

Career progression – the views of Queensland’s nurses

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ABSTRACT

Objectives

To inform policy through determination of the views of Queensland nurses on career progression.

Design

A quantitative cross-sectional cohort design with mailed survey.

Setting

Financial members of the Queensland Nurses’ Union.

Main outcome measures

Extent of the relationship between opportunity for career progression in nursing with turnover and retention.

Results

A majority (54.4%) of the 1365 respondents were satisfied with their career progression. Only 11.6% were dissatisfied. Satisfaction was not related to length of time in nursing, but did increase among nurses enrolled in further education programs. Dissatisfaction was related to four themes: lack of support to advance knowledge; lack of opportunities for promotion; number of career options; and costs associated with advancement. A quarter of the nurses were contemplating a move within nursing in the next year and most of these nurses (62%) indicated that the move was for the purpose of career advancement. One in six nurses were contemplating leaving nursing altogether; however only 12.8% of those cited lack of career as the factor for intended departure. Results continued the trend seen in previous surveys over the last decade of a small but significant reduction in the perception that career prospects in nursing were limited.

Conclusion

Although the perception that there are limitations to career advancement in nursing has reduced in the last decade, there is still room for improvement. Lack of career progression remains a concern of nurses; however this is not generally manifested in an intention to leave nursing. Rather, nurses are prepared to consider moves within nursing to further their careers.

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INTRODUCTION

The Australian nursing workforce continues to be undersupplied. An ageing workforce, relative attractiveness of the profession and alternative career opportunities are principal factors to supply; while an ageing population with greater expectations of health services is increasing demand.

Caring is the principal driver for becoming a nurse (Price 2009; Williams et al 2009) and opportunities for career progression may not be the primary influence at this stage of a career. For example, 'prospects for career progression' was only ranked tenth out of seventeen factors for entering nursing by students nurses (Eley et al 2010). Nevertheless, in the USA increase in nurse enrolment has been in part attributed to attractive options for career changes (Raines and Tagliaireni 2008).

Career progression is one of the intrinsic conditions related to job satisfaction (Herzberg et al 1959) and in the UK creation of innovative roles in nursing is believed to have improved career prospects and with that increased job satisfaction (Collins et al 2000). Indeed a poll of nurses from around the world found that the United Kingdom was the third best place to work as a nurse because of its good career progression (Nursing Times 2007).

Ward et al (2003) noted that Australian nursing students had a limited perception of career paths. Nearly a decade later on-line commentary suggests that knowledge may still be limited, with nurses not understanding the choices they have available to them to take their nursing career to the next level (HealthCareer.com.au 2011). In a recent Australian study of primary care nurses, 85 per cent stated they did not have a career pathway within their organisation (Parker et al 2011).

In 2010 a survey of nurses in Queensland was undertaken through the membership of their industrial body, the Queensland Nurses' Union (QNU). The survey offered the opportunity to gain insight into whether career progression is an important component of turnover and attrition among nurses and what they consider are barriers to career progression.

METHODS

Participants

Participants were financial members of the QNU working in the public (government funded acute and community health nursing), private (private and not-for-profit funded acute and domiciliary nursing) and aged care (both public and privately funded) sectors. Surveys were mailed out in October 2010 to 1,250 randomly selected members in each sector (3,750 in total) and reminders were sent two and four weeks after the initial mail-out to non-respondents. Completed questionnaires were returned directly to the research team.

Questionnaire

The questionnaire had been used in 2001, 2004 and 2007 (Hegney et al 2006, 2010; Eley et al 2007); however in 2010 four new questions related to career progression were included.

1. *How satisfied are you with your career progression opportunities in nursing?*
2. *Are you contemplating a change within your nursing career in the next 12 months but still will be working in nursing?*
3. *Are you contemplating leaving nursing career in the next 12 months?*

Question 1 offered a 5-point Likert scale from very satisfied to very dissatisfied. Nurses responding very dissatisfied or dissatisfied were requested to provide a free text explanation. For both questions 2 and 3

response was either Yes or No. Yes respondents were asked to explain what the change would be and why?

4. *What are the current barriers to career advancement in nursing?*

Five barriers identified through consultation with the QNU and informed by the literature were offered. A free text box allowed additional barriers to be added.

A fifth question had been asked in all four surveys:

5. *The question took the form of a semantic differential seven-point rating scale. The opposing statements were "Career prospects are good" and "Career prospects are limited" with a scale from extremely good to extremely limited.*

Analysis

Data from the public, private and aged care sectors were compared on an item by item basis, using appropriate descriptive and inferential statistical tools (PASW Statistics v18). A level of .05% was used to support inferences for Chi-square, ANOVA, Z and t tests. Free text responses were analysed thematically using the framework of Pope et al (2000). Inter-coder reliability was checked during shared coding sessions to ensure consensus of themes and integrity of coding. The study was approved by the University Human Research and Ethics Committee.

