

ANMF National Aged Care Survey 2023 - Enrolled Nurses in Aged Care: Report

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Australian
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Federation



Key Findings

- The largest groups of participants were from Queensland (n=282, 43%) followed by New South Wales (n=170, 26%), and South Australia (n=125, 19%).
- Most participants were enrolled nurses (n=417, 64%) followed by registered nurses (n=125, 19%), and personal care workers (n=72, 11%).
- Most participants worked in metropolitan locations (n=315, 51%).
- Most participants worked in residential aged care facilities (n=574, 90%).
- Most participants worked for not-for-profit, private aged care providers (n= 330, 52%) followed by for-profit providers (n= 200, 31%), and Government-owned providers (n= 44, 7%).
- Most participants reported that ENs worked in their facility (n=578, 91%) with most participants reporting that approximately 1-5 ENs worked in their facility (n=260, 52%).
- There was large variation in the utilisation of ENs with 117 (27%) participants reporting that ENs worked 1-5 shifts per week followed by an average of 21+ EN shifts per week (n=100, 23%).
- Participants reported that the main duties of an EN related to; care coordination (37%), a mix of direct care or care coordination (35%), or direct personal and clinical care (21%).
- 35% (n= 181) of participants had been told by a colleague or their employer that there was no funding allocated for ENs as part of the RN 24/7 and care minute funding requirements and 33% (n=171) had been told by their employer that there would be a reduction in EN shifts as a result of this.
- Since October 2022, 35% (n=182) of participants reported that there was a noticeable reduction in EN shifts.
- Most participants reported that a reduction in EN shifts would impact their workplace in the following ways: more work for RNs (n= 385, 16%), decreased resident/client safety due to the loss of ENs (n= 396, 16%), and staff working extra hours or extra shifts (n= 275, 12%). Only 6 (3%) participants responded that the loss of ENs would have no impact.
- 133 (37%) participants reported that their employer has tried to reclassify EN positions. The most common reclassification was to a Cert 4 AIN/PCA/PCW/CSE (n=55, 41%), however results varied greatly.
- Most participants believed that the Federal Government should specify ENs in the care minute funding allocation (n=500, 89%).



Introduction

Between 22 June and 25 August 2023, the Australian Nursing and Midwifery Federation (ANMF) launched an online survey to explore the experiences of nurses (registered and enrolled) and personal care workers working in aged care following the Federal Governments' direct care time, RN 24/7, and other reforms. The survey was open to any aged care staff, residential and community, working in Australia but was advertised by the ANMF and its State and Territory Branches and so primarily recruited ANMF members. There are over 322,000 ANMF members across the eight State and Territory Branches with around 45,000 members working in the aged care sector. A key focus of the survey was to gather the perspectives of enrolled nurses (ENs) and other participants regarding impacts that recent reforms and changes have had on EN roles and work. The survey was also focussed on issues of specific relevance to registered nurses (RNs) including payment of the RN bonus (reported separately).

Background

The role of ENs in Australia's aged care system is poorly defined and fails to recognise the unique contribution to care and the vast experience that ENs offer. Recent reforms, including introducing mandatory direct care minute targets for nursing homes that distinguishes between care that is provided by RNs and care from 'other staff', does not distinguish between care provided by ENs versus care from other staff such as personal care workers (PCWs).¹ A consequence of this has been that some aged care providers appear to have made ENs redundant or reclassified them into other, often lower, positions.² This occurred in Tasmania in 2022 when the new direct care minute targets were introduced, with a provider making ENs redundant and substituting them with PCWs to save on costs.³ Likewise, some providers have also suggested that as EN care minutes are not specifically included in aged care funding arrangements, their roles ENs might be an unnecessary expense. Reducing the number of ENs in aged care, however, is likely to be detrimental to care and safety for the residents as well as an increased burden on other staff due to the important contribution that ENs have to aged care teams both in terms of providing leadership to care workers and supporting and working with RNs.

