

NURSING EDUCATION, ARTICULATION AND RECRUITMENT WITHIN AUSTRALIA

Abstract

As the literature review outlines, there is a critical shortage of nurses within Australia. The purpose of this study was to investigate the possibility of a collaborative approach between schools, TAFE, University and Industry to develop strategies to better manage some of the issues facing the nursing profession today. The study surveyed the perceived needs of nurses, nurse educators and teachers for a model of education, articulation and recruitment within Australia. Both the public and private sector of nursing and education were investigated. The analysis of this survey data concluded that a collaborative approach in nursing, within the educational and clinical settings is essential to address the educational, articulation and recruitment needs of the nursing profession within the Hunter Region.

Further research is recommended to ascertain expectations and ideas from various sectors within nursing and from differing educational levels of staff. Interviews for follow up and more detailed responses were beyond the scope of this project, however would provide excellent insight into contingencies and variables to present a holistic view of this profession.

Introduction

“We live in an era defined by many challenges, from global warming to global terrorism. And none is as likely to have as large and enduring effect as ageing on the size and shape of government budgets or on the future growth of living standards and on the stability of the global economy and even world order”.

(Global Ageing Initiative Program (2003) in Public Health Implications of an Ageing Population Pilot (2005.p 3)).

There is an international healthcare crisis as a result of the ageing population. Within Australia, it is estimated that over half the nursing profession will retire within the next ten years, compounded with changes in the education and roles of nurses, nursing staff shortage and the higher acuity of patient and in conjunction with the shift of care beyond hospital and institutional settings into the community. The necessity to support the profession and promote a sustainable health care system within Australia is critical. The profession of Nursing continues to battle issues of education, articulation and recruitment, negative image and culture, understaffing and limited resources. This paper argues that a unified approach can assist in minimizing some of these issues and that TAFE as a driving force based a model of collaboration, can promote the growth of nursing enrolments and qualifications, employment and retention in the Hunter region. Therefore this paper will explore nursing education, articulation and recruitment by posing a number of questions about existing practices, then reporting on a case study conducted in the Hunter Region of New South Wales (NSW) Australia to explicate a collaborative model of education, articulation and recruitment within Nursing.

How are nurses in Australia, specifically the Hunter, educated?

Nursing within Australia is currently regulated at a State level; this paper acknowledges the recent appointment of a Chief of Nursing which aims to implement a National Nursing and Education Taskforce during 2010. However, for the purpose of this project the focus of this study has been the Hunter Region, NSW, Australia.

Currently nursing is divided into regulated and unregulated roles:

Unregulated nurses refer to:

1. Patient Care Assistant (PCA) not required to complete formal training;
2. Assistant in Nursing (AIN) required to undertake a Certificate III in Aged Care, from 2008 Certificate III in Acute Care via Vocational Educational and Training (VET) providers such as TAFE; These nurses are not regulated by any formal registry system and as such practice is determined by industry.

Regulated nurses include:

1. Enrolled Nurse (EN) requiring a 12 month Certificate IV traineeship (up until 1997) and then upgraded to Endorsed Enrolled Nurse (EEN) after qualifying with a Certificate IV that includes drug administration.

EN education and practice is determined and regulated by the NSW Nurse and Midwifery Registration Board (NSWNMRB). An example of an awarding institution is the TAFE NSW Hunter Institute in conjunction with clinical training by Hunter/ New England Area Health Service. This form of education changed (late 2007/ early 2008) to

a National Training Package Certificate IV, Diploma and Advanced Diploma, open to all interested applicants, including those without a traineeship.

2. Bachelor of Nursing- Registered Nurse (RN) based on a three year undergraduate programs at University.

Further postgraduate qualifications such as Masters, Doctorate, Nurse Practitioner and specialised courses (such as critical care, mental health, and midwifery to name a few...) can be attained via university, VET commercial courses and hospital training.

How are the changing roles of nurses influencing education and employment?

Education of and the role of nurses is constantly adapting to cater to the massive health demands of the community due to the complex context of nursing that is rich in technological advancements, best practice rigor, consumer orientated and litigious culture, shortages of nursing staff and resources and numerous other factors. Johnston and Preston, cited in Levett-Jones and Bourgeois (2007.p.2), report “People now in general wards were in intensive care fifteen years ago, many people cared for in hospital are now cared for in the community, and the people who are now in intensive care would have died fifteen years ago”.

The NSW Nurses Association (NSWNA) argues that a nurse working in an environment that has a staffing mix of regulated and unregulated workers creates legal and accountability factors that when compounded by staff shortages, resource scarcity and increased patient acuity reduces the nurse’s ability to practice competently.