FINDINGS

The response rate was 36.4% (n=1365) and returns within the three sectors were 38.9% aged care, 37.2% private and 33.1% public.

Respondents were predominately female (95%) between 40 and 59 years of age (65%). Assistants in Nursing (AIN; also known as personal carers or personal care assistants), Enrolled Nurses (EN) and Registered Nurses (RN) comprised 42%, 16% and 42%, respectively, with over 90% of the AIN's employed in the Aged Care sector.

Q1. How satisfied are you with your career progression opportunities?

Fifty-four per cent of nurses indicated they were either very satisfied or satisfied with their career progression (table 1) and there was no difference in response among the three sectors ($\chi^2 = 11.963$, $df = 8$, $p = .153$).

Table 1: Satisfaction with career progression opportunities.

		Sector			
		Aged Care	Private	Public	Total
Very satisfied	Count	53	36	29	118
	Per cent within Sector	11.3	8.0	7.3	8.9
Satisfied	Count	215	209	176	600
	Per cent within Sector	46.0	46.2	44.0	45.5
Neither	Count	145	149	125	419
	Per cent within Sector	31.0	33.0	31.3	31.8
Dissatisfied	Count	42	45	51	138
	Per cent within Sector	9.0	10.0	12.8	10.5
Very dissatisfied	Count	12	13	19	44
	Per cent within Sector	2.6	2.9	4.8	3.3
Total	Count	467	452	400	1319
	Per cent within Sector	100.0	100.0	100.0	100.0

The 182 (13.8%) nurses who indicated that they were *dissatisfied* or *very dissatisfied* with their career progression expanded on their answers. The free text data were analysed to produce themes (table 2).

Table 2: Themes related to dissatisfaction in career advancement.

Theme	Aged care		Private		Public		Total	
	N	%	N	%	N	%	N	%
No employer support to advance knowledge	18	35.2	12	21.0	27	43.5	57	33.5
Lack or number of career options	2	3.9	17	29.8	8	12.9	27	15.8
Not able to be upgraded/promoted	1	1.9	11	19.2	10	16.1	22	12.9
Cost of and funding for advancement	10	19.6	5	8.7	6	9.6	21	12.3
Lack of information	4	7.8	1	1.7	2	3.2	7	4.1
Education	7	13.7	0	0	0	0	7	4.1
Lack of support by other nurses	3	5.8	1	1.7	2	3.2	6	3.5
Unable to use qualifications in work area	0	0	3	5.2	3	4.8	6	3.5
Experience	2	3.9	3	5.2	1	1.6	6	3.5
Lack of time for study	2	3.9	2	3.5	0	0	4	2.3
Number of training programs available	0	0	2	3.5	2	3.2	4	2.3
Not able to gain employment	2	3.9	0	0	1	1.6	3	1.7
Total	51	99.6	57	99.5	62	99.7	170	99.5

Lack of support by the employer was an issue in all sectors and it was the major factor in the public sector. Major themes in the aged care and private sectors were financial considerations and lack of career options, respectively. The top four themes accounted for 74.5% of the responses, and are detailed below.

Not supported at work

The respondents noted mostly that their employer did not support their professional development and this limited their ability to progress.

- *Graduates receive the majority of support these days and we are left to flounder. (private)*
- *Although there is a discourse that encourages development I thought I would have more support. (public)*
- *There's always an excuse why I can't attend courses. (public)*
- *Company tells us they will help us with future career progression then tell us there is none going at the moment. (aged care)*

Lack of career options

This, the second highest theme, was the main theme from the private sector. AIN's and EN's believed they had no career options, while RN's were concerned about the lack of a clinical career pathways and opportunities.

- *There is no career progression for AIN or EN. (public)*
- *Only progression is in non-clinical management ... (public)*
- *...no advanced practitioner roles or nurse practitioner roles. (public)*
- *Further progression would have to involve outside the private workplace such as community aged care or disability work. (private)*

Not able to be upgraded/promoted

An inability to gain promotion at work was also a reoccurring theme, mentioned almost equally by nurses in the private and public sectors.

- *Very limited Level 2 placements available. (private)*
- *There is no opportunity for this at my workplace. (private)*
- *Never given the opportunity to relieve at higher level roles. (public)*
- *Limited positions available. No provision for “personal upgrades”. (aged care)*

Within this theme the current criteria for promotion was also criticised.

