

1. 1. BACKGROUND TO THE STUDY

The chronicles of history affirm that there have always been people concerned with the care of the sick. However, it was not until the 1800's that Florence Nightingale determined that those who nursed the sick required a discrete knowledge that was quite distinct from medical wisdom. Nightingale (1969) believed that the body of knowledge required for nursing was complimentary to medical learning and medical practice yet different from it. Nightingale postulated that nursing knowledge had as its function that of assisting nature to restore or maintain the health of the individual (Torres, 1980). Nightingale contended that it was the nurse who monitored and adjusted the environment to allow nature to act on behalf of the patient. This would mean that where nursing was deficient in this monitoring and adjusting, it could hinder nature, and allow complications or nursing problems to occur. Nightingale's own example describes one role of the nurse as determining and administering adequate nourishment to a sick person. A lack of knowledge in the area of nutrition and metabolism could lead to insufficiency in the provision of nourishment. This lack of knowledge could result in harm to the patient, as nature would not have been assisted in the restoration of health to the individual (Nightingale, 1969).

Since the time that Nightingale first defined this body of knowledge as belonging to nursing, there has been much literature consumed with the interpretation of what nursing is and does. It has been variously described as an art, a craft, a skill and a science or indeed a unification of each of these attributes (Schotfeld, 1987; Reverby, 1987).

The confusion over what constitutes nursing knowledge, and thereby nurses' work, has been further intensified over time, by the many environments in which nurses operate. These

environments have become increasingly more complex since the time of Nightingale. The frontiers of science are continually forging new knowledge of the human condition and its complex interactions. This new understanding is combining with advances in technology to alter the body of knowledge that has been considered as nursing knowledge. It is upon this constantly changing and complicated background that the dilemma of defining nursing work has been imposed.

As the underpinning scientific principles of nursing knowledge emerge, and the problem of defining nursing knowledge intensifies, the debate over the delivery of nursing knowledge has also intensified. This debate is set in the wider context of the movement for increasing the status of nursing work as well as the simultaneous national debate over the desirability of work-based education and training (Gibbs, 1987, Billett, 1992).

The Nightingale apprenticeship system of nursing had presided over the Australian nursing environment since its establishment by Lucy Osborne in the mid 1800s. The apprenticeship system involved apprentice nurses working in a hospital based instruction program and receiving training in return for service. (McMillan & Dwyer, 1989).

This apprenticeship system produced trained nurses, which led in 1899 to the establishment of the Australian Trained Nurses' Association (ATNA). The ATNA was a self governing body which was pro-active in establishing a fee structure for the contracting out of nursing and in introducing national examinations to promote standardisation of general nursing practice. However the appellation 'nurse' was not enough to protect the public or the profession from cases of malpractice. It became evident that a system, which recognised various classifications of nurse education and qualifications, was needed. Therefore in 1900 the

Registration of Australian Nurses commenced with the Nurses' Registration Act being passed in NSW in 1924.

In 1926 the NSW Government took over responsibility for nursing education and also formed the NSW Nurses' Registration Board (NRB). This meant that ATNA was disbanded of its responsibilities. The establishment of the Nurses' Registration Board consequently meant that nurses who completed the prescribed formal training and passed their examination, had their names recorded on a register or roll (Registered Nurses, List A) that was maintained by the Nurses' Registration Board.

Over the years the health services in Australia expanded and attempts to recruit staff proved increasingly unsuccessful. The result of these staff shortages encouraged the introduction of nursing assistants who were required to supplement the staffing shortage left by decreasing numbers of Registered Nurse students. During the next thirty years the number of Assistants in Nursing increased in both the public and private hospital system.

The Nurses' Registration regulations under the revised Nurses' Registration Act, 1953, allowed for Assistants in Nursing who had demonstrated experience and proficiency in nursing to be considered for enrolment. If these Assistants in Nursing were able to satisfy the licensing requirements their names were entered on List B of the nurses Registration Board. Thus, formal recognition of a second level of nurse emerged. By 1960 the title of this second level nurse, the 'Nursing Assistant' had changed to 'Nursing Aide,' that is, rather than an assistant to the Registered Nurse they were deemed to be an aide to the Registered Nurse.

The growth in necessity for this second level nurse was such that by 1970 there were 215 hospitals in NSW training nursing aides. This demand continued and there is now in each

Australian state, a formally recognised program that educationally prepares a second level of nurse for work in a variety of settings. This recognition has been consistent with world practice. The International Council of Nurses recognises the second level nurse as one educated through a program of theory and practice to provide nursing care under the direction of a first level nurse (Creighton & Lopez 1982 as cited in Sullivan 1990).

In NSW, as elsewhere in the world, the NSW legislation recognises two levels of nurse, the Registered Nurse and the Enrolled Nurse.

Registered Nurse - (First level nurse)

A Registered Nurse is seen as a person who has the responsibility to plan and give quality patient care and work as a competent member of a disciplinary health team (Nurses' Education Board of NSW, 1976)

Enrolled Nurse - (Second level nurse)

The Enrolled Nurse is a second level nurse who provides nursing care within the limits specified by education and the registering authority's licence to practice.

With the direction and supervision of a Registered Nurse, the Enrolled Nurse assists in the provision of nursing care in clinical and community settings. This involves preventative, curative and rehabilitative nursing care which takes into account the individual needs of health care consumers.

At all times the Enrolled Nurse retains responsibility for his/her own actions and remains accountable to the Registered nurse for all delegated functions. The Enrolled Nurse Review, (1991, p.13-14).

Traditionally the first level Nurse, or Registered Nurse, (R.N) had an educational preparation that consisted of three to four years of clinically based workplace experience interspersed with hospital based lectures. When their 'training', which was carried out in the hospital environment, was complete, the student R. N.'s undertook a state examination conducted by the registering authority, the Nurses Registration Board, (NRB). If the students were successful they were eligible to be registered on the Nurses Registration Board's List A. Following the Sax report (1978) there was a move for Registered Nurse education to be

moved out of hospitals and into the tertiary sector. In NSW these students are now educated by the university sector in a three-year full time Bachelor Degree program. The licensing authority, is still the Nurses Registration Board, and this board accredits these programs and graduates of these programs are licensed to practise and entered on the register as List A.

The second level nurse, the Enrolled Nurse, previously known as a Nurse's Aide, was also educated in the hospital environment prior to 1986. This second level nurse, in some countries known as the 'practical nurse' has always had an integral relationship with the workplace, and like the Registered Nurse, worked in various clinical areas.

The educational program for the second level nurse, or Enrolled Nurse, was of one year's duration. Enrolled Nurses also sat a state examination conducted by the Nurses Registration Board and if successful were eligible to be entered on the roll with the Nurses Registration Board on the Enrolled Nurse roll or List B.

1. 2. NURSING AND THE GLOBAL PERSPECTIVE

The Australian experience echoes the transitions that have been occurring in other countries. Working in hospitals and the community in most of the technologically developed nations of the world are two or more levels of Nurse. These 'Nurses' have very varied educational preparation for the work they do. The role of 'nurse' is one that is still generally poorly defined, and over the years has consumed much discussion in the literature (Fox-Young, 1988; Prescott & Smith, 1988; Gray and Pratt, 1989; Talotta, 1990; Barnett, 1993; Sandahl, 1993; Barrat, 1994; Coudret, 1994; Benson & Ducanis, 1995; Gallagher, 1995; Johnson, 1995; Wright, 1995; Cowan, 1996).

Generally, those who act as an auxiliary to the Registered Nurse, perform nursing care of a less complex nature than Registered Nurses. In Australia the various levels of care are the subject of ongoing debate. The Nursing profession has constantly been grappling with the concept of a hierarchy of nursing skills and knowledge and has continually attempted to divide this hierarchy into fundamental and advanced skills and various technical categories (McFarlane, 1976; Kerfoot, 1997; Jacox, 1997).

Many of the developed countries are linked in their struggle to define nursing work. As is mandatory in most of the technologically developed countries, Australia has a licensing board or council that regulates standards of practice for Nurses. The performance of nursing in Australia is commensurate with the definition of the International Council of Nurses. The International Council of Nurses is the oldest international health organisation and some of its objectives are to improve standards and the status of nurses within their countries.

The International Council of Nurses (ICN) has defined nursing as;

“The unique function of the nurse is to assist the individual, sick or well, in the performance of those activities contributing to health or its recovery (or to peaceful death) that he would perform unaided if he had the necessary strength, will or knowledge” (International Council of Nurses 1973).

Inherent in the conflict over a definition of what nursing is, is the confusion over whether those who assist nurses, also do nursing work, and are therefore entitled to be called ‘Nurse’. In many states within the United States of America these assistants are called Licensed Practical Nurses (LPN), in Canada they are Registered Nurse Assistants (RNA) in the United Kingdom, New Zealand and Australia these second level nurses are called Enrolled Nurses (Fardell, 1989).

The last two decades have seen many changes in the health of the global population. The introduction of new and changing patterns of disease, advancing technology and increased longevity have all impacted on health care systems. These changes in world health and technology, along with changes in global economics have combined to increase the financial accountability of health systems and have in some cases resulted in administrators pushing for economic rationalisation. It is not surprising that these changes have produced many modifications to the health care industry, and these modifications in turn, have impacted on Nursing and Nurse education.

In an attempt to facilitate an economically viable and flexible framework for the future of Nursing and Nurse education that would cope with the changing health care needs, the United Kingdom developed a project aimed at streamlining the British health system. The name of the scheme is Project 2000. This project is aimed at developing one level of carer for people who will need nursing care by the year 2000. Accordingly Enrolled Nurses in England have been offered a conversion course to upgrade their knowledge and skills from a second level nurse, or Enrolled Nurse to a first level nurse, or Registered Nurse. The goal is to have no new Enrolled Nurses being educated by the year 2000 but to have a total Nursing force of Registered Nurses. The North American literature's emphasis is on Registered Nurses or Nursing Assistants. The education and training of these nurses is not equivalent to the American Licensed Practical Nurse who is the educational equal of the Enrolled Nurse in Australia.

Claims have been made that second level nurses provide second level care, however there is a paucity of research that links patient outcomes with the educational levels of nurses (Prescott, 1993). However, Shindui-Rothschild, (1994 as cited in Costello, 1996) identified lack of

education for health personnel as one of the factors impacting on adverse patient outcomes. Despite the uncertainty in relation to the adequacy of nursing care, it has been argued that the abolition of the second level Nurse could advance the social standing of the first level nurse. (Martin, 1986). This exclusion of the second level nurse and the potentially ensuing elitism does not appear to be shared by nursing colleagues in the United States of America. (Pembrey, 1985). The apparent trend in America is to promote evidence-based practice that will produce desirable patient outcomes for minimum costs regardless of which stratum of nurse is providing patient care (Jacox, 1997).

1.3. UPGRADING NURSE EDUCATION

The sociological literature of the 1960s, 70's and 80's frequently characterised nursing as a female occupation, (Ortner, 1974; Beaumont, 1987; Speedy, 1987; Schotfeld, 1987) while becoming a doctor was viewed as entering a masculine profession. Political rhetoric suggested that education at a tertiary level might be warranted to deal with the growth in technology and the increased complexity of health care delivery. (Attridge and Callahan, 1989). It was proposed that the move of nurse education to the university sector could assist in legitimising the vocation to the status of a profession. The transfer of the first level of Nurse education programs from the health/ hospital sector to the university sector began in NSW in the mid 1980's. There seems little evidence, apart from educational preparation for areas other than hospitals, (Duffy, Milton, Seymon, 1989 cited in Gray and Pratt, 1989) that this geographical re-location from the hospital sector to university has significantly altered the performance of skills. Major Nursing organisations believed that this higher education level was warranted because of the increasing complexity of work in the health care areas. It was hoped that higher education would also enhance the social perception of the status of nurses as well as facilitate

increased control by nurses, over what was deemed to be nursing work, (Jenkins as cited in Gray and Pratt 1989).

Despite the upgrading of the educational preparation for Registered Nurses to universities, anecdotal evidence suggests that the corresponding elevation of Enrolled Nurses from Certificate level qualification to an Advanced Certificate level has not had a comparative elevation in the role of the Enrolled Nurse. Nor has the advancement been completely supported by many of the first level nurses, that is, Registered Nurses, within the profession (Bradshaw, 1988). Indeed, the change in gender related social values that fostered the move of Registered Nurse education into the higher education sector might have assisted in widening the gap between the status of the first and second level nurse.

If the nursing product of universities is seen as 'professional,' (Russell, 1990), the second level nurse, lacking university status, whose education was now transferred to a TAFE college, (see discussion page 12) could be seen to lack professional status. Proponents of this approach argued that this level of nurse was unable to join nursing associations and colleges as full members as they were perceived by some as to not belong to the professional body of nurses. This argument that Enrolled Nurses are not professional nurses may also convey elements of the former sexist overtones. Andrew Groom (1992) argues that the values inherent in a patriarchal social system indicate that the nurturing skills associated with women are often skills acquired within their domestic role. Thereby these skills are often de-valued because they are domestically learnt skills. In contrast the higher status given to occupations defined as masculine generally see men pursuing the knowledge for their skills outside the domestic domain, frequently in universities.

Research is needed to establish whether the first level Nurse is perceived as having the more masculine characteristics. These characteristics could include a capacity for organisation, planning and judgment as well as possessing a scientific body of knowledge and information related to technology, while the second level nurse may be seen in the softer, traditionally more feminine, carers' role attracting less remuneration and therefore subsequently devalued.

It is possible to debate the philosophical issue of whether nursing can be considered a profession or to deliberate over a definition of 'nursing work'. It is also possible to explore the sexist issues that surround roles within the health care system, however there is no debate or question surrounding the salient fact that both Registered Nurses and Enrolled Nurses can, and do, give whole patient care.

1. 4. EDUCATION FOR THE ROLE OF THE ENROLLED NURSE

The models for Nurse education in NSW followed those practiced in the United Kingdom, however there were a number of fundamental differences both nationally and internationally. The entry requirements into nurse education programs, the course duration and structure as well as content varied according to the registering body in the particular country or state.

In NSW in February, 1958 formal hospital based programs for second level nurses were introduced at selected hospitals. The syllabus was of one year's duration of which a minimum of eighty hours theoretical instruction was required. Many training hospitals in NSW made extensions to the syllabus that would customise the syllabus to satisfy local needs. The inconsistencies in hospital based education frequently hindered the mobility and articulation of Enrolled Nurses.

Investigations into the developments and changes in nurse education were conducted by the Sax report (1978), and the recommendation that was made by that report was that the Technical and Further Educations (TAFE) system would be a suitable venue for Enrolled Nurse education. In March 1980 the Ministers for Health and Education established a Task Force to provide advice regarding the role of the Enrolled Nurse. At this stage Enrolled Nurses made up 11.9% of the NSW nursing workforce. The Task Force made a number of recommendations, the first recommendation was that;

“the existing three-level nursing personnel system of registered nurses, enrolled nursing aides: assistants-in-nursing should not be continued,”

“the Enrolled Nurse is accepted as an integral part of the nursing profession”

as well as,

“that as a second level nurse, the Enrolled Nurse should be able to function in all areas where the Registered Nurse works, provided that clear distinctions can be made excluding the Enrolled Nurse from specific services and units that require judgment and skill beyond the Enrolled Nurse’s preparation”. (Department of Health Circular No. 87/43. 1987).

Following the recommendations of the Task Force, the Nurses’ Education Board was asked in 1982 to investigate and advise on basic education and on-going educational needs of Enrolled Nurses. Two cost saving alternatives were presented for consideration;

- a) The transfer of all components of Enrolled Nurse training to TAFE. This would mean that only trained Enrolled Nurses would staff hospitals.
- b) Enrolled Nurses would have apprenticeship-type training, with hospitals within the Department of Health providing clinical experience and salary and the block of theoretical instruction being conducted within TAFE.

When the Minister announced that the transfer of Registered Nurse education into institutions of higher education would begin in 1985 and be complete by 1988 it had a profound impact

on the employment profile of Enrolled Nurses. The utilisation of Enrolled Nurses was seen as an essential strategy to replace the student nurse labour force (Rotem, Gladstone, Frizell and Savage, 1986). The Department of Health commissioned a study in May 1985 to support the planning and policy decisions regarding training and employment of Enrolled Nurses. This study discovered that although Enrolled Nurses were working in a wide variety of settings, the syllabus was more suited to educational preparation for work in a nursing home. This inadequacy was further compounded by the discovery that Enrolled Nurses were being trained to suit the local training environment (Rotem et al 1986).

Hospitals began to experience the impact of the transfer of Registered Nurse training into institutions of higher education. At the same time there was a decline in the numbers of students seeking training. A decision regarding the future of Enrolled Nurse education became imperative. In July 1985 the Nurses' Education board analysed four options for the training of Enrolled Nurses. The four options were;

- a) no training
- b) regional, hospital-based group schools
- c) Centres for Adult Education
- d) TAFE

In December 1985, the Premier of NSW announced that the training of Enrolled Nurses would begin to be transferred to TAFE colleges and that the Enrolled Nurses would continue to be paid members of the workforce employed at selected and approved health care institutions.

There are many issues that surround the education and practice of Enrolled Nurses in NSW. It has been argued that at a beginning practitioner level there appears to be little difference

between a beginning Registered Nurse graduand and a Beginning Enrolled Nurse (Australian Nursing Council Inc, 1993). This argument introduces the determinant of economic issues and the question of whether Enrolled Nurses are cheaper to employ given the assertion that,

‘they (ENs) have been used interchangeably with registered nurses even though their training has not equipped them for this role’ (Wexler, 1991 p. 32).

Since the inception of the second level nurse, the role and function of the second level nurse has been obscure. The Australian Nurse Registering Authority Conference (ANRAC) attempted to describe what it is that Enrolled Nurses do, they identified a set of competencies. All states and territories Registering Authorities approved a set of competencies for Enrolled Nurses in 1990. However further research determined that the ANRAC competencies in relation to Enrolled Nurses were not as valid or reliable as the data that related to Registered Nurses (ANRAC, 1990). Research to validate the beginning level Enrolled Nurse competencies across all areas of nursing practice was conducted in 1993. A recommendation from this report was that “An examination should be undertaken into the relationship between the perception of the EN's contribution to health care and the educational preparation which underpins that care” (ANCI, 1994. pp.47). This thesis may assist in adding to the limited body of knowledge surrounding the educational preparation of Enrolled Nurses.

