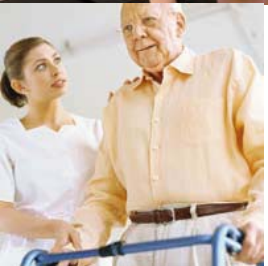




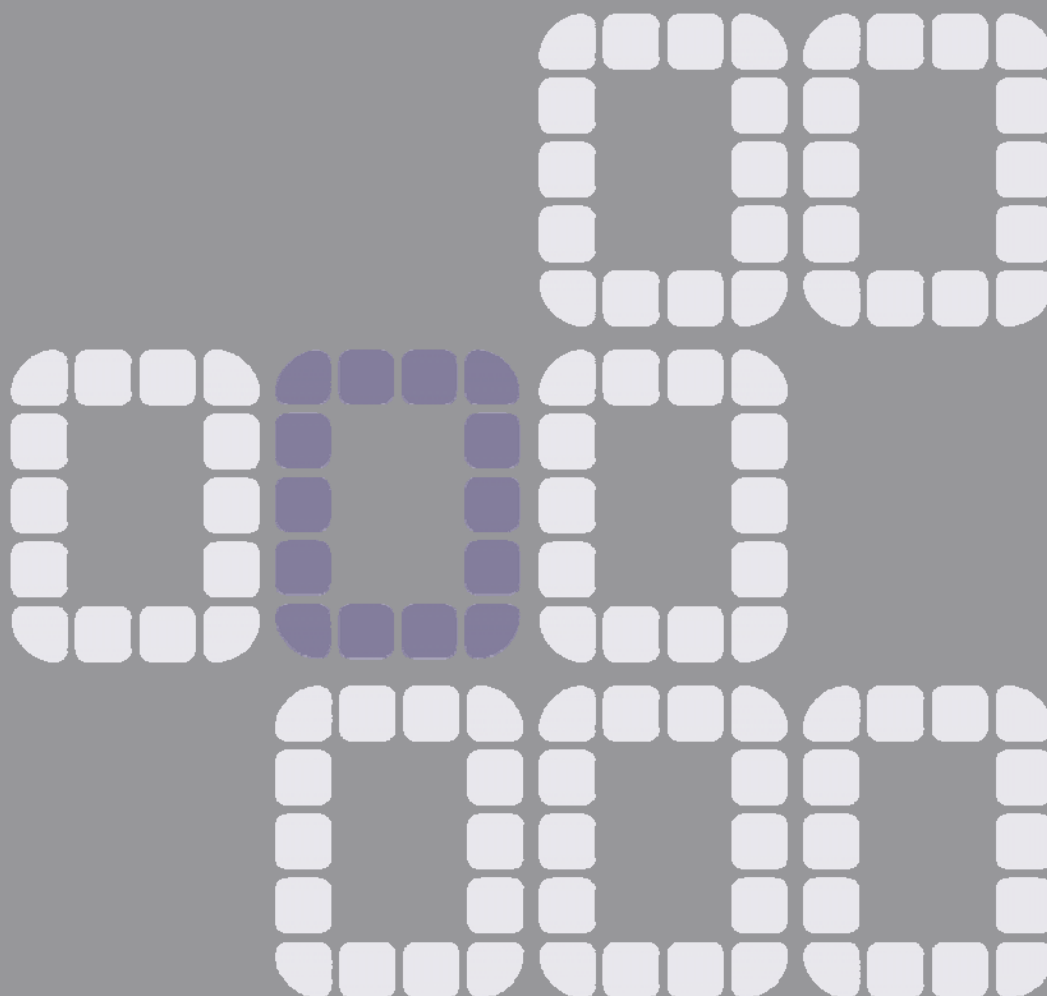
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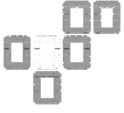


Survey of Enrolled Nurses Working in the Western Australian Public Health System



2006

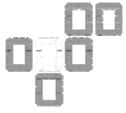




Survey of Enrolled Nurses
Working in the
Western Australian Public Health System

2006

Office of the Chief Nursing Officer
Department of Health, Western Australia



ENROLLED NURSE SURVEY

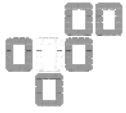
Suggested Citation:

Della, P., & Fraser, A. (2006) Survey of Enrolled Nurses Working in the Western Australian Public Health System. Department of Health, Western Australia

Acknowledgement:

The Enrolled Nurse Joint Reference Committee comprising Merissa Hardman, Liquor, Hospitality and Miscellaneous Union (LHMU) organiser, representatives of LHMU, Department of Health and Area Health Services

Office of the Chief Nursing Officer



Executive Summary

Enrolled nursing in Western Australia has undergone a number of significant changes in the last decade. Included in these changes has been the enhancement of education, the expansion of competencies and the increasing scopes of practice. Enrolled nurses in Western Australia are an important component of the overall nursing workforce. In order to establish the impact of these changes, on clinical practice, a survey of enrolled nurses working in the Western Australian public health system was conducted.

The results of the survey found that the majority of enrolled nurses worked in general medical and surgical ward areas, however, many had also worked in a variety of clinical areas and had gained clinical experience in multiple specialities. They also had a wide range of nursing competencies and skills that have been obtained in clinical areas through professional development courses offered largely by health services. Their participation rates in the workforce were predominantly part time and the majority were aged between 41–50 years, which was in line with the Australian ageing workforce.

