Fast-track for fast times: Catching and keeping Generation Y in the nursing workforce

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ABSTRACT

There is little doubt we find ourselves in challenging times as never before has there been such generational diversity in the nursing workforce. Currently, nurses from four distinct (and now well recognised and discussed) generational groups jostle for primacy of recognition and reward. Equally significant is the acute realisation that our ageing profession must find ways to sustain itself in the wake of huge attrition as the ‘baby boomer’ nurses start retiring over the next ten to fifteen years.

These realities impel us to become ever more strategic in our thinking about how best to manage the workforce of the future. This paper presents two exciting and original innovations currently in train at one of Australia’s leading Catholic health care providers: firstly, a new fast-track bachelor of nursing program for fee-paying domestic students. This is a collaborative venture between St Vincent’s and Mater Health, Sydney (SV&MHS) and the University of Tasmania (UTas); as far as we know, it is unprecedented in Australia. As well, the two private facilities of SV&MHS, St Vincent’s Private (SVPH) and the Mater Hospitals, have developed and implemented a unique ‘accelerated progression pathway’ (APP) to enable registered nurses with talent and ambition to fast track their career through a competency and merit based system of performance management and reward. Both these initiatives are aimed squarely at the Generation Y demographic and provide potential to significantly augment our capacity to recruit and retain quality people well into the future.

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A WORLD OF DIFFERENCE(S)

As Shaw (2004: 66) tells us ‘workplace diversity is an increasingly important aspect of organisational life’. And as Kunreuther (2003: 451) notes ‘if the popular literature is a reliable guide, it shouldn’t be surprising that generational differences are on everyone’s radar screen’. Similarly, Kupperschmidt (2000) suggests that maximising organisational effectiveness by acknowledging the differences between generations has become an issue managers cannot avoid. Indeed, never before has such generational diversity co-existed in the workplace (Hu, Herrick & Hodgin 2004). If, therefore, as Foot and Stoffman (1996: 2) have suggested ‘demographics explain about two-thirds of everything’, health service managers and senior clinicians alike need to re-think the way they lead and do business in these early days of the new millennium. Hu et al. (2004: 335) concur with this need to rethink leadership. For example, the ‘mature generation’, or ‘veterans’ (1925–1945), hold worldviews very intensely aligned with the times in which they were born and raised. This generation, after all, survived and solved the problems of the great depression, ‘won the second world war, rebuilt Europe and Japan, and put men on the moon’ (Glor 2001: 527). Consequently, they believe ‘in adequate reward for a hard day’s work and performing one’s duty’ (Glor 2001: 527).

Baby boomers (1946–1964) and Generation X (Gen X) (1965–1980) differ again from the Veterans, for example, in the way the boomers tend toward idealism and have long wanted to make the world a better place in which to live (clearly inheriting their parents’ legacy of triumphalism in the wake of their achievements). Gen X, on the other hand, tends to be more pragmatic and feels no such obligation to improve the world’s lot (Glor 2001: 528). For Gen X ‘work is not an all-consuming passion … [they are] sceptical, even cynical’ (Glor 2001: 530). Clearly, even with these three generations working side-by-side, certain tensions and challenges become apparent. Consider now those born between 1978 and 1994 (Sheahan 2005: 3) or in a slightly different chronology, 1981–2000 (Kunreuther 2003: 457), who have been labeled Generation Y.

Noted HR consultant and generational expert, Avril Henry, has gathered considerable evidence that strongly suggests Australian workplaces need to get much more shrewd about how best to meet the needs and desires of these people born in the last couple of decades. This group now competes for jobs alongside those who not only have more experience and perhaps better qualifications (the veterans, boomers and Gen X), but more significantly, have a rather different set of needs and desires and ways of making sense of the world.

As Henry (2006: 1) tells us:

Generation Y are self-confident, outspoken, passionate, opinionated, loyal and impatient. They are easily bored and happily move on to other things and interests. They have high expectations of their parents, friends, colleagues and managers. They are ambitious, in a hurry and expect work and life to co-exist harmoniously, even though they are not sure how to make it work yet … They are in demand in the workplace and they know it.