1. 5. CERTIFICATE TO ADVANCED CERTIFICATE

The Enrolled Nurse course conducted by TAFE has two components, theoretical and clinical experience. The curriculum for the theoretical component of the Enrolled Nurse course conducted in the TAFE environment went through both an internal and external accreditation process and was approved by the Nurses Registration Board. The students were paid employees of the participating hospitals. The theoretical component was comprised of two

six-week blocks of instruction conducted in selected TAFE colleges. The theoretical components of the course included theory, practice and simulated clinical experiences conducted mainly in the college. Students visited a participating hospital one-day a week with a TAFE Nurse Educator for a clinical visit. The remainder of the course, the second component, was comprised of forty weeks clinical experience in the hospital environment under the direction of a Registered Nurse workplace supervisor and with continuing staff development and education delivered by the hospital educators.

In line with the advances and complexities of delivering health care and the associated confusion surrounding staff role boundaries, the Minister for Health in 1990 initiated a review into Enrolled Nursing in NSW. A summary of the recommendations from the review Ministers for Health into the Education, Role and Function of the Enrolled Nurse in New South Wales included;

1. That the following role statement of the Enrolled Nurse in NSW be accepted:
The Enrolled Nurse is a second level nurse who provides nursing care within the limits specified by education and the registering authority's licence to practice.

With the direction and supervision of a Registered Nurse, the Enrolled Nurse assists in the provision of nursing care in clinical and community settings. This involves preventative, curative and rehabilitative nursing care, which takes into account the individual needs of health care consumers.

At all times the Enrolled Nurse retains responsibility for his/her own actions and remains accountable to the Registered Nurse for all delegated functions.

2. That the following function statement of the Enrolled Nurse in NSW be accepted:

Functions appropriate to the Enrolled Nurse must correlate with the National competencies for enrolment and are determined in consultation with the appropriate Nursing Management having regard to;

The degree of educational preparation and clinical assessment of the Enrolled Nurse:

- The acuity of the person requiring nursing care;
- The amount of clinical judgment required;

- The level of technical skills required and
- The degree of Registered Nurse direction available (The Enrolled Nurse Review, 1991).

This review resulted in, among other things, the Enrolled Nurse curriculum being upgraded from a Certificate level to an Advanced Certificate level. The first students began the Advanced Certificate Course in October 1991.

1. 6. MONITORING THE EFFECTIVENESS OF THE ADVANCED CERTIFICATE IN NURSING (ENROLLED NURSE).

The NSW Department of Health identified a need to monitor the effectiveness of the Advanced Certificate in Nursing (Enrolled Nurse) course in preparing students to function in the workplace. This researcher was a member of the team that developed a strategy that would monitor the experience of Enrolled Nurses in the workplace and evaluate the educational processes inherent in the Enrolled Nurse program. The project advocated surveying three key stakeholder groups who were involved in the program. The three key groups were

1. students and ex students,
2. teachers on the Enrolled Nurse course, and
3. work-place personnel.

The overall project was divided into two discrete research efforts. On behalf of the NSW Department of Health a team from the TAFE Nursing Unit undertook the application of one part of the project. This involved a longitudinal program evaluation from a student perspective. The TAFE nursing unit team surveyed students and ex-students at various intervals throughout their course and beyond. Each survey focused on different components of the course, for example, theory, practical work and work experience. Thus various aspects of

the Enrolled Nurse' curriculum and workplace program were examined through the eyes of students and graduates from the Enrolled Nurse program.

This researcher took responsibility for the second research effort which involved surveying two groups of stakeholders, teachers and workplace personnel. The full time teachers from the Enrolled Nurse program were surveyed at two strategic points during the course, these were at the completion of the two TAFE theoretical study blocks. Information was also sought from Registered Nurses who supervised Enrolled Nurses in the work-based hospital milieu. These workplace personnel were also surveyed at two strategic points just after the student's period of instruction. Responses from this survey could be correlated with the students responses gathered in the concurrent longitudinal project. Thus this project is situated within, and is an integral part of, a larger scale project. However aside from the need to coordinate aspects of the project, this thesis is the product of the individual research that I have conducted.

Due to the complexity and extensive amount of data collected from teachers on the program and workplace supervisors, this research thesis presents the second of two surveys administered to workplace supervisors, that is Registered Nurses who supervise Enrolled Nurses in the workplace. Anecdotal evidence suggested that there was a general feeling of satisfaction among those who work closely with the Enrolled Nurse program. However no definite evidence existed as to the accomplishments of the students during the course or how these nurses fared in the workplace.

The links between this research and the comprehensive longitudinal project being undertaken by the TAFE Nursing Unit team will make a major contribution to the limited body of

literature concerning the issues and confusion that revolve around Enrolled Nurse education and work.

1. 7. PURPOSE OF CURRENT STUDY

The overall aim of this project was to gain information about the Enrolled Nurses' workplace. The purpose was to see if the Enrolled Nurses were effectively performing their role and function within the workplace. Specifically in this report, the effectiveness of the educational preparation will be determined by inquiring from Registered Nurses supervisors whether Enrolled Nurses are adequately performing their perceived workplace role and function following the TAFE Block 2 theoretical component. To ascertain this, information was needed from Registered Nurses about their understanding of the Enrolled Nurse program. They were also required to provide information as to whether Enrolled Nurses performed their expected role in the workplace and whether the ANRAC competencies were applicable to the reality of the workplace.

Information was sought to discover possible knowledge and skill deficiencies in the Advanced Certificate program that may have failed to equip the Enrolled Nurse to function effectively in the workplace. It was expected that information would be gained that related to the execution of the program as well as the workplace training environment. This information would provide insight into the extent to which the Enrolled Nurse education program meets the workplace demands and expectations of Registered Nurses who supervise Enrolled Nurses.

It is the first time that an investigative study of Enrolled Nursing has been extended to include the perceptions of the Registered Nurse workplace supervisors. These workplace supervisors

are not TAFE teachers, but are Registered Nurses who supervise Enrolled Nurses in the workplace.

1.8. ORGANISATION OF THE REPORT

This research effort endeavoured to gain information about the Enrolled Nurses' workplace. The research also explored Registered Nurses' perceptions of the effectiveness of the educational preparation of Enrolled Nurses.

The Enrolled Nurse works in complex environments spanning both institutions of tertiary education and varied hospital environments, the review of the literature examines many aspects of this complicated world. The review examines literature relating to vocational education and training, nurse education, curriculum and evaluation. It also explores their relationships to the Enrolled Nurse program. This exploration produces influences that have an impact on the selected methodology. The review of related literature provides many influences for the choice of methodology described in Chapter three. The influences of the various educational evaluative theorists provide an eclectic framework that informs aspects of the study. The research method selected to investigate Registered Nurses' perception of the effectiveness of the Enrolled Nurse in the workplace was by survey research and this chapter highlights some of the complexities encountered when deciding on sampling techniques and question inclusions.

The results also provide preliminary information about the Enrolled Nurses' workplace environment and education. As well as answering question relating to the world of work for the Enrolled Nurse, this chapter also engenders some interesting questions. Chapter four

presents the results of the survey investigation and confirms the suggested confusion surrounding the role and function of the Enrolled Nurse in the workplace.

The fifth chapter concludes that the educational preparation of Enrolled Nurses is effective, but highlights new issues that need clarification and relate to the workplace-training environment. After consideration of the findings a number of recommendations are made.

2. RELATED LITERATURE

2.1. OVERVIEW

The intent of a review of related literature is to inform the stated purpose of the study. That is, to reflect on whether Enrolled Nurses are effectively performing their role and function within the workplace by examining the perceptions of Registered Nurses who are the Enrolled Nurse workplace supervisors. To achieve this purpose there was a need to examine educational evaluation, as this would provide methodological directions for the current study. There was also a need to explore the vocational education and training sector in which Enrolled Nurses are educated. As the government promotes the concept of 'on the job' learning, current research into the world of training will provide a framework in which to place the Enrolled Nurse program. Information is emerging in relation to the Enrolled Nurses and their perceptions of their educational preparation, however there is a need to know more about where Enrolled Nurses are working and how they are being utilized within the hospital environments.

The purpose of the review therefore is not to contrast models of curriculum or program evaluation, but to facilitate an investigation into the world of work of the Enrolled Nurse by examining literature relating to the issues that surround Australian Enrolled Nurse education.

The literature search reviewed studies relating to Enrolled Nurses. Searches were conducted examining the preceding ten years on CINAHL, APAIS, Vocational Education, Medline, Australian Education Index (AEI) and Educational Resource Information Centre (ERIC). Search headings included Education evaluation, Vocational Education and Training, Curriculum Evaluation, Nursing education evaluation, Nurse Teachers, Enrolled Nurse (EN), Practical Nurse (PN), Auxiliary Nurse (AN), Assistant in Nursing (AIN), Nurses' Aide (NA),

and Licensed practical Nurse (LPN) and their roles in the workplaces.

This review is arranged in four sections, specifically educational evaluation, vocational education and training, nursing evaluation and Enrolled Nurse utilisation. The review reports on each of these categories and concludes with a summary of key points.

2. 2. EDUCATION EVALUATION

The literature on education and evaluation is vast, and the locus has traditionally concentrated on the evaluation of curricula. Thus, questions have often been directed toward measuring whether the goal or goals of educational programs, that is, the educational objectives, have been achieved. This traditional form of evaluation had its genesis in the 1930's and 40's with Ralph Tyler (1950, cited in Owen, 1993) and his discussion of objectives-orientated evaluation, where the emphasis was on measurement and testing. There were inherent problems with Tyler's process in that there was no certainty that what was being measured or tested was actually a result of the educational program. To measure student nurses' examination pass rates or student nurses' satisfaction against the corresponding educational goals would provide only an imprecise estimation of achievement. The result of whether a student achieved their educational goals may also be contaminated by extraneous variables such as the student's entry level knowledge or motivation. Thus the purpose of Tyler's method of evaluation was to determine whether the educational goals had been met. The model was not satisfactory for the current study, as it would oversimplify the process, in that, the effectiveness of an Enrolled Nurse in the workplace may be due to other variables beside the educational program undertaken.

The process of evaluation evolved through many conversions pursuing the reasoning of the day. Examples of these adaptations were the analysis of cognitive and affective objectives and the question of whether the objectives equaled the educational outcomes. This was described in Bloom's Taxonomy of Educational Objectives (1956) and preceded the behaviourist form of evaluation, referred to as the Agricultural Botany paradigm, described by Parlett and Hamilton, (1972, p11, cited in Parlett and Drearden, 1977).

These early examples of program evaluation resulted in hard numerical data that was appropriate for the scientific paradigm. It was however, not until the late 1960's that these forms of evaluation were widely criticised as being too narrowly focused on educational outcomes.

Cronbach (1963) extended this concept and identified three types of decisions that could result from program evaluation, they were;

1. Course improvement.
2. Individual planning.
3. Administration/Effectiveness.

Although not a primary focus of this study, these types of decisions could be influenced by the results of the current research. Recommendations from this study will inform course improvement and subsequently the effectiveness of the Enrolled Nurse program.

As program evaluation developed, Michael Scriven, (1967) introduced the concepts of formative evaluation as the consumer orientated evaluation approach. This approach looked at the stages of program establishment and advocated summative evaluation for a program already running. In later work Scriven (1972) introduced the concept of goal free evaluation,

as he believed that goal setting in evaluation had become a contaminating factor. A common experience with this type of program evaluation was that attention was often focused on what the curriculum set out to do (expected outcomes), not what the curriculum actually achieved (actual outcomes). A goal-free examination of a program does not judge how well the program meets its goals, but rather it gathers information about the program.

Following on from the introduction of 'goal free' evaluation, Scriven (1972) began to examine not only when the investigation of the program was performed, but also considered the roles that the investigation played in the educational field. He perceived the purpose of the investigation to be that of determining the merit of a program. Scriven felt this knowledge could be used for further curriculum development to improve educational products. Scriven's formal evaluation studies are conducted to answer questions about a wide variety of educational entities. Using Scriven's methodology doesn't provide solutions or correct problems, but it can enlighten us as to the process, that is, to 'what is', and 'what has' occurred during the course of the program. It is Scriven's assumption that logical analysis of data from various sources will clarify the effects of the program.

The focus of program evaluation widened during the 70's and 80's. During this period Robert Stake (1974) introduced his naturalistic and participant orientated evaluation approach, the 'Countenance model'. This model was more concerned with understanding 'how' the program worked. The model helped to provide enlightenment of the stakeholders by highlighting the issues involved. Stakes 'Countenance Model' produced a framework that was comprehensive and could supposedly be used by anyone. However this model has since proved to be so all embracing that it is expensive and difficult to implement. One valuable element of Stake's model was its responsiveness, in that it was orientated to the activities of the program, the

antecedents, the transactions during the program and the actual outcomes of the program rather than to the intention of the program. It did provide a lot of information and allowed those involved to contribute to that information. Stake achieved these outcomes from his model by immersing himself at a site and writing copious case study notes before, during and after the program. The practicality of this aspect of Stake's model meant extensive adaptation was often necessary before any form of implementation.

The form that the investigation of a program takes is linked to the purpose of the investigation and to what condition the program is in when the investigation occurs. For example Stufflebeam (1985) in his management orientated evaluation approach proposed a model that investigated a course by examining four types of evaluation, Context- Input- Process-and Product (CIPP) evaluation. In Stufflebeam's model each type of evaluation is related to the outcomes of decision making and the change process. The 'context' aspect of the evaluation is used for planning decisions. 'Input' evaluations are for programming decisions. 'Process' evaluation has as its purpose improvement and is conducted during the development of the program. Whereas, 'Product' evaluation, is conducted at the completion of the program and has the justification of the program as its purpose. Stufflebeam (1971) emphasized investigators needed to examine the decisions that are made in relation to the CIPP Model. Theoretically this model provides a feedback loop for the investigation of a course which would allow modifications during the program execution, however the identification of the decision-makers was not always easy. Research flourished in the area of evaluation throughout the 1970's and 1980's. A veritable Pandora's box of educational evaluation models were available for researchers and those in the business of investigating educational programs.

Educational evaluation research evolved from evaluating curricula, that is, to determine whether the educational goals had been reached. The question to be answered was, did the program do what it set out to do. This form of research is similar to curriculum evaluation, in that it is actually a goal-based activity. Wolf, (1987). Wolf's work described a framework for comprehensive evaluation. He suggested five components for effective evaluation as being appropriate for inclusion in developing strategies. These were;

- the initial status of learners,
- execution of the program,
- learner performance after the period of instruction,
- cost of educational program,
- supplementary information.

Not all of these aspects were deemed necessary for the current study. In this study the goal is to examine whether the educational preparation of Enrolled Nurses equips them to work in the various workplace settings. Alkin, (1990) distinguished between judging the merit of the curriculum product, (learning materials) and judging the merit of the curriculum program (how the program works within the instructional setting).

Many of these evaluation models are pertinent to nursing evaluation and have been adapted for evaluation of components of nursing curricular or nursing programs (Hillegas & Valentine, 1986; Reilly; 1980; Riehl & Roy; 1980, Seaman, 1983).

Evaluation should help readers understand more than they would without the evaluation and the review of many of these methods of evaluation provided the underpinning foundation to inform and supplement the current study. Examination of the diverse approaches to educational evaluation provides us with the expectation that this investigative study will not

‘prove’ the worth of the program, but ‘improve’ our understanding of the program by looking through the eyes of some of the stakeholders at workplace practices.

2. 3. VOCATIONAL EDUCATION AND TRAINING

Vocational education or training is a term being used to represent a new system of training (Funnell, 1996). Vocational Education may be undertaken in schools, workplaces, colleges, universities and the Technical And Further Education (TAFE) systems. Economic and social forces have historically conditioned the context for vocational education throughout the world.

In Australia, the need for economic reform in education and training is in the main, aligned to the government and industry requirements for quality occupational improvements. The introduction of new technologies, the restructuring, downsizing and re-engineering as well as the increased globalisation of the workforce has provided the Australian vocational education sector with a clear mandate to produce a domestic labour force that will perform as competently as its international competitors. It is proposed that one of the ways that this outcome can be achieved is to extend and increase the skills of the Australian workforce (Robinson & Kenyon, 1998). It is this imperative that has upheld and directed the National Training Reform Agenda. The current National Training Agenda is a dynamic process with various features that are related to educational movements, such as on-the-job learning, assessment only pathways and the introduction of competency based curriculum. These curricula and assessments are based on nationally endorsed industry standards (competencies) that attract national accreditation. This feature of the National Training Agenda has given industry the power to decide its skill requirements by defining the competencies that it requires of its workers (Ramsey, 1993). The Training Agenda came about in response to a series of educational reports designed to address problems of economics and competitiveness

by involving industry in training for the labour market and broadening the skill base of the Australian workforce.

The Finn Report on post compulsory education released in July 1991 (Australian Education Council Review Committee) identified the need to increase the level of work-related skills for people entering the workforce. The Carmichael report (Employment and Skills Formation Council, 1992) released in 1993 endorsed the Finn report, with some modifications, and argued for a new structure of entry-level vocational education and training. The Mayer Committee (1992) described a set of key generic competencies that were thought to be necessary for everyone in the Australian workforce. There were seven key (Mayer) competencies identified, which were common to all industries, for example, communication of ideas and information, working in teams and problem-solving skills. These core competencies are supported by occupation-specific competencies, which represent the specialised skills necessary for a particular occupation. The competencies provide a bridge between the competency requirements of an occupation and the vocational and education training necessary for a certification system. The competencies also serve as benchmarks for standards in relation to employment across the Australian workforce. Embedded within this initiative is a set of eight levels related to competency performance at work. These competency levels range from the basic operator performance level, (level 1) to complex supervisor/manager levels (level 8). These competency levels are related to training and education and have become known as the Australian Standards Framework (ASF).

The ASF is a set of benchmarks that distinguish between levels of competency and then allow competencies to be related to qualifications. (ANTA, 1995)

This matrix approach to the ASF has been developed to allow a more flexible approach to the alignment of competency standards across industries. Competencies for the two levels of

Australian nurses were tabled at the Australasian Nurse Registering Conference (ANRAC) in 1988. This focus on competency standards and generic skills in nursing is being explored in a range of research efforts in the tertiary sector (Harris, Adamson & Hunt, 1998; Duffield, Donoghue, Pelletier & Adams, 1993; Preston & Walker, 1994).

The new Australian Qualifications Framework (AQF) implemented in 1995 certifies the level and quality of study and training that one can achieve through a program or other learning experience, such as on-the-job training. The AQF relates to the ASF levels and allows for the outcomes of training to be nationally consistent both within and between institutional and industry based training (Australian National Training Authority [ANTA], 1995). It is intended that this approach to certification will allow for more flexibility within the national workforce. The impact of these strategies has introduced a range of training reforms into education, such as the establishment of a training market, the recognition of prior learning, multi-skilling and an industry led push for work based learning as well as education that can be delivered flexibly. Traditionally it was assumed that most learning occurred in classrooms, however many studies have shown that the experiential learning in the clinical area is very effective. (Benner, 1984; Carpenito & Duespohl, 1985; Kolb, 1984; Reilly & Oermann, 1985; Smithers & Bircumshaw, 1988). Some concerns have been identified over the limitation of the workplace to provide the conceptual framework necessary to develop skills and professionalism. (Cleminson & Bradford, 1996). However much of the research is suggesting that workplace learning provides opportunities for the student to see the relevance of their education to the workplace and to reinforce basic skills as well as develop interpersonal and occupational specific skills. (Billett, 1992; Petheridge, 1996; Taylor, Jones, Meredith & Wheelans, 1996; Robinson & Thomson, 1998). The workplace may also provide a dimension of reality that it is difficult to replicate in the classroom.

