The New South Wales Renal Nursing Education Survey

Shelley Tranter, Fidye Westgarth, Jo Kemp, James WH Macneil,


Abstract

Aim: To identify the level of demand for renal post-graduate Registered Nurse and Enrolled Nurse training in New South Wales, significant gaps in education resources for career development in renal nursing, and to identify key barriers and enabling factors for undertaking further studies.

Methods: A survey of nursing staff across all renal units in NSW was undertaken in October 2008.

Results: Responses were received from 382 renal nurses from public and private services. Of the registered nurse respondents, 44% were considering undertaking further education in the next 5 – 10 years, and 97% of these felt the available courses met their study needs. Of the enrolled nurse respondents, 53% were considering undertaking further education in the next 5 – 10 years, and 79% felt the single course available would meet their study needs. Nurses working outside the metropolitan centres are at least as interested in undertaking further studies as their metropolitan colleagues. On-line education has assisted non-metropolitan nurses to undertake further studies.

Conclusion: There are sufficient renal education programs currently available to meet the needs of NSW registered nurses. Several key barriers which could discourage nurses from undertaking further studies were identified by respondents. The dialysis course previously available for enrolled nurses is no longer available. The major recommendation resulting from the survey findings is to work with NSW Technical and Further Education (TAFE) and The NSW Nursing and Midwifery Office to re-establish a suitable course for enrolled nurses.

Introduction

It is estimated that numbers of dialysis patients in New South Wales (NSW) are likely to increase each year at a rate of around 3.6%, however predicted increase varies from 3.2% to 6.8%, according to local risk factors (Gibberd, 2009). In a climate of worldwide nursing shortages, this cumulative increase raised concerns within the Greater Metropolitan Clinical Taskforce (GMCT) Renal Services Network about the ability of the workforce in NSW to meet predicted demand.

A workshop was held by GMCT in 2005 where renal nurses identified their concerns with current and future staffing shortages and workload in haemodialysis units. Renal/dialysis is one of the key areas of shortage not just in NSW but Australia-wide (Department of Education Science and Training, 2002). These problems will increase intolerably over the next 10 years due to the expected increase in demand for haemodialysis services (Gibberd, 2009). The workshop participants proposed a range of strategies to manage the problem, the focus of which was: a) to change the way haemodialysis care is provided, to make better use of resources, and b) to encourage recruitment and retention of nursing staff by assisting career development for registered nurses (RNs) and endorsed enrolled nurses (ENs) in renal nursing. A part of this strategy was to support education opportunities for nurses seeking a career path in renal nursing.

Renal care is a national recognised nursing specialty and for this reason demands that nurses in the specialty are adequately skilled to undertake the specialty care they provide (National Nursing and Nursing Education Taskforce, 2006). Renal care is largely provided by RNs, but due to the limited number of skilled RNs available the EN has also been a useful addition to the renal care team, thus requiring courses tailored to their individual needs (Chow, Lau & Gibb, 2008).

In 2007, Dr Shelley Tranter undertook a review of all formal education programs available to NSW nurses. There were nine programs mainly distance education courses available for RNs to gain further qualifications, and one program available for ENs. The Workforce, Education & Training (WET) Nurses Sub-Group of the GMCT Renal Services Network wanted to determine whether these available programs met the needs of nurses seeking further education, and also to find out what else nurses required to encourage them to undertake further education. The literature identifies a number of barriers to nurses pursuing post graduate studies. The barriers include lack of career promotion

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and incentives to undertake further education, lack of study leave allocation, lack of suitable mentors in the workplace, lack of child support, the cost of the courses and lastly accessibility to courses especially where they are not offered in rural and remote settings (Warren & Mills, 2009; Delaney & Piscopo, 2004).

A survey of nurses in all renal units in NSW was undertaken in October 2008. The survey aimed to identify the level of demand for renal post-graduate RN training and for EN training in NSW, significant gaps in education resources for career development in renal nursing, and barriers to obtaining further education.