The survey found that expansion in the enrolled nurse scope of practice had occurred and the respondents also felt that their level of responsibility had also increased. The expansion in the role was associated with medication administration, defibrillation and intravenous therapy. In non-clinical areas the expansion included the coordination of activities, participation in committees, education, and orientating new staff. While this expansion had occurred the respondents, however, were divided regarding their opinion on whether the speciality areas in which they practice had changed in the last five years.

Changes in clinical practice and the role has resulted in a small percentage of enrolled nurses moving away from direct patient care into areas such as quality, projects and research. This finding is consistent with the 2002 Australian Institute of Health Welfare (AIHW) Nursing Labour Force Report, which found that a small percentage of the enrolled nurse respondents had moved into areas such as administration, education and research.

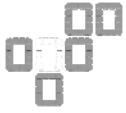
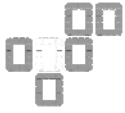


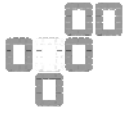
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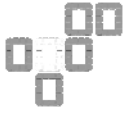
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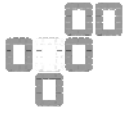
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List of Abbreviations

AIHW	Australian Institute of Health Welfare
ANC	Australian Nursing Council
ANMC	Australian Nursing and Midwifery Council
ASEN	Advanced Skilled Enrolled Nurse
CSHETAB	Community Services, Health and Education Industry Training Advisory Board (2003)
DOH	Department of Health, Western Australia
EN	Enrolled Nurse
LHMU	Liquor, Hospitality and Miscellaneous Union
NBWA	Nurses Board of Western Australia
RN	Registered Nurse



Section One - Introduction

1. Introduction

This report outlines a survey conducted jointly between the Department of Health, Western Australia and the Liquor, Hospitality and Miscellaneous Union. The overall aim of the survey was to obtain a profile of enrolled nurses employed in the Western Australian public health system including their demographics, education qualifications, areas of work and clinical competencies.

1.1 Context of and Background to the Survey

To date information on the enrolled nurse workforce, in the public health system has been somewhat limited. The primary source of information has been the nursing labour force surveys conducted by the Australian Institute of Health and Welfare (AIHW). The information available from this source is limited to demographics and relies on a postal survey of enrolled nurses on the register held by the Nurses Board of Western Australia. Thus information on what enrolled nurses actually do in the public health system is somewhat limited. In addition information on the job classification levels of enrolled nurses and their scope of practice is also limited.

As a part of the 2004 Industrial Agreement for Enrolled Nurses and Nursing Assistants between the Department of Health, Western Australia (DOH) and the Liquor, Hospitality and Miscellaneous Union (LHMU), a review of the classification structure for enrolled nurses would be undertaken. This survey provided an avenue for all enrolled nurses employed in the public health system to have input into the work of the Enrolled Nurse Joint Reference Committee.

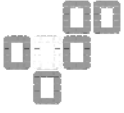
1.2 Survey Objectives

The survey objectives:

- To profile the demographic, education qualifications, nursing competencies and scope of practice of enrolled nurses employed in the public health system
- To provide information to the Enrolled Nurse Joint Reference Committee on the current enrolled nurse classification structure

1.3 Survey Method

The survey was conducted during June 2005 and was guided by the Enrolled Nurse Joint Reference Committee. The Office of the Chief Nursing Officer administered the questionnaire, collated and analysed the data and produced the final report.



1.3.1 Survey Design

A descriptive cross sectional design was employed utilising both qualitative and quantitative questions. This combination of qualitative and quantitative questions allowed the return surveys to be analysed as a whole and not in isolation of other factors and influences. Thus the combination of qualitative and quantitative questions provided greater information for analysis and a more comprehensive understanding of the work environment.

1.3.2 Survey Sample

In order to gain an understanding of the enrolled nursing environment and the complexities across the public health service it was decided to include all employed enrolled nurses within the system in the survey. The survey sample, therefore, consisted of all enrolled nurses employed in the public health system.

1.3.3 Survey Instrument

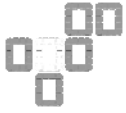
The survey questionnaire was designed to collect data and information on the following:

- Demographic profile including age, job title, employment status, employment location and clinical environment
- Education qualification profile including pre-registration courses and professional development
- Nursing competencies including speciality of practice and scope of practice.

The questions within the survey tool were developed by the Enrolled Nurse Joint Reference Committee and were based on information collected from previous studies and nursing workforce statistics. The qualitative component contained open-ended questions, which provided the respondents the opportunity to provide additional information that not only related to specific questions but general comments and opinions.

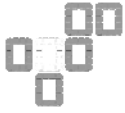
1.3.4 Data Analysis

The survey questionnaire was mailed in May 2005 to all employed enrolled nurses who had a current postal address on the payroll database. A total of 1,800 surveys were mailed and assuming a return rate of 40%, which Salant and Dillman (1994) suggests as the average response rate for survey questionnaires, the number of useable returned questionnaires that would be required to ensure validity was 333. Thus the enrolled nurse population approach employed in this survey would ensure a valid statistical return.