The National Training Agenda also repudiated the notion of classroom learning being the most well founded form of learning. The Agenda emphasised work-based learning and work-place training as being economically necessary and educationally valid, however because of the relative recency of research into the area of work based learning, no definitive position can be established. Investigation into the many emerging models of support and workplace training, such as experiential learning, mentoring, job shadowing, school-based work experience, and programs such as the Enrolled Nursing program with its mix of 'on' and 'off' the job learning will assist the debate on work place learning.

It is the National Training Agenda that has provided some of the impetus for this current investigative study. The National Training agenda has challenged traditional vocational education and delivery processes. Many of the stakeholders in traditional studies were educational organizations and their students and evaluations frequently concerned issues relating to courses, programs, teaching and learning, as well as the transfer of clinical learning into the field of work (Owen, 1993; Reilly & Oermann, 1985). Evaluation of curriculum, methods of delivery, processes of learning, assessment of outcomes and the time spent in learning are now being eclipsed by evaluation of demonstrated, achieved competencies and the deliberation over the relationship between academic and experiential learning (Cleminson & Bradford, 1996).

The tides of shifting ideologies are contained in various reports such as the Dawkins, (1988). Finn, (1991), Mayer, (1992), Carmichael, (1992) and Hilmer, (1994) reports. These reports have generated substantial research arguing for the various positions. Corresponding to the arguments contained in the reports concerning the various philosophical stances, there have been analogous arguments for the reforms that the reports present. The effects of continual

educational restructuring, changes to the shape of management areas, decreased funding, competitive training markets, flexible delivery of education, credit transfer, competency based training and recognition of prior learning are providing an abundance of literature. There is little in the vocational and educational training literature that is specific to Enrolled Nurse education. However, the impact of many of these reforms will shape future developments in nurse education and specifically in Enrolled Nurse education, both because of its location in the TAFE sector as well as its blend of on and off the job learning.

The National Training Agenda has re-focused much of the national research effort on issues surrounding delivery, work based learning, training providers and their clients. This means that stakeholders are not only educational organisations and their students, but employers, industry bodies and those in the workplace. Therefore a systematic approach to the investigation of the world of work based learning and educational outcomes is both significant and timely.

Although a wide variety of educational and vocational investigative studies were reviewed, the researcher found no holistic model for this investigation. To this end models used in nursing evaluation were also considered. No definitive model on which to base this study of Enrolled Nurses was identified. However current issues such, as 'on the job' learning with its associated mentoring programs and occupational specific competencies were common themes that required further scrutiny.

2. 4. NURSING EVALUATION

In terms of academic rigour, nursing is an infant discipline having been entrenched in the hallowed halls of universities for less than ten years. Therefore it is not surprising that library

shelves are not awash with tomes of research studies relating to Australian Nursing Programs.

In the developing body of research, the emergence of the nursing academic discipline has resulted in no definitive resolution being reached in the debate over the hypothetico-deductive and socio-anthropological orientations toward nursing research (Clarke, 1995). With the focus of the Enrolled Nurse educational programs concentrating on nursing skills rather than complex pathophysiology and higher order reasoning, it is hardly surprising, given the smaller numbers of Enrolled Nurses in the workforce, that there are no formal evaluative studies examining Enrolled Nurse educational programs in NSW. (Munro, 1983) provided the conceptual framework for the process of the current research. The framework provided a relatedness to the nursing process in that it facilitated inquiry by using the four processes, assessment, planning, implementing and evaluation. Assessing the adequacy of the Enrolled Nurse program to meet the workplace needs necessitated a planning process. This process included reviewing literature concerning Enrolled Nurses and their interactions in the workplace. Although no formal workplace evaluative studies of Enrolled Nurses were located, research undertaken to validate the Enrolled Nurse competencies had shown that not all the practices of Beginning Enrolled Nurses had been included.. (Australian Nursing Council, 1993). The inclusion of questions relating to Enrolled Nurse competencies in this study was therefore deemed to be essential.

The paucity of information relating to this level of nurse and the clinical environments in which they worked provided the catalyst to implement the current research. One benefit of process evaluation described by Stake (1980) is the possibility that in collecting data relating to workplace experience, deficits in knowledge, skills or attitudes may be identified.

Therefore providing the collected data for contemplation by the stakeholders will enable an evaluation to be conducted as to the effectiveness of the Enrolled Nurse educational program.

2. 5. ENROLLED NURSE UTILISATION

In the 1995 Nursing Workforce Annual Survey (NSW Health Department) there were 12,372 Enrolled Nurses who renewed their enrolment, of these 8,708 indicated that they were working only or mainly in NSW. Enrolled Nurses in NSW make up 26.4% of the total population of Enrolled Nurses in Australia. In both male and female Enrolled Nurses in the working population in NSW, the greatest proportion are those aged between 35 and 39 years of age (24.7% female and 20% male). Surprisingly there were 18 males and 18 females still in the workforce in the 65-69 year age group.

Enrolled Nurses are employed in diverse areas within the health care system. They work in large public hospitals, small private hospitals, pathology and community centres. Both metropolitan and rural nurses work in areas as diverse as operating theatres, community care, palliative care, maternity, cardiac care, pathology, accident and emergency and out-patients. In many areas Enrolled Nurses are now accessing the post basic courses being conducted by TAFE and the College of Nursing. In some health care settings Enrolled Nurses are being encouraged by the hospital administration to use the knowledge and skills gained in these post basic courses to extend their roles. This extension to role by local arrangement has wide implications. In the current climate of maximising economic efficiency, the Enrolled Nurse with extended skills, may appear more employable to some hospitals, nursing homes and hostels. However, this may mean that Enrolled Nurses are working outside their role and function and this event could leave them incredibly vulnerable to prosecution should errors occur. There is continual controversy surrounding the role and function of Enrolled Nurses in

the various health care settings,

“the role of the Enrolled Nurse became difficult to define as they undertook the functions of the Registered Nurse”. (Foong and Mackay, 1996 pp.95).

The emergence of this contentious issue resulted in a flurry of letters and articles in nursing journals (Gallagher, 1995; McKenna, 1995; Ketter, 1994; Heath, 1994; Davison & Pearson, 1994; Prescott & Smith, 1988; Miller, 1994).

As yet no comprehensive objective data is available to explore the number or effectiveness of Enrolled Nurses working in extended roles, however, the data gathered in this study will make a significant contribution towards understanding the role and effectiveness of the Enrolled Nurses' utilisation in the workplace.

The issue of extended skills may be implicated in the ratio of Registered and Enrolled Nurses working in a specified area. The prevailing political philosophy of economic rationalisation has been conferred to the management of educational and health organisations. This impact on the health agenda corresponded to the release of the recommendations arising from the Enrolled Nurse Review 1991. The Nursing Branch of the NSW Health Department in their 1992 Annual Report under the heading for Workforce Requirements, required that the NSW State target ratio of four Registered Nurses to one Enrolled Nurse (4:1) be achieved by June 1994, (NSW Health Department 1992).

Anecdotal reports rumoured that the impact and the implications of these designated ratios would result in a change in skills mix which disturbed many Registered Nurses, especially those working in acute care areas. Concerns of Registered Nurses originated from the belief that Registered Nurse employment prospects and the standards of patient care would both be

jeopardised by the introduction of the second level Enrolled Nurse into acute or specialist critical care areas (Pringle, 1996; Wynne, 1995).

Little information exists in the literature regarding the nature of educational transactions or the clinical utilisation of Enrolled Nurses within accredited training facilities. Throughout the transition from university classroom to work experience in the clinical area there has been an abundance of literature charting the passage of Registered Nurses. (Barnett, 1992; Hewison & Wildman, 1996; Horsburgh, 1989; Seed, 1995; Smithers & Bircumshaw, 1988; Whelan, 1987). No such examination of the journey of Enrolled Nurses from the TAFE classroom to the clinical area is prominent in the literature. However it is not unlikely that the recurring theme in the transition of Registered Nurses described as 'reality shock' (Kramer, 1974) a term used to describe the feelings of frustration and inadequacy that new nurses feel when first confronted by the clinical setting, is also experienced by Enrolled Nurses.

Other aspects of the Registered Nurses transition that have achieved recognition are the concepts of 'role strain'. This is the anxiety experienced by new nurses when they have to fulfil prescribed obligations, and 'role stress', where the role obligations are confusing, vague or conflicting. The impact of role strain has been found to be related to decreased job satisfaction. (Pilkington & Wood, 1986). Various programs, such as using preceptors, internships, buddy systems and shadowing (Barnett, 1992; Dufault, Bartlett, Dagrosa & Joseph, 1992; Hewison & Wildman, 1996; Horsburgh, 1989; Johnson, 1986) have been initiated to assist Registered Nurses with the transition from the learning environment to the clinical environment in an effort to decrease role stress. No evidence of similar initiatives was discovered for Enrolled Nurses.

The movement of nurse education from on-the-job learning and into the domain of the tertiary sector has further impacted on the way clinical skills are performed. In the structured hierarchical world of hospital based training, wards were organized under the task allocation model (team nursing) (Dewar, 1992). Team nursing means that a Registered Nurse who is the team leader, works with Enrolled Nurses who make up members of the team. This allows the Registered Nurse to act in a supervisory capacity and perform nursing care of a more complex character such as injections, tracheostomy care or complex dressings. Nursing that is practiced by a task allocation model can result in Enrolled Nurses performing a greater proportion of the physical work and routine menial tasks. The move to university education has meant a move away from task allocation to holistic primary care (patient allocation or case management) where a nurse may be allocated primary responsibility for all care for a group of patients. Patient allocation assumes that members of the team are able to care for their allocated patients independently. This type of nursing provides a dilemma for Enrolled Nurses who do not have the educational background to perform many complex tasks, administer medications, or direct changes to be made to nursing care.

Thus the method of ward management may and often does have an impact on the performance of various skills. This dilemma over how work is organised is not new. (Brannon, 1990). A disturbing study performed in a general hospital five years after the introduction of primary care found the constantly emerging theme,

“ we all do the same thing around here”

despite the fact that the staff consisted of three Registered Nurses, three Enrolled Nurses and four auxiliary nurses. Dewar, (1992). This duality of role and function was an issue that needed further clarification.

2. 6. SUMMARY OF REVIEW OF RELATED LITERATURE

A great variety of approaches, techniques and methods are available for an investigative study. The methodology that was adopted for this study was directly influenced by the work of Stufflebeam (1971), Stake (1974) and Owen (1993).

The literature reviewed many models relating to the process of evaluation and program investigation. Literature related to the broader issues of vocational education and training was also consulted and the contribution of research on work based training programs was a motivator for the current study. (Robinson & Thompson, 1998). The literature drew attention to the impact of the National Training Agenda on contemporary vocational education and training. This agenda emphasised the value of work-based learning and the introduction of occupation specific competencies.

The focus on workplace learning indicates a need to investigate whether the education (pre-vocational and vocational) is suitable to equip a student to perform their role and function in the workplace. Wolf's (1987) construct of establishing whether a program does what it sets out to do provided initial direction. Thus the emerging concept was to establish whether the educational preparation of the Enrolled Nurse equipped them to function adequately in the various hospital settings. Scriven and Stufflebeam (1973) also influenced the investigation with the imperative of gathering information from stakeholders. Stakeholders in this study were not represented by educational institutions, or students, but by Registered Nurses who supervised Enrolled Nurses in the workplace and had a great stake in the enquiry.

Throughout the review of related literature several issues have become clear. The necessity of addressing the paucity of existing information about the experience of Enrolled Nurses in

NSW was evident. In an attempt to understand more about the experiences of Enrolled Nurses and the Registered Nurse workplace supervisors who work with student Enrolled Nurses, there were several questions that the methodology needed to address;

- In what areas are Student Enrolled Nurses working? (workplace education)
- How do Registered Nurses perceive Student Enrolled Nurses? (role and function)
- Do Student Enrolled Nurses fit their workplace role and function? (educational preparation)
- Do the ANRAC competencies match the workplace reality? (curriculum evaluation)

Answers to these questions would provide information as to whether the goals of the educational program were being achieved. The standard of learner performance after their theoretical instruction, information relating to the workplace and an understanding of relevant professional issues would provide a comprehensive addition to the information concerning Enrolled Nurses in the workplace.

There is a vast amount of literature focussed on educational evaluations, however the reviewed literature showed that there are very few studies that attempt to gain an understanding of a program by looking through the eyes of stakeholders in the workplace. There are even fewer studies that deal exclusively with Enrolled Nurses in the workplace.

This absence of studies confirmed that there is a need to know much more about where Enrolled Nurses are working and how they are being utilized within the hospital environments. A further lack of knowledge was identified in areas such as experiential learning, mentoring, job shadowing and 'on' and 'off' the job learning. A further refinement in the understanding of the role and function of Enrolled Nurses will also assist the debate on occupational specific competencies and workplace effectiveness.

3. RESEARCH METHODOLOGY

3.1 INVESTIGATIVE STUDY

Typical educational evaluation has as its focus, the evaluation of curricula, with the emphasis on the curriculum document, the curriculum process or the curriculum product. This study did not focus on these aspects of curriculum evaluation, nor did it examine precise changes in student's clinical performance or the knowledge that students have gained since the implementation of the curriculum. The TAFE Nursing unit examined these aspects of evaluation, however this thesis aims to gain an expanded view of the perceptions of Registered Nurses who supervise Enrolled Nurses in the workplace, regarding the effectiveness of the educational preparation of Enrolled Nurses. The Enrolled Nurses are students of the Advanced Certificate who have completed their specialty theoretical instruction and are now consolidating their theory by working in the clinical area. The aim of this research is in line with the research imperatives of the Australian National Training Agenda, that is, to investigate the continuum from education to work based learning.

The literature reviewed presented no ideal model to accomplish the task of investigating whether Enrolled Nurses are able to perform their role and function in the workplace. However many of the models reviewed provided aspects that were aggregated to inform the investigative process. As suggested on page 24, Wolf (1987) proposed the notion that goal based activity such as program evaluation should investigate whether the program achieved what it set out to achieve. Wolf's (1987) work described five components for effective inclusion in developing strategies to investigate programs. Only three of these components were applicable to the current study, these were;

- execution of the program,

- learner performance after the period of instruction and
- supplementary information.

These three aspects were addressed through the eyes of one group of stakeholders, Registered Nurses. The data collection method was that of survey research. As no survey instrument met the requirements of the study, the questionnaire was developed out of information gathered from stakeholders. Another aspect that assisted with the formation of the study was the work of Owen (1993) with his emphasis on the timing of questionnaires and the inclusion of various questions for comparison and correlation. The process of what actually happens in the clinical areas was considered a vital element of the investigative study, therefore Owen’s (1993) proposition informed the planning process by ensuring the design for data collection was engineered in accordance with the completion of the theoretical blocks of instruction.

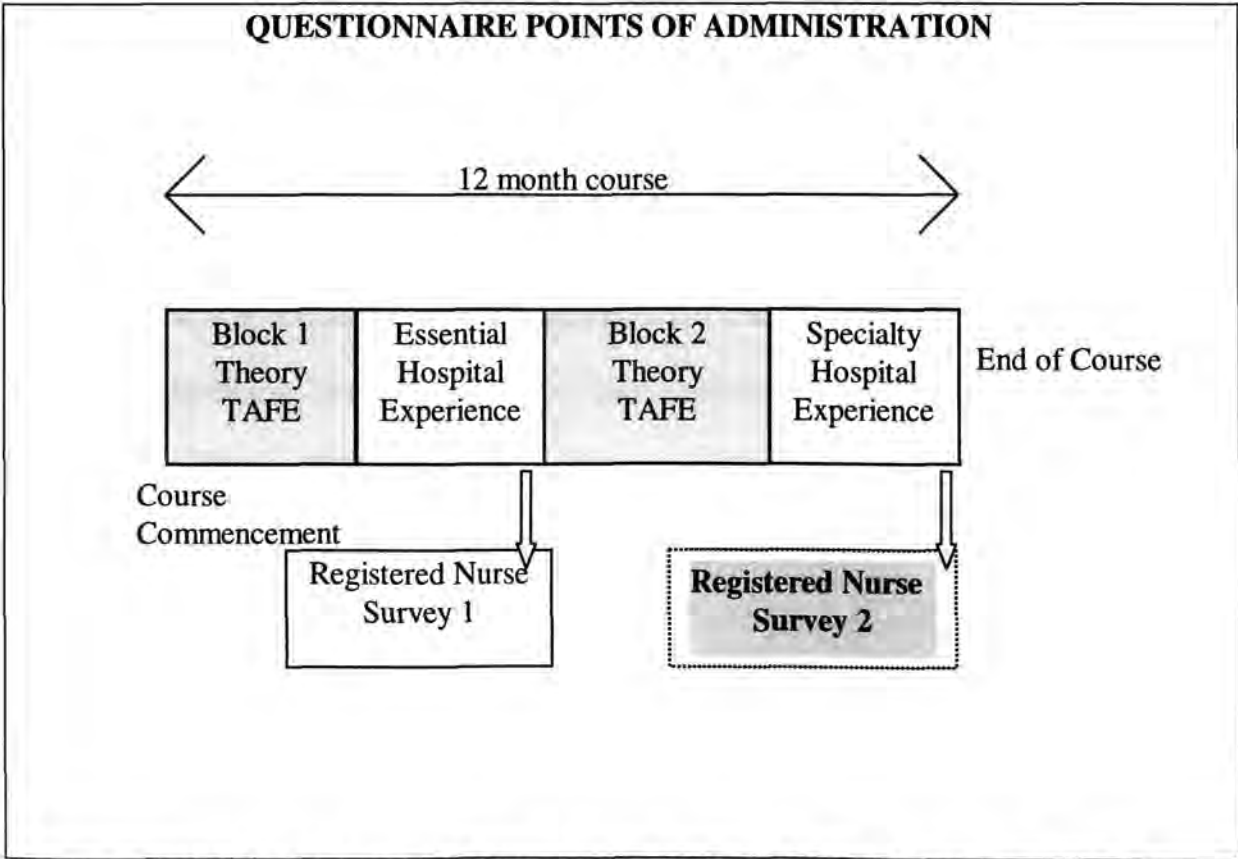


Figure 1. ADVANCED CERTIFICATE IN NURSING (ENROLLED NURSE) COURSE

Figure 1 is a diagrammatic representation of the course and was developed by the researcher to indicate where in the course the questionnaires were delivered.

