

Roundtable Discussion: Nurses in Industry

Moderator: Heather Orsted, RN, BN, ET, MS

Panelists: Jill Allen, Kimberly Stevenson AND Nicki Waters



Heather Orsted

An excerpt from a job search Web site called www.monster.com reads: "Does a job with a good salary, a company car, a flexible schedule, generous bonuses and no boss breathing down your neck sound like a dream come true? It's a reality for pharmaceutical company representatives. But the work isn't pure glamour. It's also intense, highly competitive and sometimes frustrating. Insiders say it's difficult to get your foot in the door with a drug company, and that it is challenging to excel once you've landed that first sales job. Do you have what it takes to make it in the field?"

In spite of how good a job like this sounds, on paper at least, the *Globe and Mail* (February 24, 2006) reports that "Sales rep positions were in the Top 10 list compiled by Manpower Canada as the most difficult positions to fill."

Introduction

The purpose of this roundtable discussion is to share information to support nurses considering or making the transition to industry-related positions. The discussion, presented in a question-and-answer format, will explore how three nurses have made the decision to join industry and will

share information on the experience of working as a nurse in industry.

We started with a general discussion of what positions are available for nurses wanting to get into industry.

Nursing is generally considered a "bedside" career. Many nurses are not aware of the positions that are available in industry and don't realize the full scope of employment that a nurse can enter into.

Positions in industry are varied, with sales usually the place to start. However, there are positions in education and marketing, as well as technical support.

Sometimes an employee can wear more than one hat—a job description often varies, depending on the size and structure of the company.

Some companies hire with a focus on education and some with a focus on sales. Most of the nurses who are sales representatives have a wide variety or specialized area of knowledge; for example, operating-room nurses are hired for their area and level of expertise if the company sells operating-room equipment. Depending on what the company sells, a nurse's specific set of skills and knowledge can best represent a particular product.

Q What enticed you to go into an industry position?

Jill Allen (JA): The timing was right. I was approached about a job and knew the company and the reps I'd dealt with over the years, so I knew they were good people—I had met with several company personnel in Paris for dinner.



Jill Allen

There have been opportunities for travel, for personal and professional growth and to share my

knowledge with other nurses and help them help their patients. Helping nurses problem-solve is almost as satisfying as being at the bedside myself, but different. I didn't start out in sales so it has been a bit different for me. I no longer have kids at home. I have done more travelling this year than in my whole life. It is more difficult to travel if you have small children.

Kimberly Stevenson (KS): I entered industry looking for personal and professional growth. I



Kimberly Stevenson

felt I had more to offer than what the daily routine of nursing care in my current position at the time had to offer me. I wanted to learn and develop new skills that would provide me with new and different opportunities to develop my career, while at the same time utilize my nursing expertise and experience as a foundation to build on this growth. Each position will have varying travel requirements

depending on territory size and job description. It will vary between companies.

Nicki Waters (NW): The idea of thinking outside the box is important. I have taught very similar groups of people in both roles (as an industry rep and as a clinician). Staff are more enthused [by an external expert]—industry can give a different spin. Industry presents from outside of their box.



Nicki Waters



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I have kids and they are older and they are incredibly supportive. They're pleased about my doing what I want to do. I was worried about what was going to happen when I wasn't around. We actually have more conversations when I am on the road than when I am home.

Q What makes you feel good about it?

JA: The education part. Clinicians bring me the worst patients they have. It's not my giving them the answer but encouraging them to ask the right questions and getting them thinking about the process.

NW: I had some ethical dilemmas about "abandoning my patients." Should I be doing this? I am probably of more benefit now. I feel I've been able to have more of an impact. I can say to a nurse, "Have you considered this or that?"

KS: Being able to provide and offer solutions—via product and/or providing education—to problems that nurses encounter on a daily basis. Sometimes the solution is a new or different product that can improve patient outcomes. Sometimes it is helping a nurse learn more about the etiology of a wound or another problem, so that she can make a more informed decision about how to best manage patient care. Work with patients is indirect but still influential.

