Competency standards for the advanced enrolled nurse

An Australian Nursing Federation project funded by the Australian Government Department of Health and Ageing

1. Registered nurse (Division 2) in Victoria
Competency standards
for the advanced enrolled nurse

1. An enrolled nurse is a registered nurse (division 2) in Victoria
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1 Introduction

The development of the competency standards for advanced enrolled nurses was undertaken as part of a larger project commissioned in 2004-2005 to develop competency standards for nurses in general practice.

The project team for the review from the University of South Australia was led by Marie Heartfield and Terri Gibson, in conjunction with Royal College of Nursing Australia. The project was funded by the Australian Government Department of Health and Ageing and managed by the Australian Nursing Federation.

The University of South Australia’s Human Research Ethics Committee reviewed and gave ethics approval for the project.

The Competency standards for the advanced enrolled nurse were developed using a range of research techniques including: literature review; focus group consultations; observations of advanced enrolled nurses in aged, acute and community settings; an online survey; and written submissions. Data were analysed using content analysis, thematic analysis and/or descriptive statistics according to the requirements of each data set, to produce findings related to the relevant research aim resulting in a set of competency standards for the advanced enrolled nurse.

The findings indicate that the practice of advanced enrolled nurses is characterised by:

- specialisation in an area or field of practice;
- a higher level of clinical knowledge and skills informed by further education and on-the-job experience;
- a greater level of responsibility in the management of client care which may include clinical and non clinical roles;
- acting as a resource to other staff; and
- more indirect levels of supervision.

Drawing on these findings, three domains of advanced enrolled nurse competencies were developed. These domains are:

1. Professional development
2. Provision of clinical care, and

Based on the study findings, and as with the Competency standards for the advanced registered nurse, the Competency standards for the advanced enrolled nurse have been written as differentiating standards and do not repeat the core Australian Nursing and Midwifery Council’s Competency standards for the enrolled nurse. This means they do not repeat the core domains of enrolled nurse practice, but build on them. The research identified three domains of higher level competencies, and the revised standards sit with the Australian Nursing and Midwifery Council's competency standards for the enrolled nurse, with each of the standards articulating core competencies that are identified as being developed in the practice of the advanced enrolled nurse.
2 Background - competency standards for the enrolled nurse

Commencing in the late 1980s and evolving during the 1990s, the nursing profession in Australia began to develop entry to practice competency standards. The competency standards framework adopted by the nursing profession in Australia was premised on a broad notion of competence as a combination of skills, knowledge, attitudes, values and abilities that underpin effective performance in the nursing role (Cheek 2002).

In Australia, the role of the second level or enrolled nurse and their place in the nursing and health workforce has received increasing attention with the conduct and release of a number of significant reports and studies. The Australian Nursing Council Inc's National Enrolled Nurse Study (Gibson, Heartfield et al 2002), completed in 2001, affirmed the role of the enrolled nurse as a part of the Australian health workforce, and noted increasing employment of enrolled nurses in community, residential care and general practice settings accompanied by less direct modes of enrolled nurse supervision. That report also recognised the …strong desire of some enrolled nurses for an extended role… (Australian Nursing Council 2002), noting that this issue was raised by many participants in the study suggesting the need to develop competencies for advanced enrolled nursing practice and post enrolment education to equip enrolled nurses to work in specialty areas of practice (Australian Nursing Council 2002). The role statement developed in that study included a brief statement about the role of the enrolled nurse beyond entry to practice (Australian Nursing Council 2002), stating that:

Some enrolled nurses, with appropriate additional education and experience, may undertake a broader range of responsibilities including overseeing the practice of student enrolled nurses and unregulated health workers. These enrolled nurses may also help evaluate resident's needs, develop care plans and provide care for groups as well as individuals and teach individuals, family members and/or carers how to perform simple health care procedures. Whilst registered nurse supervision is a legal requirement for enrolled nurses in most states, the nature of supervision may vary according to the context of care, level of education and experience of individual enrolled nurses (Australian Nursing Council 2002).

Pressure to expand the scope of enrolled nursing practice is also related to a number of other incentives. These include: constraints in health care funding (Heath 2002; Milson-Hawke and Higgins 2003); changes in health care delivery related to medical and technological advances; and local organisational, state and territory demands related to shortages of registered nurses.

2. The Australian Nursing Council Inc (ANC or ANCI) is now known as the Australian Nursing and Midwifery Council (ANMC).
These non-uniform influences have resulted in variation in the scope of practice of enrolled nurses between states and territories. This is exemplified in the differing practices in medication management across jurisdictions (Gibson and Heartfield 2003; Milson-Hawke and Higgins 2003). Also, the scope of enrolled nurse practice has historically expanded and contracted according to the labour market supply of registered nurses.

A further issue related to the scope of practice for enrolled nurses identified in a number of publications, is that many advanced enrolled nurses are underutilised and not allowed to undertake nursing practice responsibilities in accordance with their skills, abilities and education (Gibson and Heartfield 2003; Milson-Hawke and Higgins 2003).
3 Competency standards for the advanced enrolled nurse (2005)

Set out below are the full set of the final competency standards for the advanced enrolled nurse. Details of how this set of standards evolved is outlined in the discussion around the literature and document review and the focus group processes that made up the methodology for this project.

The typical advanced enrolled nurse is described as:
- having post enrolment training, education and qualifications;
- having a breadth or depth of clinical experience and knowledge;
- undertaking a greater scope of delegated responsibility which may include clinical and management responsibilities;
- able to practice competently with indirect registered nurse supervision;
- a role model and resource to others in their area of practice; and
- an active member of the nursing profession.

Domain 1: Professional development

Competencies in this domain reflect the advanced enrolled nurse’s active engagement in ongoing learning and their collaboration with others in education as a basis for practice.

Competency Standard 1.1

Initiates and undertakes ongoing professional development.

The advanced enrolled nurse:
- identifies professional development needs through reflection on practice;
- seeks out learning opportunities to extend knowledge and skills according to professional goals;
- undertakes specialist and/or ongoing education; and
- actively participates in the profession through membership of professional organisations or nursing networks.

Competency Standard 1.2

Contributes to education of others.

The advanced enrolled nurse:
- orients new staff to local practices; and
- preceptors or mentors new graduate enrolled nurses, trainee enrolled nurses and/or care workers.
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Domain 2: Provision of clinical care

Competencies in this domain reflect the advanced enrolled nurse's ability to provide more comprehensive clinical care in a focused or specialised area of practice. This may include providing care to individuals and groups with complex needs in and outside of health care settings with a greater degree of indirect registered nurse supervision.

Competency Standard 2.1

Practices using specialised or more comprehensive knowledge and skills.

The advanced enrolled nurse:

- applies specific knowledge and skills such as in wound or continence management or dementia or child or family health care in the provision of care;
- applies a broad knowledge base, and wide experience of the care environment and processes in the provision of care; and
- uses in-depth knowledge of community resources to inform management of care.

Competency Standard 2.2

Modifies practice to accommodate client health care needs of individuals and groups in different environments.

The advanced enrolled nurse:

- may provide care in homes or community settings as well as health care settings;
- identifies risks and potential outcomes during assessment;
- identifies and implements appropriate harm minimisation strategies;
- independently responds to clinical situations;
- practises guided by clinical standards and guidelines; and
- provides care for groups as well as individuals.

Competency Standard 2.3

Assists in providing care to individuals and groups with complex conditions.

The advanced enrolled nurse:

- prioritises care appropriately;
- undertakes complex nursing procedures in the provision of care; and
- independently responds to clinical situations.

Competency Standard 2.4

Uses comprehensive assessment skills to make reliable clinical decisions.

The advanced enrolled nurse:

- uses a systematic approach to assessment;
Competency Standard 2.4 continued

The advanced enrolled nurse:
- identifies risks and potential outcomes during assessment;
- bases clinical decisions on assessment.

Competency Standard 2.5

Develops care plans for individuals and groups and evaluates outcomes of own practice.

The advanced enrolled nurse:
- initiates review and modification of care plans.

Domain 3: Management of self and others

Competencies in this domain reflect the advanced enrolled nurse’s broader experiences, knowledge and skills that enable a more comprehensive scope of delegated responsibility and greater degree of indirect registered nurse supervision.

Competency Standard 3.1

Participates in the development, implementation and review of organisational policies, programs and procedures.

The advanced enrolled nurse:
- is involved in committees and working parties within and external to the work unit;
- may be involved in unit/ward orientation and ongoing support for staff and students; and
- contributes to the review and development of clinical standards and guidelines.

Competency Standard 3.2

Coordinates delegated activities of other staff under the guidance and direction of the registered nurse.