3. 2. RESEARCH DESIGN

Epistemological issues, methodological preferences, practical considerations and different needs, contribute to the diversity of investigative approaches. However, there is little evidence to suggest the efficacy of one model or approach to satisfy the various research contexts. With no ideal paradigm available to ensure wholistic investigation the current study pretends no methodological allegiance. Disenchantment with various techniques led to support for an eclectic investigative approach. Many theorists agree that choosing and combining concepts and methods may be the most appropriate course of investigative action to take when attempting to understand and portray the complexities of an educational program. Combining concepts from various sources reflects the multiple realities that are in existence in educational programs. (Barzun & Graff, 1992; Cronbach, 1963; Davis, 1981; Owen, 1993; Parlett & Hamilton, 1972; Stake, 1974; Stufflebeam, 1971; Wiersma, 1991) Many models reviewed provided the underpinning constructs on which to develop the eclectic approach used in this study. The first step identified the necessity to distinguish groups directly associated with the program (the stakeholders) (Scriven, 1972), and to listen to their concerns, in this way Scriven influenced the development of this research effort to reveal the actuality of the Enrolled Nurses' workplace. The four major stakeholders involved in the Advanced Certificate in Nursing (Enrolled Nurse) Course are;

- the Enrolled Nurses,
- Teachers of Enrolled Nurses,
- Registered Nurses who supervise Enrolled Nurses and
- patients or clients of Enrolled Nurses.

The stakeholders provided discrete research possibilities. The TAFE nursing unit took responsibility for a longitudinal evaluation of the curriculum from the Enrolled Nurses' perspective. The second discrete research possibility was the gathering of information from

the teachers of Enrolled Nurses and the Registered Nurses who work with Enrolled Nurses in the hospital environment. Once responsibility for these two groups of stakeholders was decided the next step was to detect areas of concern for investigation. Meetings were arranged with teachers from three metropolitan TAFE colleges (Meadowbank, Sydney and North Sydney). These meetings identified that most of the teachers' concerns centred on the relevance of their teaching for the realities of the workplace, as well as for their colleagues' workplace expectations. Informal meetings were also held with Registered Nurses who supervise Enrolled Nurses at two metropolitan hospitals. The three main areas of concern from this group were;

1. the amount of time spent supervising Enrolled Nurses,
2. areas where Enrolled Nurses were not prepared for ward experience and
3. the relevance of the Enrolled Nurse competencies.

These areas of concern were consistent across those Registered Nurses supervising Block 1 students and those supervising students who had completed the Block 2 specialty care.

These identified concerns of the two groups of stakeholders formed the front end analysis, (Munro, 1983) the next step was to determine the most effective way to gather information related to these key features. Lists of issues were compiled and assigned to categories. Methods for data collection and analysis were reviewed and judgements made as to the design of survey instruments. Thus the current study incorporates Scriven's notion of gathering information about the program from stakeholders rather than observing and measuring whether the program achieved what it set out to achieve. In this thesis Registered Nurse workplace supervisors were asked to comment on a range of variables in an attempt to describe the multiple outcomes of the complex hospital environments.

3.3. SURVEY INSTRUMENTS

The aim of the study was to gain information about the Enrolled Nurses' workplace. Specifically to examine whether Enrolled Nurses were able to perform their role and function within the workplace. To accomplish this it was necessary to gain an understanding of the perceptions of the Registered Nurses who supervise Enrolled Nurses in the workplace. This would enable the consideration of whether Enrolled Nurses were adequately performing their perceived workplace role following their TAFE theoretical component. The need to be informed about the current situation in the complex interactive hospital environments meant that comprehensive survey tools would be necessary to gather the data that would enable the presentation of the most comprehensive representation of this environment.

The selection of a questionnaire format allowed access to a wide geographical area, that is, the state of NSW. The questionnaire was believed to be especially useful for making refined descriptive statements about general issues relating to Enrolled Nurse utilisation (Wiersma, 1991) a needed attribute when so little information exists. Analysing the concerns from the prime interest groups enabled issues to be grouped under key features. Registered Nurses' concerns centred on aspects of the curriculum and its suitability to inform and adequately prepare Student Enrolled Nurses for their roles in the workplace. Teachers' concerns focussed on the adequacy of the TAFE curriculum and the simulated and practical experiences to adequately prepare the Enrolled Nurse for their workplace experience.

The key features that arose from the front-end analysis were:

1. The adequacy of the theoretical instruction for the workplace.
2. How the Enrolled Nurse performs in the workplace.
3. Professional issues relating to Enrolled Nurses.

As no definitive model was identified during the search of related literature on which the study could be based, issues specific to Enrolled Nurses were selected and reflected in the questions that were included in the survey instrument.

3. 4. DESIGN OF QUESTIONNAIRES

Although this thesis presents the results of one questionnaire, the questionnaire design was replicated across the four surveys. The surveys were designed to gather information from the representative samples of the Teaching and workplace supervisor populations. Questions are at the heart of any data gathering activity, so despite limitations, a questionnaire format was chosen on the basis of expediency and cost effectiveness. In the research setting, there are many factors that determine social behaviour, as these variables are unable to be manipulated the picture we see is how these factors exist in the environment. In this study, one of the purposes of the survey was to gain information about the Enrolled Nurses' workplace, that is, to describe the social environment. Classrooms and hospital milieu are rarely static, they are, and should be, very dynamic environments. For this reason, the methodology used in the current research included the collection of information at two strategic points along the continuum of the twelve-month course. This provided comprehensive snap shots of the situation in 'on and off' the job training. The achievement of appropriately administered questionnaires at strategic points throughout the duration of the course would provide the ability to;

- Generalise the results to the population from which the sample has been taken, that is, the population of workplace supervisors, Registered Nurses and teachers on the Enrolled Nurse Course.
- Examine the difference in response patterns. Many potential analyses are possible, for instance it is possible to examine the different responses from hospitals and

colleges across rural and metropolitan areas, to examine differences between essential care or specialty areas or between private and public hospitals.

- Provide information about the status quo, that is information about the existing state of affairs in relation to the opinions of teachers and Registered Nurses.

As the environment is not controlled, nor are the independent variables able to be manipulated, no degree of internal validation can be guaranteed so some caution is necessary when making inferences.

Allport (1955) advises that questionnaires can be useful in addressing subjective perceptions. Some open-ended questions were designed and included to reflect themes and categories from the data collected in the front-end analysis.

In the four research instruments designed for use in the project, (See appendix 3) two questionnaires related to the Block 1 theoretical component of the course. Items across the four instruments were kept consistent to allow for comparative and correlation analysis. The first two questionnaires, Teacher survey one, and the Registered Nurse workplace supervisor, survey one, related to the 'essential care' workplace.

The second of the two questionnaires related to the Block 2 'specialty' component of the course and involved the Teacher survey two, and the Registered Nurse specialty care supervisor survey two, (RN2, Appendix 3). Again items were kept consistent to enable comparisons. The decision to investigate issues relating to Block 1 and Block 2 of the theoretical component of the course by surveying both teachers and Registered Nurses workplace supervisors was necessary to examine possible tensions between the two groups of stakeholders. That is, the teachers who

teach Enrolled Nurses knowledge and skills that they perceive to be relevant to the workplace, and Registered Nurses who utilise the product of that teaching. The decision to include these two distinct groups necessitated construction of items that were relevant for both groups, Registered Nurse workplace supervisors and TAFE nurse educators. The items were constructed to enable assembly of information under five broad headings;

- Information relating to program execution.
- Information relating to learner performance.
- Information relating to workplace experience.
- Professional issues.
- Supplementary information.

However, the second Registered Nurse questionnaire (RN2) is the one directly associated with the purpose of this thesis.

3. 5. PILOT

As there were no survey instruments that fully met the requirements of the study, each of the four questionnaires was trialed on five respondents from the proposed population. This enabled identification of any ambiguities and provided an opportunity to gain feedback. Aspects of the questions that were found to be confusing or areas of ambiguous language were amended. The pilot indicated some ambiguity in double-barrelled questions. For instance, “Does the specialty clinical area have policy statements and guidelines available for the Student Enrolled Nurse to read? This question was reformed to provide two related questions, (Questions 8 and 9, Registered Nurse Survey Two, Appendix 3).

The pilot also allowed for analysis of preliminary results to be carried out by the researcher. This process resulted in the identification of problems with coding and analysing providing

the opportunity for appropriate solutions to be found. One element of feedback that remained a dilemma was the length of the questionnaire. Results of the pilot confirmed that the questionnaire was lengthy and that this could hamper response rates, however, the decision to proceed with the questionnaires unchanged was felt to be justified as this project was a once only snapshot and needed to capture as much detail as possible.

3. 6. SURVEY QUESTIONS

In each of the four survey instruments developed, data relating to the execution of the program was gathered at the conclusion of the block of theoretical instruction, the essential clinical practice block (block 1) and the specialty clinical practice block, (block 2) (See diagram 1, page 39). The replication and juxtaposition of some questions across the four survey instruments enabled comparisons to be carried out. This permitted correlations to be performed by linking the Registered Nurse survey one with the teacher survey one, and the Registered Nurses survey two with the teacher survey two. Although the questions are relevant and replicated in both the essential care area and the specialty care area, the constraint imposed by word limits on this study mean that only the second of the two workplace questionnaires (Registered Nurse survey 2) will be presented in this thesis.

The issues gathered from the stakeholders pertaining to the essential and specialty care areas were clarified and synthesised for both Registered Nurse survey instruments (RN1 and RN2). These were;

1. What areas are Student Enrolled Nurses working in and what type of nursing is practiced in these areas?
2. Have student Enrolled Nurses received orientation to the wards that they are working in, and if so, who orientated them?

3. Do the student Enrolled Nurses accomplishments equate with the Registered Nurses expectations, and if they don't, in what area/s do the Registered Nurses feel the deficit/s occur?
4. Do Registered Nurses feel there are gaps in the educational preparation of student Enrolled Nurses ? If so, where do those gaps lie?
5. Does theoretical education match workplace needs?
6. Do student Enrolled Nurses fulfil their defined role and function?
7. Does the Registered Nurse feel that the ANRAC competencies match the workplace reality and if not in what way are they unsatisfactory?

The overall purpose of the investigative study was to gain information about the Enrolled Nurses' workplace by looking through the eyes of the Registered Nurse workplace supervisors. To ascertain whether Enrolled Nurses were effective in the workplace it was necessary to investigate whether the knowledge and skills gained by students in the TAFE Block 2 theoretical component of the course matched the Registered Nurses' perception of the requirements of the hospital workplace.

The questions were constructed and considered for inclusion to tease out issues that impact on Enrolled Nurse workplace learning and workplace effectiveness. However some questions were also linked to the concurrent longitudinal study being conducted by the TAFE nursing unit. A brief overview of the sources of the questions and justification for their inclusion are contained in Appendix 10. The broad categories that were described by Wolf (1987) and the questions that related to the categories are summarised below and will be explained under the category headings.

3. 6. 1. INFORMATION RELATING TO ENROLLED NURSE PROGRAM

EXECUTION. QUESTIONS 1 to 6

Program evaluators advocate that the understanding of a program can be increased by looking at the program through the eyes of some of the stakeholders. (Stake, 1980). To this end the Registered Nurse Questionnaires (Appendix 4) included the first six questions to gain some background information relating to the execution of the Enrolled Nurse Program.

eg. What areas are Student Enrolled Nurses working in and what type of nursing is practiced in these areas?

When discerning Registered Nurse perceptions of Enrolled Nurses the type of nursing practiced in the specialty area may have an impact on that perception.

Have student Enrolled Nurses received orientation to the wards that they are working in, and if they have, who orientated them?

As no documented information exists as to how the Enrolled Nurse program actually operates in the hospital environment, the Registered Nurse respondents were also asked how long they had been supervising Enrolled Nurses and whether students had been orientated to the specialty clinical area in which they were working.

3. 6. 2. INFORMATION RELATING TO LEARNER PERFORMANCE AFTER THE THEORETICAL INSTRUCTION. QUESTION 12 to 27

Issues highlighted in this section included asking Registered Nurses whether they felt that there were gaps in the educational preparation of student Enrolled Nurses. If gaps were identified, information was sought as to where they were. Information gathered would detect whether the theoretical education matched the workplace needs?

The review of Enrolled Nurse utilisation provided little information relating to workplace performance. To this end, questions were designed to capture the actuality of the Enrolled Nurse's clinical performance after their Block 2 of specialty theoretical preparation. Registered Nurses were asked if they felt that Enrolled Nurses had adequate educational preparation for their hospital clinical experience. The inclusion of these questions provided a significant representation of the current situation in NSW teaching hospitals. Some questions in this category asked Registered Nurses to consider what their expectations of Enrolled Nurses were and whether they felt that these expectations had been met. Included in this section were questions relating to the educational preparation of Enrolled Nurses and whether that preparation allowed the Enrolled Nurse to meet the specialty area workplace demands.

3. 6. 3. INFORMATION RELATING TO WORKPLACE EXPERIENCE.

QUESTIONS 28 to 36

The current study incorporates aspects of work-based learning and assessment. Registered Nurse workplace supervisors were asked to comment on Enrolled Nurses' learning situations and issues pertaining to the assessment of Enrolled Nurses during their hospital clinical experience. This was an important aspect of study, as it would investigate the areas where Registered Nurse expectations of student Enrolled Nurses were not met. Registered Nurse supervisors working in specialty areas were asked to identify various aspects of the Enrolled Nurse experience in their specialty area.

3. 6. 4. INFORMATION REGARDING PROFESSIONAL ISSUES. QUESTIONS 37 to 44

The literature on vocational education and its discussion over the validity of competency based education influenced the direction of this research study. Information was sought from

Registered Nurses regarding the identified occupational specific competencies, the ANRAC competencies, and whether these matched the reality of the Enrolled Nurses' workplace.

In this section Registered Nurses were asked whether they felt that the ANRAC competencies matched the workplace reality and if not in what way are they unsatisfactory. In this section supervisors were also asked whether the student Enrolled Nurses fulfilled their defined role and function.

The 'Part B' segment of the questionnaire related to questions pertaining to professional issues. This segment was informed by the move to competency based workplace education. The section was also designed to draw out the Registered Nurses' perception of what they believed the role and function of an Enrolled Nurse to be.

3. 6. 5. SUPPLEMENTARY INFORMATION. QUESTIONS 7 to 11

Five questions (7- 11) were included that would also provide information for the NSW Health Department as well as links with other studies. One question in this section related to the workplace ratios of Registered Nurses and Enrolled Nurses. Anecdotal reports had indicated that there could be some variation between private and public hospitals and urban and rural areas regarding the implementation of the 4:1 ratio.

3. 7. DESIGN OF COVERING LETTERS

As suggested in Weirsmas, (1991) the covering letters were straightforward, stating the purpose and value of the study and ensuring respondents anonymity (Appendix 2). It was expected this assurance of anonymity would also encourage respondents to be quite open and frank in their replies. Respondents reading the cover letter and having the freedom to choose to participate secured informed voluntary consent (Seaman, 1983). The purpose of the project

and its value to nursing was explained. Respondents were also informed that the results of the questionnaire would be available for them to examine.

3. 8. THE SURVEY SAMPLE

It is not the purpose of this study to evaluate the Enrolled Nurse Curricula nor to judge the effect of how the program works within the instructional setting. The settings in which Enrolled Nurses work are many and varied, therefore it was necessary to gain a representation of how Enrolled Nurses interact within the hospital settings. This representation was built up by purposive sampling of all the varied, clinical instructional areas.

3. 8. 1. SELECTION AND DESCRIPTION OF THE POPULATION. REGISTERED NURSES

There were many variables to consider if one was to attempt to draw a random sample from across the state from the population of Registered Nurses who work alongside Enrolled Nurses. The eleven colleges in NSW that conduct the course are contained within the boundaries of sixteen regional health areas. Within these regional areas there may be hundreds of hospitals. Within these hospitals there are hundreds of wards containing essential and specialty clinical areas, therefore a representative sample was selected and this provided some challenges (Appendix 11).

The NSW Health Department was contacted and a list of hospitals accredited by the Nurses' Registration Board for Enrolled Nurse education was provided. A database was formulated that comprised information regarding every ward in the state that is accredited for Enrolled Nurse education. Each hospital on the list was contacted and the list of accredited wards was

further separated into either basic (essential) clinical practice or speciality clinical practice experience, that is, the Block 1 essential care or Block 2 specialty clinical practice areas.

The database contained the following information;

- NSW Department of Health area or region,
- name of hospital,
- name of ward,
- TAFE college attended by student Enrolled Nurses on the ward,
- wards accredited for essential clinical practice and/or specialty clinical practice,
- clinical area/s available in the hospital ward eg. Medical, Surgical, Medical/Surgical, Developmental Disability, Rehabilitation, Palliative care, Maternal and Child Care, Psychogeriatrics, Mental Health, Operating Theatre, Paediatrics, Orthopaedics, Community Health and Aged Care.

Because of the complexities of shift work, casual and part time staff, selecting a truly random sample of Registered Nurses who supervise student Enrolled Nurses was not practicable. Therefore a random sample of wards was selected. The random selection of wards, and the hospital's selection of the Registered Nurse supervising student Enrolled Nurses on that ward, provided samples as free from bias as possible. The random ward selection for both RN1 and RN2 Registered Nurse questionnaires justifies the use of inferential statistics from the data.

3.8.2. SAMPLING TECHNIQUES

In the Registered Nurse Sample 1, the exact size of the population of Registered Nurses who supervise student Enrolled Nurses was unknown. Therefore a stratified random sample was drawn from the sub-population of all wards across the state conducting the essential care component of the Enrolled Nurse program. For the current thesis, the Registered Nurse

Sample 2, a purposive sampling technique was necessary. This technique was chosen to ensure that all specialty care areas were represented.

3. 8. 3. REGISTERED NURSE SAMPLE 2, SPECIALTY CARE AREA

The Nurses Registration Board (1992) requires that prior to enrolment a Trainee Enrolled Nurse must complete a

“minimum compulsory three week clinical placement in both medical and surgical nursing and completion of two elective clinical placements”

To obtain a representative sample of the specialty areas the following purposive sampling process was used. A stratified random sample was selected to allow for inclusion of

Registered nurses from each of the fourteen specialty areas. Four wards were randomly selected from every elective specialty area on the previously created database. The elective areas included Aged care, Community care, Developmental Disability, Maternal and Infant Nursing, Mental Health, Operating Theatres, Paediatrics, Palliative Care, Psychogeriatrics and Rehabilitation Nursing. In areas where there were less than four accredited wards, all wards were sampled. This situation occurred in operating theatres (three wards) and community health nursing (one ward), that is, 40 wards from elective areas and in the Gunnedah region where there was access to only three medical wards.