**Method**

The WET Nurses Sub-Group developed a survey which was circulated to all renal units and dialysis centres in NSW. A list of all formal renal education programs available to NSW nurses was circulated with the survey. Prior to release, the survey instrument was tested on nurses at one renal unit and slightly modified to improve the reliability and validity of the questions. A list of the survey questions is provided in Figure 1.

Ethics approval was not sought for this project, as the survey was being undertaken purposely to guide strategies to meet the needs of nurses seeking further education. All responses were anonymous. In an effort to achieve a good response rate, members of the WET Nurses Sub-Group identified a contact nurse in each location who would be willing to drive the survey locally. The contact nurse was asked to provide the numbers of nurses working in his/her unit and to encourage completion of the survey. Also, the survey was widely promoted in the GMCT Newsletter and through the NSW Nurse Educators’ Group, so all would be aware of the purpose and potential use of the survey. Response forms were collected by the

### Figure 1: List of survey questions

<table>
<thead>
<tr>
<th>Question</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Which of the following statements describe your situation, with respect to formal studies in renal nursing?</td>
</tr>
<tr>
<td>1.</td>
<td>I am currently undertaking further education in renal nursing</td>
</tr>
<tr>
<td>2.</td>
<td>I have completed further education in renal nursing</td>
</tr>
<tr>
<td>3.</td>
<td>I am considering undertaking further education in renal nursing, in the next 5–10 years</td>
</tr>
<tr>
<td>4.</td>
<td>I am not planning to undertake further education in renal nursing</td>
</tr>
<tr>
<td>5.</td>
<td>Other (please describe)</td>
</tr>
<tr>
<td>2</td>
<td>What type of qualification/s do you have in renal nursing?</td>
</tr>
<tr>
<td>3</td>
<td>Do you feel your local in-service training meets your renal education requirements?</td>
</tr>
<tr>
<td>4-8</td>
<td>How important are the following, to enable you to undertake further studies? Access to funds / scholarships, improved computer skills, approval for study leave, having a mentor, career opportunities / structure</td>
</tr>
<tr>
<td>9-10</td>
<td>Do the available courses cover your needs? …… If not, what else do you require?</td>
</tr>
<tr>
<td>11-18</td>
<td>To what extent are the following seen as barriers, in your own situation? Workplace Barriers: Lack of encouragement to undertake further studies, lack of recognition of achievement of higher studies, inflexible rosters, other workplace factors [please identify]</td>
</tr>
<tr>
<td>19-23</td>
<td>Personal Barriers: Financial, childcare arrangements, time to study, other issues [please identify]</td>
</tr>
<tr>
<td>24</td>
<td>Demographics of Respondents: Gender, Age group, usual clinical work setting, place of work, position</td>
</tr>
<tr>
<td>25</td>
<td>How likely are you to continue working in renal nursing over the next 5–10 years?</td>
</tr>
<tr>
<td>26</td>
<td>I expect to leave renal nursing because of family reasons, retirement, promotion, nursing in a different discipline, non-nursing work opportunities, move to academic role:</td>
</tr>
</tbody>
</table>

### Table 1: Responses according to nursing groups

<table>
<thead>
<tr>
<th>Category of respondent</th>
<th>Responses</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Registered nurses</td>
<td>237</td>
<td>62%</td>
</tr>
<tr>
<td>(Endorsed) Enrolled Nurses</td>
<td>45</td>
<td>12%</td>
</tr>
<tr>
<td>Senior nurses</td>
<td>98</td>
<td>26%</td>
</tr>
<tr>
<td>Total (incl. 2 missing values)</td>
<td>382</td>
<td>100%</td>
</tr>
</tbody>
</table>
contact nurse for each unit and posted to the Renal Services Network Manager. Data entry and initial analysis were performed by a GMCT project officer.

Results

Response Rate

Responses were received from 382 renal nurses from public and private services. For the purpose of this report, the respondents have been grouped into three sub-groups (see Table 1): RNs who provide the bulk of patient care, ENs, and senior nurses, i.e. those RNs employed in more senior positions that involve education and management, as well as clinical nurse specialists and clinical nurse consultants.