Hillman (1999) observes industry continues to demands more of nurses. This can be seen with the evolving roles of nurses and the exerted pressure on educational providers

to increase the educational scope of practice to cater to the needs of clients who require care that is beyond the current qualifications. An example includes the certificate III level nurse who is expected to be involved in medication delivery in some institutions; such clinical expectations widen the practice/theory gap in nursing. Holmes (2007), Price, Heartfield & Gibson (2001) and Reid (1994), reiterate how recruitment and employment of nurses is a global problem, such that the severe shortage of nurses results in industry attempting to meet the demand with unregulated workers, expanding and increasing current trained nurse's workload pressures.

Nursing Careers Pathway Project (2002), states that the recruitment and retention of nurses must be a national priority. Further *Nursing Labour Force Department 1998* (Australian Institute of Health and Welfare (AIHW) 1999, p.14) confirms "The increase in nursing support occupations is viewed by many as an economic strategy designed to cut costs through the delivery of outputs by unlicensed support workers that are not prepared, or able to produce an accountable and qualified level care expertise".

The national review of nursing education and nursing policies and strategies over the next twelve months stresses the importance of all stakeholders within the healthcare system to unite and acclimatise to the changes within the profession such as national leadership in nursing. [Department of Education and Training (DET) 2005, Duty of Care Report 2002, Jones and Cheek (2001), University of Newcastle (2005) and World Health Organisation (WHO) 2000].

What is the status of nursing recruitment and retention in the Australia/ Hunter?

The World Health Organisation acknowledged, in 2000, the shortage of nurses and publicises the importance of an adequate supply of competent nurses for the infrastructure of essential health services. Holmes (2007), President of the NSWNA, suggests “The most frustrating thing a nurse has to face is going home at the end of the day knowing that they haven’t provided the care that is required by their patients, simply because there aren’t enough nurses”.

The National and State Skill Shortage Lists (2002) identify there is a mass shortage of qualified nurses based on labour market data undertaken by the Department of Employment and Workplace Relations (DEWR). In response to the recommendations of the National Nursing and education Taskforce, the Federal Government capped the Higher Education Contribution Scheme (HECS) liability in Nursing in an attempt to attract students. Within VET, The Faculty of Health and Community Services has flagged Aged Care as a number one target area; this is supported by State funding opportunities to promote recruitment of students into Aged Care courses. [DEST (2002), National Nursing & Nursing Education Taskforce (2006)].

Nursing recruitment has been critical within the Hunter Region since late 1990.

Recruitment strategies are becoming more and more innovative, i.e. seeking nurses from overseas and adopting government initiatives such as VET in schools (TVET and School Based Trainees [SBTs]). One example includes the TAFE NSW Hunter Institute pilot study for remote and rural SBT’s certificate III in Aged Care (Hunter Institute TAFE, 2007; Johnstone and Stewart, 2003).

The National Nursing and Nursing Education Taskforce (2006) established a framework which focuses on a ten year workforce strategy, which the Council of Australian Governments [COAG] endorsed in June 2006, further elevating the importance of this strategy and the broader health workforce agenda to one of critical and national significance. Five of the seven principle strategies established by the Taskforce support the need for a collaborative model of nursing education, articulation and recruitment. (Table 2: National Health Workforce Strategic Framework and N3ET works). “Given the number of players with different responsibilities for diverse but intertwined elements of nursing, Australia will need to develop collaborative partnerships at all levels to resolve many of the difficulties nurses face today”. (National Review of Nursing Education, 2002, p.15).

What current models of collaboration are in practice throughout Australia?

The National Review of Nursing Education Report *Our Duty of Care*, was commissioned by the Commonwealth Government to examine the future nursing educational needs of the health, community and aged care system and advises on education policy and funding frameworks in 2001-2002 for implementation from 2006. The strategies derived from this study primarily focused on building a sustainable nursing workforce, maximizing health outcomes through quality education, and capacity building.

The Report stated (2002. Section 2.9.1) “Nursing is a practice discipline: nursing education and nursing practice are interdependent”. The International Council of Nurses (ICN) also highlighted how the importance of ‘cohesive partnerships’ between

ministries of health and education and private training providers is paramount to resolving the healthcare crisis in Australia.

There are several nursing cohesive partnerships emerging throughout the nation such as the following education pathways:

1. A partnership between University of Western Sydney, Sydney Area Health Service (St. Georges Hospital), Georges River College and NSW TAFE. This partnership is a pilot program initial sample completed in 2006 which developed effective partnerships to enhance secondary school student transition into nursing career pathways. Such an amalgamation of Schools, TAFE and the Acute Care Setting is evident of successful collaboration in nurse training. (DET Conference, 2007).
2. A Tripartite agreement between Illawarra Institute of TAFE, Illawarra Area Health Service and The University of Wollongong, to establish an educational pathway for Indigenous students interested in a career in nursing. (National Review of Nursing Education, 2002).
3. A New Apprenticeship scheme at Port Pirie Regional Health Service that provides multiple entry and exit points within nursing pathways for students. (National Review of Nursing Education, 2002).
4. A partnership between Launceston Presbyterian Nursing Home for the Aged and a VET in Schools Course run by Launceston College. This is a mutually beneficial initiative to introduce school students to the possibilities of a career in nursing and a recruitment strategy for the Aged Care Home. (National Review of Nursing Education, 2002).