The advanced enrolled nurse:
- is involved in committees and working parties within and beyond the work unit;
- guides and supports activities of other enrolled nurses, trainee enrolled nurses and care workers; and
- may be involved in ward/unit orientation and ongoing support for staff and students.

Competency Standard 3.3

Acts as a resource to others in an area of clinical practice.

The advanced enrolled nurse:
- participates in education of individuals, groups and staff;
### Competency Standard 3.3 continued

The advanced enrolled nurse:

- includes identification of risks and potential outcomes when undertaking an assessment;
- coordinates and guides activities of other enrolled nurses, trainee enrolled nurses and assistants in nursing;
- may take responsibility for equipment/maintenance schedules, budgets, rosters, stock control; and
- may be involved in unit/ward orientation and ongoing support for staff and students.

### Competency Standard 3.4

**Actively participates in team leadership and decision making.**

The advanced enrolled nurse:

- contributes to the performance management/appraisal of others;
- is involved in committees and working parties within and beyond the work unit;
- coordinates and supervises activities of enrolled nurses, trainee enrolled nurses and assistants in nursing;
- may take responsibility for equipment/maintenance schedules, budgets, rosters, stock control; and
- participates in quality improvement activities.
4 The evidence - literature review and document analysis

The purpose of the literature review was to identify trends and issues relevant to the development of competency standards for advanced enrolled nursing practice. To achieve this aim a review of developments in the Australian and New Zealand nursing contexts was undertaken.

A brief scan of international literature beyond New Zealand was also undertaken, recognising that while the United Kingdom has moved to educate one level of nurse at the registered nurse level, they still recognise continuing practice at a second level (United Kingdom Central Council for Nursing 1986; United Kingdom Central Council for Nursing, Midwifery and Health Visiting 2000) and that New Zealand has ceased to authorise education of the second level nurse (New Zealand Ministry of Health 2001). While the literature review provides a brief overview of relevant international developments, the focus is mainly on recent developments related to the second level nurse in the Australian and New Zealand contexts, with some reference to the literature in the United States of America and Canada as this level of nurse also exists in these countries (National Federation of Licensed Practical Nurses Inc 2003 and Canadian Practical Nurses Association 2003).

4.1 Parameters of search

Databases: For the purpose of this research the following databases were searched: Blackwell Synergy; EbscoEJS; EbscoHost; Ingenta; Ovid (incorporating AMED, CINAHL, and Ovid MEDLINE) and PubMed.

Search terms: enrolled nurse; registered nurse (division two); second level nurse; licensed practical nurse; licensed vocational nurse; competency standards; extended practice; expanded practice; advanced practice; advanced enrolled nurse; higher level practice; and practice standards.

Search strategy: Various combinations of terms were used to electronically search the identified databases to focus the search. As identified by the researchers when undertaking the *Review of the role and function of the enrolled nurse* and *Review of competency standards* (Australian Nursing Council 2002; Gibson and Heartfield 2003) and confirmed through the literature search for this study, there is very little research literature about the enrolled nurse. Hence a web search of nursing regulatory authorities and professional organisations was also undertaken with a focus on the second level nurse and nursing competency standards. The web search commenced with online access to the websites of the regulatory authorities and state and national government health departments of Australia and New Zealand and was then extended to relevant professional and industrial organisations.
A search of the CINAHL database was also conducted to identify articles relating to enrolled nursing practice published since 2001 to supplement the literature related to the enrolled nurse role identified from the literature review published in the *Enrolled nurse study* completed in 2002 (Australian Nursing Council 2002; Gibson and Heartfield 2003). As identified in the literature review for the 2002 study, the enrolled nurse has received little attention in previous studies and published literature (Australian Nursing Council 2002). Reports such as the *National review of nursing education* and the *Senate inquiry into nursing in Australia* were also reviewed to identify any relevant information.

While there is literature related to the regulation of enrolled nursing practice, the majority of this literature focuses on entry level or core competencies. Only a small number of documents specifically relevant to the development of competency standards for advanced enrolled nurses were identified.

Of particular interest to this review are the relatively recent nursing classifications for advanced enrolled nurses developed in some Australian states, specifically, New South Wales, Western Australia, Queensland and the Northern Territory.

### 4.2 Definitions, nomenclatures, titles and classifications

While New Zealand recognises the title of enrolled nurse for currently enrolled nurses in that country who completed a program and examination approved by the nurse regulatory authority before 2000, all new applicants, from September 2004, are recognised by the title *nurse assistant*. In the United States of America and Canada, the second level nurse is referred to as the *licensed practical* or *licensed vocational nurse* (National Federation of Licensed Practical Nurses Inc 2003).

In Australia, four states have developed industrial classifications that relate to the advanced enrolled nurse. In Western Australia, the classification recognised in public and private hospitals is *advanced skills enrolled nurse* (Nurses Board of Western Australia 2002). In New South Wales, the classification recognised in the Public Hospital Nurses’ State Award (New South Wales Department of Health 1999) is *enrolled nurse - special grade*. In Queensland the classification recognised in public and private hospitals is *enrolled nurse (advanced practice)* (Queensland Health 2004). The Northern Territory public sector recognises the classification of *enrolled nurse (exemplary practice)* (Northern Territory Government 2003).

### 4.3 Standards and regulation of enrolled nurse practice

The use of competency standards in nursing has grown over the last two decades and is now receiving attention globally. The application of the competency standards to enrolled nurses at...
entry level and beyond entry level is in keeping with the national and international trends across the nursing profession.

**Entry level**

The enrolled nurse is currently a recognised and regulated role in Australia (Australian Nursing Council 2002) and New Zealand (New Zealand Ministry of Health 2001) and the licensed practical or licensed vocational nurse is recognised and regulated as the second level nurse in the United States of America (National Federation of Licensed Practical Nurses Inc. 2003) and Canada (Canadian Practical Nurses Association 2003). Competency standards or standards for entry to practice for the second level nurse form part of the regulatory framework in each of these countries (Australian Nursing Council 2002; Canadian Practical Nurses Association 2003; National Federation of Licensed Practical Nurses Inc 2003; Nursing Council of New Zealand 2003).

**Advanced level**

A level of advanced enrolled nurse practice is recognised in Canada and the United States of America and, through industrial classifications, in four Australian states. Neither New Zealand nor the United Kingdom recognise an advanced level of practice for enrolled nurses.

**4.4 International trends and issues**

**Canada**

In Canada, advanced or specialty practice for the licensed practical nurse or registered practical nurses is recognised subject to the nurse undertaking ongoing training and professional development, as well as having the relevant certification and experience (Canadian Practical Nurses Association 2003; Alberta Government (Human Resources and Employment) LPN Occupational Profiles 2004).

**United States of America**

There is recognition of a classification of *specialised nursing practice* for licensed practice nurses and licensed vocational nurses in the United States of America, which requires attainment of the appropriate qualifications and experience in a specialised area as stipulated in relevant nursing standards and state legislation (National Federation of Licensed Practical Nurses Inc 2003; National Federation of Licensed Practical Nurses Inc 2003). The standards used as part of the regulatory framework also relate to entry level and are stated in the form of *Nursing practice standards* that include statements about education, legal and ethical status, practice, continuing education and specialised nursing practice (National Federation of Licensed Practical Nurses Inc 2003).

**Australia**

As stated previously, four Australian states and territories recognise an industrial classification for the advanced enrolled nurse (New South Wales Department of Health 1999; Nurses Board of Western Australia 2002; Northern Territory Government 2003; Queensland Health 2004), identifying criteria for recognition as discussed overleaf.
New South Wales

In 1999, in New South Wales, the category of enrolled nurse - special grade was introduced into the Public Hospital Nurses (State) Award (New South Wales Department of Health 1999). The enrolled nurse - special grade is defined as:

An enrolled nurse with an advanced certificate qualification and a minimum of six years full time equivalent post enrolment experience including three years full time equivalent experience in the relevant clinical area. Such a nurse is appointed to a position established by an Area Health Service which satisfies the criteria as agreed between the Department of Health and the NSW Nurses’ Association from time to time (New South Wales Department of Health 1999).

The criteria includes a statement that enrolled nurses in this classification are required to undertake a range of extended nursing role functions that are not included in pre-enrolment education. These functions are determined by the relevant Area Health Service. It is also stated that the range of roles and functions should be clearly identifiable in a way that is distinguishable from the general enrolled nurse role in the same clinical area (New South Wales Department of Health 1999) and that whilst the enrolled nurse - special grade may undertake similar tasks to other enrolled nurses, the level of delegated responsibility is higher than for other enrolled nurses. The policy states the potential range of extended nursing functions that an Area Health Service may consider in establishing the role of the enrolled nurse - special grade can be categorised as: clinical/technical tasks; administration tasks; study responsibilities; and responsibilities of leadership and/or co-ordination of activity (New South Wales Department of Health 1999).