Of the renal nurses who responded, 86% were identified as dialysis nurses (N=328/382). The Australian and New Zealand Dialysis Workforce Survey (ANZDWS) (Bennett, McNeill & Polaschek, 2009) reports there are 603 RNs and 82 ENs working in dialysis units in NSW. Based on these figures, the response rate for this education survey was approximately 48%.

Demographics of Response Cohort

Characteristics of the respondents were identified in terms of a) gender; b) age, and c) workplace location. We were unable to compare these with the ANZDWS, because that survey used different criteria for its data collection. The survey respondents were 12% males (N=44/373) and 82% females (N=329/373). The age distribution of respondents is shown in Figure 2.

Responses were received from 38 workplace locations. The response rates varied for different locations, and some sites were under-represented. Of the total cohort, 65% of the responses (N=254/382) came from 13 of the facilities (See Figure 3.).

For the analysis of this report, the sites have been sub-grouped into metropolitan and non-metropolitan locations, as this reflects ease of access to tertiary referral hospitals. Metropolitan areas have been defined as Sydney Basin, Newcastle, Wollongong, and the Central Coast. The remaining facilities have been described as non-metropolitan. On this basis, 65% of the respondents were from metropolitan locations, and 35% were from non-metropolitan locations (See Table 2.).

Only 6% of all respondents were ward staff, and only eleven of the 237 RN respondents (5%) worked in the wards.
This indicates underrepresentation in the survey responses from this group of renal nurses who work in acute settings.

### Prevalence of nurses with renal specialty qualifications

52% of all the respondents (N=198/382) had completed further education or were currently undertaking further education. Of these senior nurse respondents, 49% had a Graduate Certificate, 7% had a Graduate Diploma and 12% held a Masters Degree.

Of the RN sub-group, 46% had completed further education (N=109/237). The types of qualifications and frequencies are listed in Table 3. The Graduate Certificate appeared to be the most desirable higher qualification for RNs.

Of the EN sub-group, 20% said they had completed further education (N=9/45). These EN respondents mostly had an Advanced Diploma (N=8/45). Only a small proportion of the respondents, 8%, were currently undertaking further education (N=29/382). Six of these had already completed other post-graduate qualifications.

### Future demand for renal nursing specialty education

Of the total cohort, 40% were considering undertaking further education in renal nursing over the next 5-10 years. It was noted that 5% had already done other post-graduate education (N=17/382). Review of sub-groups found that 44% of RNs and 53% of ENs were considering undertaking further education over the next 5-10 years (See Table4.). The proportion of EN respondents considering undertaking further education was found to be significantly higher than the other groups.

The proportion of renal nurses without further education and who were not seeking to commence further education in the next 5-10 years was low for both RNs and ENs (11% and 13%, respectively). The adequacy of currently available renal specialty post-graduate courses

All respondents who were considering undertaking further studies were asked to review the attached list of available courses. Of those wishing to study further, 91.7% were satisfied by the courses on offer (95%CI: 87.1% – 96.3%).
followed a similar pattern. What they require is a) renal courses for ENs, and b) encouragement to undertake further studies. One EN correctly responded that there were no courses available for rural ENs.

It was noted that 81% of the senior nurses felt that the attached list of courses met their needs.

Enabling factors for further education

The respondents were asked about the importance of a range of issues, to support them to undertake further studies. The responses from the subgroup planning to undertake further studies (N=154) identified the following factors as ‘very important’ or ‘essential’ (See Table 5):

- Access to funds and scholarships: This was very important for all groups, however sub-group analysis found that this issue was of higher priority for the ENs 70% of whom (N=17/24) replied this aspect was “essential” to enable them to undertake further studies.
- Approval for study leave: This was very important for all groups, with 78% of the senior nurses stating that this aspect was “essential” to enable them to undertake further studies.
- Career opportunities and career structure: All groups responded strongly overall to this factor, however the opinion was more marked in the EN group, of whom 60% believe the career structure to be ”essential” for leading them to undertake further studies.
- Having a mentor to assist them in their development: The ENs and senior nurses felt more strongly about the importance of a mentor (78% and 74%, respectively) than did the RN group.
- Improved computer skills: This was seen as more important by the EN respondents; however the survey produced no clear response that would guide strategy development.