5. The Ceduna Hospital Nursing Traineeship pilot New Apprenticeship model to encourage students to opt for a career in nursing. (National Review of Nursing Education, 2002).

6. Care and Health Industries Pathways for Schools [CHIPS] which is part of a model for the development of Vet In Schools to meet the requirements of the South Australian Certificate of Education. (National Review of Nursing Education, 2002)

7. e2 Extending education, a collaboration of five secondary public schools *Orange schools connected and connecting*, a structure that offers choice to students with an emphasis on options such as VET subjects. This is achieved with partnerships between schools and TAFE NSW Western Institute (15-19 years conference, 2007).

Such initiatives are having a positive effect on student retention in schools, pathways to further study in TAFE and University and employment. (Marks, 2006, McMillian, Rothman & Wernert, 2005, Thompson, 2002, Lamb and Vickers, 2006, Polesel, Teese, Lamb, Helms, Nichols and Clarke, 2007).

What can education do to influence the culture of nursing?

According to James and Cheek (2001) there is a negative workplace culture in nursing which fosters horizontal violence and the adage “nurses eat their young”. Such an *oppressed* environment results from many factors including unsustainable workloads, staff shortages, lack of recognition and remuneration and limited resources. This nursing culture creates problems for the transition of new nurses, training of student

nurses and consequently impacts recruitment and retention of nurses in the workforce. (NSWNA, 2007).

Within the Duty of Care Discussion paper (2001), the predominant view was that the nursing profession must change from within; a change in culture cannot be imposed but rather needs to be encouraged and facilitated. Even before trainee students enter clinical practice, educators have a role in modeling positive nursing practices and interactions with team members; provide mentoring for staff and effective and supportive transition programs for students and new nurses. (Levett-Jones & Bourgeois, (2007).

The National Review of Nursing Education (2002) argues that, as the role of the nurse expands with increasing patient acuity, limited resources, enhanced reliance on technology and associated knowledge, skill and competence required, lower level of qualified nursing staff mix and increased accountability, the initial educational preparation of nurses must endorse life long learning. It is also essential that educators maintain clinical currency to keep abreast of advancements within health and to enhance the relevance, quality and innovation of delivery and training.

For novice and experienced nurses having clear career pathways and recognition systems will support professional development, job satisfaction and can inspire retention through opening doors within health that previously may not have been a considered option. (National Review of Nursing Education, 2002).

Can enhanced partnerships promote nursing practice and clinical experience for students?

Throughout the research literature outlined so far, the importance of Australian education and healthcare systems to develop collaborative partnerships at all levels is noted as paramount to ensure progress with the problems faced within nursing today and to plan and respond to the challenges of the future (DEST, 2002, Kerka, 1997, Lamb et al, 2006, McMillian et al, 2005, National Nursing and Nursing Education Taskforce, 2006, Polesel et al, 2007 and WHO, 2000).

The Longitudinal Surveys of Australian Youth (LSAY) studies demonstrate how a partnership approach is the only way forward, through collaboration between schools, TAFE, University and health service to strengthen career pathways from school student to the various roles within nursing.

Building collaborative relationships is a key strategy to develop confident and competent professionals within a healthcare sector, such that educational provisions respond to the changing health care needs of the community and the nursing workforce becomes a desirable career option, (National Review of Nursing Education, 2002).

How can TAFE promote nursing within schools and the community?

According to DEST (2002) there will be a nursing shortage of 40,000 registered nurses in Australia by 2010, liaison between the NRMB, National Nursing Council of Australia [NNCA] and NSWNA enables the provision of promotional media to promote nursing to students from as early as year 8 in secondary school. Marks et al, (2000)

identifies that ‘those students in year 8 or 9 who say they will leave school are seven times more likely to do so than those who say they will stay on’. At schools career days one strategy is for TAFE, University and Industry to unite to promote a positive image of nursing and outline of available pathways to capture the attention of all possible cohorts of nursing student.

