

CAREER STRUCTURE – Survey of Final Year Undergraduates: FUSA and UniSA

Feedback as of 8 December 2006

Responses from 197 students

Where are you planning to work?

Work location	
Country	14%
Regional city	10%
Metropolitan	76%

Work setting	
Hospital	91%
Community	7%

Generation	
Matures	-
Baby Boomers	16%
Generation X	34%
Millenials	50%

Do you think it is important for a new career structure to:	Very Important	Important	Not very Important	Not Important At All	Not Sure
Support effective and efficient delivery of nursing/midwifery care?	85%	15%			
Support nurses/midwives practising to their full capacity?	86%	14%			
Increase the diversity of available nursing or midwifery roles?	77%	21%	0.5%		1.5%
Provide more flexibility of movement between different roles?	72%	24%	3%		1%

Do you think it is important for a new career structure to include roles that assist nurses and midwives?	Very Important	Important	Not very Important	Not Important At All	Not Sure
To reflect on and improve their practice?	71%	29%			
To deal with the risks involved in clinical decision making?	61%	38%	0.5%		0.5%
To try out new work roles or areas of practice?	57%	38%	5%		

How important is it for a career structure to reward?	Very Important	Important	Not very Important
Clinical decision making	67%	32%	1%
Manual work	51%	40%	9%
Technical work	41%	45%	14%
Interpersonal work	65%	33%	2%
Functional work	50%	44%	6%

What is your goal in terms of your own career? More than one option can be marked	
Any higher pay classification?	46%
Any promotional role?	42%
A more interesting role?	52%
A role across different settings?	57%
Several roles according to my interest at the time?	51%
Becoming a Nurse Practitioner?	31%
Becoming a Director of Nursing?	19%
Becoming a Professor of Nursing/Midwifery	8%



Comparison with employed nurses/midwives in Article Two:

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?

- Would be more tempted to stay in nursing if late-earlies were discontinued and legislation were in place to support discontinuation of this outdated phenomena.
- Specialise in O.R. or Recovery; do Masters degree.
- To continue to be challenged in order to keep up my level of interest in nursing.
- To become a midwife x2.
- Clinical educator – expert at bedside, utilising skills x 4.
- Possibly the Army.
- Just want to be an excellent RN.
- I want a job that gives me the chance to set an example, get satisfaction for my conscience, get me money and give me control of things, and give me an opportunity to make a difference.
- Being able to make a difference;
- To branch out of nursing to other career role – may or may not be in health.
- Looking towards a senior position in nursing which can incorporate my previous Social Work degree skills.
- Research and teaching.
- Return to management after graduate year – possibly in community or project work.
- Further my career with studies other than RN at university or other structured studies.
- Specialise in Theatre or A&E.
- Travel overseas and interstate while nursing x2.
- To become a DON of a Mid ward – to do courses to offer women more information and help with pregnancy.
- Grad Dip and Masters of Palliative Care (Aged).
- I want to move away from shift work and obtain more admin and influential role in Dept of Health.
- International aid is high on my list of goals.
- I will probably only stay in nursing for 5-10 years. I don't view nursing as a rewarding and satisfactory long term career.
- Maybe become a medical doctor x 6.
- Scientific research based roles, merged areas such as science and nursing, engineering and nursing, computing and nursing, socio-political and nursing, medical research and nursing, etc.
- Do a role I enjoy and that seems to provide value to clients.
- Help initiate effective changes throughout the community.
- Would like to be able to make a difference to patient care through research and education including community involvement.
- Nurse specialist in ICU.
- I want to specialise in an area of interest and become a NP and lecture in the specialty at Uni.
- I want the option to be able to change career paths to suit my needs and interests any time.
- I want to work in the community but as a graduate there is little to no opportunity. Not confident enough to strive for promotions – worried about just being an RN.
- Community nursing.
- Nurse education in a particular field – eg. Oncology.



- Plan to gain experience as an RN then progress into positions such as CN, NP or Nurse Ed.
- I have many areas of interest, happy to go with the flow and take my opportunities as they arise.
- Juggling, being a student, employee, single parent with 2 school age children and financial costs.
- Explore how I can make a difference in people's lives.