1.4 Outline of the Survey

The first section lays the foundation for the survey by introducing the aims while the second section provides a review and analysis of the supporting literature on enrolled nursing. Section three discusses the findings obtained from the analysis of both the qualitative and quantitative information. Section four provides a discussion of the results and compares the findings with previous reported studies. The final section concludes the survey.



Section Two - Background Literature

2. Introduction to the Literature

This section of the report presents published reports, reviews and policies relating to enrolled nursing. At the outset it is acknowledged that there is limited research into the practice of enrolled nursing and most of the published literature relates to issues surrounding workforce capacity.

Over the past five years while a number of reviews and reports have been undertaken on the enrolled nursing, they have related to workforce requirements. While most of the published reviews have been conducted nationally the Community Services, Health and Education Industry Training Advisory Board (CSHEITAB) conducted a specific Western Australian survey in 2003. Information from these national reviews, the 2003 state based survey and the published AIHW Nurse Labour Force Surveys guided this report.

The synopsis of the following provides an overview of the major areas identified in regard to enrolled nurse practice. While an overview is provided it should be noted the context in which the report was commissioned, as many of the national reports are related to the residential aged care industry.

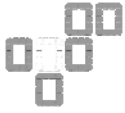
2.1 Review of the Current Role of Enrolled Nurses in the Aged Care Sector: Future Directions (National Aged Care Forum, 2001)

The Federal Minister for Ageing has established the Australian Aged Care Workforce Committee. The committee's work has focussed on the residential aged care workforce including registered nurses, enrolled nurses and carers. The Australian Department of Health and Ageing has on behalf of the committee commissioned a number of workforce studies and reviews.

In general the studies and reviews have highlighted the importance of the enrolled nurse workforce however a number of barriers to the scope of practice were identified. In brief these included the lack of consistency in medication administration by enrolled nurses and specific education on aged care in pre-registration curricula.

2.2 The National Review of Nursing Education – *Our Duty of Care 2002*

This national review was one of the most significant reviews into nursing and nursing education conducted in Australia. The final report "*Our Duty of Care*" contained some 36 recommendations of which 2 were specific to enrolled nursing and a further 7 related to them. The enrolled nurse specific recommendations were related to education, scope of practice and competencies. The review supported the enhancement of the scope of enrolled nursing practice including the administration of medications.



In recognising the contribution of enrolled nurses to the health, aged and community systems in Australia the report noted the importance of enhancing the role in new models of care and work organisations. While the review supported the enhancement of enrolled nursing practice it also identified that there were a number of artificial barriers and limitations to the full scope of enrolled nurse practice. The lack of consistency in education preparation of enrolled nurses across Australia also resulted in differences in the scope of practice and in particular medication administration.

2.3 The Patient Profession: Time for Action – Report on the Inquiry into Nursing 2002

This was an Australian Senate Inquiry into the nursing profession and while a number of recommendations were made to the nursing profession as a whole, specific recommendations were made regarding enrolled nursing. The specific enrolled nursing recommendations related to medication administration and pre-registration education. In these areas the recommendations called for greater national consistencies in education, legislation, regulation and the scope of practice.

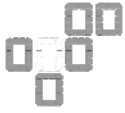
2.4 An Examination of the Role and Function of Enrolled Nurses and Revision Competency Standards 2002

This examination was commissioned by the then Australian Nursing Council (ANC). The ANC changed in name in 2004 to incorporate the midwifery profession and is now known as the Australian Nursing and Midwifery Council (ANMC).

The examination produced a revised set of competency standards, which the Australian Nurse Regulatory Authorities utilise for registration for enrolled nurses. The other major findings of this examination included that one-third of Australian enrolled nurses work in medical wards; a further one-third in surgical wards and the others work in a variety of clinical settings. This variety included the clinical specialities of cardiology, renal, haemodialysis, intensive care, outpatients, operating theatres, palliative care, aged care settings, rehabilitation and the community setting.

2.5 The Nursing Labour Force Survey 2002

The Australian Nursing Labour Force Surveys are conducted by the AIHW on an annual basis. The surveys are conducted by the AIHW in cooperation with jurisdictional health departments. The survey methodology varies between each of the jurisdictions in regards to timing and distribution. In general, nurses and midwives registered with an Australian Nurse Regulatory Authority will be sent a postal survey, which is voluntary and de-identified.



The 2002 report indicated that the majority of enrolled nurses (93.4%) work in clinical areas including medical, surgical and gerontology wards. A small percentage of enrolled nurses worked in other areas including administration, research and education. Demographically the enrolled nursing workforce is ageing and working fewer hours.

2.6 Survey of Enrolled Nurse 2003 - Community Services, Health and Education Industry Training Advisory Board.

This survey was conducted to determine the appropriate pre-registration qualification for enrolled nurses and scope of enrolled nursing practice in Western Australia. The survey covered a number of key areas including clinical practice, organisational climate and professional development.

The report on the survey concluded, that based on the expanding scope of practice for enrolled nurses, the pre-registration course should be at the Diploma level. It also recommended that the Nurses Board of Western Australia (NBWA) Scope of Nursing Practice Decision-Making Framework should be adopted to govern the expansion of practice.