Another strategy is clinical teaching and community presence, increases awareness, reputation and promotion of TAFE as a quality education provider. For example, Hunter TAFE has generated partnerships with industry to undertake weekly onsite training for students in the Certificate III Aged Care Courses. This course partnership model is proving to enhance clinical learning, the reputation of TAFE teachers and to encourage current best practice in by narrowing the practice /theory gap. It also assists developing a positive image of nursing and supports both students and staff on the clinical floor. This model is supported by the National Review of Nursing Education (2002, Introduction, Recommended Framework) ‘VET trainers and nurse clinicians need to form partnerships to provide students with quality clinical education’.

In promoting nursing, focus on the strengths and diversity of Nursing as a career is essential, (Price, Heartfield & Gibson, 2001). Within Nursing there are over 42 specialty areas such as hospitals (specialised medical and surgical fields), remote areas, prisons, Australian Defense forces, homes, community and schools.

TAFE is in an ideal situation to promote nursing within schools and the community with the TVET and SBTs which are becoming increasingly popular and available

pathways for students to start a career in nursing. A key finding in the career moves study 'confirm the value of creating strong links between school and employers, and demonstrate the utility of VET in schools programs in creating such links. (Posel et al., 2007). Further McMillan et al, (2005) state that participation in VET increased by 50% between 1991-2000 for people aged 19 and younger. Student satisfaction feedback confirms VET opportunities and choice as a preferable option over leaving school or taking on school curricula (NCVER, (2002), cited in Lamb and Vickers, 2006).

Evans states that "VET in Schools is having a positive impact on student retention, making students more work ready and, most importantly opening up a broad range of post-school pathways (including University)...evidence confirms the quality of students' experience of VET in Schools" (2005).

In expanding partnerships with Schools, Industry and University, TAFE has direct involvement with all stakeholders in the nursing careers pathway projections and as such can unite the different groups to develop a collaborative approach for future students and nurses. (National Review of Nursing Education, 2002).

What is needed?	Models in place	Current issues	Changes in role	Types of Nurses in NSW
<p>* Collaborative approach with Schools, TAFE, Industry and University to promote nursing to future AIN/ EN and RN students.</p> <p>* Provision of clear pathways for educational options and career development.</p> <p>* Share resources for efficiency.</p>	<p>Launceston Nursing Home, VET in Schools & Ceduna Hospital Nursing Traineeship.</p>	<p>Not regulated or provided with education to take on more complex roles.</p> <p>Experience horizontal violence, poor staff morale and job satisfaction and pressure from industry to take on additional duties.</p> <p>No clear pathways</p>	<p>Increased scope of practice without additional education or time to develop with experience.</p> <p>Working in areas with higher acuity of patients</p>	<p>Unregulated PCA (Untrained) AIN (Certificate III)</p>
<p>* Establish recognition processes that are accessible and user friendly.</p> <p>*Implementation of capability and sustainability strategies for nursing.</p>	<p>Partnerships with TAFE, University & AHS in Sydney (Western Wollongong)</p>	<p>Less tolerant of unregulated workforce due to pressures of short staffed, limited resources, expanding scope of practice, increased responsibility, more technological dependant, sicker patients and loss of autonomy of care.</p> <p>Poor job satisfaction and workplace morale.</p> <p>No clear professional development pathways.</p>	<p>Increased scope of practice, Increased responsibility with less qualified staff and additional workplace accountability.</p> <p>Working with higher acuity of patients with fewer resources.</p>	

Research Methodology

The research question *Can TAFE drive a collaborative model of Nursing Education, Articulation and recruitment in the Hunter Region?* was explored by surveying the Principal or Careers Advisor of two high schools, one public high school and one private high school; teachers from TAFE in Aged Care & Nursing and the School of Nursing and Midwifery, University of Newcastle; Industry survey involved Aged Care facilities and hospitals, one private and one public facility and hospital. The sample group was limited to a small size due to the scope of the project and time frame to gain ethics approval; future studies could involve school students and representatives from many geographical areas within the Hunter Region.

The survey questions were designed to be user friendly and quick for busy staff to complete, follow up interviews were offered to gain more data, however this option was not taken up. The development of a model was provided for staff to view as an example of how TAFE could promote collaboration between Schools, University and Industry within Nursing.

Diagram 1: Survey sample of 86 participants within the Hunter Region.

Venue	Number of anticipated participants	Number of actual participants	Percentile response	Percentage of sector response
Public High School	1	4	4.65%	26.7%
Private High School	1	1	1.16%	
TAFE	10	8	9.3%	
University	15	10	11.63%	
Public Nursing Home	20	12	13.95%	73.3%
Private Nursing Home	20	20	23.3%	
Public Hospital	20	20	23.3%	
Private Hospital	20	11	12.7%	
Total	107	86 80.4% of anticipated results.	100%	100%

The units of analysis included all the relevant stakeholders included in this snapshot sample from within the education as well as the clinical setting of nursing.