Peter Sheahan (2005) is another authority with a now well-established profile in Australia. He is not only a passionate spokesperson for his generation but an ardent proselytiser of how best to meet their needs. Sheahan alerts us to a cardinal fact about the 4.5 million Australians (Henry 2006: 44) on whose behalf he claims to speak: ‘Generation Y have been played up to their entire life, often with money and material things … they know their value, and they know they have options’ (2005: 28). Or, as Hill and Stephens (2005: 138) put it, ‘Generation Y who have been raised to believe that their private agendas drive their public performance’ will clearly need to be ‘managed’ in a much more sophisticated way than previous generations.
Sheahan (2005: 93) however, gets straight to the nub of the issue when he boldly advises:

If you, as an organisation, were to become more Generation Y friendly, you would by default become more employee friendly. You would clearly be an employer of choice. This is because Generation Y want the same things we all want from a job, the only difference being that they expect it. Or, more powerfully, they demand it.

His words are certainly a clarion call to think and do business in nursing differently, if not quite radically differently.

**RISING TO THE CHALLENGE: AMBITION, IMPATIENCE, HARD WORK**

Picking up on Henry’s ideas above about key Gen Y attributes and behaviours, let’s examine now, in some detail, the two initiatives we have developed to address the needs and wants of this new cohort of potential and actual workers. Firstly, I have written elsewhere (Walker 2005) on an exciting and highly successful collaboration between St Vincent’s Private Hospital, Sydney (SVPH) and the University of Tasmania (UTas). In this article I describe in some detail the pedagogical contours and the operational features of a program we delivered at SVPH for undergraduate students of nursing undertaking their final semester of acute care practicum. I indulge in citing myself (Walker 2005: 39) by way of setting the scene for what follows:

The more seamless the transition from student to registered nurse, the better it is for both the student and those who have been responsible for their development as new registered nurses. As their alma mater, the UTas/SVPH partnership re-invents the best aspects of the ‘old’ curriculum (where the students develop a sense of belonging and secure a professional ‘home’) while jettisoning those that were less than helpful (afford-

As I hope is clear, the nursing curriculum and its mode of conduct profoundly shape the creature that finally emerges from its stewardship. The signal feature of the collaboration then is the mutually beneficial goal of producing a much more ‘industry-ready’ graduate, very well prepared to embark on his/her career. Consequently, building on the success of this pedagogical model, the facilities of SV&MHS decided in 2005 to embrace not just the acute care component (as above) but the entire undergraduate degree program. This, as far as we know, is an unprecedented venture in Australia. Given the huge response to our initial marketing – the subsequent take-up of places in the program exceeded our expectations – it has fully realised its primary goal of offering the Sydney market an innovative nursing education program geared almost exclusively to Generation Y (who account for 70% of the cohort). Not only are we offering a fully accredited Bachelor of Nursing degree, one that has a long and proud tradition of producing quality graduates, we are offering it in full fee-paying, two-year fast-track mode entirely from the Campus of SV&MHS (and from 2007 we will also be in a position to offer some HECS funded places, thus making the program even more attractive).

Effectively, we have collapsed the now well-established three academic year program into two calendar years by using the long summer break between successive years. This compressed curriculum allows the student to sustain an intense engagement with their studies which, in
a practice based discipline, is pedagogically consistent with the need to keep strong ties between theory and practice. I have long heard students in traditional three year programs complain that the extended summer breaks fractures and distorts the intellectual journey from novice undergraduate to beginning level registered nurse. Newly acquired information and the necessary motivation to continue the journey often wanes over these breaks which students invariably use either to gain employment or garner some rest and relaxation (which they undoubtedly deserve but don’t necessarily want).

The fast-track mode allows Gen Y students to pursue an education and take out a qualification that will provide them with immediate access to the world of paid professional work. For this generation, time is a precious commodity and in a 2-year program, shaving off a year of studentship and the various costs and burdens associated with it is a very attractive option. The program strongly recognises that this generation ‘want all the success and all the money that a career offers, but unlike the baby boomers, they are not prepared to give their life to do it’ (Sheahan 2005: 28). Of course, the program has raised more than a few eyebrows amongst our boomer and Gen X colleagues who are somewhat afronted by the idea of gaining a degree in such a short timeframe. Philosophically and ideologically, they struggle with this generation’s impatience, sense of entitlement and access to opportunities that were often denied them. However, the nursing profession simply cannot afford to indulge the anxieties and antipathies of earlier generations but must instead find ways of placating them. This would help foster a degree of balance and harmony in the workplace while differing generations wrestle with their various competing demands and desires.