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

	Very strong incentive	Somewhat an incentive	Not much of an incentive	Not an incentive at all	Unsure
The level of base salary	69%	28%	1%	2%	
Shift allowances	67%	31%	1.5%	0.5%	
Paid study leave	64%	29%	6%	0.5%	0.5%
Child care place or subsidy	25%	35%	19%	20%	1%
Provision of ongoing education	66%	29%	5%		
A financial bonus for meeting agreed performance criteria	37%	43%	17%	1%	2%
A financial bonus for length of time with an organisation	43%	39%	16%	1%	1%
A financial bonus for working in an area of shortage	44%	39%	14%	3%	
Working with a friendly team	82%	14%	3%	0.5%	0.5%
Working with types of clients that interest you	69%	24%	6%	1%	

Comparison with employed nurses/midwives in Article Two:

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

	Very strong incentive	Somewhat an incentive	Not much of an incentive	Not an incentive at all	Unsure
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%	



If there was a fully clinical role at Level 3 and above, what kinds of activities do you think would be part of that role?			
	Yes	Perhaps	No
Developing nursing protocols for groups of patients?	57%	40%	3%
Contributing to multi-disciplinary protocols for groups of patients?	60%	37%	3%
Providing expert input to the patient's assessment, treatment or outcomes evaluation?	81%	18%	1%
Providing advice to ward nurses on caring for this type of patient?	79%	20%	1%
Making decisions about the patient's care (eg. by doing a nursing 'ward round' for the relevant group of patients)?	65%	28%	7%
Doing elective admissions or pre-operative work ups (including ordering relevant routine investigations)?	45%	39%	16%
Taking referrals from other clinical teams or organisations?	54%	35%	11%
Undertaking outpatient clinics or home visits as required in the relevant field?	34%	43%	23%
Writing up medication charts using agreed protocols?	35%	42%	23%

Comparison with 'Metro Acute' focus in Article Three responses:

If there was a fully clinical role at Level 3 and above, what kinds of activities do you think would be part of that role?				
	Yes	Perhaps	No	Unsure
Developing nursing protocols for groups of patients?	77%	22%	1%	
Contributing to multi-disciplinary protocols for groups of patients?	77%	23%		
Providing expert input to the patient's assessment, treatment or outcomes evaluation?	89%	10%		1%
Providing advice to ward nurses on caring for this type of patient?	89%	10%	1%	
Making decisions about the patient's care (eg. by doing a nursing 'ward round' for the relevant group of patients)?	76%	16%	7%	1%
Doing elective admissions or pre-operative work ups (including ordering relevant routine investigations)?	54%	30%	13%	3%
Taking referrals from other clinical teams or organisations?	65%	25%	7%	3%
Undertaking outpatient clinics or home visits as required in the relevant field?	58%	26%	12%	4%
Writing up medication charts using agreed protocols?	53%	30%	14%	3%

If there was a fully clinical role at Level 3 and above, do you have any activities to add that were not on the list in the previous question?

- Educating staff members, stock orders for ward.
- More approachable to staff members.
- Work alongside of staff, keep in touch and not be isolated, delegate roles.
- Clinical education, leadership, teamwork. A consultancy role – opinion asked for by other professionals – nurses and other disciplines.
- Meeting outcome measures and client measures.
- Discharge management, staff roster allocation, education of staff and patients.
- Debriefing with ward staff, counselling.
- Quality and risk management.
- Providing comprehensive education/professional development opportunities to junior staff.
- Supervising nursing students, managing workplace conflict, liaising with other health professionals.
- Mentoring novice RNs to improve their skills and confidence.
- Interaction with family and client in care decisions.



- Triaging.
- Helping in conflict resolution between staff at ward level, making sure ward staff maintain updated education such as yearly drug calc. tests.
- Participating in ongoing research for improving care of patient and society.
- Initiate and support a process of implementation, control, evaluation and research of clinical practices and their effectiveness and meeting of goals. Promote continuous research.
- Roster allocation, some clinical duty, doctor-nurse consultations.
- Problems between staff.

What do you think should be the main roles of the CNC (or CNM)?

- I don't know/ not sure x 8
- Haven't met a Clinical Consultant on my placement x 2.
- I think the CNC position includes the roles of NMs and NEs.
- Supporting the ward nurse/midwife by offering advice and guidance on clinical issues x 3.
- Manager, leader, co-operator, follower.
- To oversee care of pts and to act as support for other staff members who have less experience x 2.
- To support staff x 2.
- Work on the floor with staff and patients, providing education to staff.
- Rosters x 2.
- Overseeing the ward and enlisting appropriate methods to achieve high levels of care x 2.
- Management of ward, finances – especially in private sector , rosters, supervision, feedback, mediator between interdisciplinary groups.
- To oversee the ward running smoothly. Improve general ward routines. Organising staff and patients.
- Make sure that the patients are receiving the correct treatment, assisting RN when possible, provide information to improve RN's work x5.
- Best practice.
- Passing recent knowledge and technological knowledge on to staff and patients.
- Currently management, meetings, setting protocols without working in the area, removed from reality.
- Establish nursing diagnoses, implement the care plan in some complicated cases.
- Coordinate; Staff management, administration, management, ward education and training.
- Clinical care, keeping everyone happy, education nurses and patients.
- Same as RN only more responsibility and greater knowledge.
- Similar role to basic RN, with the added level of team leading, patient management and ward environment.
- Provide sound medical and nursing advice for other nurses and patients under their care.
- Specialist consultant providing information to allied health professionals, using expertise to plan, advise and supervise patient care, mentor and trainer for other staff.
- Management of an area, offering important advice.
- Manage Level 1 and 2 nurses, someone to consult with on any problem a nurse might have.
- Employment of staff, allocating shifts, jobs;
- Ward structure, assistance to nursing staff;
- Seems to be the management of staff and the ward, as opposed to using their expertise in patient management and treatment;
- Staff and patient education and advocacy x 2.
- Education of other staff on best practice, mentoring/supervision of junior nurses, co-ordinating shifts, liaising with other health professionals;
- Supervising nursing students, managing workplace conflict, liaising with other health professionals;
- Assist ward nurses with expertise x 2.
- To actually work for the remuneration they receive.
- Direct 1:1 pt care in a specialised field, training and mentoring new staff interested in that field, and lots of boring paperwork.
- Improving clinical care to patients.