Whilst discussion related to the clinical/technical tasks refers to the ability of the enrolled nurse - special grade to make reliable assessments and judgments, and deliver care at an advanced level including consistent performance of tasks which constitute an extended clinical role (New South Wales Health Department 1999), there is no further elaboration of what constitutes care at an advanced level for the enrolled nurse.

Administrative tasks include coordination and supervision of the activities of others as well as management of resources including equipment, maintenance schedules, budgets, rosters, and stock control (New South Wales Department of Health 1999).

Study responsibilities are viewed as being appropriate for this classification as well as leadership or coordination of quality programs and training programs rather than just participation in these activities (New South Wales Department of Health 1999).

In discussing the establishment of the role, the policy indicates that the requirement for new or highly technical skills does not necessarily justify the establishment of a position if they are indicative of general changes to all levels of nursing care and treatment (New South Wales Department of Health 1999).

Apart from the requirement that the enrolled nurse - special grade has an advanced certificate qualification, there is no further requirement for continuing education or credentialing specified, however appointment to identified positions is through merit selection as part of a recruitment and selection process (New South Wales Department of Health 1999).
Western Australia

Western Australia introduced the category of advanced skills enrolled nurse in 2002 (Nurses Board of Western Australia 2002) following the New vision, new direction study conducted in 2001. This study recommended that the nursing profession recognise the advanced skills of senior enrolled nurses and develop the role in conjunction with the Nurses Board of Western Australia study exploring the feasibility of implementing the Queensland Nursing Council's Scope of decision making framework.

Most available information to date on the Western Australian situation has been gained through research reports (Pinch and Della 2001; Nurses Board of Western Australia 2002) and personal communications with the Enrolled Nurse Association of Western Australia. The Enrolled Nurse Association of Western Australia is a part of the Western Australian Branch of the Liquor, Hospitality and Miscellaneous Union, which is only one of the union organisations representing enrolled nurses in Western Australia. The Western Australian Branch of the Australian Nursing Federation also represents enrolled nurses.

Available information to date indicates that the role is an expansion of the current scope of practice for enrolled nurses with an emphasis on: expert clinical specialisation; acting as a resource for other staff or as an adviser; involvement with special studies; and the management and development of less experienced staff (Nurses Board of Western Australia 2002).

The practice of the advanced skills enrolled nurse is characterised by indirect registered nurse supervision and may include hospital or area wide responsibilities such as wound care or continence management. The enrolled nurse in this role is expected to demonstrate leadership, management, planning and monitoring skills and be experienced and willing to undertake enrolled nurse responsibilities at an advanced level (Nurses Board of Western Australia 2002). As with the New South Wales classification, there is no further elaboration of what constitutes an advanced level of practice for the enrolled nurse.

Northern Territory

In the Northern Territory, the status of exemplary practice is awarded to both registered and enrolled nurses for sustained exemplary nursing performance in the clinical practice setting (Northern Territory Government 2003). There are two levels for registered nurses, and one level for enrolled nurses. Exemplary practice is awarded by the Northern Territory Department of Health and Community Services, with applications called for twice yearly. Status is then awarded following a merit selection process. Enrolled nurse applicants must have a minimum of three years experience working as an enrolled nurse. There is discretion to vary this requirement based on recommendation from the relevant nursing director or community health manager. Enrolled nurses who gain exemplary practice status are paid an allowance.

The principles and aims of the exemplary status assessment process are:

- to recognise that exemplary practice nurses function above and beyond the norm of a competent nurse;
- to provide opportunity for and to encourage nurses to contribute to the professional development of colleagues;
to provide an opportunity to reward nurses working in the Department of Health and Community Services who wish to remain within the clinical work environment and who are working at an exemplary level;

that assessment is carried out by a designated group of nurses;

that equal regard is given to all clinical areas within the Department of Health and Community Services; and

to encourage nurses to contribute to the establishment and maintenance of their professional standing (Northern Territory Government 2003).

The exemplary practice assessment for enrolled nurses is based on four primary objectives which assist exemplary practices and their clinical nurse managers/supervisors to define roles and duties for elementary practice within the particular health setting. (Northern Territory Government 2003). These objectives are to:

- engage in exemplary clinical nursing practice;
- assist in the professional development of colleagues;
- contribute to and accept responsibility for aspects of policy and practice development and implementation; and
- contribute to meeting identified unit needs, as reflected in additional responsibilities (Northern Territory Government 2003).

The application and assessment process requires the enrolled nurse to respond to a series of questions that assess their clinical skills, professional development and professional behaviours (Northern Territory Government 2003). Clinical skills were assessed in terms of managing an unstable situation which resulted in a positive client outcome as well as their contribution to the maintenance of clinical standards. Professional development is assessed in terms of membership of professional organisations, approaches to maintaining their professional development and competence, and the setting and achievement of professional goals (Northern Territory Government 2003). Professional behaviours are assessed in relation to: acting as a mentor or preceptor and resource to others in an area of clinical practice; contributing to the education of others; involvement in performance management/appraisal of others; use of advanced interpersonal skills with clients, nurses, students and others; support for the team leadership role; responding to changing nursing priorities in their work unit; involvement in quality improvement activities; additional responsibilities or functions undertaken; and to involvement in working parties in or external to their unit (Northern Territory Government 2003).

Queensland

In Queensland, the enrolled nurse (advanced practice) position was introduced in 2004 following a review of the role of the enrolled nurse in Queensland Health. Three hundred appointments were then made through a merit selection process (Queensland Health 2004).

The introduction of the role has involved individual health units reviewing services provided and determining the level of nurse most appropriate to deliver those services. The role is underpinned by the Queensland Nursing Council definition of advanced enrolled nurse practice which states that
this level of practice ...exists on the continuum... It is context specific and enabled by the guiding principles for delegation among nurses (Queensland Nursing Council 1998).

Enrolled nurse (advanced practice) positions are established by a health service district based on an identified need and positions are advertised and appointed through a merit selection process. Applicants are assessed in relation to four domains of advanced practice including: care delivery/clinical responsibilities; learning and inquiry; leadership responsibilities; and networks, partnerships and teamwork responsibilities (Queensland Health 2004).

Within the domain of care delivery/clinical responsibilities, the applicant is expected to demonstrate: a depth of knowledge and experience; more effective integration of theory and practice; the ability to make reliable clinical assessments and judgements; and provide nursing care at an advanced level. Providing care at an advanced level is described as the ability of the enrolled nurse to practice more autonomously with indirect registered nurse supervision as well as collaborate with the registered nurse in developing nursing care plans and providing care to complement the registered nurse role (Queensland Health 2004).

Within the domain of learning and inquiry, the applicant is expected to demonstrate: a role in enhancing the professional development of themselves and others which includes developing their own professional development program; and involvement in peer review activities; as well as activities to enhance practice in their specific context. It is also expected that the applicant will contribute to clinical research at the unit level as well as contribute to and support the implementation of evidence based practice (Queensland Health 2004).

Within the leadership domain, the applicant is expected to be a role model in the health care team which would include: contribution to all aspects of ward/service business plans; and provision of support and direction to other enrolled nurses and unregulated care providers within the enrolled nurse scope of competence. Applicants may also have responsibility for activities not directly related to patient care such as coordinating manual handling and acting as a workplace health and safety officer (Queensland Health 2004).

In the domain of networks, partnerships and teamwork responsibilities, the applicant is expected to demonstrate sound, effective communication skills with a range of people including the health care team, patients and their families, visitors and staff from other agencies or organisations. The emphasis in this domain is on the enrolled nurse initiating, maintaining and using networks appropriately to achieve positive outcomes for patients. Participation in projects, activities and committees at the local and district level is also seen as part of the practice in this domain. Selection criteria for the position of enrolled nurse (advanced practice) have been developed in relation to each of the domains and include:

1. An ability to contribute at an advanced level to the nursing assessment and care of individuals and groups by practising within their scope of practice as an enrolled nurse (advanced practice), demonstrated by:
   - proficiency in the clinical competencies required for the specific area of practice;
   - an advanced level of integration of theory and practice;
   - ability to practice more autonomously under mostly indirect registered nurse supervision;
ability to respond appropriately in emergency situations until a registered nurse or medical officer is available; and

contributing to evidence based practice through participation and support of quality improvement activities and research as applicable.

2. An ability to provide leadership within the context of practice as an enrolled nurse and contribute to professional practice within the unit.

3. Actively participating in their own professional development and contributing to the professional development of others.

4. An ability to practice collaboratively with the health care team to promote the safety, security and personal integrity of individuals and groups, including demonstrated effectiveness in communication and interpersonal skills (Queensland Health 2004).

