

Terms of Reference

The effectiveness of current educational preparation of and articulation between enrolled and registered nurses and nurse practitioners in meeting the needs of health service delivery

- EN's mention academic difficulties as they miss the foundation subjects by entering the program in 2nd year, many don't have established study techniques and they haven't mastered academic writing. These foundational skills are learn in first year university and skipping this puts the EN at a real disadvantage. I imagine that the attrition rate is high due to struggling with academic content.
- EN's struggle to complete placement while working. EN's tend to be older with more financial responsibilities than school leavers and so often have no choice but to work while doing the RN degree.
- Some EN's that I have facilitated view placement as repetition of skills that they are already doing at work, the difference between the EN and RN role is not emphasised enough – both to the public, hospital staff and the students themselves

- The RN to NP pathway is vague. As a nurse who is considering NP vs medicine I am more inclined to choose medicine because of:
 - The confusion around the term 'advanced practice'
 - The current lack of advertised jobs
 - The lack of recognition of the NP role. Including job descriptions and scope of practice both among health practitioners and the public
 - The large investment of time and money for the practitioner in the current environment when the role is not well established in the health service
 - The lack of adequate Medicare billing
 - The lack of further career progression, particularly the stunted income growth which is not reflected in medical careers

Factors that affect the choice of nursing as an occupation, including for men

The factors that affect the choice of nursing as an occupation can be stratified into push/pull factors. The push factors discourage people from pursuing nursing and the pull factors encourage this career choice. I facilitate nursing students and ask them why they choose nursing so I believe that my points reflect the current cohort of students.

Push	Pull
Shift work – the requirement to work a rotating roster with nights, weekends and public holidays. The current cohort of future nurses are not limited to school leavers, the commitment to a rotating roster is unachievable for some	Opportunity to help people
Difficulty in securing annual leave	Variety of work
Lack of flexibility – set shift times, inability to bring children to work, no childcare on premises	Ability to work overseas
Perceived poor pay – something that is perpetuated both by the nursing union and the media	Ability to work in rural and remote locations
Poor penalty rates for nightshift	Perceived flexibility

High workloads	Ability to work part time
Poor skill mix, the junior workforce means that graduates are not well supported	Job security
The lack of structure around career progression, the current model of career progression is not transparent or structured enough. There is a continuing perpetuation of 'seniority' equating to years of service	Opportunity for career progression
Nursing is still not seen as a profession the 'trade' image persists which can discourage people from pursuing the career	Easy to get into nursing courses
Lack of childcare on the premises that caters for shift work	Maternity Leave and ability to return to the workforce part time
Perception that nursing is 'women's work'	A pathway to securing a visa
Lack of public knowledge of the scope of nursing practice	

- Nursing is seen as a flexible career option, this is not always true which may go some way to explaining the high attrition rate. Many graduates want a work life balance.
- Men choosing nursing seems to be more common if they know nurses and can see what the job entails
- Male students tend to gravitate towards critical care as they are the 'glamorous, exciting' areas
- The current pay structure seems to be more of a disincentive for males to pursue nursing

The role and appropriateness of transition to practice programs however named.

The nursing role is extremely broad and can often mean that they are required to take on any job that nobody else wants to do. This culture leads to overwork, impacts patient care and contributes to burnout.

The quality and content of transition to practice programs varies significantly across NSW.

The graduates have extremely poor foundational knowledge and clinical skills and are ill equipped for the workplace. This has meant the hospitals have become an extension of the graduates training but funding has not reflected this. Education departments are underfunded and there needs to be increased funding for clinical educators so they can spend time on the floor and prepare and deliver quality transitional programs.

A standard transitional package for the state should be considered.

Allocating clinical nurse educators to work specifically with graduate nurses would take a huge burden off the education team which means they can then develop the skills of the wider workforce which would in turn equip more senior nurses with the skills to support graduates.

The inability to 'fail' transitional programs is a serious issue as recent graduates don't take them seriously enough.

Re-examining the model of nursing education would be useful. Once a student graduates they could be given provisional registration and they must complete a transition program in the hospital, aged care or community and then possibly sit an exam before receiving their full registration.

The competitiveness and attractiveness of Australian nursing qualifications across international contexts

This is being degraded through the current passing of students with poor communication skills, and limited knowledge. The move away from face to face teaching to online teaching with multiple choice quizzes (which are often completed in groups) has led to a degradation in knowledge of simple biology, physiology and pathophysiology.

The respective roles of the education and health sectors in the education of the nursing workforce

The universities have a significant role in training, their role begins with selecting appropriate students. I have worked with students who possess extremely poor communication skills these students should not have been selected to do the degree as any RN can attest that the job requires an excellent command of communication. Some students have difficulty grasping the academic content of courses, the entry requirements may be too low.

The universities need to examine their delivery of content and testing structure, the current model is not working.

The health service recognises it has a role to play in educating the nurses of the future, however this has not been reflected in funding. The health service is now a training organisation and needs to be funded as such to support the unskilled workforce.

Particular emphasis needs to be placed on funding the education departments in rural and regional areas.

Anonymous