- Education, dealing with concerns of ward, staffing issues, turnover, staff skill mix and matching, equipment management.
- Communication of ward concepts and education.
- To be consulted by junior staff on issues or problems with nursing or midwifery care.
- Responsible for all patients in ward, answer queries and problems, transfer patients between wards/hospitals, staff mentor, gain and bring updated knowledge to ward.
- Organising staff training and education; fire training, advocate for better staff conditions and ward improvements.
- Basically to run the ward, be available to answer questions, provide daily education, provide constructive advice and/or criticism.
- Consulting with other members of the health care team to decide goals for patient care and how nurses can contribute.
- Crunching numbers, paperwork, limited people contact.
- Shift organiser. Day to day management of ward and support to staff.
- Mentor/expert clinician, support for RN 1s, education of RNs, ENs, and students, liaison with management and DONs.
- Expertise on ward, experience able to be accessed by all nursing staff.
- Facilitator and team leader of staff on a ward.
- Co-ordinate and manage nursing/midwifery staff, override some clinical decisions, inform and support other nurses.
- Organising staff, taking handover for all patients, making some decisions regarding patient care.
- Someone to approach for education needs or certain issues, expert clinician.
- At the moment, mostly all management and nil patient care, leadership, team integration, knowledge, experience.
- To share knowledge and ensure patients under their expertise get appropriate care.
- Supervise, provide expert advice, updating knowledge, creating team work.
- Manage ward, ensure correct staffing levels for ward, and adequate logistics and equipment for staff, staff skill mix x 6.
- Someone staff and patients can go to if there are any concerns.
- Expert input, advice and support for ward nurses x 2.
- Running, co-ordinating the ward, making sure patients have beds.
- To make sure there are no hassles on ward, to help the ward run smoothly, to consult with Mos.
- Management with no hands on.
- To provide expert knowledge and experience.
- Management of relevant unit, liaison with medical staff and allied health, advising ward staff.
- Co-ordinate and organise the entire ward including staff, patients, etc. Operational day to day management.
- Mentor.
- Educating and helping RNs in times of need and improve organisational skills.
- Management of patient care, management of staff problems, knowledge of what to do in medical crisis/difficulties, how to respond/act.
- Co-ordination of staff, enforcement of protocols and agreed methods, monitor documentation to ensure it meets standards.
- Providing a more senior point of view to nursing tasks as well as general management of ward.
- Giving everyone else orders.
- Co-ordinating and managing the ward, patients and staff x 2.
- Guidance, clinical expertise, providing safety for workers.
- Problem solver, support and encourage juniors.
- Support junior staff and be the go-between with other medical allies and higher staff.
- Day to day management of the ward, support staff.
- Team leadership, to know what is going on with all the patients on the ward, expert knowledge supervision of less experienced nurses.
- I think a nurse at this level should be working directly with treating doctor in deciding patient care.
- More managerial and ward planning responsibilities.
- Rosters and organising shifts and allocations, keeping an eye on junior nurses and students.
- Organising ward – making it run efficiently and effectively, supporting staff, being easily approachable.



- Keeps the operation/workings of the ward and staff OK and running smoothly.
- Managing the ward according to budget allowance.

What do you think should be the main roles of Nurse Managers?