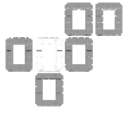
2.7 Nurses Board of Western Australia

The Nurses Board of Western Australia (NBWA) in partnership with the Department of Health, Western Australia has published a report on the Scope of Nursing Practice Decision Making Framework (2002). The report has laid the foundations for role expansion for enrolled nurses in relation to medications and clinical practice. A specific report on the Advanced Skill Enrolled Nurse (2002) recommended that the decision-making framework should be used to consider the expansion of the scope of practice for the Advanced Skilled Enrolled Nurse (ASEN). The report identified that the role of the ASEN included wound management, continence care, leadership, management, planning and monitoring skills.

In addition the NBWA publishes a number of guidelines relating to the practice of nursing. Guidelines that specifically relate to enrolled nurses include Medication Administration Guidelines (2001), Demonstration of Continuing Professional Competencies and Competencies for Division 2 (2004).

2.8 Department of Health, Western Australia

In 2001 the Department of Health, Western Australia published a report of the Western Australian Study of Nursing and Midwifery. The report titled New Vision, New Direction (2001) recommended that both pre-registration and post registration courses for enrolled nurses be conducted. In these recommendations it was clearly identified that enrolled nursing was an important component of the Western Australian nursing workforce. It was recommended that post registration courses for enrolled nurses be established and be based on workforce requirements.



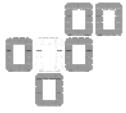
The Office of the Chief Nursing Officer in July 2005 published a policy on the scope of nursing practice. The policy titled the Scope of Enrolled Nursing Practice Policy (2005) includes the recognition of enrolled nurse competencies and medication administration. In brief the policy objectives are to:

- recognise the competencies of enrolled nurses and to ensure that they are transferable between clinical settings
- ensure that the Nurses Board of Western Australia, *Scope of Nursing Practice Decision-Making Framework* is implemented in all public health services
- remove artificial limitations placed on the scope of practice of enrolled nurses in the clinical setting.

2.9 Summary

The review of the published reviews, reports and guidelines indicate that enrolled nurses are a valuable component of the Australian nursing workforce. The common theme contained in the reports is the need to enhance enrolled nursing and the scope of practice by removing artificial barriers and limitations. The areas in which the reports have in common include medication administration and enhancement of clinical competencies for enrolled nurses.

In Western Australia the scope of practice for enrolled nurses is expanding and is guided by the Scope of Nursing Practice Decision-Making Framework. The framework together with the Department of Health policy document has assisted the professional development of enrolled nurses.



Section Three - Results

3 Introduction to the Results

Section three outlines the results of the survey and presents both quantitative and qualitative information. Discussion and comparison of the results with those of previous studies is contained in section four.

3.1 Results

The quantitative data results are provided in the areas of demographics, profile including age, job title, employment status, employment location and clinical environment. The education section is divided into profiles of qualification and professional development. The competencies section results include those gained by enrolled nurses, the utilisation of competencies and the source of education.

A total of 1,800 survey questionnaires were distributed and 635 valid responses were received by the closing date. The response rate was 35.27%, which is acceptable for a postal survey. It also met the Salant & Dillman (1994) criterion that stated that the number of useable questionnaires required would be 333.

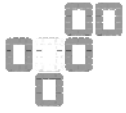
3.1.1 Age Profile

A total of 630 or 99.21% of respondents completed this question. The analysis of the demographic data revealed that the majority of the respondents were in the 41-50 year age range (n=295 or 46.8%). Table 3.1 presents the age profile of the respondents.

Table 3.1 Age Profile

Age Range Years	Respondents	Percentage
18-20	5	0.8%
21-30	44	6.9%
31-40	92	14.6%
41-50	295	46.8%
51-60	171	27.2%
61-70	23	3.7%

o Corrected to second decimal place



3.1.2 Job Classifications

A total of 627 respondents completed this question and the majority of respondents indicated their job title as general enrolled nurse (51.2%). A further 27% indicated they were ASEN's and some 21% were comprehensive enrolled nurses. Only a small percentage 0.8% indicated that their job title was mental health enrolled nurse.

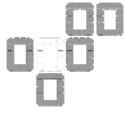
Of the respondents 49.9% stated they were part time employees, 31.8% full time employees, 15.2% were employed on a casual contract and the remainder did not provide a response. It was of interest to note that 3.1% of the enrolled nurse respondents indicated they were also registered with an employment agency. Cross tabulation of the main job titles and employment status indicated that the respondents who stated their job title as ASEN, 39% were employed full time and 55% were part time employees. Of those who indicated they were comprehensive enrolled nurses some 38% were full time and 40% part time. The general enrolled nurse group was the largest group of respondents, 24% were full time employees, 54% part time and some 22% were casual employees.

3.1.3 Location of Employment

The majority of enrolled nurse respondents, who provided a response to this question, were employed within the metropolitan teaching hospitals (38.5%); a further 30.7% were employed in country health services, 11.4% in community hospitals and 3.9% in other areas such as schools and specific programs. Of those employed in the metropolitan teaching hospitals 41.5% of the respondents were at the ASEN level, 19.8% comprehensive, 37.8% general enrolled nurses and 0.9% mental health enrolled nurses. In the country hospitals 29% were employed at the ASEN level, 12.5% comprehensive and 58.5% general enrolled nurses. In the community hospitals 23.3% were ASEN level, 26.7% comprehensive and 50% general enrolled nurses.