Tasmania

The Nursing Board of Tasmania recently completed a study examining the scope of enrolled nurse practice (Nursing Board of Tasmania 2004). The study addressed the four key areas identified by the Australian Government Minister for Ageing as requiring attention including:

- drugs and poisons legislative changes to support enrolled nurse administration of medications;
- national consistency in scope of practice and preparation in education and training;
- mutual recognition; and
- industry issues.

Victoria

The Victorian Department of Human Services has completed the Extended scope of enrolled nurse practice study and is exploring options for recognition of an extended scope of practice for enrolled nurses in Victoria. However, the final report from that study was not publicly available (personal communication with the Project Officer in the Nurse Policy Branch of the Victorian Department of Human Services) at the time of writing. As a part of these developments, the Nurses Board of Victoria has developed guidelines for delegation and supervision of medication administration by enrolled nurses (Nurses Board of Victoria 2004).

4.5 Conclusions

Analysis of literature related to recognition of advanced practice in Canada and the United States of America suggests that recognition of this level of nurse is based on education including formal qualifications and professional development/training as well as relevant experience often in a specialised area of practice. Available literature and documents in the Australian context highlight a number of developments aimed at extending or expanding the scope of enrolled nurse practice beyond what is currently recognised as beginning or entry level practice. Synthesis of the available documents related to development of advanced roles for enrolled nurses in the Northern Territory (Northern Territory Government 2003), New South Wales (New South Wales Department of Health 1999), Western Australia (Nurses Board of Western Australia 2002) and Queensland (Queensland Health 2004) suggest that, in the Australian context, experience and education are significant,
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although currently a formal level of qualification is only prescribed in NSW. Analysis of these Australian classifications suggests that competencies for enrolled nurses practicing at an advanced level relate to the following broad categories:

Leadership, coordination, administration and management:

- coordinating quality improvement and training programs, and/or involvement in quality improvement activities in the work unit;
- coordinating and supervising the activities of others;
- management of resources (eg equipment and maintenance schedules, budgets, rosters and stock control);
- being a resource to others in clinical practice;
- contributing to the education of others;
- contributing to the performance management/appraisal of others;
- demonstrating advanced interpersonal skills;
- supporting team leadership roles and responding to changing priorities;
- taking on additional responsibilities/functions in the health care team; and
- involvement in committees and working parties within and beyond the work unit.

Clinical skills, technical tasks, care delivery and clinical responsibilities:

- specialisation (unit specific eg intensive care units or aspect of practice such as wound management, continence management);
- making reliable assessments and judgements;
- delivering care at an advanced level;
- using advanced decision making skills within the scope of practice (identifying, implementing and evaluating unstable situations with positive outcome for patients and others); and
- maintaining and improving clinical standards.

Professional development, learning and inquiry and the development of others:

- membership of a professional organisation and being active within the profession;
- initiating and undertaking own professional development, seeking out learning opportunities to extend knowledge and skills according to professional goals;
- setting and evaluating progress toward professional goals; and
- mentoring and precepting others.

These categories and sub-categories formed a literature based framework against which to map and compare data generated through the focus groups and observations as part of developing the Competency standards for the advanced enrolled nurse.
The evidence - views and experiences from the focus groups

A series of national focus group consultations were held to explore the characteristics of nursing competence for enrolled nurses considered to be practising at the advanced level.

This phase of data generation aimed to produce data about the characteristics of advanced enrolled nurse practice through national focus group consultations with enrolled nurses identified as working at the advanced level.

Key stakeholder organisations were asked to nominate enrolled nurses identified as practicing at the advanced level in community, aged and acute care settings. A total of 71 enrolled nurses participated nationally.

Focus groups, both face to face and teleconferences, were held to enable involvement of enrolled nurses nationally in metropolitan, rural and regional areas. Each focus group was audio-taped and transcribed to facilitate analysis and the facilitators also made detailed written notes. Prior to the focus groups, all participants were provided with an information package that included: information about the study; a copy of the Australian Nursing and Midwifery Council Competency standards for the enrolled nurse; and a set of questions to assist the participants to focus on the issues under discussion.

Whilst there was a strong consensus that there is an identifiably different level of enrolled nurse competence related to experience and education, many enrolled nurse participants initially had difficulty describing the specific characteristics that differentiate that level of practice as illustrated by the following responses:

*I think there is another level. There is a higher level and I think most hospitals know and that level is from experience. You have got that from education and experience. You can't help that and you can't take that away from people.*

*....I mean probably the biggest gauge of someone working for as long as me, I have never been reported to the Nurses Board and I have never had to stand in front of the DON. I have done pretty well, but how you describe that, I don't know.*

Focus group participants

As a strategy to assist participants to think about and describe the characteristics of competence at the advanced enrolled nurse level, the researchers asked them to talk about their individual roles, education and experience and to consider why they identified as practising at an advanced level. The researchers then went on to explore these responses and to elicit more detailed information. This strategy proved effective and individual participant responses provided the basis from which to explore and debate characteristics that differentiate the practice of advanced enrolled nurses.

Thematic and content analysis of focus group data indicated four recurring broad themes related to roles undertaken by enrolled nurses working at an advanced level, as well as related characteristics underpinning competence in terms of knowledge, skills and attitudes.
These themes of: specialisation; acting as a resource to others; having a greater level of responsibility; and a more consultative supervisory relationship with the registered nurse; as well as the associated characteristics of having undertaken further formal or continuing education; and demonstrating a higher level of clinical knowledge and skills; are described below, highlighted by participant descriptions. Issues raised during the focus groups are also discussed.

5.1 Specialisation

Specialisation was seen as a differentiating characteristic of advanced enrolled nurse practice with many participants highlighting specialisation in an area of practice, such as: operating theatre nursing; accident and emergency nursing; or in a specific area of clinical management such as wound management or stomal therapy.

I’m sought out by different GPs for wound management. Up here we have an exemplary practice which has been granted to me. I have done a pharmacology course… I have done many, many certificates and various [training] things…

I have done many, many wound management courses and…give lectures, I have given lectures on wound management…to doctors… The GPs in town who, in the past years, who have worked with me in the hospital know I am an EN and they seek my advice on wound management as do some of the remote area nurses.

Focus group participants

Participants suggested that specialised knowledge in an area, gained through formal and continuing education as well as on-the job training and experience, legitimates practice beyond the entry level role. As identified in the literature review, and reflected in participant discussions, some states and territories have formally recognised a level of advanced enrolled nursing practice through the introduction of specific classifications.

5.2 Acting as a resource to others

A second theme of acting as a resource to others was evident throughout the focus group discussions. This theme incorporated preceptorship, coordination and supervision of the work of others including assistants in nursing, other enrolled nurses, and nursing students. The competent advanced enrolled nurse was also seen to act as resource person for: nursing practice within the setting; or a specialised area of nursing practice for a wide range of people, including patients and their families, other health professionals, and other nurses and doctors.

In rural areas the enrolled nurse may be a key resource person for a region in a specialised area of care such as wound management and stoma care. While these enrolled nurses with specialised knowledge and skills were in many cases identified as a resource in guiding best practice, this was most pronounced in remote settings. For example, enrolled nurses in remote areas indicated that:

...lots of RNs come to me for it (advice on stoma management) … I am the manager for the whole region… Focus group participant
Another highlighted that:

*I ...educate other staff such as AINs, new or junior ENs, new graduate RNs and other health professionals in specialty areas such as wound care.*  
Focus group participant

Competent advanced enrolled nurses are often relied upon to orient and preceptor others, especially new enrolled nurses and new graduate registered nurses, as well as less advanced enrolled nurses. Many reported that this educative role takes up a significant proportion of their workload, but that it was a role they particularly enjoyed, seeing it as recognition of their knowledge and experience. As one enrolled nurse indicated:

*We are teachers on the ward, the ones who educate new people to the ward as seen by the CN manager. It comes back to your education and what certificates you have and your capabilities and your CNC or unit manager and that is why we get those roles.*  
Focus group participant

A particular characteristic of enrolled nurses acting as a resource to others was their familiarity with organisational routines/unit practice and procedures, as well as staff associated with the provision of service. One enrolled nurse, discussing the roles of more advanced enrolled nurses in her organisation reported:

*We’re also rostered in a position where we are the resource person for the newer staff member coming on, whether it’s a senior RN, just so that they get to learn the hospital.*  
Focus group participant

However, while this organisational knowledge is a valuable resource, it is important to note that knowledge of organisational policies, procedures and functioning does not in itself indicate a higher level of practice.