To this end, we draw on the boomers and Gen X staff to act as mentors and preceptors to our Gen Y students while they gain their clinical experience in our facilities. There is no better teacher, the boomers argue, than experience (Dunn-Cane, Gonzalez & Stewart 1999: 935).

Keeping them at their word, by asking them to facilitate the students’ learning, means they are required to develop relationships with them and in the process, better understand how they think, what their aspirations are and how they intend to realise them. At the same time, these older, more mature, generations can demonstrate the value of their clinical wisdom as their problem-solving skills and superior clinical knowledge come into play as they help the students cope with the vicissitudes of clinical life. As Henry (2006: 4) notes, Gen Y feel ‘secure in an open, honest environment and they form close bonds with people who are loyal to them, and who they feel they can trust’. The student/mentor relationship then is pivotal to the success of the program which is forged on the notion expressed earlier that it is through the relationships we sustain in clinical education that we truly nourish and develop the learner. Sheahan (2005: 45) affirms the significance of mentoring for Gen Y as he notes ‘they have been engaged in it for years’. Moreover, ‘Generation Y will reject any kind of dictatorial approach in the workplace ... their whole life they have been taught to be themselves and not to let anyone else push them around’ (Sheahan 2005: 45). O’Reilly & Vella-Zarb (in Hill 2002: 63) comment, in comparing the learning needs of boomers versus Gen Y, that Gen Y ‘feels less the need to benchmark against their peers and more confidence in their individual abilities and future possibilities’. Embedded in the student/mentor relationship is precisely this idea that it is the individual’s specific growth and development that is most important to Gen Y and not whether, or to what extent, they measure up alongside their peers (as was the ethos for the baby boomers). As Hill (2002: 63) comments further:

... gone are the days when grading on the proverbial bell-shaped curve and other forms of comparison across students provided an
incentive to work harder. Instead, students are more likely to be motivated by individual development plans and evaluation criteria that allow them to personally measure and judge their successes.

Sheahan (2005) tells us that Gen Y like the idea of exclusivity. This was a notion we took something of a risk with, as we were not sure how attractive the program would be to our target market. We need not have worried, however, as the responses to our promotional campaign overwhelmed us. Over 800 expressions of interest from New South Wales and beyond were registered on the website set up especially to promote the program. At selection time, we interviewed over 230 potential students from whom we chose a starting cohort of 70. Clearly the selling point that this was a unique and exclusive opportunity registered resoundingly with Gen Y who, as I stated earlier, comprise 70% of the cohort (with the remainder being almost exclusively Gen X). The following table demonstrates some of the key demographic details of the first cohort:

At SV&MHS, one of the key strategic drivers for entering this collaboration with UTas hinged on the potential to recruit the graduates directly into our facilities. Avril Henry (2006: 9) reminds us that Gen Y ‘have little or no loyalty to particular organisations, rather they are loyal to good managers and enjoy interesting, challenging work’. In an earlier publication (Walker 2005) I discussed the idea of the alma mater or professional home. One of our goals in forming the collaboration with UTas was to re-invent the compelling sense of ‘belonging’ student nurses once enjoyed during their apprenticeships in nursing. Of course, for those of us who took up nursing throughout the 70s, loyalty to the organisation was in our generational blood, so to speak; not so anymore, it seems.

However, if we consider the make-up of hospitals, what else is a hospital, besides its ‘brand’ name and the bricks and mortar from which it is built, if not an enormous collection of people amongst whom networks of trust and cooperation facilitate the governance and conduct of daily business? Therefore, we don’t expect the graduates of our program to sign up to work with us because of ‘what’ we are (as a brand). Rather, we hope (and have some compelling evidence already to hand) that the experience of being nurtured and made to feel welcome in our hospitals throughout their clinical placements will engender a sense of loyalty to the people of our facilities – in other words, the ‘who’ of what we are (especially the managers and senior clinicians who will have become role models for the students).