Instrument

Quantitative research strategies were applied using a survey questionnaire, the use of the Likert Scale determined whether participants agreed or disagreed with the statements raised within the survey. The participants completed the survey anonymously. There were 14 scaled questions concluding with two qualitative questions to gain written feedback an example as well or provide an opportunity to explain a response to a statement.

Procedure

Once the literature review was completed and found to provide support for the proposition for collaboration in nursing education, articulation and recruitment, a sample group was approached to see if some empirical data also supported the propositions. This project was undertaken as a Postgraduate Education Student at Newcastle University where my submission for ethics approval was gained.

Within schools only the Principal or TVET Representatives were approached, as student involvement was beyond the scope of this project. Within clinical settings, nurse educators and managers were approached to ask their staff to voluntarily take part in the survey.

At TAFE, colleagues within our section [Aged Care, Disabilities and Nursing] had the survey placed in their pigeon hole and those completed returned in same manner. The University of Newcastle, a meeting with Assistant Dean and Course Convener was undertaken to explain the project and seek support and surveys then left for lecturers and academics to voluntarily complete.

All surveys were collected after one month and then statistically tabulated for analysing responses to the posed questions.

Follow up via email and phone calls was limited due to time available for this project and consequently there was a limited response rate.

Results

As diagram 1 indicates, to determine the response percentiles, graphs were drawn to tabulate responses to each question.

The following findings combine the “agree” responses to suggest the following:

* **Question One:** 39 of 86 respondents strongly agree and 39 agree that *a team approach from Schools, TAFE, University and Industry is the way forward for nursing.*

* **Question Two:** 21 of 86 responses strongly agree and 54 agree that *a model such as this one could be a way to overcome some of the issues we are facing in nursing today*

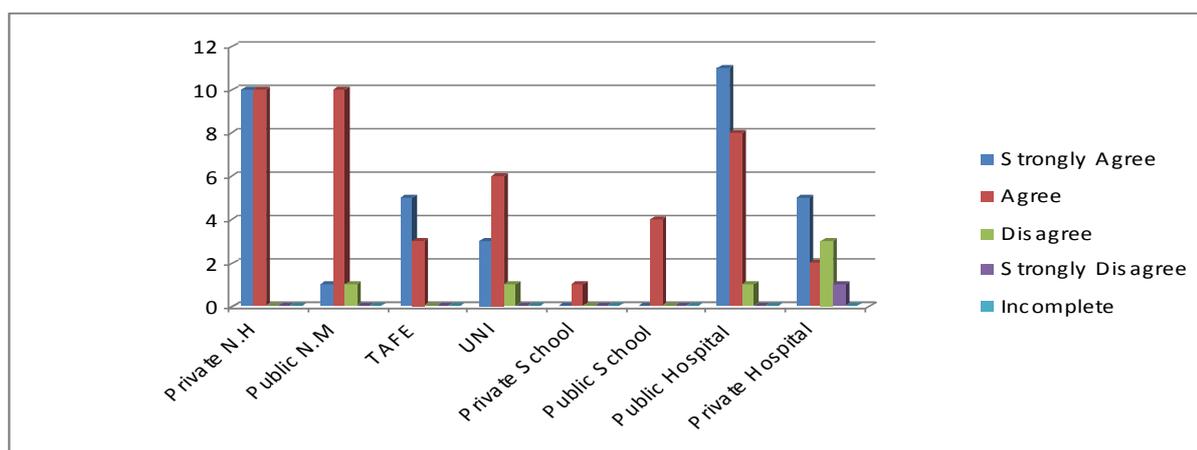


Figure 1: Question Two: A model such as this one could be a way to overcome some of the issues we are facing in nursing today

* **Question Three:** 35 of 86 responses strongly agree and 44 agree that *Educational environments influence the culture and image of nursing.*

* **Question Four:** 37 of 86 respondents strongly agree and 45 agree that *Provision of additional clinical support and recognition of experience and training will influence the culture of nursing*

* **Question Five:** 37 of 86 responses strongly agree and 43 agree that *Retention of nurses can improve with a better nursing culture image.*

* **Question Six:** 43 of 86 respondents strongly agree and 37 agree that *Retention of nurses will improve with additional career opportunities and clear pathways.*

* **Question Seven:** 43 of 86 respondents strongly agree and 37 agree that *User friendly career pathways and recognition systems will promote recruitment of nurses*

