



THE WORD "merit" can be controversial when applied to groups of people. This is particularly so if it is you or me on the non-merit side. Merit means "... excellence that deserves honour or reward; worth; value or desert." "That which one deserves; to have the right to claim as a reward."

British society has an honours or merit system which, twice a year, rewards those who have achieved high eminence or made an outstanding contribution to a profession such as medicine, teaching, nursing, the Armed Forces, the Civil Service and, perhaps more controversially, for political services. Those who have offered exceptional service in some other way can also be recognised. A special exclusive honours order known as the Order of Merit was instituted in 1902 and is rarely bestowed.

The first of only three women to be so recognised for her contribution to society was, of course, Florence Nightingale, in recognition of her unique contribution in laying down the foundation of modern nursing in Britain. Those holding this honour come in precedent immediately after the rarer orders of knighthood.

Professional societies award fellowships to honour outstanding contributions from its members. Over the past three or four years the Royal College of Nursing has appointed up to 10 nurses a year as Fellows or Honorary Fellows. Last year there were less than the permitted number, which makes the award even more exclusive than the combined New Year's and Birthday's honours list of about 36 nurses a year.

There is a view, however, that rejects all such merit systems. It is argued that all men and women should be seen to be equal. To indicate merit in one individual is to detract from the average contribution which the overwhelming majority of us make to life in general and to our profession in particular. This particular approach resents often the ability of the minority to rise above the contribution of others, if in so doing it results in special recognition. I doubt if one in a 100 so rewarded really made their contributions showing outstanding ability, drive and enthusiasm just to be specially rewarded.

What reward is given, it is argued, to the one with limited ability who struggles against the odds and makes a creditable performance? How is that judged against the more fortunate person who has a lot of ability, personality and, perhaps more importantly, the right opportunity? Is there really an answer to that? It shows how difficult it really is to devise a merit system that is seen to be fair.

All civilisations tend to recognise in some way those of its number who deserve special

## Getting your just deserts

**Anthony Carr, Area Nursing Officer for Newcastle upon Tyne, devises a financial merit award scheme for outstanding nurses and auxiliaries.**

merit, yet at the same time we all know of nurses who have constantly made outstanding contributions in their own way, often unknown at large, yet remain unrecognised by their peers. Despite all the problems, I would like to propose a financial merit award system for the nursing profession. It would aim to recognise and reward those nurses who, by recommendation of their peers, deserve to be placed above the average for the contribution that is made. This would be used sparingly and kept for those nurses who made exceptional and sustained contributions.

The questions that arise include: how would it work? How much would it cost and what are to be the rewards? There are many ways of achieving a balanced system. Take, for example, a health authority with 3,000 staff. The breakdown of the grades are: nursing auxiliaries 930 (30.6 per cent); senior and state enrolled nurses 300 (10 per cent); staff nurses 500 (16.6 per cent); sisters 350 (11.6 per cent); tutorial staff 60 (2 per cent); nursing officers and above 120 (4 per cent); student and pupil nurses would be outside the scheme, but for the complete record say 750 (25 per cent) are in post.

When discussing merit in a profession, there is a great temptation to exclude the unqualified, such as nursing auxiliaries. If a merit system was contemplated I would wish to see a small percentage of auxiliaries

included – certainly those who had given outstanding service over the years. The percentage of staff that could be on a merit award system when fully established could be (using the 3,000 staff) nursing auxiliaries 1 per cent of 920 = 9; senior and state enrolled nurses 5 per cent of 300 = 15; staff nurses 2 per cent of 500 = 10; sisters/charge nurses 10 per cent of 350 = 35; nursing officers 10 per cent of 120 = 12; tutorial staff 10 per cent of 60 = 6.

This would allow for about 3 per cent of staff to be on merit awards. The average for trained staff would be 10 per cent. Nursing auxiliaries are reduced (as are enrolled nurses) because of the supervision given to them by registered staff; staff nurses are allocated 2 per cent because of the promotion prospects for all registered nurses.

What, then, will these staff be paid, and for how long? I would suggest five bandings of total salary (10 per cent to 50 per cent) in 10 per cent stages for three years, then subject to review. One way of deciding the bandings is on the basis that for every one award at 50 per cent not more than two at 40 per cent; three at 30 per cent; four at 20 per cent; and five at 10 per cent.

The cost would be about 1 per cent of the total salary bill of a health authority's nursing budget. It may be wise when starting a scheme like this that not more than 20 per cent of the total merit monies be awarded in each of the first three years. This allows the authority to monitor the progress of the scheme when only 60 per cent of the money has been allocated.

Small committees in each health district would make the choices based on written and oral evidence. I would suggest that for grades up to, and including, sister/charge nurse the selection committee would consist of six sisters, one middle manager, one tutor and chaired by a senior nurse appointed by the district nursing officer. For all higher grades the committee would be two sisters, a tutor, nursing officer, senior nursing officer, director of nurse education, two divisional nursing officers and chaired by the district nursing officer.

All merit awards would be given for three years and then reviewed by the committee. The award would remain upon promotion or when transferring to another appointment. All merit awards proposed would be approved by a sub-committee of the health authority on which the district nursing officer would sit.

I can guess many of the criticisms these proposals will be met with, but I do hope the profession will give serious consideration to some form of additional reward for outstanding nurses, particularly in the clinical situation □