Henry (2006: 9) picks up this idea of involving our learners more intimately in the operations of the organisation when she tells us, ‘Gen Y want to take an active role in team planning and strategy development and expect to be included in these types of discussions’. These activities will undoubtedly be more likely to occur when the students become registered nurses and enter our workplace. Moreover, they will have already developed relationships amongst our people and will, in many respects, already be a part of the teams they join.

Wrapping up this admittedly partial discussion of our initiative, we believe this collabora-

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**Table 1: Key demographic details of the first program cohort (n = 67)**

<table>
<thead>
<tr>
<th>Details</th>
<th>Males = 16</th>
<th>Females = 51</th>
<th>Total = 67</th>
</tr>
</thead>
<tbody>
<tr>
<td>23.8% (approx 3 x global average for males in nursing)</td>
<td>76.1%</td>
<td></td>
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</tr>
<tr>
<td>English as a second language = 22 or 32.8% (all students are domestic and are either residents or citizens)</td>
<td>Age</td>
<td></td>
<td></td>
</tr>
<tr>
<td>18–20 years = 4</td>
<td>Age</td>
<td></td>
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<tr>
<td>20–30 years = 41</td>
<td>30–50 years = 22</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total Gen Y = 45 or 67.1%</td>
<td>Total Gen X = 32.9%</td>
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</tr>
</tbody>
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tion demonstrates leadership in and of the profession. It provides an opportunity specifically tailored to the desires of a particular generational grouping while at the same time addressing the exigencies currently besieging the viability of our profession. It also demonstrates a commitment to futurity as a reality that simply cannot be ignored: Yesterday is already relatively ancient history and today is making history as I write. Tomorrow is the only temporal dimension toward which good strategy should and must be oriented. And, while it may seem like mere common sense, I know from considerable experience that our ‘future’ talk is often nothing of the sort but really only old ideas from even older paradigms re-packaged to make them appear as something new and different.

SUSTAINING THE CHALLENGE: EMPLOYER OF CHOICE, REMUNERATION, CAREER DEVELOPMENT AND PROGRESSION

The second of the innovations I want to present now builds on the idea of a fast-track into the profession via a condensed educational preparation. To be sure, it picks up exactly where this initiative leaves off and creates opportunities for the fast-tracked new graduate to continue expediting their career, once they have completed their first year as a graduate nurse. Under the auspices of our Enterprise Bargain Agreement, both SVPH and the Mater Hospital (the other private facility of SV&MHS) have negotiated a unique program to enable nurses with talent, motivation and aspiration, to speed up their progression through the incremental salary increases that, under the industrial award system with which all nurses in the public sector must comply, can only be accrued after successive years of service. We have called our innovation, somewhat prosaically, the ‘accelerated progression program’ which means exactly what it suggests.

Nursing in Australia has long been under the governance of a strongly industrial model of recognition and reward (Chiarella 2000: 92–97). During the 20th century enormous numbers of young women (and rather fewer young men) passed through the corridors of nurses’ homes and hospitals as they acquired their ‘training’ and developed an identity in the workforce as nurses. With nurses wielding little political clout and serving the interests of a still deeply patriarchal medicine, it is not surprising that the union movement lobbied for and spoke on behalf of the largely undifferentiated mass of nurse-workers, deciding what was in their best interests both industrially and professionally. Unfortunately, the public tends only to see nursing in the newspapers or in other media when the unions are speaking on our behalf or stirring up the media about possible industrial action or similar. This tends to generate a profile of nursing as more of a working class vocation than a professional calling with its attendant responsibilities and prestige. And, as Chiarella (2000: 100) observes, ‘there has been a general reluctance on the part of the civil and industrial courts and tribunals to accord professional status to all aspects of nursing work’.