- Unsure x 11.
- Have not encountered/met such a person x 5.
- Distant from people contact, rosters.
- Rosters, budget, management of wards, staffing x 13.
- Manage the ward, work team x 16.
- Filling staff shortages. To make sure we have the correct mix of staff for each ward.
- Arrange patient admission and discharge beds, rosters, incident reports.
- To manage and co-ordinate the care of all the patients on a ward.
- Leader, follower, co-operator; Running of the unit; Management.
- Rostering (but are they necessary for this) – could be done by CNC or CN; employing staff (could also be done by CNC).
- Organising staffing levels, solving issues raised by nursing staff, consult staff on movement of patients and being responsible for patient movement.
- Same as CNC but on a larger scale – ie maybe on more than one ward.
- Sign on/off agency staff, rosters, hiring/sacking staff, staffing wards, fund extra staff if needed, co-ordinate the running of hospital/beds.
- HR management; employing, rostering, promotions, etc; making things go well.
- Rosters, meetings, cost.
- Organise nursing care for a ward, watching that all work is carried out according to procedures.
- Same as the CNC including more active participation in policies/procedures at organisational level.
- Keeping everyone happy: patients, nurses, families, doctors, other stakeholders.
- Liaison between senior management and nurses, administration of policy, an administrator, no patient contact.
- Ensuring ward runs efficiently – happy, healthy environment.
- A more practical role managing a ward or a group of staff including functionality and specific job allocations/responsibilities; making needed changes when situations arise.
- Guiding those in positions beneath them, providing executive decision on the ward, enabling others on the ward to become better practitioners.
- Administration, managing budgets, rosters, supervision of team, implement policies.
- Making a friendly work environment, making rosters, giving advice for nurses who have problems.
- Delegation, education, liaising.
- To coordinate the patients and staff within a number of wards and offer support to CNCs.
- Manages the clinical nurse structures, the rosters and the working environment.
- Staff/patient ratio; rosters; finances of ward; Staff interactions; managing patient input.
- Day to day management of ward/clinical area, rostering, overseeing education/support of junior staff, handling staff conflicts, patient complaints, etc.
- Rosters, workplace problems, conflicts, employment. Staff & HR Management.
- Economic rationalist who wants financial bottom lines to take precedence over effective whole patient care.
- Rosters, finances, equipment, management and ordering.
- Staffing, roster, budget, patient load, hospital programs, review current procedures, policies.
- Paperwork, legislation, budget, staffing etc.
- Rostering, funding, employment, interviews, handling bigger problems.
- Manage RN roles as working in a team.
- Controls RN salary with rosters.
- Budget allocation, rostering, dealing with staffing issues or any other clinical issues in a health setting.
- Ensure ward is functioning with adequate beds, staff, and flowing in an orderly manner.
- Support staff, problem solving, interact with Doctors and other professionals, relay care changes, instigate care changes, ensure adequate staff mix and numbers.
- Recruitment, rosters, long term planning, no clinical work.



- Leadership of a larger group of people, manage roles/people etc, and consultant qualities.
- Staffing levels, staff development, counselling.
- Rosters, lots of meetings, being on committees.
- To ensure the ward functions smoothly.
- Management of unit, assisting Director of Nursing/ Nursing Director.
- Looks after the work dropped from Level 4, staffing rosters, integrated roles.
- To provide individualised, ethical and positive care to a client in order for health improvement and increased health status.
- Organising in-service, ongoing education workshops.
- To support the CNC in their work.
- Organising staff, workloads, rosters, staff concerns.
- Delegate work, co-operate with organisations nursing structure.
- Train juniors, encouragement.
- Administration and related issues.
- Distributing staff appropriately between workloads, rosters.
- Making sure staffing levels are met throughout the hospital each shift in accordance with Excelcare and that skills mix is met. For example, enough senior RNs to oversee each shift.

What do you think should be the main roles of the hospital or regionally based Nurse/Midwife Educator?

- Unsure x 2.
- No contact with such roles/never met one x 6.
- Met one who was bossy and expected me to know everything.
- I have only met one once teaching about the importance of hand washing.
- To educate clients on health conditions. To educate patients and public about health issues, speciality issues such as diabetes x 11.
- Updates on current best practice x 3.
- Educate and support staff, students x 29.
- Continuing education to ensure staff competency x 4.
- To co-ordinate and implement in service education and source funding for external education that benefits the organisation.
- Teacher, professor.
- Provide new education opportunities.
- To provide nursing staff education in correct procedures as found through research.
- Supporting new staff, running GNPs, updating current staff on procedures and policies and nursing practice.
- To share their knowledge with co-workers through in-service lectures.
- To educate and promote health in the smaller regional areas.
- To support the community and staff, ongoing in-service.
- Educate health care workers, do in-service lectures.
- To provide expert knowledge and experience on specific morbidities.
- Managing ongoing education for staff, GNP programs, liaison with universities.
- Two per ward, clinical specialists, courses, uni modules.
- Educating nursing ward staff in pathology, pharmacology, etc.
- To make you think of health and safety and let you know of any up to date programs.
- Educate nurse and other health professionals in different things to educate their patients, post graduate courses.
- Objective education that provides researched best practice and making knowledge freely available.
- Inform staff of new equipment and how to use it as well as EBP.
- Ensure updated information is available to staff and clients. Regularly assess areas of need for education.
- Re-educate nurses/midwives on recent research and new developments in health.
- Educate and support student nurses and GNPs, also educate other nurses about issues they need education on.
- Education, AIMS and safety.