Q What do you struggle with in your industry position?

JA: One issue is the cost of products and what drives costs up.

"I wish someone could have been around to show me the direction I could have taken. We need to be talking to young nurses so they are aware of these different opportunities."

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This is an issue for all clinicians. You will always struggle with it.

NW: I don't look at it as trying to sell an expensive product. I'm trying to sell a product that will save money in the long run. Education is a very important part of this process.

JA: I realize that it costs a lot to send a group from a company to a conference. That bothered me until I realized that we can reach so many people this way.

KS: Another issue can be relationships. Because you are in industry, there can be a tendency for people to be unsure of your intentions. People may hold back. They can be reluctant to open up to you.

JA: I haven't found that so much. My colleagues and nurses realize that my values and ethics have not changed. I have only had one instance where I felt treated differently.

KS: I agree, but it is the people who don't know you. In some cases, not in all, it can take a longer time for people to trust your intentions. However, I do find that being a nurse has made other nurses I meet feel at ease. They often like to talk to an industry person that can speak the same language and understand what they mean, particularly in problem-solving situations.

JA: I think I anticipated it. It was difficult at my first conference. I didn't know where I fit in. How were the nurses going to treat me? It was totally different last year at the CAWC conference.

NW: It was a little different for me. At my first conference as a rep, I was in my hometown of Calgary. I saw a lot of people I knew and I anticipated some negativity—but I don't think I actually heard one negative comment about my joining industry.

JA: People see it as a glamorous job, travelling around the world; they don't see the other side, the hard work behind the scenes.

NW: One of the discouraging things is that when I am concentrating on one product line, it is difficult to keep up with what the other companies are doing. When I'm doing an in-service, I can't answer questions as well about the other products. I could do this when I was in nursing practice, now I can't.

JA: I agree that I don't know as much about the other products anymore. I stand up for other products because I have used them, but it is hard to keep up.

NW: One great thing about industry is you don't have to do charting.

JA: You don't have to account for

your time in the same way in industry as you do in clinical practice.

Q What skills do you bring to industry?

JA: A level of expertise and my background in wound care. I started in acute care and I was near burnout and wanted a change. I signed up for a seminar for wound care when I changed to community [practice]. I realized that I had a whole lot to learn because they were speaking a different language. Then I started going to CAWC conferences.

KS: For me it was my background. I was in home care. I was hired for my wound-care skills at the time, but now I bring passion and energy. Because the job can be demanding in many ways you have to have passion and energy about what you do and the company and products you represent. It's what keeps me going. Like anything, if you *enjoy* what you're doing and *believe* in what you are doing, you will feel good about it and you will succeed. Nurses bring a lot of natural skills to the table. Nurses are well organized, know how to prioritize, can multi-task, and know how to problem solve. These are all core skills that are important in managing your time and your responsibilities in industry.

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References:

1. Dahlström K K. Scand J Plast Reconstr Surg Hand Surg 1995; 29: 325-327.
2. Dykes P. The Effect of Adhesive Dressings on the Stratum Corneum of Normal Skin (Data on file).
3. Dykes P. The link between the peel force of adhesive dressings and subjective discomfort in volunteer subjects. Journal of Wound Care 2003; 12 (7): 260-262.

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NW: My background is also in wound care. It has made a huge difference in how I am able to do what I do. I find it hard to understand how people without a clinical background do what we do. I'm not saying that others can't do it, but I do it differently. I know nurses are happy to hear that I am a nurse and that I understand what they are dealing with. I feel it adds to my credibility.

I always believed that I was involved in sales even when I was in a clinic setting. I spent time trying to talk a patient into buying in to what I was saying. Reading your patients is similar to reading your customers. Spending time trying to convince a patient to wear compression garments when they don't see the benefits, or spending time (at a sales meeting) trying to convince a clinician to use a product they are not sure they need are very similar processes.



Which skills did you need to develop to succeed in your industry position?

All: Business skills.

KS: Understanding forecasting and budgets.

JA: It's a whole different language.