Therefore, I believe we live with something of a paradox in nursing. We hold ourselves out as a profession and command a level of respect and recognition commensurate with being a profession (as well as the privileges and prerogatives that accompany these) and yet remain in tutelage to a body of nurses who treat us as in need of their care and protection. To my way of thinking, this is anachronistic and not in our best interests. While the career structure implemented and overseen by the industrial bodies in the mid to late 1980s was relevant and appropriate for the times, I’m not at all convinced it remains so today for many of the reasons I have discussed throughout this paper. I acknowledge that during this time the unions did indeed act successfully on nurses’ behalf to secure adequate remuneration and, to a lesser extent, recognition for ‘professional’ nursing work (Chiarella 2000: 208). However, so much has changed in 2006 in gen-
erational terms alone that it seems hard to justify the perpetuity of a structure and system for promotion that does not take into account the considerably different needs and wants of today’s nurses. Nursing in 21st century Australia has an arguably more articulate, more politically astute and certainly more assertive membership than ever before. Surely this suggests we need to fashion new career structures and frameworks for the recognition and reward of our contemporary workforce? Let me discuss why I believe the answer to my question is unreservedly in the affirmative.

**COMPETENCE VERSUS EXPERIENCE: REWARDING PERFORMANCE RATHER THAN YEARS OF SERVICE**

As noted nurse economist and senior commentator for the profession, Dorothy Del Bueno (2001: 6), tells us ‘[a]ssumptions about increased years of experience leading to a higher competence level ... are, not consistently supported’. High profile researcher Linda Aiken and her colleagues strongly support Del Bueno’s claim. Their research for the first time provided compelling empirical evidence that ‘in hospitals with higher proportions of nurses educated at the baccalaureate degree level or higher, surgical patients experienced lower mortality and failure to rescue rates’ (Aiken, Clarke, Cheung, Sloane and Silber 2003: 1617). Furthermore, their findings suggested that ‘the conventional wisdom that nurses’ experience is more important than their educational preparation may be incorrect’ (Aiken et al. 2003: 1622). These assertions set the scene for what follows.

In keeping with my arguments above about the importance of not just the content of a professional degree but also the processes through which the content is delivered and received, the profession is starting to realise that a nurse is no longer a largely generic and easily transferable commodity. During my days as an apprentice nurse (1975–1978), I was sometimes surprised and more than a little dismayed at how little we differentiated one nurse from another, often being quite loath to recognise and reward nurses according to their repertoire of skills and expertise, and especially their performance in practice. It was tacitly accepted that some nurses were patently better than others but that they ought not to be so differentiated for fear of hurting the feelings of others. In other words, nursing promulgated a kind of mediocrity at the expense of meritocracy. Good enough performance was good enough in the rough and tumble of clinical life. More to the point, I suppose, is that we did not have robust and well conceived processes through which to achieve this differentiation. As well, the idea of separating the wheat from the chaff, as it were, did not marry well with a recognition and remuneration system that, as previously outlined, was quite inflexible and wedded to conservative ideals of justice, fairness and equity rather than more liberal ones of merit, competition and differentiation. Much of this can also be explained in generational terms as Dunn-Cane, Gonzalez and Stewart (1999: 934) remind us: Boomers will (and certainly do) ‘work long hours as long as they receive appropriate compensation ... and job security with moderate stimulation is extremely important’ to them. Moreover, ‘they work well with general goals ... and detest performance evaluations’ (Dunn-Cane et al. 1999: 934). Little wonder performance based systems of reward and recognition did not seize this generation’s imaginations (and even less so the veterans’, given their propensity for ‘command and control’ forms of management (Dunn-Cane et al. 1999: 933)).

For those who think me a little hard on my generation, consider Henry’s (2006: 44) observations:

> Despite the fact that many baby Boomers, and even some Generation Xers, think that they had the same aspirations, goals and desires in their early 20’s [as the current gen-

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eration], the reality is that they didn’t pursue them to the same extent that Generation Y do. Baby Boomers sacrificed many of their dreams in the pursuit of job and financial security, working in jobs they didn’t enjoy, for managers they didn’t respect and in organisations where their personal values were not congruent with the values of the organisation.

However, as Henry (2006: 11) further avows, Gen Y ‘are constantly striving to achieve both personally and professionally and enjoy pushing themselves out of their comfort zone’. More to the point, ‘they are motivated by opportunities for self-improvements and thoroughly enjoy taking part in training, learning and development activities. These opportunities for growth motivate Generation Y to work harder and achieve their goals as effectively as possible’. And if these realities are not convincing enough Gen Y are also extremely open to scrutiny and critique:

Feedback allows Generation Y to assess how well they are performing in their roles as well as identifying strengths and areas for development. One of the main goals for Generation Y in the workplace is continuous improvement and personal growth, and they can only achieve this if they know what they are doing wrong and what to work on.