As a preceptor, the advanced enrolled nurse was seen as a particularly valuable resource and role model in assisting the new enrolled nurses to build confidence and understanding of their scope of practice. As one enrolled nurse highlighted:

*...I think we help them with their confidence...we assist them build that confidence without going out of their boundaries and we teach them their boundaries. What they can do and what they can't do.' Even though I am a senior EN some things are above my scope and range and are not within the Nurses Board practice and it is teaching the younger ones to say no if they are asked to do something that they are not supposed to do. Recognising their limitations.*  
Focus group participant

Another advanced enrolled nurse identified using her own initiative to take on a more informal, supportive role, explaining that:

*...if it's not too busy I'll actually put under my wing one of the juniors and actually bring them in and involve them in the care so that they're not scared of the situation. Do a bit of ... not counselling but basically assisting them.*  
Focus group participant

Preceptoring was also seen to include teaching other enrolled nurses, with less experience, specific procedures such as catheterisation and dressings. The advanced enrolled nurse was also recognised as playing a key role in supporting and acting as a resource person for the registered nurse team.
leader where they were new to the organisation, and in some cases acting as a preceptor for the new graduate registered nurses stating that:

…The RN graduates tend to look at whoever will help them and we do a lot of mentoring for them too.  Focus group participant

5.3 Extended or increased level of responsibility

There was a strong theme throughout the focus groups that advanced enrolled nurses were allocated or took on a wider range or greater levels of responsibility underpinned by a greater knowledge and skill base developed through both experience and education. These included responsibilities related to patient/client care as well as management and policy related responsibilities.

In the acute setting, it was recognised that the competent advanced enrolled nurse was often allocated the more complex, acutely ill or unstable patients and/or a greater caseload of patients on a shift. As one enrolled nurse from a hospital setting noted:

Well, I know myself I seem to get the more acute patients. The ones that need more input as in discharge planning or a harder to discharge plan. Definitely if it… say there was an RN doing the medication, myself, and a junior EN, I would have a higher number of patients allocated to myself. We are taking on more responsibility for more complex nursing rather than just doing the simple little dressing you're doing the full on wound care.  Focus group participant

The advanced enrolled nurse's capability was stated to be particularly evident in well developed assessment skills built up over many years of experience and the ability to competently perform more advanced procedures such as catheterisation. With regard to assessment, the competent advanced enrolled nurse was recognised as being able to:

...consistently pick up if someone is getting sick a lot quicker, you learn the signs. There is a consistency to how you work, how you observe and it is consistent in whatever ward you go to.  Focus group participant

Another enrolled nurse referred to the advanced enrolled nurse's ability to assess more broadly, describing this as having more peripheral vision whereas the less advanced enrolled nurses were described as having tunnel vision.

I think it (work) is more self-directed (for experienced ENs)... We would be given an allocation of patients. She (less experienced) would probably do her allocation of patients, but I would take on more other things around me. I think we have more peripheral vision...We might do a doctor's round. We will go with the doctor. I don't think a new graduate would do that. We would say look, this woman needs to see a physio and perhaps, get the physio. A lot of the young ones don't have those assessing skills. The less experienced nurses have tunnel vision, and set ideas to what needs to happen. We are more astute.  Focus group participant

Another enrolled nurse gave an example of the capacity to assess and intervene in wound management stating that she was acknowledged to have the appropriate skill and knowledge to take on that level of responsibility through having undertaken a specialised course in wound care.
The advanced enrolled nurse was also recognised as having the knowledge, experience and confidence to deal with emergencies competently.

*Confidence is a really important thing as well. Because if there’s a problem, you don’t panic in an emergency situation, you realise that the process that you go through to get the thing resolved so that’s what you do, whereas somebody that’s new, a young enrolled nurse that’s just coming in tends to panic and gets scared about it and don’t know what to do.*  
*Focus group participant*

In the community setting, the advanced enrolled nurse was recognised as having an extended knowledge of resources in the local community including sources of funding to facilitate client care:

*It’s not just maybe one specific area, it’s how things actually work in the community, how to get people out to (a major hospital), what means of transport, whatever. So it’s a knowledge base of the (surrounding area) basically… Hospital policies, procedures, well the scope basically, bit of funding, what sort of money comes in, what we’re allowed to have, when, that sort of thing.*  
*Focus group participant*

The advanced enrolled nurse was also reported as having a greater level of responsibly in patient education and liaising with other health professionals to facilitate patient care.

Many advanced enrolled nurses also reported being involved in the development and review of policies and procedures and directly linked this to recognition of their knowledge and experience which was beyond the expectations of a beginning level enrolled nurse. One enrolled nurse gave the example of where she developed a proforma for monitoring standards, demonstrating her capacity to develop a tool, implement it and train others in it's application. Involvement in quality management activities with their own health unit or across their organisation was also seen as an indication of an advanced level of enrolled nurse practice, and a particular role in the aged care setting:

*I do a lot of quality management. When I was in a nursing home I was on the infection control and quality management committees but I do a lot of quality management where I am now. We do audits in the ward as to a safer practice, we’re always doing different things and the last one I did was basically what we’re talking about today. What the EN can do that… in our ward that really doesn’t need RN supervision on an ongoing basis. And it’s really worked out well. We do have an AIN come in on a four hour shift in the morning so we’ve also put out to all the RNs a questionnaire for them to fill out as to what they feel the EN should be doing and what the AIN should be doing on the ward.*  
*Focus group participant*

Some enrolled nurses also reported having responsibility for management of resources and stock control, with one enrolled nurse, in a remote area, indicating that she was the resource manager for stomal appliances and resources for clients within a 500 kilometre radius.

5.4 More consultative supervisory relationships with registered nurses

Overall there is a strong indication that many advanced enrolled nurses work without direct supervision. More commonly they have access to indirect supervision when needed which may be a registered nurse who is in charge of the area, but not immediately present.
In other situations the registered nurse might be on the unit but involved in a different activity to the enrolled nurse. The enrolled nurse seeks out the registered nurse as needed and communicates about their nursing and patient care activities with the registered nurse to facilitate a well functioning ward or unit. There were many reported instances of advanced enrolled nurses working in situations with remote or indirect supervision. For example, in community and aged care settings registered nurses were often not in close proximity, but available by phone if required. These enrolled nurses were also usually supported by well defined policies and procedures.

Such nurses were recognised as being competent, reliable and capable of handling diverse situations and working with minimal supervision with their capacity and judgement trusted by the registered nurse and/or team. As one enrolled nurse explained:

...its basically your knowledge base, they know you know the ward ... you know the patients, you know what you're doing for an individual patient, you know if there is a problem you're ... able to deal with it. Focus group participant

The supervisory relationship for these enrolled nurses was reported as collaborative, rather than directive in contrast to the supervision of less advanced enrolled nurses as illustrated by the following participants:

...we liaise with the doctors, we do all our own... we have taped handovers, we do all our own taped handovers we don't go to the RNs and say this, this and this has happened with our patients today, you can hand it over. We do all that ourselves. The junior EN is not doing any of that, they work alongside more directly with the RNs and under the more experienced ENs or side by side with the ENs and we train them

...and I know over here we actually develop our own care plans. If we have a query then we go to the RN. So a lot of the care is actually developed by the senior ENs. And yeah, the RNs are there if we require the input or we're not sure what to do or to check with. But it's a lot more indirect supervision over here. Focus group participants

There clearly exists a strong mutual respect between advanced enrolled nurses and registered nurses. These enrolled nurses are confident of their contribution to the team and demonstrate an awareness of, and concern for, accountability to the registered nurse. It is evident that these enrolled nurses prioritise their team relationships and view them as critical to the functioning of the setting. For example, advanced enrolled nurses were more likely to make an active contribution to interdisciplinary team meetings related to patient care.

### 5.5 Further education

Building knowledge and skills gained through further education was seen as a characteristic of the advanced enrolled nurse, with participants indicating that advanced enrolled nurses have a combination of general nursing training, augmented by years of on the job experience and participation in certified courses related to specialised practice. For example, one enrolled nurse stated that she had ...done many, many wound management courses, whilst another stated that she had ...done a pharmacology course... and many, many certificates and various (training) things…
Many participants indicated a general lack of recognition of further education in the workplace. This related to both further formal education and education/training not based on accredited enrolled nurse courses but on what they termed on-the-job training which they believed demonstrated a capacity for practice beyond the standard enrolled nurse role. As one enrolled nurse put it:

*...If you have 25 years in any other job (than enrolled nursing) one would be acknowledged for that ...but, because you ...can become an RN but remain an EN you are still considered to be an EN.* Focus group participant

A further issue raised in relation to education was the limited opportunities for enrolled nurses to access education with participants reporting that registered nurses were often targeted to attend courses rather than enrolled nurses.

### 5.6 Issues related to the advanced enrolled nurse role

Key issues relevant to the role of the advanced enrolled nurse identified through the focus groups, related to: variations in scope of practice; perceived role overlap between the enrolled and registered nurse; role shrinkage; lack of recognition of a higher level practice; and lack of clarity about legal implications of practising beyond the recognised enrolled nurse role.