The lack of ENs in nursing homes calls into question the quality and safety of care that these providers are offering. Enrolled nurses are highly trained and regulated health professionals. All ENs must complete the Nursing and Midwifery Board of Australia (NMBA) approved educational preparation requirements for registration as a regulated health practitioner. The education for ENs is a comprehensive Diploma of Nursing that is delivered over 18 months in the Australian Vocational Education and Training (VET) sector. The approved programs must meet the Australian Qualification Framework Level 5. The health training package includes 20 core units and five electives. Along with a Diploma-level qualification and NMBA regulation, ENs have a legislated and defined scope of practice which incorporates comprehensive nursing assessment and care, medicines management and administration. Enrolled nurses are responsible and accountable for their own practice and work under the direct or indirect supervision of RNs. They use analytical thinking to interpret information and evidence to provide skilled and timely nursing care, whilst promoting resident's independence and involvement in care decision-making.⁴ Unfortunately due to a lack of empirical evidence that focuses on the contribution of ENs in aged care,⁵⁻⁷ providers are taking advantage of uncertainty to make ENs redundant, reclassify their roles, or reduce shifts as a means of saving costs. This is particularly concerning in light of ongoing workforce shortages and challenges in attracting and retaining experienced and qualified staff in the aged care sector, particularly in regional and remote areas.

¹ In this report the term 'personal care workers' (PCWs) is used to refer to members of a diverse staff group including assistants in nursing (AIN), personal care assistants (PCA), and care services employees (CSE) etc.



Methods

The online survey was open between 22 June and 25 August 2023. The 18-question survey was developed by the ANMF Federal Office in collaboration with Branch representatives. The online survey, using SurveyMonkey, was promoted via social media and ANMF websites. Participation in the study was voluntary, anonymous, and any personal information provided by participants was de-identified.

Results

A total of 840 responses were recorded. Of these 720 (86%) consented to their details being de-identified and used in this report. Only the results of those who consented are included below. The 120 (14%) participants who were not comfortable with their information being used have been excluded from this report. 651 the consenting participants completed the survey, answering at least one question beyond the consent question and were included in the analysis.

Because participants could skip questions, percentages in the results below are expressed as a proportion of the total number of participants who responded to that question alone (valid percentage). Throughout this report, percentages have been rounded to the nearest whole number.

Participant Demographics

Of the 650 participants who provided their State/Territory, most participants were from Queensland (n=282, 43%), followed by New South Wales (n=170, 26%) and South Australia (n=125, 19%). **Figure 1** shows the breakdown of participants by the State or Territory they worked in.