- Support junior staff and provide answers to any questions. Encourage independent learning and offer different courses to workers. Look after placement of students and new staff members.
- Determining seminars for RNs, supervising GNPs, students, manual handling, CPR, drug calc updates; and assessments.
- Assist with continuing education – educate about new or trial techniques.
- Promoting ongoing education to RN/EN to improve their knowledge for clients and patients.
- They have very little contact with the clinical role – removed from reality.
- Education of staff regarding specific areas like manual handling, infection control, etc; keeping up to date with advancement in procedures, protocols etc.
- Proactive role of providing information and new research findings and practices to both staff and non staff.
- Act as an educational consultant and trainer to consult in an area of specialty; solo client consultation and allied health professional liaison.
- Educate in hospital based care procedures; educate inpatients/outpatients regarding existing diseases and health promotion.
- To educate, including being there to support with hands on for procedures and NOT just giving in-services and study days.
- To ensure all new nurses are oriented to the ward and protocols prior to commencement, to provide in-service;
- University, GNP programs, educating staff on new things (best practice).
- Ongoing challenging educational opportunities (easy to fit into shifts or paid study days), both in work area and areas of interest.
- Provide more comprehensive education on more specific areas to larger groups of staff, provide relevant detailed education to patients, that may be outside the scope / capabilities of ward nurses.
- Staff education / in-services, patient education, being up to date with current research, and implementing in education new reflective practice.
- To co-ordinate and implement in service education and source funding for external education that benefits the organisation.
- To provide support and teach new skills to novice RN's RM's through GNP/GMP or TPPP programs, orientate new staff to the hosp or region. Develop education programs for existing staff, provide support to ensure staff WANT TO STAY in nursing/midwifery.
- Always communicate with doctors and other health professionals in the health care team to solve any problems/difficulties an RN or students may have.
- Stay up to date with any recent research finding and make sure everyone else is as well.
- Extended community care and education.
- Keep you up to date with nursing education.
- Accreditation of staff for specialised tasks.
- Acute care knowledge, communication with patients and staff re changes in practice, proper practice.
- Coming in to patients briefly to explain to them about diabetes for example. Or evaluate staff, volunteers, students, etc.
- Educate nurses further to give current information and care to patients, advocate for ongoing staff development, co-ordination of support of students.
- Provide ongoing education to the staff and refresher courses, keeping staff up to date with current procedures and practices.
- Management – appreciation and punishments (if any) for the nurses.
- To make sure that all staff members on each ward are up to date with their education within their nursing skills, eg. Manual handling.
- That each ward maintains updated staff education eg. Yearly mandatory training (CPR updates, etc).

What do you think should be the main roles of Clinical Nurses (Level 2 positions)?

- Don't know x 8; Unsure x 7; (note: many respondents did not answer this question although they had commented on the roles above).
- Haven't met one x 2.
- Have not met one. Not too clear about positions of nurses except there is always a hierarchy.
- Shift co-ordination, met one but didn't see them doing much.