- *The nursing hierarchy is based on seniority or length of service. This inhibits initiative and motivation for new staff who may show leadership skills. (public)*

Cost/funding

The cost of education and the lack of financial support by their employer were mentioned more often within the aged care sector.

- *It's all university training, expense ... employees must study at their own time and expense. (aged care)*
- *There are scholarships available for RN, but not EN courses. (aged care)*
- *I wish I could study ... but I do not have the upfront money to do this. (public)*
- *Employer does not pay for training. We have offered to pay half and they walked away. (private)*
- *Facility lacks funding for further educational opportunities for staff. (private)*

Q2. Are you contemplating a change within your nursing career in the next 12 months but still will be working in nursing?

Nearly a quarter of the nurses indicated they were contemplating a change in their nursing career within nursing in the next 12 months (table 3). There was no sector effect ($\chi^2 = 4.063$, $df = 2$, $p = .131$).

Table 3: Contemplating a change within nursing in the next 12 months

Contemplating change		Sector			Total
		Aged Care	Private	Public	
Yes	Count	103	100	110	313
	Per cent within Sector	22.3	22.3	27.4	23.9
No	Count	359	349	291	999
	Per cent within Sector	77.7	77.7	72.6	76.1
Total	Count	462	449	401	1312
	Per cent within Sector	100.0	100.0	100.0	100.0

The majority (62.2%) of the 313 nurses who responded “yes” indicated they were making a change for the purpose of career advancement. Others were changing role without career advancement to provide time for formal study:

- *I hope that once I have completed a Certificate IV in Training and Assessment I will obtain a position where I can use it. (aged care)*
- *I need a new direction in my career. I'm looking to take on a degree course at university and still work too. (public)*
- *I have applied to university and become a RN as I feel this would make me more employable and give me more career opportunities. (private)*

Q3. Are you contemplating leaving nursing in the next 12 months?

One in six nurses (n=210) indicated that they were contemplating leaving nursing in the next year. There were no main sector differences ($\chi^2 = 2.802$, $df = 2$, $p = .246$). The principal reasons for leaving the profession included retirement, starting a family, ill-health, burn out, disillusionment, and financial factors. Only 27 of the 210 respondents (12.8%) indicated that the reason was to start an alternative career. No-one offered the reason that there were no career opportunities for them in nursing.

Q4. What are the current barriers to career advancement in nursing?

The survey offered five barriers to career advancement (table 4). Respondents selected most of these choices in similar proportions both within and among sectors. The exception was the cap on the number of promotional places where fewer aged care sector nurses made this selection ($\chi^2 = 34.547$, $df = 2$, $p = .001$).

Personal issues of health and family commitments, plus age, language and work visa status were offered as additional barriers. The principal employment-related barriers were those which had been identified previously as factors contributing to dissatisfaction; namely the lack of access to training and cost for further education.

Table 4: Barriers to career advancement

Barrier		Sector		
		Aged Care	Private	Public
No opportunities to advance in my clinical stream	Count	74	81	65
	Per cent within Sector	15.6%	17.9%	16.2%
Cap on the number of promotional positions available	Count	56	109	107
	Per cent within Sector	11.8%	24.1%	26.6%
No other career opportunities within nursing interest me	Count	54	81	60
	Per cent within Sector	11.4%	17.9%	14.9%
Loss of earnings (shift penalties)	Count	88	68	56
	Per cent within Sector	18.6%	15.0%	13.9%
My responsibilities outside of work	Count	69	82	65
	Per cent within Sector	14.6%	18.1%	16.2%
None of the above	Count	154	120	100
	Per cent within Sector	32.6%	26.5%	24.9%

Q5. Career prospects are good versus Career prospects are limited

There were no sector effects within each year (e.g. 2010 across sectors $\chi^2 = 14.174$, $df = 12$, $p = .290$) and responses to the statement for each year are presented in table 5 for combined sectors. Analysis also indicated that the perceptions of career prospects did not differ among AIN (n=690), EN (n=340) and RN (n=3767; $\chi^2 = 1.676$, $df = 4$, $p = .795$).

However among years there was a highly significant effect ($\chi^2 = 93.6$, $df = 18$, $p < .001$) with the main effect a decrease in the negative responses. Responses in the quite limited and extremely limited categories reduced each year from 29.7% in 2001 to 20.6% in 2010.