Four wards from the participating hospital specialist areas of medical and surgical compulsory placements were randomly selected. The exceptions were North Sydney and Meadowbank colleges. Due to the larger number of student Enrolled Nurses studying at these colleges, eight wards were randomly selected from these two colleges.

Table 1. Registered Nurse Sample 2

TAFE COLLEGE	SURGICAL WARDS
Meadowbank	8
North Sydney	8
St George	4
Sydney	4
Wetherill Park	4
Werrington	4
Shellharbour	4
Newcastle	4
Dubbo	4
Cootamundra	4
Gunnedah	3
Subtotal Surgical Wards	51
TAFE COLLEGE	MEDICAL WARDS
Meadowbank	8
North Sydney	8
St George	4
Sydney	4
Wetherill Park	4
Werrington	4
Shellharbour	4
Newcastle	4
Dubbo	4
Cootamundra	4
Gunnedah	4
Subtotal Medical Wards	52
SPECIALTY ELECTIVE AREAS	SPECIALTY WARDS
Paediatrics	4
Community Health	1
Maternal and Child Nursing	4
Mental Health	4
Operating theatres	3
Palliative Care	4
Psychogeriatrics	4
Rehabilitation	4
Orthopaedics	4
Medical/surgical	4
Developmental Disability	4
Subtotal Special Elective Wards	40
TOTAL SAMPLE	143

The sample included both private and public hospitals across urban and rural areas. There were 143 Registered Nurse surveys in the second sample.

Each of the Directors of Nursing from hospitals containing a specialty ward was contacted by telephone and consent to conduct the questionnaire was requested. Each Director of Nursing was also asked to assume responsibility for selecting and requesting a Registered Nurse who supervised Enrolled Nurses on the selected ward to take part in the survey. At this initial contact the issue of ethics approval was also discussed. All but one hospital gave immediate permission and permission was eventually gained formally from the hospitals' ethics committee.

3. 8. 4. REGISTERED NURSE QUESTIONNAIRES 1 and 2

The questionnaires for the Registered Nurse workplace supervisors were designed to furnish a critical appraisal of the outcomes produced by the theoretical component of the course. That is, the Registered Nurse workplace supervisors were regarded as experts on the clinical and occupational relevance of the TAFE theoretical component to the workplace.

Thus the questionnaires furnished a blueprint of the workplace environments as well as establishing the relevance of the theoretical component to that environment. The questionnaires were also designed to probe the perceptions of Registered Nurse supervisors in relation to workplace knowledge, skill deficits and professional issues.

To this end the following variables were operationalised in both RN1 and RN2 questionnaires;

- Do students receive orientation programs to the (specialty) area?
- Who conducts the orientation programs?

- Do students spend time in direct learning situations?
- What types of direct learning situations were encountered?
- Were students assessed in the workplace?
- Who conducted student assessment?
- What level of supervision is necessary for Student Enrolled Nurses?
- What level of assistance do Student Enrolled Nurses require?
- Role, function and professional issues?

The questionnaire selected for inclusion in this thesis was Registered Nurse Questionnaire Two (RN2). It was thought that this questionnaire would provide the most informative snapshot of the Registered Nurses supervisors' perceptions of the effectiveness of the educational preparation of Enrolled Nurses and their work environment.

3. 9. DATA CODING AND ANALYSIS

The inclusion of open ended questions ensured that the research effort did not reduce complex data to sets of scores which would have converted the quality of the data to quantity (Eisner, 1976). This aspect was particularly important because of the varied contexts in which Enrolled Nurses work. Stake's (1980) influence on this study proposed that Registered Nurses were asked to contribute their observations of the complex world of the Enrolled Nurse by answering open-ended questions on the questionnaire provided.

An example of this is;

Questions 44. Please make any other comments you wish relating to the practice of Enrolled Nurses.

The replies to open-ended questions were transcribed and then hand coded into groups. These groups were then assigned categories. There was a need to rely on professional judgment to

interpret some of the qualitative responses from the open ended survey data. Although the findings are specific to the study, they may be useful for curriculum reform aiming to match workplace needs with the theoretical education.

Data was also collected in the form of questions with forced choice answers. For example asking Registered Nurses who supervise Enrolled Nurses on the ward.

How long have you been supervising student Enrolled Nurses during their specialty clinical area experience?

- Less than 6 months
- Between 6 months and 3 years
- Between 3 years and 6 years
- More than 6 years.

Responses were then collated and data analysed.

Table 2. Length of time supervising student Enrolled Nurses in clinical area.

Time supervising TEN's	Registered Nurse frequencies %	
	Essential Care (n=39)	Specialty Care (n=93)
Less than 6 months	12.8	5.4
Between 6 months and 3 years	41.0	40.9
Between 3 years and 6 years	38.5	24.7
More than 6 years	7.7	29.0

RN.2. Q.4.

Table 2. displays the length of time Registered Nurses have supervised Trainee Enrolled Nurses in the essential and specialty care areas. 53.8% of Registered Nurses in the Essential Care areas had supervised Enrolled Nurses for less than 3 years. In the specialty area 53.7% of Registered Nurses had supervised Enrolled Nurses for more than 3 years.

The completed surveys were returned to the researcher in the stamp addressed envelope supplied with the questionnaire mail-out. Each survey was hand coded. The coding process involved the development of coding schedules that provided each question and answer with a code. (Appendix 14) Programs were written using the software package Statistical Analysis Systems (SAS) to create data entry screens so that data could be entered. A separate program was written for each questionnaire. The codes were entered and the data put into data sets.

Data was analysed both within surveys and across surveys. To analyse data across data sets the data sets were merged. The SAS program that had been written was used to merge all data sets. When the data sets were created, one and two way frequencies were carried out on the data. Confidence intervals were calculated where possible. Other data provided opportunity for cross tabulation and measures of association. As the data is collected on nominal (codes assigned numbers) and ordinal (ranking of a set) scales, only non-parametric analysis was valid. In this thesis the presentation of data is constrained by the fact that only the data from the second of the Registered Nurse questionnaires is presented thus impeding further analysis and correlations across surveys.

3. 10. ETHICAL CONSIDERATIONS

The requirement to obtain informed consent from survey participants was believed to offer respondents freedom of choice and be in accordance with ethically acceptable research standards. The aim of the study was declared in the Registered Nurse and teacher cover letters so those responding were not mislead concerning the aims of the survey. Respondents were assured that they would remain anonymous and surveys were not identified in any way. This decision not to identify respondents meant that all participating hospitals needed to be re-

contacted to ensure that surveys that may have been mislead or forgotten were returned. However to ensure that respondents were not coerced in any way, during the initial contact with Directors of Nursing (DON) and with subsequent follow up phone calls, DONs were asked to assure respondents that refusal to participate would in no way prejudice them. Where necessary, a standard ethics clearance form was used (Appendix 13).

The researcher is a Registered Nurse and was a teacher of Enrolled Nurses. Investigators cannot escape value judgements, both ones own and those of the people involved in the study. This influence permeates every stage of the study from the selection of variables to the choice of the data to be collected. This was the case with this research, however every attempt to be objective and identify such occurrences has been made.

3. 11. SUMMARY OF CHAPTER 3

The focus of the current study is an investigative process to gather data that will illuminate and bring the program and the product of the program into focus. The study was conducted during the ongoing process of the Enrolled Nurse program and had the goals of clarification and illumination as a focus. This illumination may provide some objective information that will improve our understanding of the processes that are currently occurring in the workplace. These workplace activities have not previously been recorded. Therefore gathering data will provide an understanding of whether Registered Nurses who supervise Enrolled Nurses in the workplace perceive that Enrolled Nurses are fulfilling their expectations. The responses of the Registered Nurses will allow a judgement to be made as to whether the educational preparation of Enrolled Nurses is adequate for the various settings in which they work. This amassing of knowledge will increase understanding and in time may facilitate decision-making in relation to EN and RN education.

The overall focus of this study was to examine the perceptions of Registered Nurses who supervise student Enrolled Nurses regarding the effectiveness of the educational preparation of Enrolled Nurses for the workplace. The Enrolled Nurses are students of the Advanced Certificate in Nursing (Enrolled Nurse) course. To ascertain the effectiveness of the educational preparation and learn more about the workplace reality Registered Nurse workplace supervisors were asked questions that were grouped into five categories;

- Information relating to program execution.
- Information relating to learner performance.
- Information relating to workplace experience.
- Professional issues.
- Supplementary information.

The method selected to investigate the workplace component was by survey research. The surveys also aimed to discover knowledge or skills that are perceived to be over emphasised or irrelevant to the Enrolled Nurse workplace practice. An additional goal was to discover possible knowledge and skill deficits that fail to equip Enrolled Nurses to function effectively in the workplace.

Chapter 3 also presented the eclectic approach adopted for this investigation. Wolf's (1987) influence on whether the program equips students for their workplace reality and Scriven's (1972) imperative of stakeholder involvement informed the selection of research tools.

Collaboration with stakeholders produced the five categories of information that were considered necessary to inform the stated purpose of the study. The responses to the questions from these categories were considered necessary to illustrate whether the educational preparation of Enrolled Nurses enabled them to be effective in the workplace.

In this chapter the overall design of the two projects, the investigative study and the longitudinal study have been discussed. This was necessary as this piece of research is nested within the larger study. This enables the reader to identify the place of this piece of research as a separate yet integrated element in the overall design. Results related to this research are reported in chapter 4.

4. RESULTS OF INVESTIGATION

The purpose of this study was to gain information about the Enrolled Nurses' workplace. Specifically this thesis explored Registered Nurses' perceptions of the effectiveness of the educational preparation of Enrolled Nurses following their TAFE specialty theoretical experience. It is part of a much larger study, involving the administration of four survey instruments to two groups of stakeholders, teachers and Registered Nurse workplace supervisors.

Due to the constraints of word limits determined by this thesis, only the results of the second survey instrument administered to Registered Nurse workplace supervisors following the specialty block of theoretical instruction will be reported here.

4. 1. RESPONSE RATE

The results indicated the extent to which the Enrolled Nurse education program met the Registered Nurse workplace supervisors' expectations. The findings also provided information on the perceived role and function of Enrolled Nurses. For many of the Enrolled Nurses being supervised, it was their first experience of working in a specialty area.

A purposive sampling technique was used to ensure representation of medical, surgical and specialty elective areas from hospital wards across the state. Detailed information was sought from each of these areas. Registered Nurses from surgical wards of the hospitals associated with these TAFE colleges were surveyed. Of the 52 survey instruments that were distributed, there were 32 responses. This represented a response rate of 61.5%. Registered Nurses from medical wards of the hospitals associated with

these TAFE colleges were surveyed. Of the 51 survey instruments distributed to medical wards there were 31 responses. This represented a response rate of 60.8%. Of the 40 survey instruments that were distributed to the elective wards, there were 29 responses. Representing a 72.5% response rate.

The total number of survey instruments distributed for the specialty care area was 143, from these there were 92 responses completed and returned, indicating an overall response rate of 64%

4. 2. CATEGORIES OF QUESTIONS

The questions on the survey administered to Registered Nurses were organised into five broad categories. These were

1. Information relating to program execution, (Questions 1, 2, 3, 4, 5, 6,).
2. Information relating to learner performance (Questions 12, 13, 14, 15, 16, 17, 18, 19, 20, 21, 22, 23, 24, 25, 26, 27).
3. Information relating to workplace experience (Questions 28, 29, 30, 31, 32, 33, 34, 35, 36).
4. Information relating to professional issues. (Questions 37, 38, 39, 40, 41, 42, 43, 44).
5. Supplementary information Questions 7 to 11

A summary of the information collected from those Registered Nurses who responded to the survey is provided and organised within these five categories.

4. 2. 1. INFORMATION RELATING TO PROGRAM EXECUTION

The questions in this section were designed to provide information about how the program was being conducted in the clinical area. This information provided background information relating to the workplace.

4. 2. 2. CLINICAL AREAS

The first two questions in the Registered Nurse questionnaire 2, (RN.2) were designed to provide data that would identify clinical areas in which Registered Nurses supervised Enrolled Nurses. This information ensured that a representative sample had been accomplished and helped to identify the major specialty areas where Enrolled Nurses work. The result of question 2 is seen in the following table.

Table 3. Specialty clinical practice areas in which responding Registered Nurses supervise Enrolled Nurses.

Specialty Clinical Practice Area	Number of Registered Nurses Responding
Medical	31
Mental Health	3
Surgical	32
Palliative	3
Community health	1
Operating theatres	2
Developmental Disability	2
Paediatrics	3
Rehabilitation	3
Orthopaedics	2
Maternal and Child Nursing	4
Psychogeriatrics	4
Aged Care	8
Other	10
Total	108

The data in Table 3 indicates that the Medical and Surgical areas are by far the most common areas where Enrolled Nurses gain their elective specialty clinical experience. This spread of respondents across medical, surgical and elective specialty areas enabled the researcher to ensure that the sample was representative. From the 92 respondents there were 108 responses. Some respondents chose more than one response eg. palliative and aged care. The predominance of responses from the medical and surgical areas with slightly less in aged care (psychogeriatrics and aged care 12 responses) indicates that the areas where the majority of Enrolled Nurses perform the specialty component of their clinical practice is consistent with the clinical requirements suggested in Recommendation 8 in the Enrolled Nurse Review, August, 1991.pp.27, which recommends;

a minimum compulsory three week clinical placement in both medical and surgical nursing and completion of two elective clinical placements of a minimum three week duration. (Enrolled Nurse Review, August, 1991.p.27)

It would appear from the data that clinical placement in aged care is the third most common placement. Given the preponderance of aged people in the hospital environment, it would seem that this elective (aged care) is available for all students. The selection of 'other' by 10 respondents included areas that are highly specialised, such as Labour ward, Cardiac care, Endocrine, Radiotherapy/palliative care, Vascular/Orthopaedics, Oncology (2) and Psychiatric rehabilitation. Some respondents also selected more than one area.

4. 2. 3. TYPES OF NURSING

The next question asked Registered Nurses what type of nursing was practiced in their essential or specialty clinical area.

Table 4. Type of nursing practiced in clinical area

Type of nursing practiced	Registered Nurse frequencies %
	(n+93)
Team Nursing	25.8
Task allocation	1.1
Patient allocation	45.2
Other	28

. RN2. Q.3.

Table 4 displays the type of nursing practised in the essential and specialty care areas. It is of some concern that the information from respondents indicates that nearly 50% (45.2%) of nursing appears to be practised under the patient allocation model. In wards where patient allocation is practised, Enrolled Nurses would be allocated a number of patients and be responsible for their total care. This could account for anecdotal reports of frustration experienced by both Registered and Enrolled Nurses. In many situations Enrolled Nurses are not permitted to provide total care, for example skills such as complex dressing and medication administration. There were 28 ‘other’ responses. This indicates a design fault in the original questionnaire that was not identified at the time of the pilot. These unanticipated common responses identified more than one type of nursing being conducted in some nursing areas. Further investigation into the types of nursing practised in clinical areas where Enrolled Nurses are training would clarify this situation.

4. 2. 4. DURATION OF SUPERVISORY EXPERIENCE

Registered Nurses were asked how long they have been supervising Student Enrolled Nurses (SEN) during their clinical experience.

Table 5. Length of time supervising student Enrolled Nurses in clinical area.

Time supervising SEN's	Registered Nurse frequencies %	
	Essential Care (n=39)	Specialty Care (n=93)
Less than 6 months	12.8	5.4
Between 6 months and 3 years	41.0	40.9
Between 3 years and 6 years	38.5	24.7
More than 6 years	7.7	29.0

RN1. Q3 and RN2. Q4.

Table 5 displays the length of time Registered Nurses have supervised Student Enrolled Nurses in the essential and specialty care areas. The data suggests that Registered Nurses who work in specialty areas have had more years of experience in supervising Enrolled Nurses. The Registered Nurses' extensive experience and familiarity with the specialty area may correlate with the Student Enrolled Nurses' satisfaction with their orientation to specialty areas.

4. 2. 5. ORIENTATION PROGRAMS

In the literature search that was undertaken there were no studies located that identified whether Enrolled Nurses undertook an orientation program in their specialty area although Registered Nurses studies confirm the value of orientation. Registered Nurses were asked whether Student Enrolled Nurses undertake an orientation program in their specialty area.

Table 6. Provision of specialty orientation program for students. (Block 2).

Registered Nurses' perception of whether Student Enrolled Nurses undertake specialty area orientation program:	Registered Nurses (n=95) %
Yes	68.1
No	26.6
Don't know	5.3

Notes: RN 2 Q.5. Missing cases: RN's 3

Table 6 indicates that 68.1% of RN's perceive that students are provided with specialty care orientation programs, although of more concern, is the fact that over one quarter appear to have no orientation to the specialty area in which they work. As Enrolled Nurses are being introduced to the specialty area as an educational and learning experience, it would appear appropriate for them to have some type of formal orientation to the specialty area.

4. 2. 6. IDENTIFICATION OF ORIENTATION PROGRAM CONDUCTOR

This question asked Registered Nurses who conducted the orientation program in their specialty area.

Table 7. Person conducting specialty clinical orientation programs. (Block 2).

Person conducting specialty area orientation programs during specialty clinical practice:	Registered Nurses (n=65) %
Nurse Educator	26.2
Nurse Unit Manager	12.3
Registered Nurse	9.2
Another Enrolled Nurse	3.1
Don't know	1.5
Other	47.7

Notes: RN 2 Q.6 Frequency Missing = 32

Table 7 indicates that a combination of staff conduct specialty clinical orientation programs in the hospital environment. The clinical experience in the specialty area is a compulsory aspect of the Enrolled Nurses' educational preparation for nursing practice. As an introductory learning experience it is disappointing that only just over one quarter (26.2%) of Enrolled Nurses are orientated to the new specialty area by Nurse Educators. However the high frequency of missing data (32 responses) suggests that a number of respondents had difficulty with this question. The selection of 'other' chosen by nearly 50% of respondents, points to an inherent design fault in this question that was not discovered during the pilot. The selection of 'other' occurred because in many cases it was more than one staff member who conducted the orientation in the specialty area. Registered Nurses (25) with NUM's (20) Educator (10) Enrolled Nurses (7) CNS (5) Preceptor (2) and DON (1). Overall Registered Nurses conducted more of the orientation programs than any other staff members. The proposition that the orientation is carried out by more than one person may indicate that the orientation is a more formal introduction to the specialty rather than a casual orientation.