- Extending help, improving nursing skills, informal, timely education.
- To support the CNC in their role. Team leadership.
- To make sure the workload is being attended to equally and that it's getting done and everyone is happy.
- To be the go-to expert in their specific field.
- Performance management, resident expert.
- Give a good example and encourage.
- Run the ward.
- Assisting in the patient workload and making sure patients are moving through their nursing care pathways.
- Team leaders, experienced with patients in specialised wards.
- Support for staff, administration; Support for junior staff x 2.
- Support and educate staff as well as nursing patients. It would be important to daily get out on the floor.
- Provide information, support to ward staff.
- Increased authority, more delegating roles, etc.
- Same as RN however CN should be able to oversee ward.
- In charge of a ward from shift to shift. Organise staff and answer any questions regarding the patient. Provide support for staff/patients/family. Converse with doctors; Look after people.
- Similar to RN but team leader role, co-ordinating discharge, admin, speaking with doctors, physios etc on patient progression/outcomes, supervision of other staff during shift.
- Co-ordinating the area, managing a full, heavy workload and being in charge of the shift, "supernurses".
- Additional responsibilities, support role to other staff, management of speciality area.
- Clinical care, educating nurses, Fuzzy, not defined, mainly team leaders.
- Managing the shift, point of expertise. Advise on clinical matters. Same as CNC/CMC.
- Do not really have a grasp on the concept of different nursing levels.
- Senior support, not expert support, CN should be on every shift.
- Ward rounds, helping grad. Nurses/less senior staff.
- Staff and patient education and advocacy, knowledge and clinical skills resource for less experienced staff.
- Co-ordinating shifts, supervising/mentoring students, GNPs.
- Overseeing running of ward, team leading, co-ordinating, more of a role in discharge planning, supervising staff and students, peer support, conflict management, liaising with other health professionals.
- To mediate between Level 1 and Level 3, to play a central role in the care team, to produce best teamwork.
- Supervise other RN/RM - ie: Level 1's. Team leaders of groups of staff.
- To teach student nurses; Manager, educator x2
- Should do more challenging work and assist RNs or students.
- Try to keep the level of care high by making sure that there are protocols for most procedures and making sure staff get further education.
- Day to day running in their clinical area (dealing with issues).
- Managing clinical staff; Look after people. Experts in a field.
- Clinical expertise, guidance, advice, mentorship; Co-ordination of full care for patients.
- Expert clinician, support for RN, EN and students, back up for CNC.
- Being available on floor for more personalised assistance, advice, daily education, than that of CNC.
- Paperwork?
- Co-ordination of ward, patient responsibility, answer queries and respond to unstable situations.
- More of a bedside role. Clinical expertise, advisory role.
- A more senior level of nurse on ward. More responsibility, team leader.
- The 'go to' specialist on ward, expert knowledge base and conduit to specialist eg Mos.
- Facilitating the development of nursing staff via education.
- Provide some care but providing mentoring for staff, also clinical experts, advising staff.
- To provide experience and knowledge. Senior nurse in clinical setting, mentor.
- To liaise between upper management and ward staff for support and advise staff on a day to day basis.
- Senior RN available for advice, managing staff of a particular ward.
- Support and advice for less experienced nurses.
- Co-ordinate birthing centres.



- A step before the CNC, a leader of a small group of people. You can go to the CN for help.
- To guide and support a team of co-workers, to educate, and to provide a competent work environment, to make decisions.
- Support nurses in patient care, available for knowledge, advice, teaching.
- Senior nurse on the ward. Role of leader on the ward.
- Leadership team, integration, knowledge, experience.
- Experienced Level 1 – more knowledgeable and able to give out advice.

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

Yes	No	It depends on the role	Unsure
50%	5%	43%	2%

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
77%	15%	8%			

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

- Interpersonal skills, communication skill, clinical experience.
- Hope to have a leader that is open to listen to what you have to say and also encourages you to have a say.
- The leaders I have met aren't usually managers – they are senior nurses who have a wealth of knowledge that they are happy to share with other nurses and students.
- Leaders that understand the pressures of today's society – eg working parents. Good communication and teamwork skills.
- As nurses we should all take on some kind of leadership role, especially to younger and new nurses.
- People to talk to for information, approachable, good communicators, flexible, encouraging and give staff plenty of opportunities to advance their skills and learning.
- Many current Level 2/3 staff lack the skills and knowledge – should not be in the position and hindering others;
- Someone to be able to give direction in relation to career paths.
- I expect a friendly and approachable leader to improve my confidence and be someone to aspire to.
- Unrealistic; most are poorly prepared and are the wrong people for the job.
- Support of ongoing education and feedback.
- Holistic public sector view not just grounded in ward, access to public sector leadership courses.
- For them to be role models, supporting and motivating others, creating and communicating a vision to others.
- It is underpaid and unattractive as the lack of shift penalties means the money does not make it worthwhile.
- Lecturers in nursing should be an inspiration and also appropriately promote correct practice; some senior nurses have been nasty, unprofessional and not an inspiration.
- That they look after their staff and that workloads are not too heavy and are distributed evenly and accordingly to maintain a harmonious atmosphere among staff.
- That there will be opportunities for advancement and that this will bring more money for more responsibility.
- Close knowledge of nursing, good interpersonal skills, experience.
- Those with experience should be leaders.
- Passionate nursing professionals willing to encourage, contribute to my professional development.
- Leaders in nursing I expect to be knowledgeable, committed, approachable.
- Interpersonal skills, communication skill, clinical experience.
- Hope to have a leader that is open to listen to what you have to say and also encourages you to have a say.
- From what I have seen so far of the leaders in Nursing - the industry is doomed!
- People who practice to the highest and most up to date standard and who can justify their actions.