#### Variations in scope of practice

The scope of practice for enrolled nurses varies between states and territories, between hospitals within a state, as well as within units or wards of a given hospital. A consistent view stated by participants was that where an enrolled nurse is familiar to and trusted by the registered nurse of a particular ward or unit, the enrolled nurse is permitted to practice at a higher level of skill and responsibility within that setting. However, when the enrolled nurse relieves on another ward or unit their higher level of skills and practice will not necessarily be recognised. Hence, participants indicated that a shift to a different nursing environment, even within their organisation, means that the enrolled nurse will have to undertake the sometimes lengthy task of proving themselves before being permitted to practice at their actual level. Many participants reported the difficulties this presents in terms of ongoing career/professional development as well as decreased portability of skills between settings. As one enrolled nurse stated:

*All that you have learnt in your training, like catheters, you go to another hospital and you are not allowed to do them so you de-skill, you actually de-skill coming from hospital to hospital. What you are trained for and what you are allowed to do from hospital to hospital is different depending on their policies.* Focus group participant

The enrolled nurse role also varies according to the location of the setting. For example, if working in a remote or rural area the enrolled nurse may be expected to do a wider range of tasks, and work with a higher level of responsibility and less registered nurse supervision.
Perceived role overlap between enrolled and registered nurses

Many participants held the view that enrolled nurses often perform tasks that are seen to be part of the registered nurse role, stating that they sometimes found themselves in the position of being quasi team leaders. In some examples given, enrolled nurses described a reversal of roles where the registered nurse looked to the enrolled nurse for direction.

Role shrinkage

The removal of tasks and responsibilities from the enrolled nurse role which were previously taught as part of enrolled nurse training - such as intravenous therapy, catheterisation and medications - was frustrating for some enrolled nurses, with focus group participants articulating fear of further loss of aspects of their role in the event that a prescriptive standards structure is developed and implemented.

Higher level of enrolled nurse practice not formally recognised

A paradox of the enrolled nurse situation is that much of their actual role falls outside the standards defined in current guidelines. One consequence of this is that higher level activities cannot be recognised formally in ways that similar tasks undertaken by the registered nurse are acknowledged, even though they are relied on and welcomed by the team in a given setting.

Lack of clarity about legal implications of practising in an advanced enrolled nurse role

While organisations knowingly rely on and support enrolled nurses in practising beyond their prescribed role as defined by enrolled nurse status, there appears to be a lack of official structures to support them. This places them in a grey area in terms of legality and at risk of negative sanctioning in the event of a problem arising from such practice.

5.7 Conclusions

The focus group data suggests a number of differentiating characteristics of enrolled nurses working at an advanced level. Enrolled nurses practising at this level have well developed assessment and clinical skills and often care for patients with more complex needs. These enrolled nurses also act as a key resource person for a wide range of people in the work environment including other members of the health care team, as well as patients and their families. The supervisory relationship between the higher level enrolled nurse and the registered nurse is a more collaborative relationship, characterised by indirect supervision. In this context, the advanced enrolled nurse identifies issues and initiates changes to improve practice within their scope of practice, acting as a support to the registered nurse in clinical practice. These enrolled nurses participate in continuous professional development to update their knowledge and skills, and often work in a specialised area of practice.

Issues identified by focus group participants included: variations in scope of practice; perceived role overlap between enrolled nurses and registered nurses; role shrinkage; lack of formal recognition of their competence; and lack of clarity about legal implications of practising beyond the currently recognised enrolled nurse role. The complexity, variability and multiple expressions of the higher level enrolled nurse role suggests the need for competency standards that are sufficiently flexible and sensitive to the wide variability of settings and varied work practices between settings.
6 The evidence - observations of advanced enrolled nurses in action

Observations of nursing practice are conducted to generate empirical data about nursing competencies where new standards were being developed. Hence, observations of advanced enrolled nurses were conducted in a variety of geographical areas and nursing contexts. The use of direct observation allowed for the collection of knowledge of what actually occurs in practice (Gonczi, Hager et al 1993).

The observations followed the format used in the national study that revised the Enrolled nurse competency standards (Gibson, Heartfield et al 2002; Gibson and Heartfield 2003). That is, observations were conducted by nurses with research experience and an understanding of competency standards. To enhance reliability of generated data, each nurse observer undertook training and was provided with a sensitising framework to assist in observing for repeated regularities (Patton 2002) so that data generation was specifically oriented to inform development of the competency standards. Observations were designed to provide access to how nurses worked followed by an interview with the observed nurse to check inferences by the observer.

Consistent with the qualitative approach to this study, observations were designed to gather rich descriptive information (Morse and Richards 2002) about what the nurses were doing rather than focus on frequency of certain activities. Demographic information was also generated about each observed nurse. Each observed nurse was provided with information about the study prior to the day of the observation session and written consent was gained prior to the commencement of each observation session.

Selection and training of appropriate observers was important to ensure they were aware of research observation techniques, health care delivery contexts and the types of phenomena that needed to be observed for this study as this was critical to generate quality data.

Observers with nursing and research experience as well as an understanding of competency standards were used. The observers had nursing experience in the state or territory in which they undertook their primary allocation of observations.

A two day training period was held in which the research team and all observers came together to work through the principles of research observation and sensitising frameworks to orient them to observing for repeated regularities (Morse and Richards 2002). Also, the purpose of the study and observation outcomes were explored with a tool for recording observations data produced and piloted with observations. While recognising that interpretive research will involve variation between different researchers (Morse and Richards 2002) the observer training was designed to enhance consistency of the generated data. In recording observations, information was gathered about the contexts of the observations including the time of day, the condition of the patients receiving care, nature of care provided and interaction with others. Training included explanation of the study and observation for research data generation including ethical conduct of research.
The observations generated empirical data about nursing competencies for the advanced enrolled nurse, providing practice based evidence of nursing competencies for these higher level enrolled nurses in various roles and contexts to inform the development of the competency standards. Data generated from observations of enrolled nurses in aged care, acute and community settings were analysed to identify the nature of roles undertaken, knowledge and skill level, and level of supervision.

### 6.1 Roles undertaken by advanced enrolled nurses

The role of enrolled nurses varied between organisations, ranging from the provision of general nursing care to managing a dementia unit. Roles undertaken by advanced enrolled nurses were related to their recognised level of knowledge and skill, with numerous examples of advanced enrolled nurses with specialised knowledge and skills, acting as a clinical resource to staff unfamiliar with the unit, such as casual and new nursing staff.

For example, one enrolled nurse with 27 years experience in spinal and rehabilitation nursing was involved in orienting new staff to the unit, demonstrating detailed knowledge of client diagnoses and specialised nursing procedures. Another enrolled nurse, working in a neurological specialty unit was recognised as having extended skills in neurological observations and tracheostomy care and hence was allocated the care of patients with head injuries and/or tracheostomies.

Enrolled nurses working in a home visiting role in the community were observed to work in isolation from other colleagues or health professionals, with a high level of autonomy and personal discretion and indirect supervision from registered nurses. These enrolled nurses were observed to have well developed assessment skills, making decisions about changes to patient care as well as assessing whether the patient needed to see a doctor or other health professional and referring appropriately. Enrolled nurses in the community also administered medicines such as insulin.

### 6.2 Knowledge and skill levels

A large proportion of enrolled nurses observed in acute and aged care settings reported they had developed skills in specific areas such as spinal injury, anaesthetics, neuroscience, tracheostomy and dementia through undertaking specific educational courses, such as an enrolled nurse spinal course, dementia courses, enrolled nurse neurological courses, and then integrating this knowledge into their practice.

Some enrolled nurses also reported extending their skills through on the job experience. Enrolled nurses with specialised knowledge and/or skills were often recognised as resource people and relied upon for their expertise. For example, an enrolled nurse with specialised spinal knowledge working with a registered nurse, new to the ward, was observed to explain specific abnormal vital signs relevant to the client's condition and action that should be taken.

Observation of enrolled nurses in the community setting in particular indicated that these enrolled nurses possess well developed skills in assessing patients in their home, making decisions about patient care, or knowing when to involve another person in the client's care network.
Observation:

EN assesses client and asks questions about chest pain and use of spray. EN notices client’s breathing is laboured more than usual and suggests going to hospital. Client refused hospital, saying that he is OK. EN checks daily book for comments by other carers and informs client that she will call the doctor which was refused by the client. The EN called one of the client’s daughters at work (nominated contact person) who says that the client has been unwell for a few days. The EN then calls doctor and lists client symptoms and asks if doctor will visit. EN informs client that doctor will call in about 20 minutes.

