thought were the most important in nursing and midwifery leaders.

RESPONSES to 13 November 2006

Most commonly chosen as MOST important	Most commonly chosen as 2 ND most important	Most commonly chosen as 3 RD most important	Most commonly chosen as 4 TH most important	Most commonly chosen as 5 TH most important
Approachable	Knowledge	Supportive	Supportive	Visionary
Good people skills	Detail oriented	Knowledge	Knowledgeable	Good communicator
Good communicator	Good communicator	High energy	Visionary	Team player
Honesty	Motivates others	Good people skills	High integrity	Sense of humour
High integrity	Empowering	Strong willed	Approachable	Approachable

When combined, the five most commonly chosen as most important leadership characteristics were:

1. Approachable;
2. Good communicator;
3. Knowledgeable
4. Visionary
5. Good people skills

LEADERSHIP

From a list of 25 characteristics, respondents chose the five characteristics they thought were the least important in nursing and midwifery leaders.

RESPONSES to 13 November 2006

Most commonly chosen as LEAST important	Most commonly chosen as 2 ND to least important	Most commonly chosen as 3 RD to least important	Most commonly chosen as 4 TH to least important	Most commonly chosen as 5 TH to least important
Strong willed	Risk taker	High energy	Good business savvy	Strong willed
Cheerful	Strong willed	Good business savvy	Detail oriented	High energy
Detail oriented	Detail oriented	Detail oriented	High energy	Good business savvy
Risk taker	Sense of humour	Friendly	Risk taker	Friendly
Good business savvy	High energy	Strong willed	Visionary	Calm

When combined, the five most commonly chosen as least important leadership characteristics were:

1. Strong willed;
2. Good business savvy;
3. High energy;
4. Detail oriented; and
5. Risk taker.



Do you have any comments about your expectations of leadership in nursing/midwifery?

CURRENT RESPONSES - 20 July 2006 to 8 December 2006 (See below for previous responses)

- Need to value clinical leaders more, L1s that put in but get very little back.
- Approachable, fair.
- I think we (of the old school) saw those in charge as managers not leaders. There is now a push (from those pesky uni trained nurses ☹) to seek out good leadership when considering career choices. This has changed the direction of nursing and allowed leadership to develop.
- Who are our nursing leaders? There just seems to be a whole lot of politicising the health agenda which prevents our leaders from focusing on the real needs of nursing, nurses and ultimately that we are all here for the clients.
- Considers both the needs of the patients, nursing staff and the health system. Not only concerned with the budget.
- I want a leader to recognise the potential of the people that work under them and offer growth via promotional or special, rewarded, projects as seen fit.
- I expect leaders to be visionary and to lead, support and promote development and change.
- In the past length of time around has been a way of getting promotion, not all managers have the capability to manage.
- Someone who is fair and honest, have high integrity, cares about employees, is not biased, does not let personal opinion get in the way of their job.
- A resource, keep practice up to date, example and leadership.
- Should be friendly, directive leadership not bossy matron type.
- To be supportive especially of beginning nurses. To offer encouragement/ learning opportunities to the less experienced. To support time for research and understand the need for it.
- Reliability.
- As an enrolled nurse I tend to keep up my knowledge with the help and supervision of these leaders and find it very good.
- More support is needed for nurses/midwives. Time is always an issue but why should it be? An expectation that in rural nursing it can't be based on the number of patients to the number of staff ratio.
- Would like people to lead by example not the "do as I say not as I do" attitude.
- To be more approachable and conversant with evidence based nursing practices. Many are hospital trained "old school" and reluctant to embrace "new blood".
- In Mental Health Nursing: In country when "leadership" is talked about there is nothing higher than a level 3, so whilst leadership potential may be present there is no opportunity for a Mental Health Nurse to reach their full potential if they are dedicated to country. A sad indictment on the system that does not support the nurses potential within their nursing career structure other than that of DON of an acute care facility. Given that we are moving away from acute care and towards community care this is an issue that needs to be addressed in country SA.
- Positive enablers with vision and a reality of what it is the workforce has the capacity to do.
- Good patient outcomes, area running well, happy staff that communicate well (good or bad).
- There are far too many nurse leaders who are "dictators".
- Only that so far they have failed my expectations.
- That it develops. It's all very "stuck" @ the moment, most managers are just waiting to retire and don't use the new technology available to them. They are tired. We're always waiting for changes to come from above, not from us.