4.3 SUPPLEMENTARY INFORMATION

4.3.1. INFORMATION RELATING TO COMMUNITY SERVICES

In Question 7 Registered Nurses were asked whether the orientation program provided for Enrolled Nurses who were commencing work in their specialty area contained information relating to community services. Of the 92 Registered Nurses that completed the questionnaire, only 67 answered this question. Thirty two Registered Nurses (47.8%) confirmed that the orientation program did provide information regarding community services, Twenty nine Registered Nurses answered that it didn't, and 6

Registered Nurses answered that they didn't know. Less than half the respondents (47.8%) provided information about community services. This may contribute to the difficulty that students experience when trying to access information about the specialty they are working in.

4. 3. 2. POLICY AND GUIDELINES

Question 8 asked supervising Registered Nurses if the specialty clinical area had any written policy statements or guidelines regarding the clinical practice of Student Enrolled Nurses. Of the 75 Registered Nurses who answered this question, the majority, 73.3% (55 RN's) answered that they did have written policy statements. However less than one quarter, 24%, (18 RN's) answered that they did not have written policy statements and 2.2% (2 RN's) did not know whether they had policy statements. Hospitals are accredited for the training of Student Enrolled Nurses so it is somewhat surprising that over a quarter of the workplace supervisors either do not know or do not have guidelines or policy regarding the practice of the Student Enrolled Nurses that they direct and supervise.

4. 3. 3. POLICY AND GUIDELINES AVAILABILITY

In Question 9 Registered Nurse supervisors, who answered that the policy statements/guidelines regarding the practice of Student Enrolled Nurses were available, were asked whether the guidelines were issued or available for students to read. Of the 74 Registered Nurses that answered this question, the majority 62 Registered Nurses (83.8%) answered that the guidelines were available. 8 Registered Nurses (10.8%) said they weren't and 4 Registered Nurses (5.4%) didn't know. It is of some concern that

over 15% of supervising Registered Nurses do not have access to policy or guidelines pertaining to the student Enrolled Nurses that they are supervising.

4. 3. 4. REFERRAL TO POLICY GUIDELINES

For those 62 Registered Nurses who had answered that the policy statements/guidelines were available, this question asked how frequently they would need to refer a student to them. Half the Registered Nurses 31 (50%) stated that they referred Student Enrolled Nurses to the guidelines occasionally, 24 (38.7%) stated that they would refer Student Enrolled Nurses to the guidelines infrequently and 7 (11.3%) said they would refer Student Enrolled Nurses to the guidelines frequently.

4. 3. 5. STAFF MIX RATIOS

In this Question Registered Nurses were asked to estimate what the staff mix on the ward was for the morning and evening shifts.

Figure 2 indicates that the majority of respondents (23.1%) reported that there were more Registered Nurses on evening shift than any other shift. The majority of Student Enrolled Nurses (27.5%) worked on morning shifts. This may be accounted for by the large amount of essential personal clinical care that is performed by nurses on this shift. Tasks such as bathing, shaving and bed-making are frequent functions of staff on a morning shift. Enrolled Nurses also worked more morning shifts (19.8%) than evening shifts (9.9%). These figures seem to question the assumption of the 4:1 ratio of Registered Nurses to Enrolled Nurses that was proposed in the Enrolled Nurse Review, (1991), P 47.

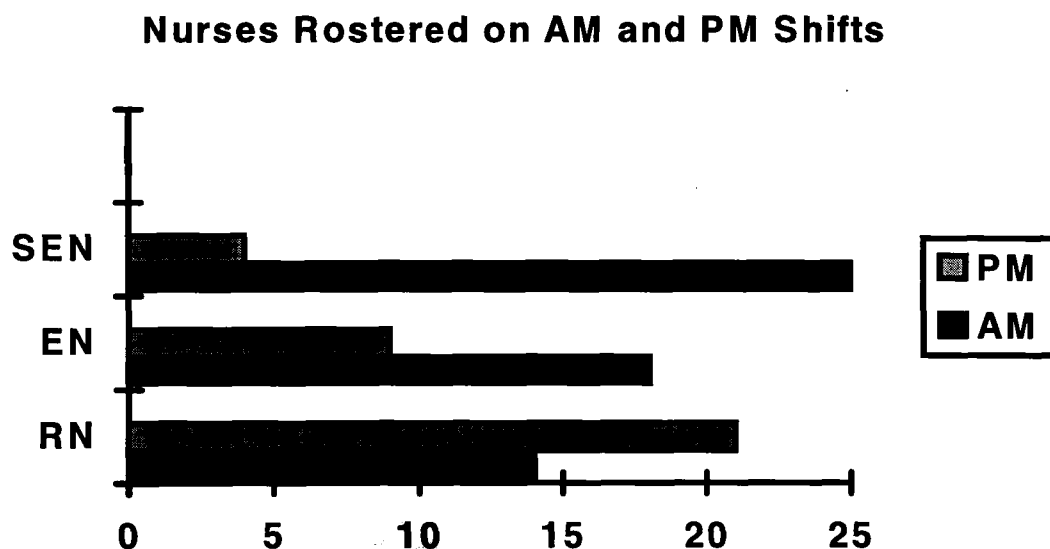


Figure 2. Registered Nurses, Enrolled Nurses and Student Enrolled Nurses rostered on morning and afternoon shifts

RN .2. Q.11. Frequency Missing = 6

On the morning shift the ratio appears to be almost reversed with three times as many Enrolled Nurses as Registered Nurses (43 ENs to 14 RN's), and in the evening shift there are twice as many Registered Nurses as Enrolled Nurses (21 RNs to 13 ENs). Given that this questionnaire deals only with the specialty areas it would seem further investigation would be worthwhile.

4. 3. 6. SUMMARY OF INFORMATION RELATING TO THE EXECUTION OF THE ENROLLED NURSE PROGRAM

Information from respondents in this section dealt with data relating to program execution. It would appear that Enrolled Nurses, during the clinical specialty component of their course, work mainly in the areas of medical, surgical or aged care. The Registered Nurses who responded indicated that almost half (45.2%) of the nursing practised is by patient allocation and that over one quarter of Enrolled Nurses (26.6%)

receive no orientation to the specialty area. The workplace component of the course provides students with nursing experience in specialty areas. Therefore the indication that 26% of the respondents either did not have or did not know if they had policy or guidelines regarding the clinical practice of student Enrolled Nurses is a cause for further investigation. The suggested State target ratio of four Registered Nurses to one Enrolled Nurse (4:1) was to be achieved by June 1994, (NSW Department of Health Recommendation 6.19. 1992). However, there is currently three times as many Enrolled Nurses as Registered Nurses (14 RN's to 43 EN's) working morning shifts in specialty areas. A further review of this situation is critical.

4. 4. INFORMATION RELATING TO LEARNER PERFORMANCE AFTER THEORETICAL INSTRUCTION

The next section of the questionnaire dealt with information that related to the learners' performance after the TAFE theoretical instruction. The inclusion of these questions was an attempt to explore whether the Student Enrolled Nurse achievements equated with the Registered Nurse expectations, and if they did not equate, to investigate the areas in which Registered Nurses felt that these expectations were not met.

4. 4. 1. REGISTERED NURSE EXPECTATIONS

Registered Nurses were asked what their expectations of an Enrolled Nurse undertaking clinical practice in their specialty area were. The questions required an open-ended response. There were 92 responses indicating 100% of Registered Nurses returning the survey declared what their expectations of an Enrolled Nurse in their specialty area

were. (Appendix 15). The expectations proved to be quite diverse. Some responses were quite specific, “Basic wound dressing after instruction” and some responses were quite general, “Seek advice”.

A reassuring response from Registered nurses who answered this question (7 responses) was that they expected Enrolled Nurses to ask questions, “ Ask questions if they don’t understand why they are doing something” or “asks lots of questions”. As the hospital is a teaching and learning environment this expectation is reassuring. The next most common response (6) was the expectation of some form of team involvement, “integrate to team” and “work as part of a team”. This emphasis on teamwork is to be expected in an environment where there are frequently staff shortages and a demanding workload. This response also echoes the prescription from the Mayer competencies.

There were five responses that mentioned the supervisory role of the Registered Nurse. “*Deliver patient care with Registered Nurse supervision*” and “*Able to care for 2-3 patients under guidance, completing care plans and reports by the middle of practice*” although two responses appeared to refute this by “*Perform most basic care to client without constant supervision*”, “*take initiative*”. Three Registered Nurses expected Enrolled Nurses to be able to report abnormalities, “*to understand patient’s specific needs, to be aware of possible complications so they can notify the Registered Nurse*”, “*Report abnormalities*” and “*Recognise symptoms of major mental illness*”. Two Registered Nurses had expectations in regard to policy. “*To be aware of and follow the expected practices and policies of THIS unit, centre and department*”, and “*policies set down by TAFE*”. This was the only respondent to refer to the TAFE (guidelines) policy.

These guidelines refer to students visiting the clinical area, but when they are working in the clinical area they are expected to follow the employing hospitals' policies and procedures.

4. 4. 2. MEETING REGISTERED NURSE EXPECTATIONS

Registered Nurse workplace supervisors were asked in both Block 1 Essential Clinical Practice and Block 2 Specialty Clinical practice if the Student Enrolled Nurses who were undertaking their clinical experience in their area met their expectations.

Table 8. Meeting Registered Nurses' Expectations.

Do SEN's meet Registered Nurse expectations during clinical practice.	Registered Nurses Essential Clinical Practice frequency n=38 %	Registered Nurses Specialty Clinical practice frequency n=92 %
Yes	86.8	87
No	13.2	12
Don't know	0	1.1

(RN1. Q13). (RN. 2.Q13)

Three quarters of the respondents to this question believed that Enrolled Nurses did meet their expectations. Those Registered Nurse workplace supervisors, who responded that Enrolled Nurses failed to meet their expectations, were asked to specify the way/s in which the students failed to meet their expectations.

4. 4. 3. WAYS IN WHICH STUDENTS FAIL TO MEET EXPECTATIONS

Registered Nurses in the specialty areas recorded 19 comments as to the way that Enrolled Nurses failed to meet their expectations. Some respondents made more than one comment. Some of the reasons provided as to the ways that students failed to meet

RN expectations were confusing or beyond the Enrolled Nurses' control. Some examples were, *"Experiences are becoming more limited due to declining numbers of surgical patients in small hospitals"*, *"Training primarily hospital focused"*, and *"Delivery of care in community requires steep learning curve"*.

Some reasons were inevitable when dealing with trainees who are new to the area, *"Student Enrolled Nurses need constant supervision and prompting with simple tasks, lack initiative in general," "time management difficult"* and *"students seem overwhelmed by dependency and workload in orthopaedics"*.

There were other responses that seemed to imply a frustration with Enrolled Nurses generally,

- *lack of enthusiasm and willingness to apply themselves to all required tasks.*
- *some have difficulty following directions.*
- *some have unprofessional manner.*

Some respondent's expectations appeared to be influenced by local conditions.

- *some unprepared and incompetent in skills, self direction and motivation. or with the time constraints in hospitals*
- *sometimes the workload of the RN is too great to provide valuable teaching to SEN's.*

There were other responses that appear to have implications for the educational preparation of Enrolled Nurses.

- *sometimes basic understanding is not present.*
- *students have trouble delivering basic nursing care in a complete manner.*

While other responses appear to impact on professional issues especially in relation to the role and function of the Enrolled Nurse.

- *peer pressure not to stay within guidelines.*

4. 4. 4. ENROLLED NURSE DIFFICULTIES WITH NEW ROLE

Registered Nurse workplace supervisors were asked if they thought that Student Enrolled Nurses had any difficulty adjusting to their new role in the specialty clinical area.

Figure 3 indicates that of the 94 responses to this question, two thirds of Registered Nurse respondents 67% (63) believed that Enrolled Nurses had difficulty in adjusting to their new role in the specialty care area.

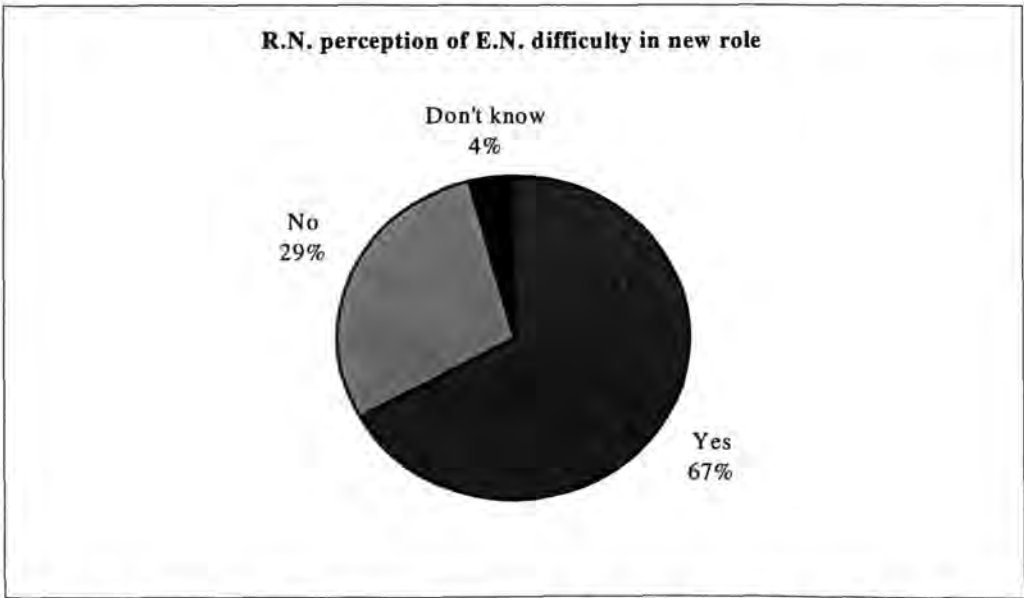


Figure 3. Number of Registered Nurses who perceived Enrolled Nurses as having difficulty with their new role.
RN. Q.15. Frequency Missing = 3. (n=94)

4. 4. 5. TYPES OF DIFFICULTIES EXPERIENCED BY ENROLLED NURSES WITH NEW ROLE

The Registered Nurses who thought that Enrolled Nurses had difficulty adjusting to their new role, were asked to specify the type of difficulties that they thought the student might experience. There were 33 comments.

Several respondents remarked that students arriving straight from school had difficulty coping with the emotional challenges associated with the role. One Registered Nurse also remarked that *“Some Registered Nurses are not aware of the limitations of the Enrolled Nurse role and expect them to do tasks above their level of training”*. This has grave implications if the Registered Nurse who is supervising and directing the Enrolled Nurse is not fully aware of the role of the Enrolled Nurse. Several Registered Nurses listed more than one area of perceived difficulty with student’s new role. They specified the types of difficulties in Table 9 below.

Table 9. Types of difficulty with new role. RN.2. Q.16. Frequency Missing. = 34

Type of difficulty	Number of Respondents
Prioritising	5
Lacking confidence	6
Registered Nurses don’t know Enrolled Nurses role	3
Ward routine	2
Need more supervision	1
Task allocation, prefer patient allocation	2
Communication	2
Adjusting to areas/routines	4
Simple things can be difficult eg. BP	1
Nursing is demanding caring for brain injured/dementia/maternity	4
Limited time for teaching/Difficult to answer questions on a busy ward	3
Youth/lack of life experience	5

4. 4. 6. TIME SPENT GAINING CLINICAL EXPERIENCE

Figure 4 indicates that the majority of Registered Nurses (58) considered the time the students spent in the workplace was about right, although 35% of the respondents (33) felt the time spent gaining specialty clinical experience was too short. The brevity of the clinical experience would appear a reasonable concern with students needing to acquire knowledge of a specialty area in only 3 weeks.

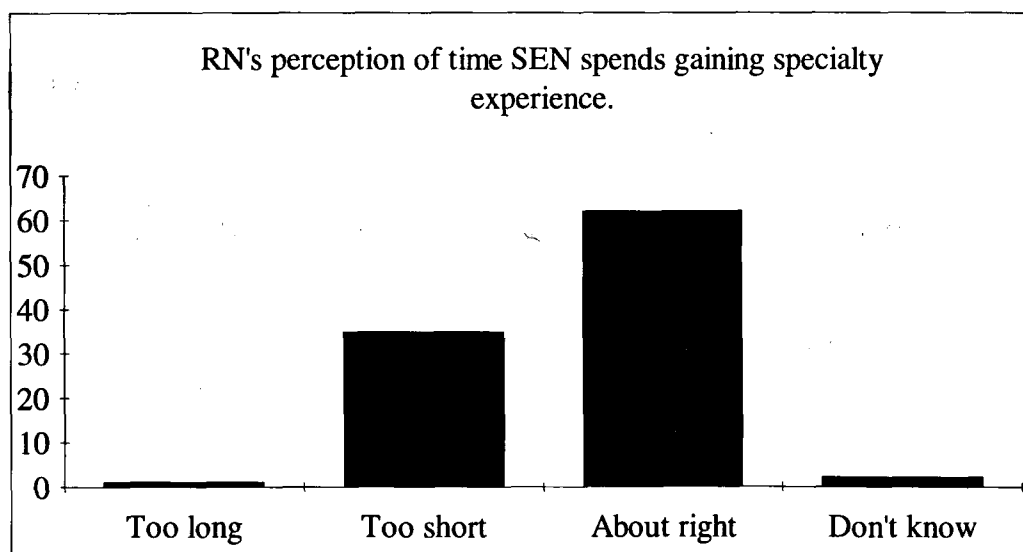


Figure 4. Registered Nurse workplace supervisors rating of time students spend gaining specialty experience.

RN.2. Q 17. Frequency Missing = 3

4. 4. 7. THEORETICAL PREPARATION FOR CLINICAL PRACTICE

Registered Nurse workplace supervisors were asked if they felt that the Block 2 theoretical component prepared students to perform in the specialty clinical area at an acceptable standard. Table 10. Presents the result of that question.

Table 10. Registered Nurse perceptions of whether Block 2 prepares student Enrolled Nurses to perform specialty nursing care to an acceptable standard.

Does Block 2 prepare SEN’s to practice specialty nursing care at an acceptable standard.	frequency n=94 %
Yes	69.1
No	18.1
Not sure	12.8

RN.2. Q.18 Frequency Missing = 3

Table 10 indicates that 30% of Registered Nurses were either unsure or felt that Student Enrolled Nurses were not adequately prepared to perform specialty nursing care to an acceptable standard.

4. 4. 8. DUTIES STUDENTS ARE ILL EQUIPPED TO PERFORM

Registered Nurse workplace supervisors who indicated “No” or “Not sure” in Table 10 to the question of whether they felt that the theoretical component prepares students to perform at an acceptable standard in the specialty clinical area, were then asked which duties they felt that students were ill-equipped to perform. 26 Registered Nurses responded to this request. Four (15%) of the responding Registered Nurses felt Enrolled Nurses were ill-equipped to measure, read and record patient’s blood sugar levels.