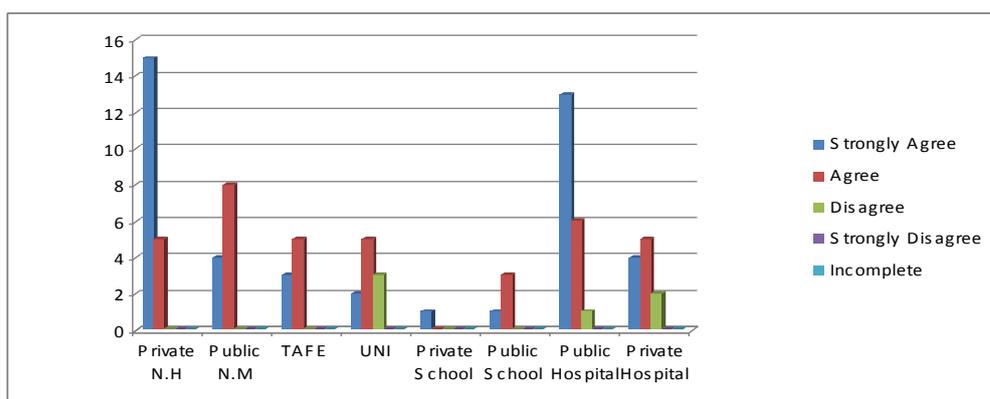


Figure Two: User friendly career pathways and recognition systems will promote recruitment of nurses

* **Question Eight:** 45 of 86 respondents strongly agree and 34 agree that *Staff incentives, training and support for nurses mentoring students on the clinical floor would alleviate some of the workload stress and resistance towards students*

* **Question Nine:** 20 of 86 respondents strongly agree and 53 agree that *School students can be flagged for employment and educational opportunities whilst working as School based Trainees and TVETS.*

* **Question Ten:** 40 of 86 respondents strongly agree and 40 agree that *Nurses and educators can role model nursing as a welcoming and attractive option.*

* **Question Eleven:** 23 of 86 respondents strongly agree and 55 agree that *Effective promotional marketing will improve recruitment of future nurses.*

* **Question Twelve:** 24 of 86 respondents strongly agree and 52 agree that *Promotional marketing would improve community support and recognition.*

* **Question Thirteen:** 21 of 86 respondents strongly agree and 50 agree that *Promotional marketing would improve culture and image of nursing*

* **Question Fourteen:** 19 of 86 respondents strongly agree and 50 agree that *TAFE acting as a driving force to unite School, TAFE, University and Industry would benefit nursing, education, articulation and recruitment.*

Responses that were marked as disagree or strongly disagree are as follows:

* **Question One:** 2 of 86 respondents strongly disagree and 6 disagree that *a team approach from Schools, TAFE, University and Industry is the way forward for nursing.*

* **Question Two:** 10 of 86 disagree that *a model such as this one could be a way to overcome some of the issues we are facing in nursing today.*

* **Question Three:** 1 of 86 responses strongly disagree and 6 disagree that *Educational environments influence the culture and image of nursing.*

* **Question Four** stated *additional clinical supports and recognition of experience and training will influence the culture of nursing*; 4 of the 86 responses disagree with this notion, of which 20% are University participants and 18.2% of private hospital participants surveyed.

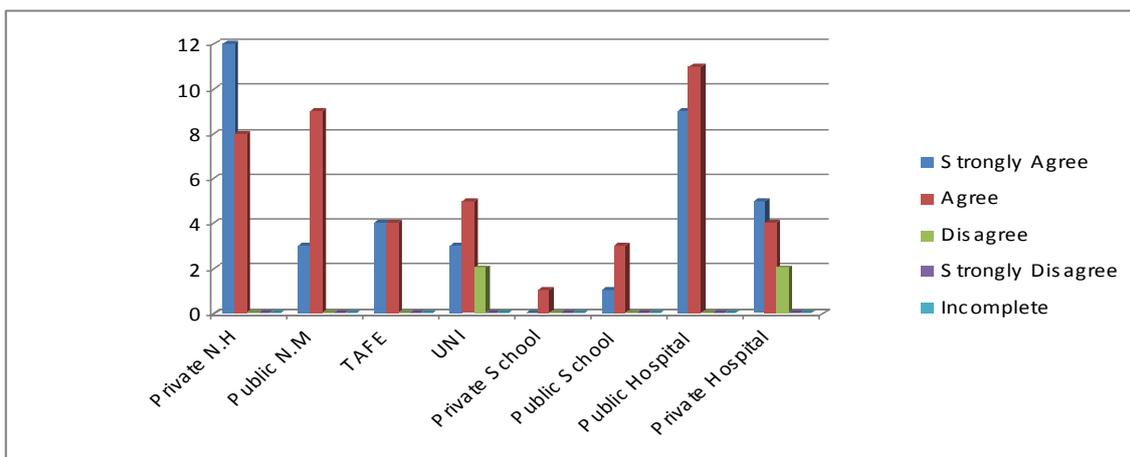


Figure 3. Question Four: Provision of additional clinical support and recognition of experience and training will influence the culture of nursing.