RESPONSES to 20 July 2006

- They must have the clinical, organisational and managerial answers. if they don't know the answer, they know where to find it!
- At the moment my expectations are pretty low. I have seen many opportunities recently where very senior nurses deny innovative practice and vision because the nurse "is too young"!!!! It is at the leadership level that change needs to occur, and I mean at level 4 & above.
- I expect contact and exposure to leaders and this is disappearing as these people are stretched in balancing budgets, finding nurses and opening and closing beds.
- I believe these people should be better qualified and have broader backgrounds and experience.
- They should be up to date, in touch, seen and be heard.... Should be mandatory to be non-office based 3 days a week.
- That it be consistent and committed to the profession and always advocate for patients and nursing.
- Not a good scale to identify a leader.



- It's not what you know it's who you know.
- A strong sense of knowing what is the role of nursing within the expanding work environment, not to lose the art of caring for clients, work colleagues and self. Tolerance for those who may not be immediate shining lights, but who with time and support often rise to the surface, and become the "cream of the crop".
- So frightened about the future. There are far more nurses in higher paid jobs away from patient care than those at the bed-side who deserve far more rewards. As a CNC I am giving 100% every day to keep morale up. I have learned from so many other CNC's at hospitals that they feel their level 4 is never there for them. Someone told me yesterday that their level 4 even when this person was a CNC of same area, never involved themselves in personal conflict at all. Their philosophy is they are adults and they can fix it. But conflict is like an infection and spreads. This is common among many level 4's. Very, very few are supportive. CNC's are tired and have nowhere to go. Get rid of Level 4's. They are paid too much to sit on committees and delegate all their work.
- A person who is visionary, inspirational with common sense and empathy.
- That leaders don't lose sight of the grass roots.
- It needs to be communicated openly and fairly.
- Honest and for the greater good.
- I expect a leader to have both good management skills and sound knowledge of their specialty.
- I expect a leader in nursing/midwifery to move with the times, understand contemporary practice, not block ideas presented by lower levels of staff.
- I think leaders need to be accountable. Some just stay in the same job for years and years and become stagnant.
- Should be lifelong learners (not resting on laurels). Integrity, honesty, and fairness in one's dealings with others are crucial. Instestinal fortitude to challenge unfair/unjust practices in an intelligent manner. Being decisive in dealing with issues such as bullying/harassment, and role modelling acceptable behaviour.
- Yes, Leaders/managers are paid to lead/manage. They should know exactly what is going on in a situation (ward) etc. Therefore on the spot, not off at meetings & chatting all day to other staff members. Leading by 'example'. However they should also be able to delegate.
- I expect the leader to be a role model in not only skills but in people management.
- I expect them to be much more supportive of their staff and their needs. The average age of most midwives is still getting older and I feel that this has not been addressed. We are doing much more work, having a lot more demands put on us by the nursing administration, line managers, patients etc. and yet there is no give, just a lot of taking.
- Should be able to vote the bad ones out, they seem to stay in positions even when everyone knows they are poor leaders.
- You have given 25 characteristics for a leader. I believe that they are all important in a leader. Some to a lesser degree but depends on what the situation needs.

**Which of the following best match the way you would like to receive feedback on your practice?
(More than one option could be selected).**

Subtle acknowledgment	4%
Praise for good work	11%
Acknowledgement of good work	29%
Being praised in front of others	1%
Being criticised in front of others	-
Having a regular time set aside to be told what I do well and what I need to improve	35%
During the course of work being told what I am doing well and what I need to improve	20%

**Which of the following most reflect your view?
(More than one option could be selected).**

Authority should be respected, even when it frustrates us	2%
Authority should be earned	14%
Management decisions should always be accepted	-
Management decisions should sometimes be questioned	37%
Management decisions should always be questioned	4%
Management decisions should sometimes be challenged	43%



FOR THOSE UNDER 35:

Are there things in the current career structure that may cause you to leave nursing/midwifery if they are not improved?

CURRENT RESPONSES - 20 July 2006 to 8 December 2006 (See below for previous responses)

- Not presently.
- Career advancements in the country.
- Removal of penalties for shift work would cause me to look for a job not requiring me to work these unsociable hours.
- I have only been nursing for a couple of months but I already would think about leaving the profession if it continued to be this busy!!! There is a definite need for more nursing staff and more pay for all the work we do.
- Lack of career structure in country outside of acute services.
- Ability to obtain promotion in clinical settings.
- The fact that when you work part time, .84 it takes 18months to go up an increment, i don't work half time!