- Don't like a hierarchy, prefer leaders to work with rather than dictate.
- Increased paperwork, less contact with patients, more responsibility.
- They should be knowledgeable and experienced, and importantly have interpersonal skills to be a leader. Able to communicate NICELY and effectively.
- Should understand the needs of the nurses and consider other aspects such as children/family life commitments.
- Professional support/guidance, regular performance assessment.
- Should be able to manage the team well and have no work conflicts. Get the teamwork more organised for follower RNs.
- Leaders should listen to and meet the needs of those they are leading as well as making sure they provide quality care.
- Important to be open-minded and receptive rather than being self complacent./satisfied, constant learning and promote patient safety.
- I expect a leader to be the best service provider to patients independent of income incentives.
- I think that it's very important to realise your own responsibilities and capabilities to lessen any reliance on leadership.
- Supporting nurses to become good decision makers.
- Leadership to me means you are taken away from doing patient care and you spend most of your time doing paperwork and organising staff issues.
- That they are like a mentor, they love nursing, interested in nurses and patients.
- They shouldn't be confronting or off putting.
- I need more information about types of leadership and benefits.
- We need to be informed about what the leadership roles entail and how to obtain them.
- We all need to be leaders. Leaders should provide a supportive environment.
- Working/integrating with health team – forefront of patient health promotion and necessary care.
- Lack of clinical practice and high stress make these roles not attractive.
- Rewarding job satisfaction and opportunity to further career and education, financial rewards.
- A leader should have excellent management skills, be able to communicate and support staff.
- Educated, supportive and understanding in order to nurture the new RN.
- Like leaders to be supportive.
- There should be no bullying down through the ranks. Everybody should be respected regardless of job status. Leaders should ensure this is not tolerated.
- Not clinically based enough. The higher you go, the less clinical the roles become.
- Hopefully positions with more responsibility would be attractive to be in.
- I would like a leader who is approachable, who leads by example, who is not self serving or arrogant, who earns respect.
- Leadership roles seem to be mainly managerial. There do not seem to be promotions for people who want a 'bedside career'.
- That they are easy to approach.
- As experience grows a nurse should be given more responsibility and leadership roles – if they want to.
- My expectations are to receive support from work colleagues and especially senior nurses.
- Someone reasonable and approachable.

If you DON'T plan to register in the next six months, could you please indicate why you wish to delay your registration or not register at all?

- Studying part time x 2.
- To continue working as an UGNS until return from overseas.
- Looking for a different career path.
- Keep working as EN until GNP starts x 3.
- Don't finish until next year x 6.
- Will register when I go back home to Victoria.
- Will probably register but don't feel well prepared.



What are your plans in relation to Graduate Certificates/Graduate Diplomas?

Plan to do one within next couple of years	Plan to do one at some time in the future	Will wait and see what I need	No plans to do such a course
40%	30%	26%	4%

What kinds of topics would you hope to be able to access through Continuing Education in the next couple of years? (Continuing Education is defined here as formal and/or informal education provided within your workplace or by professional organisations):

- Midwifery/Intensive Care.
- Triage training, cardiac rehabilitation, forensic nursing.
- Mental health x 7.
- Diabetes x 11.
- Wound management x 3.
- Midwifery x 3.
- Health promotion.
- Masters or grad certificate of area of speciality.
- Pharmacology, management, education, surgical courses in ENT, specialty information made available to staff to improve knowledge and give opportunity to go further in career.
- Grad Dip/Cert in Critical Care.
- General Practice Nursing; Community; Midwifery; ongoing research, community care, discharge planning.
- Holistic care, how to support each other as staff, teamwork, debriefing when necessary and who to debrief to.
- Dealing with anger and aggression, financial support to study with agreement to stay in workplace for 12 months.
- Advances and improvements within nursing practice;
- Clinical skills.
- Depends on what interests me in the future.
- Coronary, diabetes; trauma nursing.
- A speciality like emergency or paediatrics or just more in depth general nursing. Higher levels of skills. Free short courses etc.
- Learning form other workplaces and health care providers how they conduct their work; confidence building and stress management exercises.
- Cardiac and respiratory.
- Oncology, palliative care.
- Paediatrics, ED, ICU, general research updates.
- Medical nursing and health management.
- Paediatrics, child health, leadership and management, education.
- Tropical infectious diseases.
- Leadership, management, clinical expertise, IT training.
- ECG, cardiac, wound management, infection control.
- Mental Health, and how to manage behavioural issues.
- PhD.
- Practical skills development, reflection practice, new research findings, best practice, keep informed about the health political interface.
- Neonatal, paedes; asthma education.
- Education for night shift in relation to micro sleeps. As those shifts are increasing in hours from 8 to 12, this is a large OHS issue.
- Conferences, specialty areas.
- Prison nursing, drug and alcohol, homeless nursing, forensic nursing.
- Topics relevant to the specific work areas, ongoing clinical skills education, variety of interest areas.
- Critical care nursing, primary health care, health in developing countries or marginalised groups.
- Education relevant to the area I'm working in.
- Emergency, cardiac related topics.



