

30 June 2019

Dear Emeritus Professor Steven Schwartz AM,

Re: Educating the Nurse of the Future- Independent Review of Nursing Education.

My name is Anthony Earnshaw and I hold a Bachelor of Nursing degree with 20 years of clinical experience. I have worked in both public and private healthcare settings including aged care and hospitals, in many roles including clinical nurse specialist, associate nurse unit manager, relief nurse unit manager and hospital co-ordinator. I have been a preceptor for many students and also refresher nurses. Presently, I work on a surgical ward and the majority of shifts I work, I preceptor students.

Simply, I believe the nursing education industry with its shopfronts of virtual reality laboratories and glossy brochures, entices customers to purchase their wares only to sell them a product not quite as advertised.

I submit the following outlining my concerns regarding educational deficiencies and a proposition for changes to undergraduate nursing education.

Presently, a Bachelor of Nursing degree is 3 years in duration. Most courses offer no more than 20 weeks of patient/client contact spread across hospitals, mental health facilities, aged care and community centres. That equates to 20 weeks out of 156 weeks. Similarly, a Diploma of Nursing is 2 years in duration with 10 weeks of patient/client contact.

Many nurses and students I have spoken with, believe that educating students predominately out of healthcare settings inadequately prepares them for their future careers of nursing inside healthcare settings.

These limited practical placements do not adequately prepare undergraduate nurses to ascend the steep learning that awaits them. We must do better to support the development of nurses, bridging the theory practice gap to make them competent and confident.

The education of students has largely stayed the same over 20 years apart from the inclusion and accessibility of on-line learning. Although the amount of practical training has remained largely unchanged, the acuity of patients, productivity pressures

imposed on healthcare settings and consequently nursing staff is very different, yet we expect nursing students to be able to transition successfully into modern healthcare settings.

In 2014, Health Workforce Australia called for a co-ordinated approach to improve retention rates among nursing students and the employment rates among nursing students. The HWA report showed 55% of enrolled nurse graduates were immediately entering employment as a nurse compared to 85% of registered nurses (Karen Keast, ANMJ, March, 2016).

Anecdotally, I recently spoke with a Diploma of Nursing student who indicated that approximately 30 students in her group were looking to upon graduation, to enrol in a Bachelor of Nursing course. I suggest that this is unnecessary duplication.

Duffield et al (cited in McAllister and Dean, ANMJ, July 2017) point out that nursing has the highest turnover rate of all health care professionals despite the heavy investment that the students, the university and health service has made in preparing graduates for work. Reasons include unpreparedness for the work and role overload (McAllister and Dean, ANMJ, March, 2017).

Is the RUSON model (Registered Undergraduate Students of Nursing) a step in the right direction? Lisa Fitzpatrick (The Handover, Issue 2, January, 2019) believes the program is an investment to future proof Victoria's public healthcare system...and "providing employment to undergraduate nursing students as part of the RUSON model is positive for students, health services and patients. Anecdotally we know the program is providing a better transition from student to graduate."

Most would agree the nursing graduate programs are important in helping junior nurses transition from student to nurse. In fact, some healthcare facilities will not employ junior staff if they have not completed a graduate program. How traumatic for a student who misses out on a graduate program. Is their career over before it even starts? There are junior nurses who have opted out due to unsurmountable stress and anxiety.

Is the importance of these models/programs an acknowledgement that the current system continues to fail nursing students due to the many reasons I will outline?

I have spoken with a graduate nurse about the RUSON program as she participated in a similar model in Ballarat. She spoke of how much she learnt and how it helped immensely with her learning and practical experience. When I challenged her asking "but shouldn't the Bachelor of Nursing course be preparing you?" She agreed with my sentiment.

Educational Oversight.

Sadly, perhaps what is missing is an in depth analysis into the education sector.

Louise Ward et al (ANMJ, Vol 25, No 6, 2017/18) indicate that as nurse academics, students are their primary focus, watching them battle to meet competing demands including work, family and clinical placements. They continue with, that in the final semester of the course, students participate in extended clinical practice rotations, enabling consolidation and a smooth transition to the graduate year.