RESPONSES - to 20 July 2006

- Nothing. We are paid well and there are plenty of opportunities if desired.
- Lack of Level 4 support. They and above don't care what the bed-side nurses have to go through every day. As a CNC with a very heavy and emotional ward I am finding the management side of the job is now getting far too much but no-one cares.
- My project management work sits outside of conventional career structures.
- The pay. The base rate of our pay does not compare with other professions of the same standing ie teachers.
- Charismatic people acquiring positions that they have limited knowledge about.
- Better treatment of staff. Better staff patient ratios. Better acknowledgement of the work being done.

FOR THOSE WHO ARE 35 TO 55:

Are there things in the current career structure that will have a major influence on your career decisions – if they remain? (for things you find negative) – if they change? (for things you find positive).

CURRENT RESPONSES - 20 July 2006 to 8 December 2006 (See below for previous responses)

- I have moved from ward work as a Level 1 through to a Level 3 position because I was able to maintain clinical contact and practice. This role has only been available in the past year. I never used to consider Level 3 work as an option before as it all seemed to be rosters & policies. We need far more opportunities for nurses which would encourage them to use their nursing expertise in a different way. Shift work and frantic ward work is not sustainable in the long run. The only choice used to be to leave.
- Lack of leadership roles for L1s need to get rid of L4s taking up space and money, they just hand ball / delegate to everyone else. They do very little, leaving L3's to carry the load.
- Negatives - Lack of trust, new challenges and cohesive direction. Possible positives - More inclusive/transparent management.
- Short staffing (negative) Paid to do research (positive).
- I feel at current there are limited opportunities for promotional positions for the younger nurses, in the country the positions are held for years without review.
- As a country level 5 there is little further career progression, and a feeling that we are somehow "yokels" compared to metro cousins.
- I believe that Community health Nurses should be at least level 2 the same as the ACAT team nurses.
- Limited scope for development from where I am now.
- Lack of career structure in country for midwives and mental health nurses.
- Lack of opportunities for part-timers or casuals, lack of flexibility in senior positions Lack of portability of recognition (financial and professional).
- Lack of recognition of practice expertise; lack of promotional opportunities. Need more focus on practice;
- Unfortunately I love the work I do and there are no other options currently available that will match the long service, sick leave etc with other employers. Have a mortgage to pay. When my spouse gets work, I will reduce hours to help me achieve work/home life balance. Basically if I keep working in organisations that change for the worse, reduce and make my nursing knowledge into generic positions, with understaffing, bad MH team managers, conflict



and lack of trust in my professionalism then I am out of here. Supporting my family. Not that many choices in the country.

- I am a level 3 , the level 4's are a bit older but not in a hurry to move on - I have no career options - I have already moved sideways into research, management and clinical - The level 4's are there for good. I am considering leaving nursing as I can't get any further - or earn more either. I have enough time to change careers and I probably will.
- Give recognition of diverse roles in the Nursing careers
- I am currently 43 and seriously looking to leave Nursing, in the current system. The pressure put onto nurses by other nurses is overwhelming at times.
- Financial Recognition for the extra duties we take on or have studied for eg Immunisation, infection control certificates. Financial recognition for the years of experience and working in country areas.
- We don't have a career structure.