3.1.4 Current Clinical Speciality

A total of 216 clinical enrolled nurses who completed this question. The majority of the respondents (39.4%) indicated that the general medical nursing environment best described their area of employment. A further 12.5% indicated that the surgical area best described their area of employment. The following table indicates the respondent's area of clinical speciality.

**Table 3.2 Clinical Speciality**

Clinical Speciality	Number of Respondents	Percentage of Respondents
General Medicine	85	39.35%
Orthopaedic	22	10.19%
Surgical	27	12.50%
Peri-operative	10	4.63%
Community	2	0.92%
Rehabilitation	29	13.43%
Obstetric	4	1.85%
Paediatric	8	3.70%
Mental Health	5	2.31%
Hospice	2	0.93%
Emergency	10	4.63%
Other	12	5.56%
Total	216	100.00%

3.1.5 Clinical Speciality Experience

The respondents to this section were requested to provide the clinical speciality areas in which they had gained experience as an enrolled nurse, as the respondents could work between areas multiple responses could be provided. A total of 826 responses were recorded with the prime clinical area being general medicine followed by the general surgical area. It was also noted that the average years of experience was 3.97 years (SD 10.29 years) and the range of experience was from 6 months to 38 years.

The following table presents the clinical speciality areas worked by the enrolled nurse respondents:

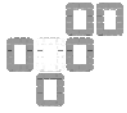
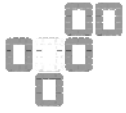


Table 3.3 Clinical Speciality Experience

Speciality Practice Area	Number of responses	Percentage of responses
General Medicine	238	28.81%
Gastroenterology	31	3.75%
Respiratory	28	3.39%
Assessment Unit	10	1.21%
Mental Health	27	3.28%
Cardiology	13	1.57%
Intensive Care	6	0.73%
Community	40	4.84%
General Surgery	84	10.17%
Rheumatology	8	0.97%
Paediatrics	64	7.75%
Anaesthetics	28	3.39%
Emergency	30	3.63%
Theatre	19	2.30%
Hepatology	7	0.85%
Urology	12	1.45%
Haematology	7	0.85%
Mothercraft / Maternity	20	2.42%
Neurology	20	2.42%
Ophthalmology	14	1.69%
Endocrinology	4	0.48%
Neonatal	6	0.73%
Renal Unit	11	1.33%
Other	99	11.99%
Totals	826	100%



3.1.6 Education Qualifications

A total of 619 enrolled nurses provided information on their education qualifications. The majority of enrolled nurse respondents completed the hospital based program 64.1%, a further 12.6% completed the TAFE Associate Diploma, 12.1% a TAFE Certificate IV and 11% obtained qualifications from interstate or overseas. In addition to their initial qualifications 256 enrolled nurse respondents indicated they had completed post registration courses or professional development programs. Of the 256 respondents 43 had completed further study in the gerontology speciality, 62 in paediatrics, 39 in mental health and 52 in orthopaedics.

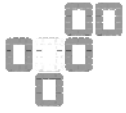
3.1.7 Competencies

The enrolled nurse respondents were asked to indicate the competencies they had gained and the organisation in which they had gained the competency. A total of 446 of the enrolled nurses who completed this question indicated that they had gained a range of competencies. Together the sum of all respondents' competencies was 2,829 with the average number of competencies per enrolled nurse being 3.5.

Of the enrolled nurse respondents some 446 have gained medication competencies, 381 wound care competencies, 357 ECG (electrocardiograph) competencies and 286 were defibrillation competent. A smaller number (54) of the enrolled nurse respondents had gained intravenous medication competencies and 52 held cannulation competencies. The following table provides the individual response to competencies gained:

Table 3.4 Competencies

Competencies	Number of respondents
Suturing	26
Medications	446
IV Medications	54
IV Therapy	268
Defibrillation	286
Diabetic Certificate	57
Wound Care	381

**Table 3.4 Competencies (continued)**

Competencies	Number of respondents
Physical Assessment	210
Phlebotomy	112
ECG	357
Preceptorship	167
Continence	188
Cannulation	52
Aged Care	168
Other	63

The majority of enrolled nurse respondents gained their competencies in the hospital setting including medications, wound care, ECG and defibrillation. The TAFE sector also provided education in competencies, especially in medications and to a smaller percentage in areas of intravenous therapy, wound care and physical assessment. Only small percentages of enrolled nurse competencies were gained at registered training authorities and these included medication, intravenous therapy, defibrillation and intravenous medications.

The utilisation of competencies varied with 68.5% of respondents stating they used all the gained competencies in their current role, a further 28.5% indicated they used some of the competencies gained while 3.1% indicated they did not use competencies they had gained. The major reason provided for the non-use of competencies is that they did not relate to the respondent's current work environment.

Cross tabulation of the respondents who provided a job title revealed that all enrolled nurses have gained a range of competencies. The advanced skill enrolled nurse, however, is more likely to have an intravenous medication competency and is less likely to work in the aged care rehabilitation setting.

A total of 135 or 79.88% of ASEN's are medication competent, 30 or 17.75% are intravenous medication competent, 92 or 54.44% are intravenous therapy competent and 83 or 49.11% are defibrillation competent. The following table provides a comparison between competencies and classification levels.