(Henry 2006: 21)

Surely Henry’s words are music to a manager’s ears? As a strategic response to this generation’s needs and wants the ‘accelerated progression program’ was developed by a working party of senior nurses over a 12 month gestation mid-2003 through mid-2004. Clinical ladders are not new and have been reported in the literature since the 1970s (see, for example, Shapiro 1998; Goodloe et al. 1996; Connolly, Heaton & O’Dea 1996; O’Hara et al. 2003; Meerabeau et al. 2004). However, almost without exception, these have been developed in the USA or Great Britain. Australia has, for the reasons described above, tended to treat the idea of clinical ladders with suspicion. That said, our initiative was only able to be developed for the two private sector hospitals of SV&MHS because the public sector would not entertain any variation from its award conditions on the basis of the previously mentioned issues of equity, fairness and justice. Its ‘one size fits all’ mentality simply precluded the possibility of performance-based remuneration. Suffice to say the very idea of remunerating nurses on the basis of individual differences in performance has also raised eyebrows in our organisation. The idea of a fast-track career has been just as unpalatable to some of our boomers and veterans as a fast-track degree.

Put simply, this employee-driven incentive scheme allows any individual nurse to approach their manager with a request to enter the program. The onus is on the applicant to assemble the requisite documentation and set in train the assessments of their performance in practice with the nominated assessors. Of course the manager has to support the applicant’s appropriateness and ability to enter the program and agree to monitor and manage the program from his/her locale. Fundamentally, the program is forged on the idea that it will considerably enhance individual performance management by tailoring clinical practice assessment to rigorously designed and applied criteria for evaluation in the specific context of that individual’s workplace.

The program has four levels as per Figure 1. As the diagram makes clear each level is remunerated at a significantly higher rate than years of service with a clinical nurse 2 earning a registered nurse year IV rate, clinical nurse 3 a year VI rate and so on. The clinical nurse IV thereafter classification was designed to allow those registered nurses with more than eight years of service (and who under the award system can go no further) to apply to the program. If they demonstrate that they are functioning at clinical nurse IV level, they receive an annual bonus of
$1000. They must submit themselves to performance review each year in order to continue in the program of course (and the $1000 is pro rata for part-time staff).

**COMPETENCY MODEL**

Applicants to the program are assessed on a matrix of five competencies with three major sub-groups for each competency. The five major areas are:

- Clinical case management
- Specialty areas
- Communication and interpersonal skills
- Quality improvement and occupational health and safety
- Mission and values.

The three subgroups are:
- Patient-centred care
- Clinical supervision
- Professional development.

The nurse must demonstrate that she/he either meets or exceeds expectations for each of the competencies or, conversely, needs development. In our program, assessors are senior nurses familiar with the program and the competency matrix. Once the nurse has been appointed to a level, the process involves an annual assessment to ensure the nurse continues to perform at that level, for which they are being recognised and remunerated. At any time, a nurse may choose to opt out of the program and return to the award and be paid according to years of service. Clearly this is a disincentive however. We expect nurses entering the programs to want to continue in it and to advance through each successive level until they reach their desired level of recognition. The process is completed when each application is received by a credentialing committee which signs off on the application, approves or otherwise the application, and then notifies the relevant
human resources department and the manager responsible for the nurse’s ongoing performance review.

The program is designed not to be punitive. Rather, it is forged from a strong professional development ethic. We argue that people flourish and develop in a climate that helps them achieve their goals by better articulating and then demonstrating them over time. This ethic is consistent with other organisations that have also developed performance-based recognition and reward systems. As O’Hara et al. (2003: 520) note when reporting on an evaluation of a very similar system to ours:

Through the use of this process [of performance review] nurses have an established path for improvement. Many have set goals either to develop their practice within their current level or to prepare themselves for advancing to a higher practice level. Managers note a definite increase in interest and motivation toward growth by many of their nurses.