KS: One that you learn through experience.

JA: I'm going to take a course.

NW: I took a course. It was a five-day sales course. It was very interesting, a lot about communication. Working as a nurse you develop communication skills—you know how to deal with the most difficult patient.

JA: My company will support any course I want to take. In my clinical setting, I couldn't do that. It was very limiting.

NW: That's a huge bonus—getting to go to events like the CAWC conference. It is a wonderful opportunity, working with frontline staff. Sometimes, as "outsiders" we hear a lot about their frustrations. We listen to stories about lack of funding, lack of educational opportunities. We have an understanding about what they are going through.

KS: When I joined industry, my professional career accelerated about three times more than when I was a clinical nurse. I learned more about myself and my abilities. I grew and blossomed both personally and professionally, which I don't think I could have achieved without the change.

NW: Presenting and having the opportunity to stand up in front of large groups of people—from nursing assistants to doctors—helps you gain confidence.

JA: Here am I, near the end of my career. When I look at how far I've come in the past year since I've been in industry, I can't believe it. I wish someone could have been around to show me the direction I could have taken. We need to be talking to young nurses so they are aware of these different opportunities.



How about your relationships with colleagues?

NW: One of my clinical colleagues approached me at a conference and asked where

another company's booth was and then apologized. I told her you don't have to apologize.

JA: We are not enemies of the other companies.

NW: You work very independently in this career—independent but not isolated.

JA: Working in an office can sometimes be really difficult. Getting in my car and travelling around can be very nice.



What advice do you have for clinicians who are considering an industry position?

KS: You have to be ready to leave bedside nursing. If your heart is set on patient contact, you have to be ready to let that go and throw yourself into a business environment. The wheels turn for a different reason in a business environment than they do in a health-care environment. Some nurses have joined industry and aren't sure what they're getting into.

JA: You don't know what you're getting into. I had absolutely no idea what I was getting into. I did call people and I asked questions, like how much travelling, what the job entailed, etc. But I didn't even know what questions to ask. It is a culture shock. I started with another nurse and we were a great support to each other.

KS: Staff look at you and they think, "she comes in, she presents her stuff and she goes away—nice car, nice clothes." There is an element of glamour that others associate with the position. If you go in it for the

perks, that's not a reason to go into it!

JA: The other nurse I started with went back to work in the hospital. She had great difficulty working in industry with the job demands.

KS: Jill, why did that happen? Was she not ready to leave the bedside?

JA: She thought she was., She had kids at home and felt she was putting too much time into the job and had to do the right thing for her family. Sometimes I think it would be great to leave the job at 3:30, but then I give my head a shake and look at the things I am able to do now.

NW: If you've worked a job, a regular shift, where you walk in and know what to expect, you might not do so well in industry. If you are in a situation where you are faced with the unexpected every day, you will be better prepared. When you work in industry, travel is not a holiday.

KS: In your choice of a company to work for, I feel you have to believe in their products and you have to agree with the company's philosophy. You have to feel good inside about what you're doing. Do your homework, understand the company. You need to believe that the products work and you will feel comfortable promoting them. Make sure you are a good fit to the company's culture.

NW: You can still make a difference for the patient, even if you are doing it from a different direction. You need to continue to be true to your ideals.

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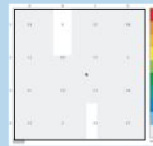
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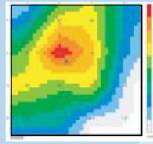
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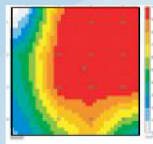
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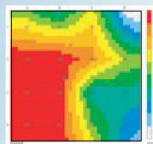
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JA: Nurses tend to be goal-oriented. In industry there is not just one thing you have to accomplish—you have multitude of things to do.

I still think of myself as a nurse/clinician. I have confidence in my skills. I am still the advocate for the patient.

KS: If the focus is the patient, that is success.

JA: Clinicians may feel that industry's goal is to sell the product, but I don't see myself like that. I know in the end, I am still helping the patients.