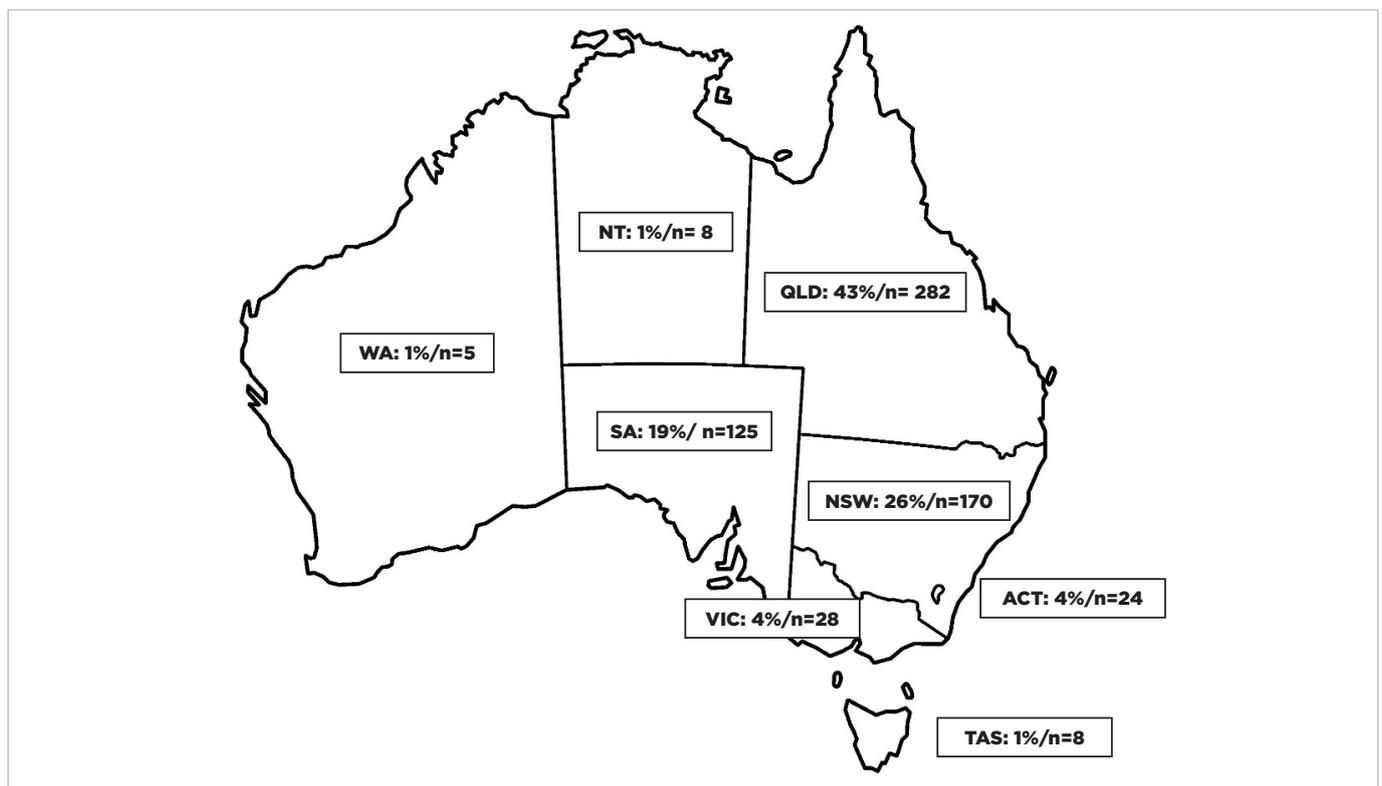


Figure 1: Participant distribution by State/Territory



Of the 648 participants who responded to the question about their primary job classification, the majority were ENs (n=417, 64%). 19% (n=125) were RNs and 11% (n=72) reported their primary job classification as AIN/PCA/PCW/CSE. The remainder were directors of nursing/care (n=13, 2%), nurse practitioners (n=3, 0.5%) or 'other' (n=18, 3%). **Figure 2** shows the breakdown of participants by primary job classification.