- Mental health, Primary health care, drug and alcohol, palliative care, aged care, integrated health.
- Mental health, culture, dealing with people from their culture, eg Africans, Aboriginal people.
- Critical care, midwifery.
- Specialty studies after seeing variety of nursing positions available.
- Hands on educational experiences, modules re-learning, airways management.
- Current researchers and evidence based practice.
- Use of new equipment, changes to be made in organisation, new methods.
- Surgical interventions.
- Education to develop from a Level 2 to a DON.
- Challenging topics.
- Evidence based research on specific care topics.
- Palliative care, diabetes, dementia, renal.
- Short courses in relevant topics.
- Communication strategies.
- Wound care, retrieval nursing, Primary Health Care.
- Venepuncture, wound management, pain protocols.
- How to handle aggressive patients.
- Cystic fibrosis.
- Grief counselling, team leadership, communication skills for CNCs.
- Community Health Nursing.
- Forensic Nursing – SANE in Emerg. Dept. Primary Health Care.
- Infection Control.
- Topics based on research in the area.
- Neonatal ICU.
- Prison nursing, forensic nursing, drug and alcohol nursing, nursing homeless people.

Are there any other comments you would like to add to the Review of the nursing/midwifery career structures?

- A review of early, late and night duty. More flexibility in time frame – eg set night duty staff; or early shift being from 9-5.
- Freedom for people who want to do night duty – not compulsory for all to do it. Enabling more freedom will encourage nurses to stay in hospitals. Financial support to ENs.
- I feel that many CNCs and leadership roles are under a lot of stress and that impacts on the ward. I feel the part-timers should be able to share the role with CNC over shifts.
- Little information is given on options, further education, the benefits of doing masters, or how to get into specialities.
- Review is badly needed.
- Regarding whether level of pay should increase automatically with each year of service – I believe it should as experience does increase with time. Also, given the lack of opportunity to work at higher levels, it means the Level 1 is the level that most will work at and if there is not reasonable pay then more nurses will seek other professions.
- I would like to see a lot more help and support for nurses who want to get into and take on leadership roles.
- Level 1 increments to stay the same \$\$ value but narrowed to Year 1-5 with performance review/continuing education focus. I.e. Level 1-5 = Level 1-9 in \$\$ terms but linked to performance/training more than seniority.
- The pathway to be a Nurse Practitioner is unclear.
- Need subsidies for further study from employers; I haven't seen any job sharing in management although there are a lot of part time workers in nursing.
- More salary sacrifice options; more support to undertake Masters, PhD etc..
- Horrified to hear about the discrimination against part-time employees.
- Subsidise courses that cost hundreds of dollars.



- How does one become a CNC/Nurse Manager or Clinical Nurse? I've been doing this BN for 4 years and the path to these roles has never been explained. Perhaps I should be more pro-active but there doesn't appear to be much information readily available.
- The opportunity for clinical work at all levels of experience, with some way of acknowledging that valued experience.
- Give consideration to ENs who enter Uni with 20 years experience And then become RN Level 1 – is there some mechanism to fast track.
- In my experience, it is common for experienced nurses to regard students with disdain and lack of interest. This seems to be a problem in regard to leadership and a waste of valuable resources.
- It would be good if the nurse who didn't work within 3 years didn't have to go back to study again. The one year course is too long for re-registering.
- More hands on and more relevant topics in undergraduate course, hospital based training.
- The system should be adjusted – eg shift work with low pay is not an attractive option – it's the reason many nurses leave.
- Decrease racist attitudes and gossip.
- Give students shorter and more varied placements to give an idea about how health care is different in various places.
- Make it less hierarchical and easier to progress in areas of interest. Be innovative to question the hierarchical model.
- Paid clinical practice and more hospital practice for students.
- I really think that nursing should go back to hospital based.
- Information required to students to offer positive outlook.
- Clinical nurses should be given days to work with patients so they know how other staff are coping.
- A lot needs to be done in terms of staffing levels and allocation.
- I do not believe that promotion should take the RN away from the “grass roots”, would be nice to have a promotional structure mixed with a reality check.
- It would be nice if nurses had salary increments for the work they do to attract more candidates.
- As a student I would like more interaction with nurses at different levels to learn about their different roles and how they got there.
- It's quite scary to think that I'll be responsible for all my actions at a higher level than before.
- Can only do more study if I get a scholarship.
- Need hospital based training opportunities.
- Bring back hospital based training as it is more hands on and there won't be any topics that are not relevant to nursing that wastes time and money for students – cut the length of the course form 3 to 2 years.
- High time for review.
- I do not want to lose shift allowances and public holiday pay.
- Midwives and nurses are the pillars of society.
- Have more choices than just hospital based careers. Discuss more pathways of nursing such as overseas and third world countries.
- Nurses should not need to pay for onsite parking and if so it should be tax deductible as public transport is sometimes not available on some shifts.
- Assistance for single mothers with flexible hours and child care, Free car parking and part payment while doing placements.
- So many different people in positions, so many different structures in, and under which they function. It's a little overwhelming.

THANKS FOR PARTICIPATING...