RESPONSES - to 20 July 2006

- Negative - 10 hr nights.
- To remain in nursing there has to be more opportunities for promotional positions.
- I have and will stay in nursing because I am committed to the profession and because I want to be part of its future profession. If Clinical positions continue to finish at level 3, I will be very disappointed and will feel that the "profession" doesn't get it. I want to be acknowledged for my skills, knowledge and experience beyond my current level (3).
- Yes I don't know how much longer I can stand the system and its disregard for knowledge and experience.
- I have no issue with the current career structure. However I find that the ability to use more of my skills and training, and recognition and opportunity to advance are limited.
- NEGS - no non-clinical time for non-caseload Lev 3's - neglects advisory/consult roles; POS - paid study leave; paid conference leave; increased rates pay; increased resource allocation (eg clerical supports); paid computer studies.
- Probably the decision to recognise non-shift workers at level 3 positions be rewarded without penalty rates and not given the same as shift workers at level 1/2 remuneration.
- Not for an EN.
- No openings for job share or part time promotional positions. Recently applied for a promotional position as a job share and was told "we don't know how to do it." This is short sighted. The hold on Nurse Specialist positions currently means if I leave my present job I lose my Nurse Specialist title/pay. The opportunities for advancement/role change are minimal, the management style has not changed since I began nursing over 20 years ago. Although I enjoy nursing the only thing which has stopped me changing careers in the last 10 years has been the pay. Mediocrity is promoted and good/inspirational people are constantly rejected.
- Stop giving liaison jobs level 3 or even level 4 status. Level 2's can do these jobs. Get rid of the banding of level 3's. The only positive thing I can think of is my staff. Once they go I go and apparently they say the same thing about me.
- Pathways for those who chose not to work in clinical or management roles (neg).
- I am currently quite comfortable with my place within the career structure - I see problems for others more than myself. I am open to new ideas and change especially if it benefits the group as a whole.
- More flexibility with shift configurations to allow more days off. Better base pay and improved shift penalties. More access to education & professional development.
- More part time positions in mentoring, education roles.
- I currently work 2 days per week (fixed days Monday and Tues) as a level 2. I am willing to work on the weekend if needed, Currently I cannot do this as I can't work over 2 levels (ie level one and two).
- I would like to be a nurse manager.
- Negative - lack of opportunities to work in different roles within nursing. Positive - ability to further my education to balance the difficulty in doing different roles within nursing (after 30 years as an RN).
- Limited opportunities beyond RN5 for those in their mid 30s who may have a very extensive career ahead of them.
- Will want part-time work in future. Use of level 2 in education and management for succession planning. Temporary positions for 1-3 or 3-5 years as project positions with option to renew.
- There needs to be a career pathway for those of us who wish to remain clinically focused. At present we are back to where we were 25 years ago where the only way to progress your career was to enter management.
- Yes, after 35 years of experience, & continuous service, with midwifery, degrees, graduate diplomas, etc (for which I am not paid) therefore not recognised, something should be done to acknowledge people like me. Not just with money but by other means.
- The lack of opportunity in rural areas to advance to Level 3 as there is often only one Level 3 position. Why are Level 2 nurses in rural areas not being acknowledged as Level 3 when in metro hospitals Level 3 nurses are employed in the same roles? ie CNC roles in metro hospitals in charge of 20 beds, when in rural areas Level 2 nurses fulfil the same role with the same numbers of beds.
- Level 3 and above pay rates do not equate to the responsibility. No opportunity to pass on skills developed over the years in the senior positions.

- CNMs are no longer as approachable they are too business orientated.
- The last career structure divided us into managers and clinicians. You had to decide. I would hate to see the nurses who chose management to clinical work be moved aside and not allowed to develop their new roles with the experience and qualifications already earned.
- Negative is that I will remain a level 1 year 9 RN till I retire maybe with the current structure. With a new structure, I believe I have the skills and knowledge to maybe progress to a level higher than my current status.
- Limited leadership positions.

FOR THOSE OVER 55:

Are there things in the current career structure that are particular issues for you as you begin to consider retirement?

RESPONSES - to 8 December 2006

- I worry about those coming up the ranks. There appears to be no commitment. Eg arrive at work any time they wish, go home, take FL at the drop of a hat, and so on.
- Yes, the fact that some workplaces are not considering that older workers in promotional positions may need to work part-time leading up to retirement. If this is not improved then some skilled, experienced workers may retire earlier than absolutely necessary and their experience lost.
- Yes, the fact that some workplaces are not considering that older workers in promotional positions may need to work part-time leading up to retirement. If this is not improved then some skilled, experienced workers may retire earlier than absolutely necessary and their experience lost.
- Restructure is always a concern when one has been there before. I just hope that nurses are still recognised as good managers and that the roles will allow time to develop leadership.
- Only superannuation.
- Not being able to work part time in a level 3 position.

If your direct supervisor(s) is/are older than you are, are there things about the way they supervise that particularly frustrate you?

CURRENT RESPONSES - 20 July 2006 to 8 December 2006 (See below for previous responses)

- No.
- Yes – x2.
- Not able to cope with change.
- Lack of consultation when changes to practice are introduced.
- The nature of looking down at you, instead of acknowledging the good work or good outcomes that you achieve.
- At times the authority of being more senior can be abused when talking to junior staff, creating a threatening environment.
- Not particularly, have worked with many CEO's and have become adaptable. I resent however constantly defending the profession.
- Initially yes but have developed strategies for better managing my manager.
- Worry about the little things that haven't been done when we have barely had enough time to do the tasks that are important. They sometimes forget how busy we are!!
- Very old-fashioned nursing management style. Treated as an inferior as EN, made to do so many non-nursing duties.
- Inflexibility.
- Lack of recent practice.
- Yes, collect together all the bad manager profiles and pick a reason. It is not the age of the persons, it is their ability, knowledge etc or lack of that I find frustrating, not the age.
- Older workers seemingly insist they have learnt enough and don't feel the need to change any more - let alone uptake new ways of doing - they have been there and done that - this is frustrating. Evidence based practice is a hard sell.
- My supervisor asks for your opinion then does not respect it and in fact on one occasion told me that I was making a situation appear worse by exaggerating the possible outcomes. When what predicted happened I was then performance managed, not my supervisor, as I did not prevent it and I was deemed to have the knowledge.