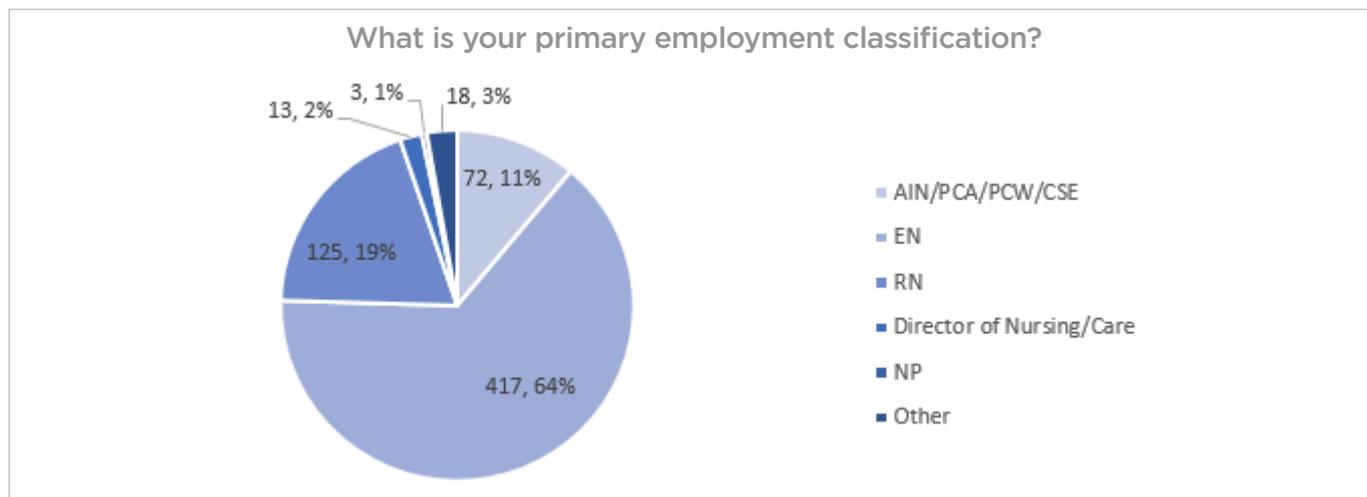


Figure 2: Participant breakdown by primary employment classification

When asked about the main place of employment, most participants worked in residential aged care (RAC) (n=574, 90%). A further breakdown reveals that 52% (n=330) of participants worked in a private not-for-profit/charitable RAC facility, 31% (n=200) worked for a private for-profit RAC facility, and 7% (n=44) worked for a government owned RAC facility. Further, 7 participants (1%) worked in a multi-purpose health service (MPS), 21 (3%) worked in the community under either the home care packages program (HCPP) and/or the commonwealth home support program (CHSP). The remaining 5% (n=34) of participants were unsure of their service classification or answered 'other'. **Table 1** shows the breakdown by main place of employment.

Participants were asked to provide the postcode of their workplace if working, and 612 postcodes were provided. Postcodes were then cross-referenced with postcode delivery classifications database and recoded as rural or metropolitan. Of the 612 responses, 49% (n=297) worked rurally and 315 (n=51%) worked in a metropolitan area.

Main place of employment	Total		Metropolitan		Rural	
	n	%	n	%	n	%
Residential aged care Public (government-owned)	44	7%	26	9%	13	4%
Residential aged care Private for-profit	200	31%	87	29%	102	33%
Residential aged care Private not-for-profit/charitable	330	52%	157	53%	163	53%
Multi-purpose health service	7	1%	4	1%	2	1%
Community - HCPP/CHSP	21	3%	8	3%	11	4%
Not sure	22	3%	9	3%	13	4%
Other	12	2%	5	2%	6	2%
Totals	636		296		310	

Table 1: Participant distribution by main place of employment.



Enrolled Nurses in Aged Care

Of the 632 participants who responded to the question regarding having ENs working in their facility, almost all participants reported that an EN worked in their facility (n=578, 91.5%). Only 54 (8.5%) reported that no ENs worked in their facility.

Of those that reported that an EN worked in their facility, 500 answered the follow up question regarding how many ENs work at their service/facility. 52% (n=260) reported that 1-5 ENs worked in their service/facility, and 31% (n=154) reported that 6-10 ENs worked in their service/facility. A break down by location reveals slight differences, with metropolitan services being more likely to have a higher number of ENs (see **Figure 3** for further detail).