* **Question Five:** 5 of 86 responses disagree that *Retention of nurses can improve with a better nursing culture image.*

* **Question Six:** 6 of 86 respondents disagree that *Retention of nurses will improve with additional career opportunities and clear pathways.*

* **Question Seven:** 5 of 86 respondents disagree that *User friendly career pathways and recognition systems will promote recruitment of nurses.*

* **Question Eight:** 6 of 86 respondents disagree and 1 strongly disagrees that *Staff incentives, training and support for nurses mentoring students on the clinical floor would alleviate some of the workload stress and resistance towards students*

* **Question Nine:** 9 of 86 respondents disagree and 2 strongly disagree that *School students can be flagged for employment and educational opportunities whilst working as School based Trainees and TVETS.*

* **Question Ten:** 7 of 86 respondents disagree that *Nurses and educators can role model nursing as a welcoming and attractive option.*

* **Question Eleven:** 8 of 86 respondents disagree that *Effective promotional marketing will improve recruitment of future nurse*. This was interesting to note in that marketing and promotion is clearly beneficial to recruitment with increasing awareness within the community and in promotion of nursing as a professional choice.

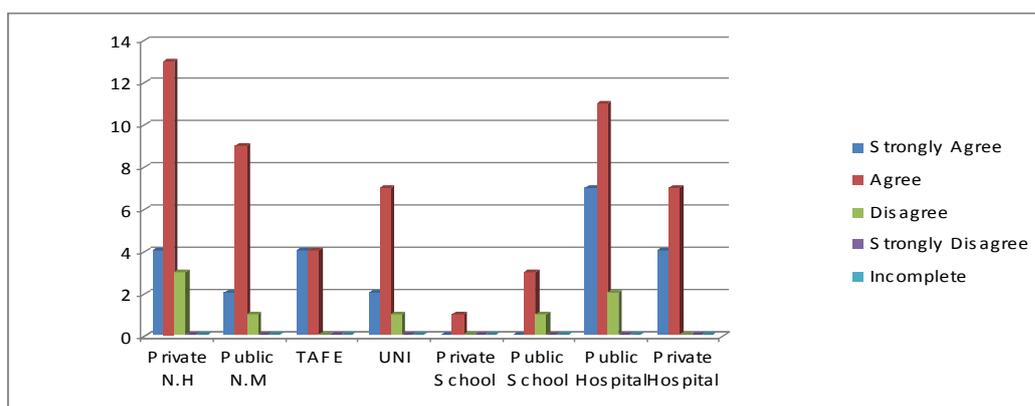


Figure 4. Q. Eleven: Effective promotional marketing will improve recruitment of future nurses.

* **Question Twelve:** 4 of 86 respondents disagree that *Promotional marketing would improve community support and recognition*.

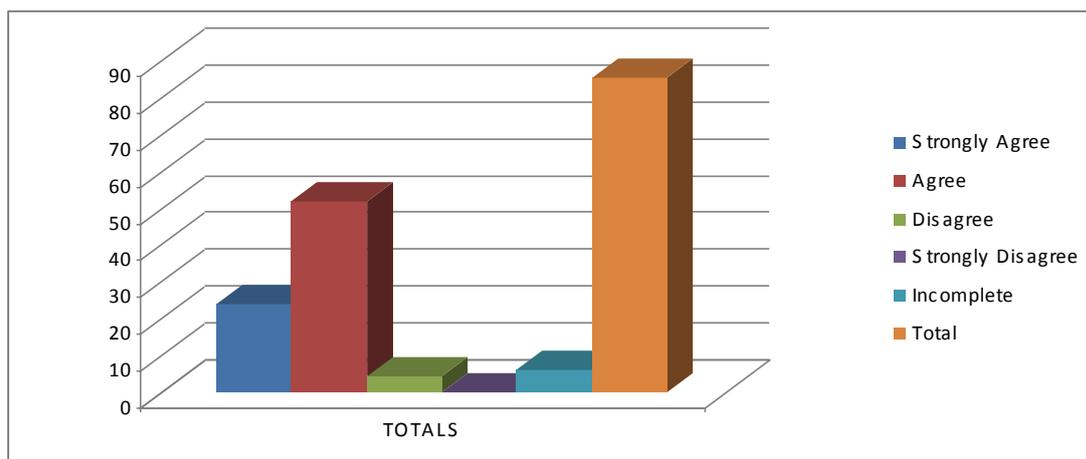


Figure 5. Question twelve: Promotional marketing would improve community support and recognition.

* **Question Thirteen:** 9 of 86 respondents disagree and 1 strongly disagrees that *Promotional marketing would improve culture and image of nursing.*

Question fourteen: 13 of the 86 respondents disagree that TAFE as a driving force to unite School, TAFE, University and Industry would benefit nursing, education, articulation and recruitment, unfortunately there was no explanation as to why the respondents felt this way, further research would enable the follow up of such responses.