Although Registered Nurses direct and supervise Enrolled Nurses, one Registered Nurse responded that they were “*not sure about specific input that Student Enrolled Nurses received in Block 2*”. Another Registered Nurse thought that Student Enrolled Nurses were ill equipped to administer naso-gastric feeds. Familiarity with the role and function of an Enrolled Nurse would indicate knowledge of tasks that ENs are or are not permitted to perform. Other duties that Registered Nurses felt Student Enrolled Nurses

were ill-equipped to perform related directly to duties that are difficult to simulate in the practice class rooms eg “*management of aggressive behaviour*”, “*full nursing care to the unconscious patient*”, or duties that are specific to the specialty area “*Specific duties of scout nurse and anaesthetic nurse regarding sterile technique, accountable items and equipment used*”, “*more experience that children are not little adults*” and “*amputation bandaging* “.

Many other responses indicated duties that curriculum developers may need to take notice of specifically, “*knowledge of the social aspects of disease*”, “*knowledge of primary health care*” and “*poor knowledge of community health programs*”.

4. 4. 9. DUTIES INSUFFICIENTLY COVERED ON THE BLOCK 2 THEORETICAL COMPONENT

Of the duties specified in Q19 that Student Enrolled Nurses were ill-equipped to perform, Registered Nurse were asked if it was because the duties were insufficiently covered during their Block 2 theoretical component.

Table 11. Registered Nurse perceptions of whether duties are insufficiently covered during the Block 2 theoretical component.

Registered Nurses perceptions of whether duties are insufficiently covered during their Block 2 theoretical component	Frequencies % N=32
Yes	15.6
No	25.0
Need more time to practice/gain confidence	34.4
Other	25.0

RN.2. Q.20. Frequency Missing = 65

Table 11 indicates that five Registered Nurses (15.6%) thought that the duties that Enrolled Nurses were ill equipped to perform were insufficiently covered in the Block 2 TAFE theoretical component. Eight Registered Nurses (25%) felt that although Enrolled Nurses were not equipped to perform some duties, it was not because the content was insufficiently covered in Block 2. The majority of respondents (11 Registered Nurses 34.4%) felt that Enrolled Nurses needed more time to practise and gain confidence. Of the eight Registered Nurses (25%) who chose the 'other' option, the responses reaffirmed the concern that although Registered Nurses supervise and direct Enrolled Nurses, they do not have a clear understanding of the content of the Enrolled Nurse program or of the tasks that Enrolled Nurses have been educated to perform. Responses included *"Don't know what's covered in Block 1," "Not sure what is covered," "Unsure if theatre is covered (specialty area)," "Not given a copy of topics covered," "Apparently not allowed to do blood sugar levels even if accredited."*

One Registered Nurse commented that the rotations (through specialty areas) were too quick. This is a judicious comment, as a thorough knowledge of a specialty area can hardly be presumed when some Enrolled Nurses spend only three weeks in the specialty area.

4. 4. 10. SPECIALISED WARD EQUIPMENT STUDENTS ARE UNABLE TO USE

In question 21, Registered Nurse workplace supervisors were asked if there was any specialised ward equipment that students were unable to use that they should have been able to use.

Table 12. Registered Nurses perception of whether there was specialised ward equipment that students were unable to use, that they should have been able to use.

Registered Nurses' perception of whether there was specialised ward equipment that students were unable to use that they should have been able to use	Frequencies
	% n=93
Yes	19.4
No	79.6
Don't know	1.1

RN2, Q21. Frequency Missing 4

The majority of Registered Nurses (80%) said that there wasn't any ward equipment that students were unable to use that they should have been able to use. Given the rate of technological development of specialised ward equipment, this could be seen as a surprising and positive result.

4. 4. 11. TYPE OF SPECIALISED EQUIPMENT THAT STUDENTS SHOULD BE ABLE TO USE

The 18 Registered Nurse workplace supervisors who indicated that there was specialised ward equipment that the student should be able to use were asked to list these. There were 29 items listed (Appendix 19). Of those items listed, some items have variations in design by different manufacturers. eg. instruments to measure blood glucose. There were five responses that indicated Enrolled Nurses were unable to use blood glucose machines provided by various manufacturers. This may indicate that the Enrolled Nurse was not familiar with the manufactured design being used in that specialty clinical area. A relatively new piece of technology is the pulse oxymeter. There were six responses that indicated Enrolled Nurses were unable to use this equipment. At the time of the distribution of the questionnaire, pulse oxymeters were

not standard equipment in the TAFE clinical room environment, this has now been remedied. Three responses indicated that Enrolled Nurses were unable to use E.C.G. machines (electrocardiograph) for monitoring heart function. This is not part of the role and function of an Enrolled Nurse, nor is the use of operating theatre endoscopy equipment that was also listed. Oxygen equipment and intravenous therapy equipment were also listed although student Enrolled Nurses are not permitted to administer oxygen or to adjust intravenous fluids. There were two responses of lifting equipment and one of emptying a urine drainage apparatus. These are covered in the Enrolled Nurse course, although there is some variation in complexity of some types of lifting machines available on the market.

4. 4. 12. AREAS IN WHICH STUDENTS ARE WELL PREPARED

To the question that asked RNs to specify the main areas in which they felt students were well prepared for specialty nursing practice following their Block 2 theoretical component there were 160 responses from 67% of the sample. Although there was some overlap responses fell broadly into the following categories.

- Knowledge base;;

Registered Nurses felt Enrolled Nurses were well prepared in a variety of areas including anatomy and physiology, developmental psychology, various disease process and legal aspects.

- Skills;

many Registered Nurses felt that Enrolled Nurses were well prepared in the skills of basic nursing care (12 responses) Observations such as blood pressure, temperature,

pulse and respiration, peak flow etc (26 responses), dressings (18 responses) and blood sugar monitoring (6 responses).

- Psycho-social ability;

Responses were varied and included good education in attitudes, confidence, ability to work in an organised manner and as part of a team. Eleven responses mentioned that Enrolled Nurses provided emotional support to patients, relatives and staff, with one Registered Nurse commenting that students were well prepared in “tender loving care”.

4. 4. 13. TOPIC AREAS FOR INCLUSION IN THE ENROLLED NURSE
BLOCK 2 THEORETICAL COMPONENT

Registered Nurse workplace supervisors were asked (question 24) if there were any areas not currently taught in the TAFE component that they would like to see included.

Table 13. Areas Registered Nurse would like to see included in the theoretical component of Block 2.

Are there any areas that you would like to see included in the theoretical component relating to this specialty that are not taught in Block 2 that should be	Frequencies % n=89
Yes	21.3+-8.5
No	57.3+-10.3
Don't know	21.3+-8.5

RN.2. Q.24 Frequency Missing 8

Table 13. indicates that of the 89 Registered Nurses who answered this question, the majority, (51) 57% didn't think there was anything that needed to be included in the Block 2 theoretical component. Of the remainder of the respondents 23% (19) Registered Nurses felt there were things that they would like to see included, and another 23% (19) Registered Nurses didn't know if there were things that should be included or not.

Areas registered Nurses would like to see included and reasons for inclusion.	frequencies % n=39
Area	Reason
General	Students would benefit from an RN educator facilitating orientation to work. RN's frequently too busy.
Pharmacological (3 responses)	Pharmakinetics - Nurses should know actions, reactions and side effects of drugs and quickly recognise problems Assist with oral medications
Operating Theatre EN role	Understanding the role of an EN in operating theatre. Most are unaware of this as a career option
Oncology (2 responses)	An increased incidence, Nurses become emotionally involved
Diabetics Asthma	A need to understand physiology and treatment
Pulmonary oedema	Need to know acute management
Emergency situations for mothers and babies	Give SEN more confidence when faced with this. Make SEN feel useful.
Death (2 responses)	Dealing with grieving patients (miscarriage and stillbirths). Very traumatic.
Aggressive/non communicative patients	Students need some preparation
Glucometers	
Surgical nursing (2 responses)	Need to understand why particular care is given – not able to distinguish abnormalities.
Drug and alcohol	Needed
Gastro	Needed
Anaesthetics various types	Gives insight for what to expect to SEN
Psychiatry (2 responses)	Chronicity in mental illness, greater understanding of disability and impairment
Aseptic technique	Helpful for students in operating theatre
Psycho-social rehab	Basic model of care
Bladder irrigation	Common operation
Obstetrics	Needed
Community	Needed
Needs of patient as an individual	Wholistic patient not just a disease
Legal documentation	Keep them out of court and give them a reason for accurate documentation
Fluid balance	Often a basic lack of understanding

Table 14. Areas and reasons for inclusion in the theoretical component of Block 2.

4. 4. 14. REASONS FOR TOPIC INCLUSION IN THE BLOCK 2 THEORETICAL COMPONENT

Registered Nurses who indicated in question 24 that there were things that they would like to see included in Block 2 were asked to specify what areas and why things should be included. Table 14 on the previous page shows the results to this question.

4. 4. 15. SITUATIONS FOR WHICH STUDENTS ARE TOTALLY UNPREPARED

Registered Nurse workplace supervisors were asked if there were any situations where students were totally unprepared. Table 15 is the result of this question.

Table 15 Registered Nurses perceptions of situations where Enrolled Nurses were totally unprepared.

Were there any situations in which SEN's felt totally unprepared?	Frequencies % (n=90)
Yes	38.9+-10
No	50+-10.3
Not sure	11.1

RN.2. Q. 26. Frequency Missing = 7.

Table 15. Of the 90 Registered Nurses who responded to this question, 50% (45) Registered Nurses felt that there were no situations that Student Enrolled Nurses felt totally unprepared for. However 39% (35) of Registered Nurses felt there were

situations where the Enrolled Nurse was unprepared and 11% (10) Registered Nurses were not sure.

4. 4. 16. DESCRIPTIONS OF SITUATIONS WHERE STUDENTS WERE TOTALLY UNPREPARED

The 35 Registered Nurses who indicated “Yes” in Table 15 were asked to describe situations in which they felt Student Enrolled Nurses were totally unprepared, there were 56 responses. Many of the responses dealt with life and death and emergency situations.

- Twelve responses dealt with death eg. Handling death and dying, grieving, caring for young dying patients, patient deterioration and dealing with patients and relatives where life threatening illness is diagnosed.
- Eleven of the responses dealt with initiating Cardio-Pulmonary Resuscitation in cardiac/respiratory arrest situations. Other emergency situations that were described were acute or emergency situations where students lacked experience, such as sudden profuse bleeding, sudden unconsciousness and trauma.
- Some situations dealt with the constant demands of children, or general attitudes to people with a developmental disability. Other situations included sexually disinhibited clients, aggressive patients, or resistant mental health patients.

Two respondents felt that Enrolled Nurses were unprepared for organising their workload or working on a busy ward.

4. 4. 17. SUMMARY OF INFORMATION RELATING TO LEARNER PERFORMANCE AFTER THEORETICAL INSTRUCTION

The information that was gathered from respondents relating to learner performance indicated that the vast majority of Registered Nurses (87%) felt that Enrolled Nurses met their expectations. The reasons that Registered Nurses gave as to why Enrolled Nurses didn't meet their expectations were mostly to do with local conditions such as time constraints or the frustration of being new to an area. The majority of Registered Nurses (67%) felt that student Enrolled Nurses had difficulty with their new role, the main reasons given were because they were young, lacked confidence and had difficulty prioritising. Nearly 70% of respondents felt that Enrolled Nurses performed to an acceptable standard. The duties identified by the respondents as duties Enrolled Nurses were not educated to perform were frequently situations that are unable to be adequately simulated or where experience is necessary to gain confidence, such as when dealing with aggressive patients, unconscious patients or children. Lack of experience appeared to be the main reason given for Enrolled Nurses having difficulty using equipment. Some items that Enrolled Nurses had difficulty with are not part of the role and function of Enrolled Nurses (Oxygen and intravenous therapy equipment). This information suggests that the majority of Registered Nurses feel that Enrolled Nurses perform at an acceptable standard in the workplace following their theoretical instruction in Block 2.

4. 5. INFORMATION RELATING TO HOSPITAL WORKPLACE EXPERIENCES

In this section respondents were asked for information relating to the hospital workplace experience. As the stated aim of the study was to investigate whether Enrolled Nurses

are functioning adequately in the workplace, it was necessary to gather information that would allow the researcher to determine potential variations in the workplace. The information gained in this section also addressed the paucity of literature that exists concerning Enrolled Nurses in the workplace. This information was gathered in Questions 28 to 36.

4. 5. 1. Table 16. Participation in direct learning situations.

Other than an Orientation program that student may or may not attend, are there any other periods of time students spend in a direct learning situation	frequencies % n=92
Yes	78.3
No	17.4
Don't know	4.3

RN.2. Q.28. Frequency Missing = 4.

The 38-week hospital component of the Enrolled Nurse course provides an opportunity for skill's refinement and learning on-the-job. Although anecdotal information suggested that there was significant on-the-job learning, no reliable information existed as to the time spent in formal learning situations. Of the 92 Registered Nurses that answered this question, the majority, 78% (74) indicated that there were periods of time that students spent in direct learning situations. There is cause for concern in that 17% (15) of Registered Nurses respondents indicated that students spent no time in direct learning situations and 4% did not know if they did or not.

Table 17 indicates that the most commonly reported learning situation in the specialty clinical area is between 0 and 4 hours prepared in-service on the ward, however learning

situations with a Registered Nurse on the ward were reported consistently across all times bands.

4. 5. 2. Tables 17. Amount of time spent in direct learning situations

Learning situation	0-4 hours	5-12 hours	13.24 hours	25+ hours
Prepared in-service on your ward	64.8+-10.8	9.5	2.7	2.7
Prepared in-service away from your ward	45.9+-11.3	6.7.	1.3	
With a Registered Nurse on your ward	27.0+-10.7	33.8+-10.7	9.5	14.9+-8.1
Other, please specify	10.8+-7.0	8.1		2.7

RN.2. Q.29

4. 5. 3. Table 18. Student assessment in specialty clinical areas.

Are students assessed during their specialty clinical practice experience on your ward	frequencies % N=92
Yes	93.5
No	3.2
Don't know	3.2

RN.2.Q.30 Frequency Missing = 4

Table 18 indicates that of the 93 respondents, 93.5% (87) reported that students were assessed during their specialty clinical practice experience, with 3% (3) Registered Nurses reporting that students were not assessed and 3% (3) Registered Nurses reporting that they did not know if students were assessed. This high proportion of assessment is interesting in relation to the results of question 29, where the most commonly reported learning situation is between 0 and 4 hours.

4. 5. 4. STUDENT ASSESSMENT

In the three parts to Question 31, Registered Nurse Workplace Supervisors were asked how, where and by whom students were assessed on the ward during their specialty clinical practice.

Table 19. How students are assessed on wards.

How SEN's were assessed during specialty clinical practice	Number of respondents	RN's n=87 %
Self assessment	25	40.2 +-10.3
General observation	53	72.4+-9.3
Mastery skills assessment	55	74.7+-9.1
Other	7	8.0

RN.2. Q 31.

Table 19. Some respondents indicated that students were assessed in more than one way. All types of assessment procedures were used to test students during their specialty clinical practice, with mastery assessment (55 responses) and general observation (53 responses) being the most common. The 'other' forms of assessments that were indicated by seven Registered Nurses were performance appraisals. One respondent indicated that the Nurse Unit manager conducted an appraisal toward the end of the placement which incorporated a self-assessment section examining past Block 1 clinical experience sheets. Another respondent indicated assessment was conducted in weekly meetings with Nurse Unit Manager to discuss performance and another response was 'general comments'.

4. 5. 5. Table 20. Registered Nurse workplace supervisor’s perception of where students are assessed during the specialty clinical practice.

Where SEN’s were assessed during specialty clinical practice	RN’s n=87 %
On the ward	88.5+-6.7
In a simulated area	2.2
In an office	31+-9.7
other	3.3

RN.2. Q.31

Table 20. Some respondents indicated that Enrolled Nurses were assessed in more than one area. The majority of Student Enrolled Nurses were assessed on the ward (77 responses). The next most common area for assessment was in an office (27 responses). Registered Nurses who answered “other” indicated that the activity area, Occupational therapy unit and observation areas were also used as assessment areas. In the majority of clinical situations the Student Enrolled Nurse is involved in the performance of practical skills. It is therefore reasonable that the majority of the assessment be carried out in the ward area.

4. 5. 6. Table 21. Registered Nurse perception of who assessed the students during their specialty clinical practice.

Who assessed SEN’s during specialty clinical practice	RN’s n=87 %
Clinical Nurse Educator	43.6+-10.4
Registered Nurse/Clinical Nurse Specialist	93.1
Nurse Unit Manager	67.8+-9.9
Other	6.8

RN.2.Q.31

Table 21. Some respondents indicated that Enrolled Nurses were assessed by more than one person. However most Student Enrolled Nurses (93%) were assessed by a Registered Nurse or Clinical Nurse Specialist. The next most common assessor (67%) was the Nurse Unit Manager. The Clinical Nurse educator assessed 43.6%. Of the six respondents (6.8%) who answered “other”, the replies included the Trainee Enrolled Nurse Coordinator, the Director of Nursing, Enrolled Nurse Preceptors, Nurse Educator from the Department of Nursing In-service. One assessment was considered to be less objective and reliable when the respondent replied, “*The Nurse Unit Manager asks other staff members how they feel about the Student Enrolled Nurse*”.

4. 5. 7. Table 22. Rating of supervision of ENs in the specialty clinical area

Registered Nurse Rating of Supervision	RN's n=94 %
Very Easy	3.2
Easy	20.2
Moderate	52.1
Difficult	21.3
Very Difficult	3.2

RN.2. Q 31. Frequency Missing = 3

In Table 22 the responses to the question of how to rate Student Enrolled Nurse supervision fell into a bell shaped curve. The majority of Registered Nurses 52% (49) regarded the supervision of Student Enrolled Nurses as a moderate task. There were 23% (22) Registered Nurses who regarded supervision as easy or very easy and 25% (23) who regarded supervision as difficult or very difficult.

4. 5. 8. LEVEL OF SUPERVISION NECESSARY FOLLOWING BLOCK 2

To try and gain some impression from Registered Nurses of the ongoing supervision needs in specialty clinical care areas following Block 2 the following question was asked.

“Following Block 2 what level of supervision of Student Enrolled Nurses do you consider necessary in this specialty clinical area?”