NW: You have to prove that you have the best in mind for the patients. In Calgary, people knew me and I didn't have to prove my clinical skills, but I had to prove my industry skills. On the other side, those who knew me in industry needed to be convinced that I had a clinical skill. I think it has been easier in places where people didn't know me.

JA: As far as credibility, you need to recognize that when there is an area where your company

doesn't have a product, you have to feel comfortable recommending some other company's products.

KS: If you maintain your ethics, you will maintain your credibility.

Q Is there anything you've learned in industry that will help if you went back to clinical practice?

NW: I now have a much better appreciation of how much knowledge the reps have about their products. If I were in clinical practice, I wouldn't hesitate to go to an industry rep for product information.

JA: I agree. You have no idea—it's amazing how much they know. I would use the rep a lot more.

Q What does your future hold?

NW: More e-mails, more travel! More wounds.

KS: I think it could go wherever I want to take it.

JA: I think it's very cool to be involved in launching new products and educating people.

Conclusion

Though there are industry-related positions such as nurse advisors/educators and research associates, sales positions are the most common industry jobs and are the best way to enter the industry.

Sales representatives are a key link between pharmaceutical/medical supply companies and health-care professionals—between innovative new products and the bedside. They work strategically to increase the awareness and usage of a company's products through one-on-one contact and in-servicing for health-care professionals. They work in all health-care settings, such as general practices, community care and hospitals, and part of their job is to ensure that formularies contain their product.

If you are interested in this type of employment, pay close attention to the skills you are developing. Time management, delegation, communication, multi-tasking, assessment, problem solving, and critical thinking are all transferable to industry-related positions and should be acknowledged and noted on your résumé. ☺

Resources

1. Raisbeck E. Rewards for challenges. *Nursing Standard*. 2005;19(35): 69-71.
2. nurseunivers.com. How to leverage your training as a nurse into a new career. Available online at www.nurseuniverse.com/Nursing-Job/2475.html.
3. medzilla.com. Nurses leaving to go into pharmaceutical industry. Available online at www.medzilla.com/pressfeb02.html.
4. Ryan K. Nurses in the pharmaceutical industry (Part 2): Making the transition from the NHS. Available online at www.medzilla.com/pressfeb02.html.

Jill Allen, RN, WOCN/ET,

worked in acute care in medicine and neurosciences for approximately 25 years before switching to community care for almost six years, with the last three as a Wound Ostomy Continence Nurse/Enterostomal Therapist. She joined industry in October 2004. As Senior Professional Services Advisor for Skin Health for 3M Canada Health Care, her responsibilities include all advanced wound-care products, education and technical issues related to the products. She covers BC, Alberta, Saskatchewan, some of Southwestern Ontario, and Quebec.

Kimberly Stevenson,

RN, BN, is currently Territory Manager for Southern Alberta with Coloplast Canada where she represents the areas of wound care, ostomy, skin care and continence care. She joined industry in 1999 with another manufacturer where she was a sales representative and later clinical consultant for Western Canada. Before joining industry she worked as an RN for nine years in long-term care, acute care and home care throughout Western Canada. Her last nursing position was as a home-care nurse with a focus on wound care. She completed the IIWCC at the University of Toronto in 2000.

Nicki Waters, RN, MSc (c),

is a former member of the Skin and Wound Assessment Team in Calgary Health Region and is currently studying for a PGDip/MSc in Wound Healing and Tissue Repair. She moved from clinical practice to industry in October 2004 and is currently working as Area Manager—Alberta for Mölnlycke Health Care. Her responsibilities include sales and customer service in acute care, home care and long-term care.

Making the change

Ask yourself the following questions to see if you are ready for change:

- Do I like working with people, or would I rather work alone?
- Do I enjoy computer work, or does it intimidate me?
- Do I like to be in charge, or am I a follower?
- How do I feel speaking in front of a group?
- Do I like talking on the phone, or do I perform better in person?
- Is spending time with family at the top of my list?
- Do I like to travel, or do I prefer to stay local?
- Do I like sales?

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