**SOME CAVEATS**

However, Rushmer and Dowling (2000: 2301) are right when they warn: ‘Any pay system that rests upon the need to assess an individual’s contribution to the job, whether PRP [performance related pay] or skills/competency based pay, is always susceptible to the “twin vices of subjectivity and inconsistency”’. In our organisations we have tackled this potential by requiring the applicant to engage in a high degree of self-assessment which must be mirrored by that of their assessor and endorsed by the nurse unit manager of the area. The final checks and balances come into play when the credentialing committee (which will invariably not know the applicant personally) assesses the quality and veracity of the application, and signs off on it. To date there have been no claims of unfairness or bias in the process which suggests that the system has been largely embraced by our people. As well, we have built in a rigorous ‘appeals’ process should any significant discrepancy arise between a nurse’s self-assessment and that of her assessor.

Rushmer and Dowling (2000: 2300) also note that ‘problems in measuring the “softer” competencies, identifying general and situational capabilities, and assessing how competencies change over time’ are issues we cannot ignore. How does one ‘measure’ a staff member’s competence in mission and values? How, indeed, does one quantify any of the above competencies? My only answer is that we can’t. Instead, we can make qualitative judgments about the degree or not with which a staff member complies with each competency’s component parts, which can be identified and demonstrated through particular skills and behaviours. In the case of mission and values, for example, the staff member must demonstrate that they consistently model our values of treating people with dignity, respect and compassion. Each and every one of us can recognise when these values are breached. Including mission and values in the competencies framework was quite deliberate because the organisations wanted and needed a way of ensuring that staff, who might exhibit excellent technical and cognitive skills but struggle with their interpersonal style and skills, can be coached and mentored accordingly to address shortcomings in these important behaviours.

**LAST WORDS: EVALUATION AND FUTURE POTENTIAL**

This paper has been about recruitment and retention of our most precious resource in nursing and healthcare: the registered nurse. As I hope I have demonstrated, the profession is poised very well to initiate attractive and creative strategies aimed at catching and keeping the future of healthcare: Generation Y. But perhaps, as Sheahan (2005) points out, it’s only half the battle to get people into our organisations; the really hard stuff is keeping them for long enough to ensure we can realise our organisa-
tional goals and maintain our reputation as an employer of choice. To this end, I want now briefly to outline the contours of a future evaluative study of the effects of these two initiatives on our capacity to 'catch and keep' Gen Y in the workforce.

The first cohort of the fast-track degree is due to graduate in April of 2008. It is our intention to conduct a survey of all graduates from the program shortly after they enter the workforce (which will be supplemented by focus group work to provide more qualitative detail to the survey responses). In particular we are interested in the following issues:

• How well did the program match with your expectations?
• How well has the program prepared you for the realities of clinical practice and why?
• What have been the major advantages/disadvantages of the 2-year fast-track and why?
• How well do you now identify with the facilities in which you received your clinical education and why?

We also plan to track and monitor these students over the next five years to try and establish whether or not the program has evinced the level of commitment to our organisation we hoped it would. We are especially interested to know which areas they are working in and why, as well as their career plans over this time frame. As well, we are interested to know if and why these graduates enter the accelerated progression pathway to further expedite their careers.

Evaluating the accelerated progression pathway is also planned for this time (early 2008) as it will then have been operating for two years. This will be a similar exercise with a survey and some focus groups complementing the data. We will also interview managers and educators for this research because we need to ascertain how the program has impacted on their workload and what benefits they see in terms of increased productivity, enhanced clinical acumen and staff and patient satisfaction with this new breed of worker. Clearly we only want to continue the program if all stakeholders are reaping the anticipated rewards (more satisfied and stimulated staff and managers, high quality care provision and improved patient satisfaction).

Data from these two evaluation studies will provide us with robust evidence of the effectiveness (or otherwise) of our initiatives and enable us to more strongly promote and market them accordingly. As well, the learning and insights we gain will be very useful for our peers in terms of demonstrating the potential such relatively radical ideas have to turn recruitment and retention from being a human resources nightmare into a utopian dream (well, at least a dream worth remembering and retelling, if not entirely perfect and complete).

References