The 200 nurses who were formally enrolled in a course leading to a certificate, diploma or degree in a nursing area were more likely to be very satisfied with their career progression (19.5% versus 6.9%, $\chi^2 = 47.551$, $df = 4$, $p < .001$) and believe that nursing offered good prospects (extremely or quite satisfied 31.4% versus 22.5%; $\chi^2 = 12.249$, $df = 6$, $p = .05$; mean 3.63 vs 3.88, $F = 4.379$, $df = 1$, $p = .037$).

Table 5: Across year comparison of statements about career prospects

Nursing offers good career prospects?		Year of survey			
		2001	2004	2007	2010
Extremely good	Count	44	46	47	46
	Per cent within year	3.2	3.5	4.8	3.5
Quite good	Count	293	258	236	265
	Per cent within year	21.1	19.5	24.0	20.2
Slightly good	Count	258	280	199	283
	Per cent within year	18.5	21.1	20.2	21.6
Neither	Count	232	213	173	327
	Per cent within year	16.7	16.1	17.6	24.9
Slightly limited	Count	151	133	91	121
	Per cent within year	10.9	10.0	9.2	9.2
Quite limited	Count	231	228	149	187
	Per cent within year	16.6	17.2	15.1	14.2
Extremely limited	Count	182	167	90	84
	Per cent within year	13.1	12.6	9.1	6.4
Total	Count	1391	1325	985	1313
	Per cent within year	100.0	100.0	100.0	100.0

The view that career prospects in nursing were good were reduced with the length of time in nursing ($\chi^2=48.008$, $df = 12$, $p<.001$), with 56.6% of nurses with 1-10 years of experience positive about career prospects, as compared to 39.4% of those with more years of experience. However satisfaction with their own career progression was not affected ($\chi^2 = 7.293$, $df = 8$, $p = .505$) between the two lengths of time in nursing, with 57.4% and 54.0% satisfied for the same time periods.

DISCUSSION

Overall the results demonstrate that career progression in nursing affects turnover with many nurses contemplating changing jobs for the purpose of advancement. Although lack of opportunities for career progression was a cause of dissatisfaction for a small percentage of nurses it was encouraging that the numbers citing this as a reason for leaving the profession were low. This is an extremely interesting finding as nursing students had indicated previously that lack of career progression would be the main factor to leave nursing (Eley et al 2010).

The results may suggest that once employed within the workforce both education and job opportunities become more apparent. This is borne out by the fact that nurses who were studying for further qualifications were both more satisfied with their career progression and career prospects than those who were not. This latter point is consistent with data collected from nurses during our previous studies in this cohort of nurses.

Registered nurses and midwives are required to participate in at least 20 hours of professional development each year (Nursing and Midwifery Board of Australia 2010) and 92 per cent of Queensland nurses surveyed indicated that there was access to training or professional development in their workplace (Eley et al 2010). Whether this mandatory professional development is accompanied by increased job opportunities within Australia as reported to have occurred in the USA and UK (Collins et al 2000; Raines and Taglaireni 2008) is not known and deserves further study. However, supporting the increase in opportunities was the fact that nurses newer to the profession were more likely to view nursing career prospects as good.

Furthermore comparison across our four studies over the last decade indicates that the perceived limitation of nursing as a career has been reduced. Although the mean value (3.84) for the statement that *career prospects are good* still fell short of neutral (a mean of 4.0) the proportion of nurses who were negative in their opinion declined by almost 10% from 2001 to 2010. What was particularly interesting and somewhat of a surprise is that the perception of career prospects in nursing did not differ either between sectors or among AIN's, EN's and RN's.

The nurses who expressed reasons for dissatisfaction in their own career progression attributed this to barriers that are probably inter-connected. For example, many who felt that management did not support their advancement also believed there were insufficient positions available for progression. Interestingly few nurses in this study reported a lack of time, or a lack of knowledge of what was available, as a barrier to continuing professional education.

CONCLUSIONS

The study has identified barriers which, if addressed, could improve job satisfaction and increase retention. Turnover of nurses is high but for the reasons of promotion, advancement or personal development and although a quarter of nurses intend leaving the profession, relatively few are doing so for lack of career opportunities. There has been an improvement in perception of the value of nursing as a career over the last decade and the value of nursing is greatest in those who are younger to the profession or undertaking professional development. Career advancement for some is thwarted by lack of workplace support.

Limitations

QNU membership is 67% of all the regulated nurses (i.e. EN, RN) in Queensland (AIHW 2008). Approximately 50% of the unregulated AIN workforce are members of the QNU (National Review of Nursing Education, 2002). These figures strongly support the contention that QNU members represent the majority of the nursing workforce. Older nurses and those from the private and aged care sectors were relatively over-represented; nevertheless we believe the effect of bias is insufficient to make a substantive impact upon the findings of the studies.

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