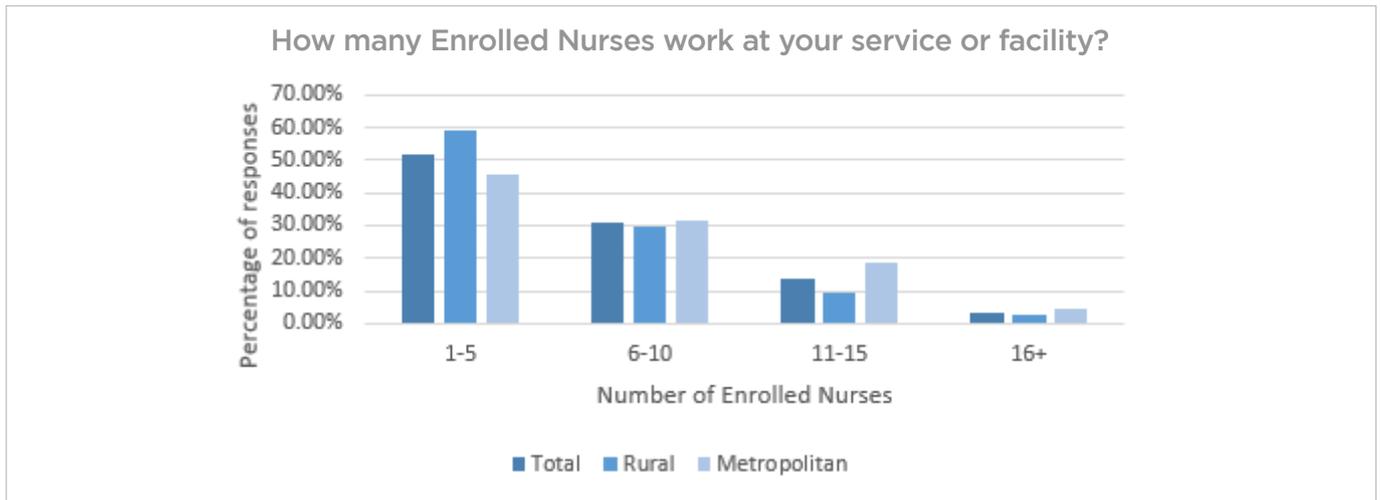


Figure 3: Number of ENs working in participants service/facility

438 participants answered the question regarding how many shifts enrolled nurses at their facility/ service cover per week. 26% (n=117) participants reported that ENs worked 1-5 shifts per week, and 21% (n=102) reported an average of 21+ EN shifts per week (see **Figure 4** for more detail).

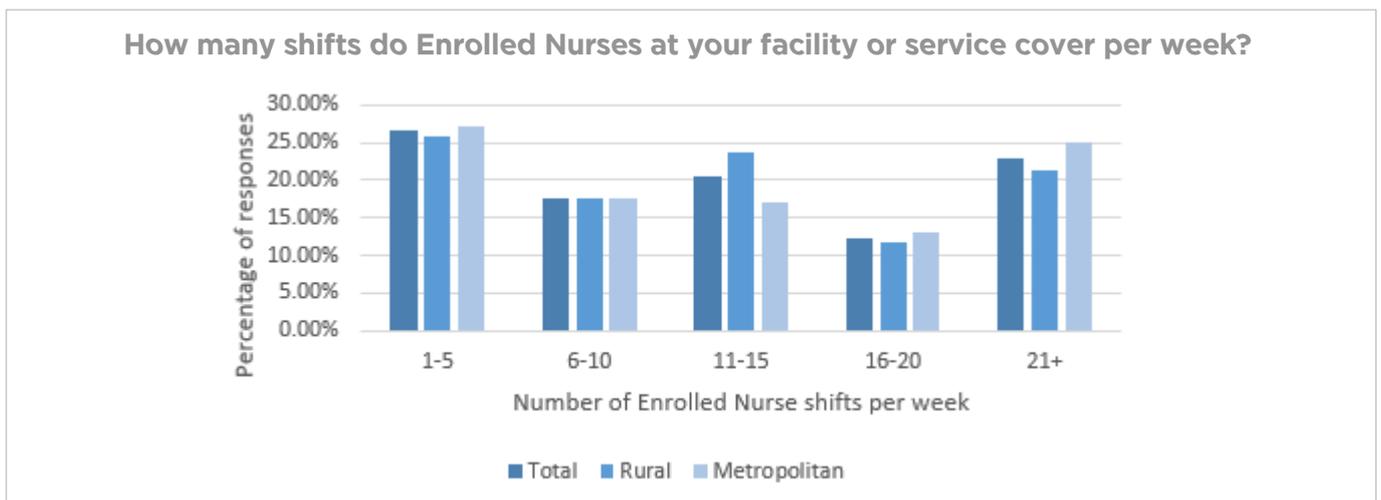


Figure 4: Number of shifts ENs cover at participants service/facility



When asked what kind of care ENs provide at their service/facility, 515 participants responded. As this question allowed for more than one answer, across the participants 818 responses were recorded. Results for this question are calculated based on the total number of responses recorded. Responses available were, care coordination and clinical care such as medications and wound care (n=305, 37%), direct care (personal care and clinical care) (n=176, 22%), and/or a mix of care (direct care and care coordination) (n=290, 35%). 47 (6%) of responses were outside of these categories.