Observations indicate that the enrolled nurses in all settings had the clinical skills to assess and make decisions about appropriate necessary action as situations emerged. These enrolled nurses were observed to routinely make appropriate decisions about patient care such as identifying when a patient needed to be seen by a doctor, or responding to complaints of pain. Generally these enrolled nurses appeared to handle events competently and confidently, drawing on their nursing knowledge and skills. For example in one situation where a resident's behaviour appeared to be creating a problem for other patients, the enrolled nurse demonstrated a sensitive approach to the situation, reflecting well developed assessment skills as well as protection of the patient's rights for safety, dignity and privacy.

Observation:

Resident increasingly noisy whilst sitting in lounge area with other residents. EN went to resident and attempted to make eye contact and talk to her, but patient was non-responsive. The EN called for assistance from a carer and transported the resident back to her room. The resident was transferred to bed with carer assistance and the bed was put into the low position with safety sides up. The lights were turned off and blind drawn. The EN spoke to the resident in a quiet reassuring tone of voice, explaining what was happening through out this process. At post observation interview, the EN explained (away from the resident) to the observer and carer that for this woman this is the early sign of her having one of her ‘mini’ TIAs and that she needs to be placed in a safe environment and carefully monitored.

There was a high level of role satisfaction amongst enrolled nurses who were employed in community nursing. These enrolled nurses indicated that this related to the diversity of work and recognition of their knowledge and experience through the opportunity to use their initiative and assume a greater level of responsibility in providing care to clients in their homes. As one enrolled nurse stated: There is more freedom; you can use your initiative, which means a lot to an EN. Responsibility, opportunity, experience.

As indicated in the observed practice of an enrolled nurse with specialised knowledge and skills in dementia care, there is evidence that some enrolled nurses practice at a different level than beginning practice, with increased autonomy and responsibility.
Observation:

When residents are admitted for dementia, the enrolled nurse undertakes initial assessment of:

1) behaviours and how they are exhibited and identified;

2) interventions and actions to modify behaviours without medications eg distraction, relocation, reorientation etc; and

3) then chemical/physical restraint if agreed in accordance with restraint policy.

6.3 Supervision

The level of supervision varied, with some enrolled nurses receiving direct supervision from the registered nurse in a ward situation to enrolled nurses being indirectly supervised by registered nurses in the community and aged care settings and by a registered nurse based in another building or at a different location.

There was evidence that enrolled nurses recognised as working at an advanced level functioned fairly independently but ensured that the supervising registered nurse was informed of changes in a patient/clients condition or issues relevant to the functioning of the unit. These enrolled nurses appeared to have a clear understanding of their abilities and scope of practice. Enrolled nurses recognised as having specialised knowledge and skill were also observed to practice with less direct supervision. These areas of practice included spinal acute nursing, rehabilitation nursing, and neurological nursing. Enrolled nurses in home visiting roles are expected to identify issues and initiate decisions about patient care with indirect supervision.

The observation data suggests that the practice of enrolled nurses recognised as advanced is characterised by a higher level of clinical skills, including well developed assessment skills and the ability to undertake more complex nursing procedures; an extended knowledge base characterised by specialised knowledge gained through further education and on the job experience; a greater level of responsibility in the management of client care; acting as a resource to other staff; and more indirect levels of supervision.
7 Bringing the evidence together - conclusions

The findings from the literature review, focus groups and observations of enrolled nurse practice were integrated to identify key themes about the characteristics of nursing competence for the advanced enrolled nurse. These themes and related sub themes formed the basis for development of the draft competency standards for the advanced enrolled nurse. For consistency, and to assist interpretation, the standards were developed in a similar format to the Australian Nursing and Midwifery Council's core competency standards with domains, competency standards, elements and indicators (cues). The draft standards have been developed to highlight the characteristics of competence that differentiate the practice of advanced enrolled nurses and do not repeat the core competency standards. They are therefore to be used in conjunction with the core competency standards for the enrolled nurse, recognising that all enrolled nurses are required to demonstrate the core competency standards as a licensing requirement.
## First draft - Competency standards for advanced enrolled nurses

<table>
<thead>
<tr>
<th>Domains</th>
<th>Standards</th>
<th>Indicators</th>
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<tbody>
<tr>
<td>1. Professional development</td>
<td>1. Recognises the need for and actively pursues ongoing learning.</td>
<td>- Active in profession such as through membership of professional organisation or nursing networks;</td>
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<tr>
<td></td>
<td>2. Collaborates with others in education as a basis for practice.</td>
<td>- Undertakes specialist and/or ongoing education;</td>
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<td>- Orient new staff to local practices;</td>
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<tr>
<td></td>
<td>1.1 Initiates and undertakes ongoing professional development and seeks out learning opportunities to extend knowledge and skills according to professional goals.</td>
<td>- Preceptors new enrolled nurses, trainee enrolled nurses and/or assistants in nursing.</td>
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<tr>
<td></td>
<td>1.2 Contributes to education of others and may participate in mentoring or preceptorship roles.</td>
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<tr>
<td>2. Provision of clinical care</td>
<td>2. Provides care in a focused or specialised area of practice and/or to clients with complex needs.</td>
<td>- Has specific skills such as in wound or continence management or dementia or child or family health care;</td>
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<td></td>
<td>2.1 Assists in providing care to patients with complex conditions.</td>
<td>- May provide care in homes or community settings as well as health care settings;</td>
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<td></td>
<td>2.2 Modifies practice to accommodate client health care needs in different environments.</td>
<td>- Assessment includes identification of risks and potential outcomes;</td>
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<td>2.3 Practices using specialised or higher level of knowledge.</td>
<td>- Able to independently respond to client situations;</td>
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<td></td>
<td>2.4 Uses comprehensive assessment skills to make consistently reliable clinical decisions.</td>
<td>- Maintains and contributes to clinical standards/guidelines; and</td>
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<td></td>
<td>2.5 Develops patient care plans and evaluates outcomes of own practice.</td>
<td>- Provides care for groups as well as individual clients.</td>
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<td>3. Management of self and others</td>
<td>3. Participates in the development, implementation and review of organisational policies, programs and procedures.</td>
<td>- Contributes to performance management/appraisal of others;</td>
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<td></td>
<td>3.2 Accountable for the delegation to and supervision of activities by others.</td>
<td>- Involved in committees and working parties within and beyond unit;</td>
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<td>3.3 Acts as a resource to others in an area of clinical practice.</td>
<td>- Broad knowledge base, wide experience of care environment and processes;</td>
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<td>3.4 Actively participates in team leadership and decision making.</td>
<td>- Participates in education and teaching of clients and students;</td>
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<td>- Coordinates and supervises activities of enrolled nurses, trainee enrolled nurses, and assistants in nursing;</td>
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<td>- May take responsibility for equipment / maintenance schedules, budgets, rosters, stock control;</td>
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<td>- May be involved in unit/ward orientation and ongoing support for staff and students; and</td>
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<td>- Member of committees and working groups.</td>
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9 Validation of the first draft - Competency standards for advanced enrolled nurses

The aim of the validation phase was to evaluate and, where necessary, modify the draft competency standards for the advanced enrolled nurse to ensure their applicability in a range of nursing contexts. The validation phase included focus groups, written submissions and an online survey. Whilst the original proposal only detailed validation through focus groups, following discussion with the project steering group, the online survey and written submissions were included to facilitate wider participation.

9.1 Focus Groups

The small number of participants responded positively to the draft competency standards suggesting that they adequately captured the characteristics of competence for the advanced enrolled nurse. Enrolled nurse participants felt that the standards were comprehensive, reflecting the knowledge, skills and greater level of responsibility of the advanced enrolled nurse at this level. These participants also commented that the standards provided recognition of their roles which assisted them when undertaking further education:

For me, in the area where I work, I felt that it was comprehensive and it did indicate the sort of areas that enrolled nurses in my workplace might be involved in here. So from my perspective, yes I thought it was.

...from my perspective, they are good reflection on the sort of work I see my colleagues doing out there and it does recognise an enhanced level of responsibility and knowledge.

I think it covers everything, you can relate it all back. Like where they have got any extra education and things like that. Focus group participants

Registered nurse comments focused mainly on issues related to supervision of enrolled nurses and ensuring that the standards complied with state and territory regulatory requirements for enrolled nurse supervision. As a part of this discussion, there was some debate about whether it was appropriate for advanced enrolled nurses to coordinate and supervise the activities of others.

Whilst there was recognition of the need for the standards to be fairly generic, so as to accommodate the diversity of roles and settings where advanced enrolled nurses practice, it was also acknowledged that enrolled nurses and registered nurses often sought clarification of what enrolled nurses can and cannot do in terms of clinical skills. It was suggested that clearly defining supervision was one way of assisting registered and enrolled nurses to make judgements about the enrolled nurse scope of practice.