The final questions asked the participant to identify one issue / solution and also asked for any comment or suggestion. The following responses were noted:

Table 2 Written responses “problems” raised within the survey include:

Issue	Participant identification
Pay	20
Recognition	8
Deskilled workforce	5
Communication	1
Conditions	7
Currency of standards	4
Staffing levels	19
Horizontal violence	3
Job satisfaction	1

The Federal minimum wage is \$14.31/hr. To complete training to become an AIN the student must undertake a 6 month full time course or 12 month part time course at TAFE or similar through other Private Training Organisation. An AIN commences on \$16.22/hrs and the most an AIN can earn is \$17.65/hr (4th year and thereafter).

Comparatively, Clerical staff in health at level Grade V (2nd year thereafter) can earn \$19.50/hr, Catering staff in health earn up to \$18.64. The same can be seen with EN (5th year and thereafter) can earn \$20.87 and a RN (8 years and thereafter) cap at

\$29.93 which considering the responsibility, degree level of initial qualification and eight years experience in the field, may be indicators of why pay and recognition are identified as contentious issues. (NSW award rates retrieved from Fair Work online).

The Duty of Care Report identifies the first strategy to address the issues raised by their research such as staff shortages, uneducated staff mix, poor morale and limited resources compounding working conditions as also highlighted above, includes building a sustainable workforce through retention of nursing, transitional support, skill mix balance and strengthening career pathways. (2002, Strategy One).

Table 3 “Solutions” suggested include the following:

Solution	Participant identification	Private Hospital responses
Management	6	
Appreciation	3	
National Registration	2	
Industrial changes	4	
Culture	3	
Education	8	7
Clinical support and mentoring	14	
Recruitment	1	

Within the replies from the private hospital, 45.5% of participants recommended the return of nursing education training to the hospital setting. This was not mentioned or supported by any other participant group. It would be interesting to note the training level of nurses who advocated this as a solution. One participant suggested nurses commence in nursing ‘earlier instead of McDonalds’; another participant stated that nursing needed to become an “issue” for any changes for the better to be made.

Discussions of methodology

A more extensive qualitative study would be useful to authenticate the attained results and offer possible explanations and alternative solutions. Overall the results of the survey strongly support collaboration between Schools, TAFE, University and Industry and promote the need for a model of articulation, education and recruitment within nursing.

Time and resource restraints limited this study. Face to face recruitment of participants and follow up would most likely increase the sample size. Acquiring a more cross sectional sample group could provide more insight into the possibilities of collaboration and expectations of all stakeholders. Surveying school students would be beneficial to gain their perspective of nursing as a career option and barriers to nursing, feedback on TVET & VET in Schools for nursing as an option, however beyond the scope of this project.

Involvement of nursing bodies [such as NRB, NSWNA] to share data i.e. annual registration survey responses, current trends and recruitment materials which could provide data to further direct and support the collaborative approach and also allow for cost minimization through sharing resources, such that NSWNA media promotional material could be utilised by TAFE & University to promote the Nursing Profession in Schools.

To gather more rigorous findings, it would be useful to undertake discussion with other TAFE/ Schools/University teams regarding their models to streamline efficiency in recruitment and pathways to get a better idea of what has proven to work and to undertake a pilot of the model within the Hunter to establish effectiveness.

Discussion of results

All the literature reviewed supported the need for a collaborative approach to education, articulation and recruitment in Nursing due to complex array of issues facing the Nursing Profession and health care system of Australia today and in to the future. Although models exist to rectify some of the issues within Nursing education and employment, to date these initiatives have not had national support. However, following the Our Duty of Care Report (2002) and consequent establishment of a National Nursing and Nursing Education Task Force in 2006, the interstate barriers are being eroded and all stakeholders encouraged to undertake a collaborative problem solving approach to the nursing shortage and healthcare staffing crisis.

Emerging initiatives such as those identified within the Duty of Care Report (2002), Nursing Career Pathways Project, (2002) and the National Nursing and Nursing Education Taskforce, (2006), are already proving to successfully confront some of the nursing issues and with the continuance and growth of such collaborative models of education, articulation and employment, the nursing and healthcare crisis may abate for a time. With the ageing of the population and the financial crisis of 2008 consequences will mean these issues will remain and will require more innovative research and resolutions.

This study has shown that for the participants sampled, nurses, nurse educators and teachers are eager to embrace a collaborative approach to resolving the national nursing crisis in the Hunter Region. The possibilities are countless when we strive to resolve these issues as a team - the next step is to unify these intentions into actions.

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