Table 23. Level of supervision considered necessary following Block 2

Registered Nurse Supervision Necessary	RN's % n=94
Seldom	1.1
Occasional	17.0
Regular	53.2
Frequent	10.6
Continuous	18.1

RN.2. Q.33 Frequency Missing 3

Table 23 indicates that over half the respondents 53% (50) felt that a regular level of supervision was necessary, while 11% (10) of Registered Nurses felt frequent supervision and 18% (17) of Registered Nurses felt continuous supervision was necessary. Another 18% (17) felt that Students only needed to be supervised seldom or occasionally. The results of the question are ambiguous because of the subjective nature of the concept of “level of supervision”.

4. 5. 9. PROVSION OF ASSISTANCE

In question 34 R.N.s were asked whether students were given the assistance they required in the clinical area.

Table 24. Assistance given during specialty clinical practice

Students Given Required Assistance	RN's % n=95
Yes	64.2+9.7
No	30.5+9.3
Don't know	4.2

RN2. Q34.Frequency Missing = 2

Table 24. Of the 95 Registered Nurses who answered this question 64% of respondents felt that students were given the assistance they required. One third of respondents 30% perceived that Student Enrolled Nurses were not given the assistance they required. Four- percent (4) of Registered Nurse workplace supervisors did not know if the students they were supervising were given the assistance that they required. It is concerning that in a training facility nearly one third of student Enrolled Nurses do not get the assistance they require.

4. 5. 10. Table 25. Perceptions of why student Enrolled Nurses were unable to get assistance during the specialty clinical practice

Reasons why SEN's were unable to get assistance during specialty clinical practice	RN's % n=67
SEN's did not ask for assistance	58.6+17.9
No one available to assist	37.9+17.6
Staff too busy to assist	96.5
Students asked for unnecessary assistance due to lack of confidence	20.6
Other	17.2

RN2. Q35. Frequency Missing =30

In question 35, the 30 Registered Nurse workplace supervisors who answered 'no' that students weren't given the assistance they required, were asked why. Table 25 indicates that the majority of Registered Nurses answered that staff were too busy to provide

assistance. The questionnaire allowed for an 'other' response to assist Registered Nurses to provide other reasons why Students may have been unable to get assistance. Of the five Registered Nurses who responded, the reasons that they provided were; *"There are too many Student Enrolled Nurses"*, *"Need people specifically able to help Student Enrolled Nurses"*, *"Lack of supervision by Nurse Educator"*. The other comments were, *"Little time spent with students in the clinical area"* and *"We are now short staffed as Student Enrolled Nurses need supervision, sometimes activities can't be carried out as supervision/assistance is not available"*.

The responses to this question are concerning for Enrolled Nurse education in a training facility. As part of their on-the-job training, Enrolled Nurses are expected to practise the clinical skills learnt in the TAFE theoretical environment. If staff are too busy to provide assistance or students are regarded as an imposition in the ward environment, the struggle for self esteem and mutual respect could be even harder for this 'second level' nurse.

4. 5. 11. COMMENTS RELATING TO BLOCK 2

At the end of this section of the questionnaire Registered Nurse Workplace supervisors were invited to respond to an open-ended question relating to the Block 2 Advanced Certificate in Nursing (Enrolled Nurse) Course. 42 Registered Nurses took this opportunity to provide a variety of comments.

The majority of the comments were positive:

"Enjoy having them on the ward, makes us think about what and why we do things",

*“Generally SEN’s well prepared and adjust well to work situation”, and
“SEN’s generally have high motivation to do well”.*

Some comments were alarmingly negative:

“SEN’s can’t be classed as countable staff members until at least 6 months after their training, they don’t have the skills or knowledge to cope without supervision”,

“SEN’s have little to offer a busy acute orthopaedic unit as they can’t perform many skills required”

“SEN’s needs are draining resources from patient needs”.

Some comments indicate the lack of support available for Student Enrolled Nurses:

“In a busy surgical ward priority is given to uni students,(that is) new graduates.”,

“No real support for SEN’s on ward. Counted as part of workforce”,

“Due to staffing ratio, more pressure placed on EN’s”.

Some responses raised the question of the Registered Nurse’s interpretation of what is meant by the Enrolled Nurse providing care “under the direction and supervision of the Registered Nurse”.

“SEN’s able to function more independently, but still need supervision”.

“Some students good, others not, some need minimal supervision, others more”.

“SEN’s require a varied amount of supervision despite level of training”.

Only one Registered Nurse made the pertinent comment

“RN’s should have inservice on components of SEN course and expectations of trainees after each block”.

4. 5. 12. SUMMARY OF INFORMATION RELATING TO HOSPITAL WORKPLACE EXPERIENCE

In this section, issues relating to workplace experience were explored. Respondents indicated that the majority of Enrolled Nurses (78.3%) have between 0 and 4 hours of direct learning experience (in-service) during their time in the specialty area. However, in regard to student assessment during the hospital clinical experience, the responses indicated that the majority of students 93.5% receive some form of assessment during their clinical experience. The most common forms of assessments are general observation and mastery, which is usually carried out on the ward by the Clinical Nurse specialist or the Nursing Unit Manager.

Fifty two percent of the Registered Nurses respondents rated supervision of Enrolled Nurses as moderate. The other responses were almost equally divided between easy or very easy (23%) and difficult or very difficult 24.5%.

Over thirty percent of responding Registered Nurses felt that student Enrolled Nurses were not given the assistance that they needed. Of those who gave reasons for this, 30.5% indicated it was because the students didn't ask for help and 37.9% indicated that it was because no help was available. When considering the educational purpose of the clinical experience for Enrolled Nurses, this lack of assistance is a cause for concern.

Sixty seven percent of Registered Nurse respondents felt that Enrolled Nurses were well prepared for their specialty clinical experience. Particularly noted were the areas of knowledge, skills and psychosocial ability. Of the respondents who indicated that there

were areas where Enrolled Nurses were totally unprepared, the situations that they referred to were hard to replicate in the TAFE environment eg emergency situations and death.

Registered Nurses suggested those topics such as dealing with death and aggressive behaviour should be included in the TAFE theoretical component. These topics are included in the curriculum, however, the stark, clinical reality is sometimes far removed from the relative protected theoretical world of a classroom.

Other topics suggested by Registered Nurses for inclusion were drug administration and intravenous therapy. These skills are not regarded appropriate for Student Enrolled Nurses although advanced skills courses are available for Enrolled Nurses who have completed one year's practice after training.

4. 6. PROFESSIONAL ISSUES

This section of the questionnaire (Questions 37 to 44) asked for information that related to professional issues. One of the objectives of the study was to gather information relating to the professional aspects of the education of Enrolled Nurses. These issues did not relate specifically to the Block 2-specialty component of the course, but rather, were comments regarding broader professional issues.

4. 6. 1. REGISTERED NURSE PERCEPTION OF ENROLLED NURSES' ROLE AND FUNCTION

Because of the controversy surrounding the role and function of an Enrolled Nurse, Registered Nurses supervising Student Enrolled Nurses were asked to briefly describe what they considered to be the role and function of an Enrolled Nurse. To capture the data as objectively as possible, the role and function statements were divided up as follows.

Role Statement (see page 12)

1. An Enrolled Nurse is a second level nurse (Second Level Nurse);
2. who provides and assists in the provision of nursing care (Nursing care/assists);
3. specified by the registering authorities license to practice (Registration);
4. under the direction and supervision of a Registered Nurse (Direction/Supervision);
5. across settings (Settings);
6. which takes into account the individual needs of the health care consumers (Needs);
7. the Enrolled Nurse is responsible for their own actions (Responsible);
8. remains accountable to the Registered Nurse for all delegated functions (Accountable RN).

Function statement

1. An Enrolled nurse's functions correlate/are in accordance with ANRAC competencies (ANRAC)*
2. An Enrolled Nurse's function is also determined by the facility (Det by Fac)
With regard to:
 3. the level of educational preparation and state of clinical assessment of the Student Enrolled Nurse (Ed Prep)
 4. The acuity of the patient (Patient acuity)
 5. the amount of clinical judgment required (Clinical Jud)
 6. the amount of technical skill required (Tech Skill)
 7. the degree of Registered Nurse direction (RN directn)

* The ANRAC competencies are now the ANCI competencies.

Role Statement	RN.2 n=94 % Frequency
1. Second Level Nurse	5.3
2. Nursing care/assists	61.7
3. Registration	7.4
4. Direction/Supervision	42.5
5. Settings	2.1
6. Needs	3.1
7. Responsible	4.2
8. Accountable RN	1.0

Figure 5. Role Statement

Function Statement	RN.2 n=94 % Frequency
1. ANRAC	1.0
2.Det by Fac	6.3
3. Ed Prep	2.1
4. Patient acuity	2.1
5. Clinicl Judg	0
6. Tech Skill	0
7.RN directn	20.2

Figure 6. Function Statement

Figures 5 and 6 indicate that the Registered Nurse workplace supervisors did not have a comprehensive understanding of the role and function of Enrolled Nurses. Most Registered Nurses indicated an awareness of the Enrolled Nurses role as ‘assisting in the provision of nursing care (61.7%) under the direction of a Registered Nurse’ (43.5%). Most Registered Nurses respondents (20.2%) were also conversant with the function of an Enrolled Nurse that stated, ‘functions appropriate to the degree of

Registered Nurse direction available’. The results from this data confirm the lack of knowledge surrounding the role and function of the Enrolled Nurse.

4. 6. 2. MATCH BETWEEN ANRAC COMPETENCIES AND WORKPLACE

There has been much debate both in the literature and on the ground as to the suitability of the Enrolled Nurse Competencies and this debate is embedded in the confusion over the role and function of an Enrolled Nurse, indeed the ANRAC report states that,

“It is apparent from the lists of competencies for the two levels of nurses that they are inextricably entwined”
(ANRAC Nursing Competencies Assessment Project, Volume 1, p.34. 1990)

At the same time the report also makes the recommendation that

“The ANRAC support a national review of the role and function of the EN, and their relationship with the RN”
(ANRAC Nursing Competencies Assessment Project, Volume 1, p.34. 1990)

Registered Nurse workplace supervisors were asked if they thought the ANRAC competencies pertaining to the Enrolled Nurse matched the reality of the workplace.

Table 26. Registered nurses’ perception of whether the ANRAC competencies mach the reality of the workplace

Competencies match workplace reality	RN’s % n=89
Yes	47.2
No	11.2
Don’t know	41.6

RN2. Q. 38

Table 26 indicates that of the 89 Registered Nurses who answered the question of whether the ANRAC competencies matched the workplace reality, 42 (47.2%) thought

that they did and 37 (41.6%) answered that they did not know if the competencies matched the workplace reality.

4. 6. 3. MISMATCH BETWEEN THE ANRAC COMPETENCIES AND THE WORKPLACE REALITY

The ten Registered Nurses who answered that the ANRAC competencies did not match the workplace reality, were asked to specify the way in which the workplace reality did not match the competencies. The majority of Registered Nurses that responded to this question re-iterated their concern over the confusion surrounding the role and function of the Enrolled Nurse competencies. Examples of these responses include:

“Do not give role for specific areas and limited skills making it difficult for other staff”

“Not wide enough- need more avenues to work with for rural Enrolled Nurses- much greater responsibilities/functions than outlined in ANRAC competencies”

“Not in RPAH, a referral hospital for NSW where nothing is routine or uncomplicated”

“Hospital policy and registration requirements determine what the EN can legally do”.

4. 6. 4. SUPERVISION OF ENROLLED NURSE AFTER COMPLETION OF TRAINING

In an attempt to discover how Registered Nurse workplace supervisors rated the workplace performance of Enrolled Nurses, they were asked whether they supervised Enrolled Nurses who have completed the Advanced Certificate in Nursing (Enrolled Nurse) course in their specialty area.

Table 27. Registered Nurses who supervise Enrolled Nurses who have completed their training.

RN's Supervising EN's who have completed Training	RN's % n=91
Yes	65.9
No	29.7
Don't know	4.4

RN 2. Q.40

Table 27 indicates that of the 91 Registered Nurses who responded, 60 (65%) currently supervise Enrolled Nurses who have completed their Advanced Certificate. 27 (29.7%) do not do so and 4 (4.4%) Registered Nurses did not know whether they did or not.

4. 6. 5. RATING OF GRADUANDS WORKPLACE PERFORMANCE

The 60 Registered Nurses who supervise Enrolled Nurses that have already completed the Advanced Certificate course were asked to rate their performance as a second level nurse within the workplace. A five-point scale was used.

Table 28. Registered Nurses rating of Enrolled Nurses who have completed training

Registered Nurses rating of Enrolled Nurses who have completed training	RN's % n=60
Very poor	3.3
Poor	4.9
Fair	16.4
Good	49.2
Very good	26.2

RN2.Q.41

Table 28 indicates that the majority of respondents over 75% (46 RN's) rated Enrolled Nurses who have completed their training as good or very good.

4. 6. 6. NEED FOR POST BASIC COURSES

In Question 42, Registered Nurse workplace supervisors were asked if they felt a greater variety of post basic courses should be available for Enrolled Nurses. Over 80% of respondents felt that there should be a greater variety. Less than 8% of respondents felt that there was no need for a greater variety.

4. 6. 7. AREAS CONSIDERED NECESSARY FOR POST BASIC COURSES

Registered Nurse workplace supervisors were asked to indicate the six priority areas that they considered as being necessary for post-basic courses for Enrolled Nurses.

Table 29. Priority for post basic courses.

Post Basic Course	Number of RN's responding
Surgical Nursing	59
Maternity	20
Operating Theatre	14
Medical Nursing	55
Aged Care	54
Paediatrics	23
Mental Health	25
Community Nursing	21
Developmental Disability Nursing	16
Infection Control	42
Accident and Emergency	14
Orthopaedic Nursing	16
Oncology/Palliative care	29
Mothercraft	13
Rehabilitation	30
Behavioural Sciences	15
AIDS Education	13
Diabetic Education	34
Drug and Alcohol Education	18
Other	7

RN.2. Q.43

The priority order of the six areas that Registered Nurses indicated a need for post basic courses were:

1. Surgical Nursing
2. Medical Nursing
3. Aged Care
4. Infection control
5. Diabetes Education
6. Rehabilitation Nursing

4. 6. 8. COMMENTS RELATING TO ENROLLED NURSE PRACTICE

The last question on the questionnaire (Question 44, Appendix 12) invited Registered Nurse workplace supervisors to make any other comments they might wish in relation to the practice of Enrolled Nursing.

There were 36 replies. Eight of the comments again highlighted the lack of distinction between role boundaries.

“Difficult for EN unless they’re strong. RN’s expect them to work like RN’s”

“EN’s often function better than RN. EN course is excellent”.

“In our hospital EN’s not given the responsibility they deserve and therefore seem ‘second rate’ citizens”.

“Support the concept of extending the role of EN and believe they are a vital part of the healthcare system”.

Five Registered Nurses commented on the aspect that experience plays in achieving nursing competencies.

“Much of what is needed to perform as a competent nurse can only be gained by experience”.

“SEN’s shouldn’t be part of team members for 6 months. They need to learn”.

“EN’s play an important role and their roles should expand as their experience does”.

Some Registered Nurses had views about the EN/RN amalgamation

“Some EN’s very knowledgeable and professional - inspire confidence and trust. These should be able to convert their EN into RN course, should finish their degree in 3 years considering their experience”.

“All EN’s should be encouraged to be an RN”.

“EN’s are to provide nursing care. Their level of training and knowledge is not adequate for them to proceed into advanced areas without upgrading their skills to RN level”.

The majority of these responses appear to intensify the concerns expressed elsewhere in the respondent’s contributions, that is the confusion over the role and function of Enrolled Nurses. The concerns expressed will inform the recommendations.

4. 6. 9. SUMMARY OF INFORMATION RELATING TO PROFESSIONAL ISSUES

The last section of the questionnaire dealt with professional issues. This had been one of the objectives of the study. Information gathered in this section will assist in providing information that is relevant to the current situation in NSW hospitals. This section informs the discussion on whether students who complete the Advanced Certificate in Nursing (Enrolled Nurse) program are competent in the workplace or not.

Over 75% of Registered Nurses who responded to the question as to how they would rate Enrolled Nurses, who had completed their training, rated these Enrolled Nurses as good or very good. Registered Nurses were also asked about the perception of the Enrolled Nurses’ role and function. Only two of the eight roles and one of the seven functions appeared prominent in the responses. The two roles were providing and assisting in the provision of nursing care and working under the direction and supervision of a Registered Nurse. The aspect of the Enrolled Nurse functions that

Registered Nurses were most familiar with was that the function of an Enrolled Nurse is determined by the facility having regard for the degree of Registered Nurse direction available.

4. 7. CHAPTER SUMMARY

The purpose of this study was to examine the perceptions of Registered Nurses who supervise student Enrolled Nurses in regard to the effectiveness of their educational preparation for the workplace. Specifically, the effectiveness of the educational preparation was determined by whether Enrolled Nurses were adequately performing their perceived workplace role and function following the TAFE Block 2 theoretical component.

To ascertain if Enrolled Nurses were meeting workplace demands, information was sought regarding the types of knowledge or skills that Registered Nurses perceived as insufficiently covered in the Block 2 theoretical component. Areas not sufficiently covered could impede the students meeting their workplace demands.

The Enrolled Nurses could be acknowledged as performing their perceived role and function if they had the knowledge and skills to function effectively in the workplace. Responses from Registered Nurses as to suggested areas for more knowledge and skills for Enrolled Nurses fell into three broad categories. The majority of responses were in the category where only experience provides the necessary knowledge and skills, for example dealing with dying patients, crisis situations and trauma. The second most common categories highlighted were topics that are currently inappropriate for this level

of worker such as intravenous therapy and medication administration.. The third category included topics that are currently covered in the theoretical component.

Enrolled Nurses could be seen to be effective in the workplace if they performed their perceived role and function. There were some deficits emphasised by Registered Nurses' relating to their perception of the Enrolled Nurses' role and function, however these deficits appeared to reflect more on the Registered Nurses mis-perception of the role and function.

From the information furnished by respondents there appeared to be little educational material that was insufficiently covered. The eight respondents who identified areas that were insufficiently covered provided suggestions that were inappropriate for this level of nurse. These suggestions highlight the confusion surrounding the Enrolled Nurses' role and function. The majority of Registered Nurses felt that Enrolled Nurses did meet the workplace demands.

To ensure a comprehensive view of the role and function of Enrolled Nurses across the state, Registered Nurses were asked if the ANRAC competencies matched the workplace reality. Almost half the respondents (41.6%) were unsure if the competencies matched the workplace reality. These responses may indicate that Registered Nurses are unsure of what the Enrolled Nurse competencies are, or it may highlight the difficulty that appears to exist in defining exactly the work that Enrolled Nurses do.

Chapter 5 presents a summary of the conclusions and recommendations from the study.