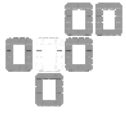


Table 3.5 Competencies by Classification Level

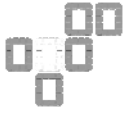
Competency	Advanced Skilled (n=169)	Comprehensive (n=132)	General (n=321)
Medication	135 = 79.88%	97 = 73.48%	208 = 64.79%
Intravenous Medication	30 = 17.75%	4 = 0.75%	18 = 5.60%
Intravenous Therapy	92 = 54.44%	52 = 39.39%	120 = 37.38%
Defibrillation	83 = 49.11%	62 = 46.96%	128 = 39.87%

3.1.8 Expansion of Role

Questions relating to the expansion of the enrolled nurse role required the respondents to supply both qualitative and quantitative information. The following table summarises the quantitative information.

Table 3.6 Expansion of Role

Question	Respondents	Yes	No
In your opinion has the role of enrolled nurses in your workplace expanded in the past 5 years?	607	415	191
In your opinion has the level of responsibility of enrolled nurses in your workplace changed in the past 5 years?	606	434	172
In your opinion has the speciality areas in which enrolled nurses practice changed in the past five years?	522	264	257



The qualitative responses highlighted that the expansion in role related to medications (n=15), expanded practice areas (n=15), increased competencies (n=15) and 53 indicated they felt that the role had expanded to be the same as a registered nurse.

In relation to the increase in responsibility overall, a total of 176 respondents stated that there was an increase, of which 118 indicated the increase was related to medication administration, 26 related it to preceptorship, 22 felt that the increase in responsibility was a result of a decrease in workforce numbers and 10 did not comment. Speciality areas in which the respondents indicated that enrolled nurses practice had changed included Intensive Care, High Dependency, Emergency Departments and Mental Health.

To further examine the role of the enrolled nurse in areas other than direct clinical care the following table provides information received from the respondents.

Table 3.7 Role other than Direct Clinical Care

Area	Number of respondents (n = 635)
Coordinate an activity	234 = 36.85%
Coordinate a work area	213 = 33.55%
Take part in a committee	398 = 62.68%
Education role	371 = 58.43%

Area	Number of respondents (n = 635)
Precept an EN	386 = 60.79%
Orientate an EN	420 = 66.15%
Orientate an RN	273 = 43.00%

With the recent introduction of the Scope of Nursing Practice Decision-Making Framework by the NBWA the respondents were asked three questions relating to its impact on enrolled nurse practice. The following table presents the findings.

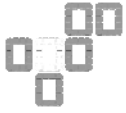


Table 3.8 Impact of the Scope of Nursing Practice Decision-Making Framework

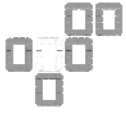
Question	Number of respondents	Yes	No	Missing Response
In your opinion has the introduction of the Scope of Nursing Practice Decision-Making Framework had an impact on enrolled nurses role?	439 Missing = 196	43.5%	25.7%	30.8%
In your opinion has the introduction of the Scope of Nursing Practice Decision-Making Framework had an impact on enrolled nurses skills?	433 Missing = 202	43.6%	24.6%	31.8%
In your opinion has the introduction of the Scope of Nursing Practice Decision-Making Framework had an impact on enrolled nurses level of responsibility?	438 Missing = 197	44.6%	24.4%	31.0%

The high percentage of non-response to the questions on the Scope of Nursing Practice Decision-Making Framework related to the respondents commenting that they did not know about the framework.

3.1.9 Advanced Skilled Enrolled Nurses (ASEN’s)

The final two questions related to what differentiates the roles within the classification levels of enrolled nurses. The first question asks the difference between enrolled nurses at Level 1 and 4 and the second between Level 4 and the ASEN.

The respondents to the question regarding the difference between Level 1 and Level 4 enrolled nurses, some 124 saw no difference, 67 stated it was the length of service and a further 289 indicated that it was skills and experience.



The question relating to what the respondents saw differentiating Level 4 and ASEN's received 393 responses. Of the responses 174 saw no difference, 106 indicated the difference related to experience and knowledge, 81 or indicated ASEN's worked in speciality areas, 20 stated that it related to medication and 12 stated the only difference was the pay level.

The qualitative responses indicated that there was a general lack of clarity between the different enrolled nurse classification levels. The following responses indicate this lack of clarity.

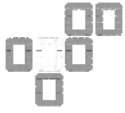
“In my work area there is no difference the ASEN may have more competencies but is not required to utilise them. I think the ASEN level needs urgent review as it means different things in different work areas.”

On the positive side the ASEN's role was summarised by a respondent as:

“ASEN are usually specialised in a area, are continually up-skilling, involved in hospital committees and professionally driven. They continually promote enrolled nursing as a profession and take pride in their professional knowledge ...”

3.2. Section Summary

This section has provided the results of the survey based on the analysis of both the qualitative and quantitative data. The next section discusses the results and compares them to the findings of other published reports in order that appropriate recommendations are provided.



Section Four - Discussion

4. Introduction

Section four provides discussion on the findings of the survey and comparison of the results with results of previous studies. Recommendations based on the findings of the survey are made in order to assist the development of enrolled nursing.