- My CNC is great, one of the CN's is always trying to assert herself and it just usually results in her looking obsessive to everyone that's around, she puts her nose in everything instead of just letting me do my job and look after my pts.
- Lack of approachability, lack of desire to be in the job, no team management skills.

RESPONSES - to 20 July 2006

- Yes, they have not done any ongoing study for past 15 yrs.
- Authoritarian negative body language. Don't allow you to take risks.
- Not assertive enough - lays down to management. Limited action with weak responses to staff concerns.
- My direct supervisor is a psychiatrist. My professional head is an ADON and so is not involved in clinical practice. I want clinical supervision with an experienced and skilled clinician. Don't care how old they are.
- Talk too much sometimes and hard to get a word in.
- Inability to communicate effectively.
- I guess picking and choosing when they 'feel' like supervising me and the fact that its OK to challenge decisions sometimes and other times it is not. The lack of consistency is frustrating.
- No, age has nothing to do with it, it's their style.
- Closed mindedness, and inconsistency.
- We are the same age or there about but I find the style autocratic and lacking communication.
- Same age. She is sickly sweet in public but very manipulative in getting her way. Will not spend time listening to what you have to say if she has no interest or doesn't agree. Funny thing is she asks for suggestions from staff but ignores them. Plays favourites. Having completed clinical leadership program and facilitating displays no leadership qualities in the way of support or listening. Budget mad, even at the expense of the working nurses.
- Yes they are never wrong, and lead to their friends rather than encourage others.
- They don't like change, and are not open to new ideas.
- That they have definite favourites.
- In a previous job yes- tended to keep 'secrets'. Viewed suspiciously. Tended not to take responsibility for decisions made. Also viewed (rightly or wrongly) as an attempt to wield power (by keeping people in the dark).
- She got my job, when I know it better.

If your direct supervisor(s) is/are younger than you are, are there things about the way they supervise that particularly frustrate you?

CURRENT RESPONSES - 20 July 2006 to 8 December 2006 (See below for previous responses)

- Younger people have not been taught how to teach so leave the learning up to the individual. This isn't appropriate training for new recruits.
- No: x 5.
- Lack of leadership, lack of direction, unable to communicate with influence.
- Yes they do not recognise experience.
- Yes, lack of practical application of knowledge they have and the dismissing of my clinical practice. Tend to find that they want to establish their power and authority rather than develop others to provide better client outcomes. Much less risk taking.
- They accuse me of not listening - yet they impose their experience and expertise on you - which is often outdated anyway. They also worked when health had money and they never questioned decisions. I can learn a lot from them - but they don't want to teach.

RESPONSES - to 20 July 2006

- Yes, they have not done any ongoing study for past 15 yrs.
- No real communications. We are at odds occasionally. Communicates when not in a group.
- Attempts to control all aspects of work.
- Nursing supervisor is too 'managerial/corporate' in outlook; seems to have left 'nursing roots' well behind although states he is about 'advancing' nursing forward.
- No works with me well, would like more development in promotional role.
- I am managed by a non-nurse. She values the contribution my nursing background gives to my role, but at time has a different perspective of working within the health sector.
- I don't think it has anything to do with age - it all depends on attitude. You can have some pretty old fashioned stuffy young people and some pretty dynamic and visionary older people. My supervisor is younger she is honest forthright and supportive - I don't have any problems with our age difference.
- Manager is of similar age: has poor people skills, lack of consultation on change, does not listen to employees. Dictatorship style of management.
- Is stuck in a time warp!! Does not want to change and actively blocks suggestions from lower level staff for improvement. Needs to be dragged into the new technological age.



- No she is younger and has my total respect.
- Yes, their perceived lack of interest in both the staff and the patients & at Uni, the students!
- Yes, never seen within the coal face but know the financial balance to the last dollar.
- No really I don't speak much to them.

RESULTS AS OF 8 DEC 2006