9.2 Suggested changes to the draft standards

Whilst the enrolled nurse participants felt that no changes were required, two registered nurse participants, whilst recognising that the advanced enrolled nurse functions more independently than the beginning enrolled nurse, suggested that the draft standards needed to more clearly emphasise
registered nurse supervision and functioning within the enrolled nurse scope of practice. It was felt that this would strengthen the standards and reduce the potential for misinterpretation of the enrolled nurse level of functioning where the standards were read as a stand alone document.

One registered nurse participant also proposed that the standards be written using the same domains as the core competencies but with the standards written at a higher level. However, this was not supported by other participants.

9.3 Survey

The discussion of survey findings commences with demographic information about respondents who completed the survey, followed by discussion of responses to each question. The validation surveys sought demographic information and posed questions about how effectively the standards communicated the advanced enrolled nurse role and how they might be used to: guide practice; improve the quality of practice; develop the scope of practice; assess performance; identify ongoing education; assist with job descriptions and career planning; and provide guidance or supervision and delegation on issues.

More than half of the forty nine respondents were enrolled nurses with the majority of remaining respondents being registered nurses. The highest number of respondents was from acute care settings (22), however a significant proportion (15) identified as working in general practice with the lowest representations from community (8) and aged care settings (2). The majority of respondents indicated agreement that the draft competency standards describe a higher level enrolled nurse role, reflect the advanced enrolled nurse practice, and assist in the development of the advanced enrolled nurse role and scope of practice. Seven respondents however indicated a view that the standards would restrict the enrolled nurse role. In considering this response it is notable that fifteen respondents were from general practice.

9.4 Format for the competency standards

It was suggested that the competency standards should be available in a number of formats in a reader friendly layout to make them accessible for nurses at the coal face. Suggestions included:

- making the standards available electronically;
- having copies of the standards accessible in ward/unit areas;
- as a brochure which could form part of a new employee orientation kit for enrolled nurses;
- as a booklet or easy to read manual explaining the competency standards; and
- as a competency standards log book.
9.5 Education about the competency standards

In-service education by someone familiar with competency standards was seen as an important adjunct to the implementation of the competency standards with respondents specifically suggesting that there needed to be education for registered nurses about the competency standards.

Education about appraisal using the competency standards was also suggested by respondents from the general practice setting who also highlighted the need to educate general practitioners and practice managers about nursing competency standards.

9.6 Other resources

Other suggestions for resources to assist implementation and use of the competency standards included:

- development of a booklet for nurses that covers understanding and writing competency standards;
- examples of the competency standards contextualised to particular areas of practice;
- a competency appraisal/assessment tool; and
- a job description that incorporates the competency standards.

Responses to the other comments section of the survey centred on issues such as formal recognition of the advanced enrolled nurse role and education; level of the standards; and prerequisites for recognition of the advanced practice competence as discussed below.

9.7 Formal recognition of enrolled nurse role and education

With regard to formal recognition of education, one respondent suggested that education available to the enrolled nurse should be formally linked to an approved qualification. Echoing the comments of participants in other phases of the study, the respondent indicated there is a lack of acknowledgement of further education undertaken by enrolled nurses and there was also a lack of available education for enrolled nurses, with much of it consisting of updates by a registered nurse. Other respondents also commented about the lack of education for enrolled nurses suggesting that this lack made it difficult for enrolled nurses to develop their ability to provide higher standards of patient care. One respondent suggested that the competency standards were a step toward national consistency which has been needed for enrolled nurses for a long time. This respondent saw the competency standards as the commencement of a long overdue process for recognition and change for advanced enrolled nurses, noting that, …should these competencies be approved then we have a starting point to get professional bodies to recognise the changing health care requirements of our communities and the role that both levels of nurse play within the delivery of health care.

3. This project was undertaken as part of a project to develop competency standards for nurses in general practice.
9.8 Level of the standards

Whilst the closed response questions indicated a high level of agreement among respondents that the standards adequately described a higher level of enrolled nurse practice, there were two contrasting comments with reference to the level indicated by the standards. One respondent suggested that most enrolled nurses would be working at this level within twelve months of beginning practice, while the other claimed that the level was too high, stating that, …it would be easier to employ an RN if you are expecting all of the listed standards in an EN. Very few ENs would be willing to undertake all the standards listed for the lower wage (than RN) they would be paid.

One respondent felt that some parts of the standards read like competencies for a registered nurse with regard to budgets and supervision and preceptorship. This respondent suggested that the standards needed to clearly emphasise registered nurse supervision as they were open to broad interpretation in some parts. Another respondent disagreed with the concept of advanced practice for enrolled nurses, suggesting that conversion to registered nurse was the pathway for advancement.

A number of respondents commented positively about the level indicated in the standards suggesting that they accurately reflected the value of enrolled nurses as a second level nurse and were a great start for advancing the practice of enrolled nurses, acknowledging the level of knowledge and skill that many enrolled nurses have actively developed and, would assist enrolled nurses to achieve further goals. Another respondent highlighted the usefulness of the standards in practice suggesting that they succinctly described the practice of enrolled nurses in their work setting. Whilst a further respondent commented positively about the inclusion of the domain related to management of self and others.

In contrast, one enrolled nurse respondent, working in general practice, felt that the standards would encumber their legal ability to continue their current role suggesting that:

General practice is totally different to enrolled nurses in the hospital system, and that hasn't been taken into account. It was an area of employment that an EN with initiative could make a difference and have career satisfaction. If these new rules come in, it doesn't take into account those ENs who have been performing duties for their GP's due to their intelligence and initiative. I have not gone outside nursing rules eg not given medications/injections, but have been appreciated for my nursing knowledge in a general practice environment. I feel these guidelines will stifle my work.

As a prerequisite for recognition of advanced enrolled nurses’ competence, a number of respondents suggested that there needed to be some requirement for a level of education or experience to attain the level of advanced enrolled nurse. It was also suggested that prior qualifications should be to be taken into account and that recognition of prior learning be given in discussion with the enrolled nurse and their supervisor.

Suggested specific changes to the standards included:

- emphasising occupational health and safety;
- some inclusion of quality improvement; and
- emphasising registered nurse supervision.
9.9 Written submissions

The written submissions, although small in number, indicated general support for the draft competency standards with suggestions for changes to the wording of domains and standards to assist clarification and emphasise the supervised and assistive role of the enrolled nurse. For example, clarification was sought regarding the use of terms such as *advanced* with the suggestion that this be replaced by the term *beyond beginning practice*. The view was also expressed that coordination of other members of staff was beyond the scope of enrolled nurse practice and that the statement should emphasise that the enrolled nurse assists the registered nurse in coordinating and guiding the practice of beginning enrolled nurses, trainee enrolled nurses and assistants in nursing.

One submission proposed that the advanced enrolled nurse should be a clinically focused practitioner and viewed the inclusion of management functions as *excessive and far too broad*. This submission also suggested that enrolled nurse competency at this level *relates to a defined area of practice, eg medicine, or paediatrics or aged care. Authorisation as advanced can only apply to the defined authorised area ie an EN may only be advanced in specific areas. We could not see how an advanced EN could be a generalist.*

Another submission indicated that it was important to provide an explanation in the standards document that clarifies how these standards relate to the Australian Nursing and Midwifery Council's *National competency standards for the enrolled nurse*.

9.10 Summary

Overall the validation data indicates general support for the draft competency standards for advanced enrolled nurses, with some changes to strengthen the emphasis on registered nurse supervision and practising within the enrolled nurse scope of practice.

Suggested resources to assist use of the competency standards in practice included making the standards available in a range of formats easily accessible for enrolled nurses, education regarding use of the competency standards to guide and assess practice, and tools or guides to assist application and use of the standards such as an appraisal tool, a job description and examples of the standards contextualised to particular areas of practice.

The findings from the focus groups, written submissions and online survey were integrated and relevant changes made to the draft competency standards. In addition, following discussion with the steering committee, it was decided to include a description of a typical advanced enrolled nurse to assist with interpretation of the competency standards.
10 Conclusion

Nurses are an essential component of the health system in Australia. They are present wherever health care is provided: in rural and remote areas; in health services for disadvantaged, marginalised and homeless people; in prisons; in mental health services; in schools; and in hospitals.

The competency standards for the advanced enrolled nurse are an important resource and guide for nurses. The work done by Terri Gibson and Marie Heartfield clearly defines the role of the advanced enrolled nurse in 2005 and the standards now appropriately sit side-by-side with the national competency standards for the enrolled nurse endorsed by the nurse regulatory authorities in each state and territory.

These standards capture the special role that advanced enrolled nurses play in health care and provide the words for nurses and the community to communicate the skills, knowledge and attitudes that make the difference when people need nursing care.
11 References


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