4.1 Age Profile

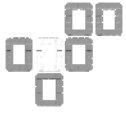
The results of this survey are similar to other information sources on the age profile of enrolled nurses. It is accepted that in general, the Australian workforce is ageing. The Nursing Labour Force Survey (2002) reports a similar ageing trend in registered and enrolled nurse workforce. On a national basis the average age of enrolled nurses has increased from 37.9 years in 1995 to 42.5 years in 2001. Thus the current survey does indicate that the majority (46.8%) of the respondents were in the 41 – 50 year age range and would be in keeping with the national trend. In comparing the findings of this survey to the Community Services, Health and Education Industry Training Advisory Board (2003) survey, the age profile of the respondents is similar except for a slightly higher percentage in the 61 – 70 age range.

4.2 Employment Category

The findings of this survey are consistent with the trend of increasing part time work in the nursing profession. This trend applies to both enrolled nurses and registered nurses. The AIHW Nursing Labour Force Report (2002) has indicated a steady increase in the percentage of enrolled nurses and registered nurses working part time. Enrolled nurses in 1995 worked an average 31.9 hours per week compared to 27.9 hours in 2001. Registered nurses also followed a similar pattern with a decrease of 5.4 hours (34.4 to 29 hours) during the same period.

4.3 Location of Employment

The majority of respondents (57.6%) in this survey worked in the metropolitan area; this was followed by 28.2% working in the rural and remote areas and 14.2% in a regional centre. A result similar to the AIHW Nursing Labour Force 2001 census was found where 54.6% of enrolled nurses were employed in a major city, 27% in inner regions, 15.1% in outer regions, 2.4% in remote regions and 0.9% in very remote areas. The Department of Health Western Australia Human Resource Database also supports the survey findings as the location of employment for enrolled nurses in the public system is 857 (43.1%) in the country region and 1,135 (56.9%) the metropolitan area.



4.4 Current Clinical Speciality

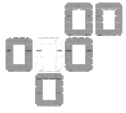
The finding that the majority of enrolled nurse respondents worked in the general medical areas (39.35%) is similar to that the Community Services, Health and Education Industry Training Advisory Board survey which found that the majority of enrolled nurse respondents (46%) worked in the general medical hospital clinical area. In comparing the other work areas it was found that the results in this survey were similar except for the aged care area. As the Community Services, Health and Education Industry Training Advisory Board survey was a population survey it would have included the residential age care setting which this survey excluded.

4.5 Competencies / Skills Utilisation

A high percentage (68.5%) of enrolled nurses in this survey reported that they utilised the competencies they gained in their current role. This result is similar to the Community Services, Health and Education Industry Training Advisory Board survey (2003), which indicated that over 70 percent of the enrolled nurse respondents, reported that their skills were effectively used in their current place of employment. Those enrolled nurses who reported they did not utilise gained competencies in this survey stated it related to their current area of work i.e. not within a speciality area. The Community Services, Health and Education Industry Training Advisory Board Survey reported that the primary obstacle for enrolled nurses not utilising competencies was hospital policy. The issue of hospital policy limiting enrolled nurse competency utilisation has been addressed in the Western Australian public health system by the release of the overarching Enrolled Nurses Scope of Practice Policy and Guidelines 2005.

In addition to reviewing competency utilisation in general, this survey reviewed it by classification level. The results indicated that in all the major job classifications the majority of enrolled nurses were medication competent and over 40% were defibrillation competent. The major difference in competencies related to intravenous medication. A higher percentage of ASEN's were competent in this area. This result however must be read with caution as only 52 of the respondents had obtained intravenous medication competencies with 30 being ASEN's, 4 Comprehensive Enrolled Nurses and 18 General Enrolled Nurses. It would appear that this area is expanding based on the scope of practice and the education that is available. It is also an area in which the respondents indicated they would like to gain further professional development.

A total of 68.4% of the respondents indicated that over the last five years the expansion of their roles had increased and this included the areas of medications, practice areas and increased responsibility. In addition to this expansion, enrolled nurses working in the non-clinical areas included the coordination of activities, committee work, education, preceptoring enrolled nurses and orientating both registered and enrolled nurses.



The findings in these areas clearly indicate that the enrolled nurse scope of practice is continually changing based on the acquisition of new skills and competencies. It is important that appropriate new skills and competencies are valued and recognised within the Western Australia public health system. The recently released policy on the Scope of Enrolled Nursing Practice will assist to ensure that appropriate enrolled nurse competencies are recognised by the health system.

4.6 Classification Levels

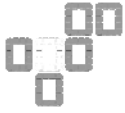
The overall findings in this area related to the lack of clarity with the current Enrolled Nurse Classification System, which was highlighted in the qualitative responses. In general the respondents indicated that movement between Level 1 to Level 4 was based on skills and experience however some further 124 of the respondents indicated that there was no difference. This lack of clarity was further highlighted with 174 enrolled nurse respondents indicating that there was no difference between a Level 4 Enrolled Nurses and an ASEN.