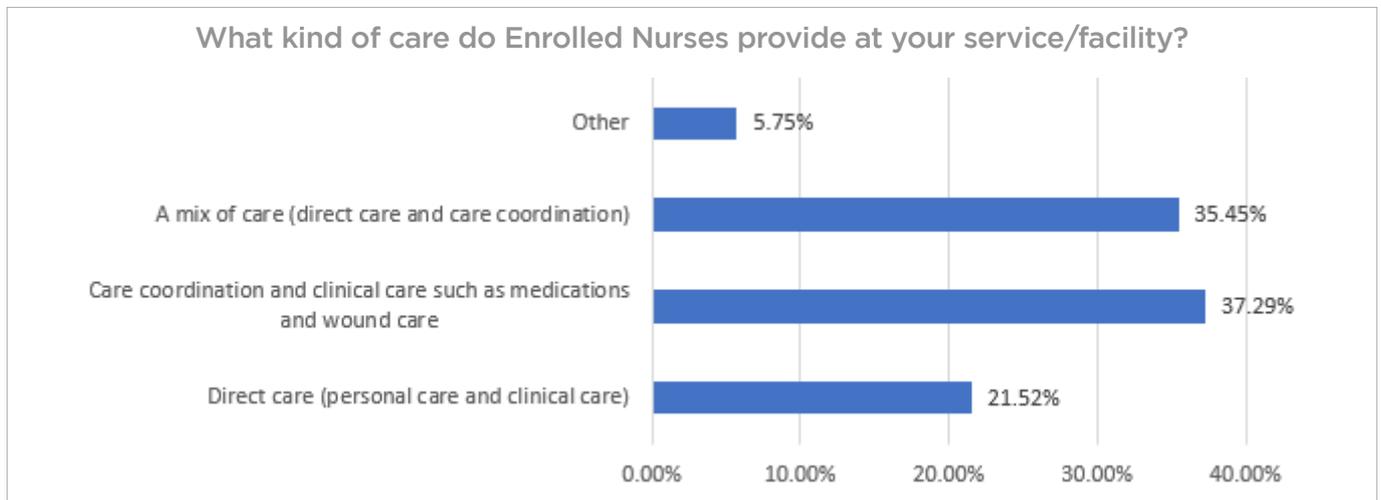


Figure 5: Reported role of ENs in aged care

Enrolled Nurses as part of the RN 24/7 and care minute funding

517 participants answered the question regarding if they had been told by their employer or colleague that there is no funding for ENs as part of the RN 24/7 and care minute funding requirements. 35% (n=181) responded yes, 49% (n=252) responded no, and 16% (n=84) were unsure.

Participants were asked if they had been told by an employer that EN shifts will, or may, be reduced as a result of RN 24/7 and care minute funding requirements. Of the 508 participants who answered this question, 34% (n=171) responded yes, 52% (n=262) responded no, and 15% (n=75) were unsure.

When asked if since October 2022, they had noticed any reduction in EN shifts, of the 515 participants that answered, 34% (n=182) responded yes, 54% (n=297) responded no, and 11% (n=54) were unsure.

When asked what impact would reducing EN numbers or shifts have at their workplace, 515 participants responded. As participants could select more than one answer, a total of 2,368 responses were recorded. Results for this question are calculated based on the total number of responses. The most common response related to more work for RNs (n=385, 16%) and decrease resident safety (n=369, 16%). Only 16 (0.7%) of participants said that the loss of ENs would have no impact. Interestingly, of the 16 responses that reported the loss of ENs would have no impact, 50% (n=8) had classified themselves as ENs.



What impact would reducing Enrolled Nurse numbers or shifts have at your workplace?	n	%
More work for Registered Nurses	385	16%
Increased workloads for AIN/PCA/PCW/CSE staff	268	11%
Care is missed or not adequately completed	337	14%
Staff working extra hours or extra shifts	275	12%
Reduced numbers of staff to call on for replacement of unfilled shifts	352	15%
Decreased resident/client safety due to the loss of Enrolled Nurses from the floor, e.g., increased falls and skin tears	369	16%
Residents/clients waiting longer than they should when they ask for assistance/help	324	14%
No impact	16	0.7%
Other	42	2%

Table 2: Response to “what impact would reducing Enrolled Nurse numbers or shifts have at your workplace?”

Of the written responses provided, a common theme observed was the loss of experience of long term ENs in favour of RNs who have less experience, due to the funding requirements.