Simply, I disagree.

Thankfully, Ward et al (ANMJ, Vol 25, No 6, 2017/18) do acknowledge that support within the BN course is linked to wider tertiary support services.

Anecdotally, “contact hours” with universities is decreasing and there is minimal communication between graduate programs and universities to discuss how training relates to performance.

Universities and vocational institutes have the “intellectual property” that is paramount to gaining accreditation, most of which is accessible and disseminated on-line. What oversight or quality control do they provide to the students on clinical placements. Nurse preceptors are not vetted for suitability. Nurses are indoctrinated early in their careers, in fact while a student, that you will educate students. That’s just the way it is.

Yet universities receive the bulk of fees from students with a daily payment given to the healthcare facility.

Challenges continue as a post-graduate student. I can enrol in an interstate university and clinical placement oversight by the university will be negligible and practical components dependent on staff.

Is it a case of “set and forget”?

Happell and Gaskin (cited in McAllister and Dean, ANMJ, July 2017, Volume 25, No1) write that the few graduates who are able to clarify which speciality they may want to focus on, are hit with another hefty fee as they must return to complete a graduate diploma or Masters program. “To the 90% of women who constitute nursing this is economically unfair, and burdensome if not impossible for their families.” (Snyder and Green quoted in McAllister and Dean, ANMJ, July 2017, Volume 25, No1)

I note that the ANMF is now providing financial assistance to those undertaking post registration and postgraduate study. I believe The Victorian Government is also now investing in postgraduate scholarships and nursing programs.

Here in South West Victoria, there were suggestions that Deakin University was to close. Many feared the impact on regional education accessibility.

Professionals working in the tertiary sector will have a better understanding of the plan future directions of tertiary providers.

The Future?

Maybe we need a complete re-think?

Is it possible for the nursing professional bodies and tertiary educators to develop a standardised undergraduate nursing program that can be rolled out across Australian healthcare centres. Associated fees paid by the student could be shared more evenly between the university and the healthcare setting. The university will be paid for their intellectual property and academic oversight. On-line lectures and tutorials could be given to the student cohorts and held within the healthcare facility. Meanwhile, the educational teams within each healthcare facility could oversee the clinical placement of student cohorts as per agreed guidelines.

Associated issues with the current education system include:

On many occasions the arbitrary nature of clinical placements means students have to travel to different centres that particularly in regional and rural areas can be hundreds of kilometres from their home and often at short notice. Some travel interstate. This can result in overnight stays, associated financial costs, significant impacts on family, employment and increased psychological stresses.

For some nursing students, institutions can offer clinical placements that are not felt to adequately fulfill or assist in obtaining students learning goals or objectives, however it is determined that a clinical placement is adequately completed from an institutions perspective.

While on placement, students have to work fulltime unpaid, study, continue to pay for ongoing expenses and pay for living away from home costs with no income.

Many nursing students receive a lot of essential learning outside of formal education courses by working in paid employment, for example, in aged care centres.

By virtue of the education system relating to nursing, staff members are educators, whether it is to students from university, TAFE or vocational institutes. Often there is inconsistency in placements and staff preceptors/mentors (some good, some not so good) all of which can have a lasting and/or devastating effect on the student development.

Staff in education departments would be expected to have a Certificate IV in Workplace Training. This is not a requirement of nurse preceptors. I obtained Certificate IV in Workplace Training at my own expense for my own professional development. Although unreasonable to expect all staff to fulfill this requirement, it is challenging for any preceptors to have a grasp of differing educational student requirements. For example, what is required from a 1st year TAFE student to a 2nd year university student? This presents difficult

challenges for the preceptor. Particularly for junior/graduate nurses learning themselves, having to take on students from different year levels, institutions with different learning goals, all of which makes it difficult to adjust to the student's needs all whilst trying to consolidate their own skills and learning. In my healthcare setting graduate nurses often have a student.

The nursing education "industry" is dependent on preceptors. On these limited clinical placements would you want to be "buddied" with a nurse with 20 years experience or a graduate?

I am a preceptor almost daily due to the number of students in my healthcare facility.