Further analysis of the qualitative data in this area identified that many of the respondents were not happy with the current classification system. A number of the respondents indicated that there were only limited ASEN positions available and while acknowledging many had gained speciality competencies they felt the selection process was somewhat flawed. The most common response to the selection process being considered to be flawed related to the selection interview and *'being in the right place at the right time'*. Further, a number of respondents indicated that promotion to the ASEN level related to relationships and being employed in specialised clinical areas. A significant number of the enrolled nurse respondents felt that progression to the ASEN level should be by annual progress as a high percentage of them felt they were performing the role. The following respondent's comment highlights this area:

"I believe that a high percentage of Level 4 Enrolled Nurses are performing at the ASEN level but that there are not enough positions available to accommodate these Enrolled Nurses."

Many of the enrolled nurse respondents indicate they have a vast range of experience, skills and competencies, yet they have not been promoted to the ASEN role, as the number of positions is restricted. The following respondent's comment highlights this area:

"I am an Enrolled Nurse Level 4 working mainly in theatre. My role is to fill in for the preadmission anaesthetic nurse, circulating nurse, decontamination room nurse (CSSD). I have 35 yrs experience, working independently except in anaesthetics where an RN supervises me. I have done as many workshops as possible. I am also a resource nurse for wound care on the ward and am not recognised as a ASEN. I also do call for theatre out of hours. I have also worked medical, surgical, paediatric and maternity over the past 25 yrs and continue to self educate myself with no hospital support either financially or study days".

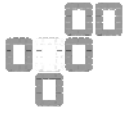


The findings relating to classification and competencies did not support that there were major differences in the roles between enrolled nurse job classification levels. All enrolled nurses appear to have gained a wide range of competencies, which have enhanced their practice. The area of intravenous medication administration at this time appears to be more aligned with the ASEN, however, other enrolled nurses also perform this task in practice.

4.7 Summary

The enrolled nursing workforce in Western Australia, in line with the Australian trend, is ageing. In this survey some 46.8% of the respondents were in the 41-50 year age range. The majority of all respondents worked part time.

The respondents in this survey worked in a variety of clinical settings and primarily in the metropolitan area. Within these clinical settings, enrolled nurses have gained competencies and skills, which have enhanced their scope of practice. Competencies and skills, however, cannot be used to differentiate between the classification levels of enrolled nurses, as all levels have gained a wide range of competencies. This has led to a lack of clarity and confusion regarding the ASEN promotion process.



Section Five - Conclusion

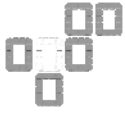
The survey was conducted to obtain a profile of enrolled nurses working in the Western Australian public health service. The results of the survey were forwarded to the Enrolled Nurse Joint Reference Committee to assist in the review of the current classification structure. Enrolled nurses in Western Australia are an important component of the overall nursing workforce and therefore an examination of their competencies and skills would assist in planning.

Enrolled nurses in Western Australia have expanded their scope of practice by obtaining additional skills and competencies. The additional skills and competencies are not restricted to the job classification levels. All levels of enrolled nurses indicated they were utilising the obtained competencies, which they had gained largely through professional development courses offered by the hospitals.

While the survey did provide an increased understanding of the scope of practice of enrolled nurses this was limited to role enhancement and not influenced by their job classification level. Additionally the respondents indicated that there was lack of clarity and confusion on the process of obtaining an ASEN position. A number of the respondents stated that there was no difference in the duties performed by the Level 4 enrolled nurses and the ASEN.

Given the overall findings of the survey, the first step in the process of developing a new classification structure would be the development of clear policy and guidelines. The policy and guidelines need to include the process for promotion to the ASEN level. All documentation regarding the classification structure needs to be written in a clear and concise manner and distributed widely.

The survey did indicate that further research into enrolled nursing should be undertaken and this would be in areas other than workforce. Evaluations of the impact enrolled nurses have on the clinical outcomes and patient care should be included in future studies. Future evaluation studies that included these areas would provide for a greater understanding of the impact of the enrolled nurse role.



References

Australian Institute of Health Welfare. (2003). Nursing Labour Force 2002. National Health Labour Force Series Number 29. Canberra: AHIW.

Australian Nursing Council. (2002). National Competency Standards for the Enrolled Nurse. Dickson: ACT.

Commonwealth of Australia. (2002). National Review of Nursing Education – Our Duty of Care. Canberra: Commonwealth of Australia.

Commonwealth of Australia. (2001). A Review of the Current Role of Enrolled Nurses in the Aged Care Sector: Future Directions. Canberra: Commonwealth of Australia.

Community Services, Health and Education Industry Training Advisory Board. (2003). Survey of Enrolled Nurse 2003. Perth: Western Australia.

Department of Health, Western Australia. (2005). Scope of Enrolled Nursing Practice. Perth: Western Australia.

Nurses Board of Western Australia. (2004). Competencies for Division 2. Perth: Western Australia.

Nurses Board of Western Australia. (2002). Report on the Scope of Nursing Practice Decision-Making Framework. Perth: Western Australia.

Nurses Board of Western Australia. (2001). Medication Administration Guidelines. Perth: Western Australia.

Pinch, C. & Della, P. (2001). The Western Australian Study of Nursing and Midwifery: New Vision, New Direction. Perth: Western Australia.

Salant, P. & Dillman, D. (1994). How to Conduct Your Own Surveys. New York: John Wiley & Sons.

Senate Community Affairs References Committee. (2002). The Patient Profession: Time for Action. Canberra.