“Dedicated and vastly experienced EN’s [are] being replaced by new RN graduates who have little experience and have no intention of staying in aged care.” - (EN, SA)

“...decreased knowledge of residents care... EN has been working there for years and a lot of RNs are new or less than a year” - (RN, QLD)

“Less experience staff giving out medications, leading to more medication errors” - (EN, TAS)

364 participants answered the question about if their employer had tried to re-classify EN positions. Of these 37% (n=133) indicated yes, 47% (172) indicated no, and 16% (59) were unsure. Of the participants who indicated that ENs had been re-classified, 55 (41%) reported that ENs had been recategorised as Cert 4 AIN/PCA/PCW/CSE, 34 (26%) reported that ENs had been recategorized as Cert 3 AIN/PCA/PCW/CSE, and 2 (1.5%) reported that ENs had been recategorized as Home Makers. The remaining 42 (32%) provided an answer other than the provided categories. Of these there were 11 mentions of ENs being reclassified as AIN/PCA/PCW (of no specified level), 10 mentions of either senior (n=5) or medically competent (n=5) PCW, 5 mentions of ‘team leader’, 4 mention of ‘care champion’, 3 of RN positions or RN duties, and a further 8 that could not be categorised or were irrelevant.

Should the Federal Government specify enrolled nurses in the care minute funding allocation?

The majority of participants believed that the Federal Government should specify ENs in the care minute funding allocation (n=500, 90%). Only 30 (5%) were not supportive, and a further 29 (5%) were unsure.

“It’s not Fair for the Government to lessen the Hours or disregard the work of Enrolled Nurses... our experience seems disregarded.” - (EN, SA)

“This will make it clear to employers and protect EN from being pressured to have their permanent contracts reduced to <70% of their agreed contracts or being forced to take ungenune redundancy packages.” - (EN, SA)



“Enrolled nurses help take pressure off RN workload doing wound care that AINs are not allowed to do. But enrolled nurses are paid little more than AIN which is a deterrent to procuring and retaining them” - (AIN, ACT)

“I recall the Government stating they would cover all increases for nursing staff, why is it that all change comes through the threat to Enrolled nurses each and every time... ENs are a valuable support to continuous care standards, prompt feedback on health changes as they present for greater funding & care planning updates. This is an insult.” - (Unknown, SA)

The attitude towards ENs in aged care was largely positive, however, not all were in support. A review of those that did not believe that the Federal Government should specify ENs in the care minute funding allocation showed that this opinion was not exclusive to one demographic, and of the 30 that were not in support, 10 were ENs, 8 were AIN/PCA/PCW/CSEs, 11 RNs, and 1 was a director of nursing.

Some spoke of discounting ENs in aged care in favour of transitioning them to RNs.

“...Federal Government and state/territory Government should discontinue and gradually phase out Enrolled Nurse programs from colleges and discontinue hiring ENs after a grace period of 6-10 years, providing Education and employment opportunities for the existing ENs to upgrade into RN.” - (RN, ACT)

“They should assist in their transition to RN” - (RN, NSW)

Some spoke to the lack of clarity between EN and other aged care roles, and the need to differentiate EN care minutes from RN care minutes.

“Roles need to be clarified so that there is no confusion with what they can and what they can't do. Every nursing home has their own set of rules...” - (RN, NSW)

*“Should have allocation for PCA care minutes, EN care minutes and RN care minutes.”
- (EN, QLD)*

“... I do not think EENs (Endorsed Enrolled Nurses) should take away the little care minutes RNs provide.” - (RN, NSW)

“I think we need enrolled nurses to support us to provide care but a RN should be on-site 24/7” - (RN, QLD)



Discussion

The results of this survey highlight the importance of the EN role in aged care and the value that many staff members place on these staff. Almost all participants reported that ENs worked in their facility and that the loss of ENs, or the reduction of EN shifts, would have seriously detrimental effects in the provision of safe and high-quality care and increase the burden on other staff. This is due to the important contribution that ENs make to aged care teams both in terms of providing leadership to care workers and supporting and working with RNs.

The role of ENs in aged care is of great importance, and participants indicated that the EN role varies across direct clinical care and care coordination, emphasising the versatility of the role. While most participants indicated that EN shifts had not been reduced, nor had providers indicated to them that there was an intent to, a sizable amount had. The lack of consideration for ENs under the care minute funding allocation represents a serious threat to the job security of this important workforce, and beyond this, the possibility of being made redundant will likely have an impact on attracting and retaining ENs in the aged care workforce.

Almost all participants were supportive of the inclusion of ENs in the direct care minute funding allocation which further highlights the importance of the role, contribution, and experience that ENs bring to the aged care sector. The results of this survey also highlight the need for further research to support and protect EN roles and safeguard them against providers who would take advantage of the uncertainty to make ENs redundant as a means of saving costs.



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