It is both mentally and physically taxing when trying to balance patient care and the individual educational goals of the student, be they from a university or vocational college. Imagine for a moment yourself in your occupational role, being shadowed, performing role requirements while simultaneously having to explain almost everything you do to someone else.

My proposal would include further training and education for staff, however not specifically Certificate IV. I believe that due to the consistent nature of the nursing paradigm/program that would be utilised within each healthcare facility, it would become easier for staff to be preceptors when compared to educating the multiple student cohorts from multiple educational providers. Thus, over time, new preceptors would require education to prepare them for preceptor roles whilst current preceptors refresher education.

My proposal.

I propose paid, supernumerary nursing education with an increased practical component.

I propose that we should establish a two-year nursing degree. A paid, supernumerary role within hospitals, mental health and aged care facilities, merging practical, meaningful and consistent nurse training with academia to address predicted nursing shortages and provide advanced student educational and practical skill outcomes.

This would increase direct clinical contact hours from the base 20 weeks over 3 years to approximately 52 weeks predominately in the same facility whilst maintaining the professional theoretical component.

Why two years duration?

A Diploma of Nursing now incorporates medication administration and consequently is not far removed from a Bachelor of Nursing degree.

Enrolled nurses work across many healthcare settings and also have graduate programs.

Many enrolled nurses continue studying and complete the undergraduate nursing degree.

Most nurses when asked cannot articulate why we have the two systems of education.

University students spend almost the equivalent period of one year not studying, when adding up semester breaks etc. Also with each clinical placement, students require an orientation. This takes up valuable time. Consequently, I suggest a two-year full-time model.

Structure.

In a fortnight, one cohort would have:

- Placement on Monday and Tuesday.
- The following week, Wednesday, Thursday and Friday.
- The intervening days would be university lectures, coursework etc.
- Students would be allocated morning and afternoon shifts.
- There would be no night-duty or weekend requirements (this is preferable, however, weekends may be utilized to manage the number of students).
- Students will rotate through different medical, surgical areas as well as aged care and mental health.

The second cohort is the opposite of cohort one.

The second year will allow students to look and learn in specialty areas like ICU, perioperative, midwifery, emergency and paediatrics. Experiencing and providing exposure to these different areas would assist with future career direction. Presently, students have limited access to specialty rotations.

There could be a start of year and midyear intakes. This would stagger the introduction of new graduates to healthcare settings compared to the massive influx of new graduates that currently occurs.

I believe my proposal allows for theoretical, practical and personal growth. Remaining based in the same or reduced number of healthcare settings where possible, enables students to feel they are part of a team or organisation and provides a collaborative approach that could deliver an easier transition into the workforce. It is difficult to go from one hospital to another.

With having consistent placements in the same setting this can only produce better educational outcomes, better health, both mentally and physically for students and promote a positive impact on student retention and ultimately provide better nurses, and better patient care.

With paid employment in a consistent setting students can balance work, social commitments, finances and study. They will also make a significant direct impact on

patient care and safety so deserve some remuneration. Nursing is an essential service. Police and fire service-personnel are paid to learn.

AHPRA's Role?

Every year when I renew my registration, I am asked about CPD, criminal history and how long I will continue nursing.

Why not utilise AHPRA to survey junior nurses?

Questions could include:

- Were there enough healthcare clinical hours?
- Would you support more clinical placements?
- Upon completion of course were you job ready?
- Were clinical placements always appropriate?
- Is a graduate nurse placement essential?
- Did you work in a healthcare setting to support yourself?
- Did you work in a healthcare setting to increase skills?
- Were clinical placements cost prohibitive and stressful?

Conclusion.

I believe that by simply funding more student places may not be the panacea to future nursing shortages nor produce competent nurses for the future. We need to be mindful of the quality of outcomes not just numbers passing through a system. Undoubtedly, the "business model" of nursing education will be a major barrier to reform. I suggest most nurses agree that both undergraduate and postgraduate education require major reform to prepare, educate, make affordable and supply nurses for the future.

I thank you for the opportunity to have a voice.

Anthony Earnshaw