Barriers for renal nurses who consider undertaking further education

Respondents were asked to identify the extent to which the following factors were barriers in their own situation:

- Organisational: Lack of support/encouragement from organisation/executive; study leave refused; permission to attend course refused;
- Local workplace: Lack of support; encouragement from manager; workplace culture;
- Home/self: Finances; time; childcare commitments;
- Other barriers (for free text).

Table 5: Importance of enabling factors: “very important” to “essential” for those considering undertaking further studies

<table>
<thead>
<tr>
<th>Enabling Factor</th>
<th>ENs</th>
<th>RNs</th>
<th>Senior Nurses</th>
<th>All nurses</th>
</tr>
</thead>
<tbody>
<tr>
<td>Access to funds / scholarships</td>
<td>92%</td>
<td>87%</td>
<td>92%</td>
<td>88%</td>
</tr>
<tr>
<td></td>
<td>(22/24)</td>
<td>(90/104)</td>
<td>(22/24)</td>
<td>(134/152)</td>
</tr>
<tr>
<td>Improved computer skills</td>
<td>61%</td>
<td>46%</td>
<td>48%</td>
<td>48%</td>
</tr>
<tr>
<td></td>
<td>(14/23)</td>
<td>(47/103)</td>
<td>(11/23)</td>
<td>(72/149)</td>
</tr>
<tr>
<td>Approval for study leave</td>
<td>87%</td>
<td>86%</td>
<td>96%</td>
<td>88%</td>
</tr>
<tr>
<td></td>
<td>(20/23)</td>
<td>(89/103)</td>
<td>(22/23)</td>
<td>(131/149)</td>
</tr>
<tr>
<td>Having a mentor</td>
<td>78%</td>
<td>66%</td>
<td>74%</td>
<td>69%</td>
</tr>
<tr>
<td></td>
<td>(18/23)</td>
<td>(68/103)</td>
<td>(17/23)</td>
<td>(103/149)</td>
</tr>
<tr>
<td>Career opportunities / structure</td>
<td>83%</td>
<td>76%</td>
<td>88%</td>
<td>79%</td>
</tr>
<tr>
<td></td>
<td>(19/23)</td>
<td>(78/103)</td>
<td>(21/24)</td>
<td>(118/150)</td>
</tr>
</tbody>
</table>

Of the RNs considering undertaking further studies and who responded to this question, 97% felt the attached list of available courses met their study needs (N=88/91). Unfortunately, 13% of the group of RNs considering undertaking further studies did not respond to this question (N=15/106). The following comments were provided from those few RNs who felt the available courses do not meet their needs: ‘does not describe course contents - interested in renal public health issues’, ‘more face to face teaching required’, and ‘no course covering peritoneal dialysis’.

For the 24 ENs considering undertaking further studies, 79% of those who responded (N=15/19) felt the attached list of available courses met their study needs. There were five of this group who did not respond to this question. Comments provided from several of the ENs who claimed the available courses do not meet their needs followed a similar pattern. What they require is a) renal courses for ENs, and b) encouragement to undertake further studies. One EN correctly responded that there were no courses available for rural ENs.

It was noted that 81% of the senior nurses felt that the attached list of courses met their needs.

Table 5: Importance of enabling factors: ”very important” to “essential” for those considering undertaking further studies

96.4%). This compared with a slightly lower level of satisfaction in those not wishing to study further (85.6% (95% CI: 80.3% - 91.0%)), however the difference was found to be not statistically significant, and overall it can be assumed that the range of available courses meets the needs of the renal nurses.

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- Improved computer skills: This was seen as more important by the EN respondents; however the survey produced no clear response that would guide strategy development.

For many of these issues there was a relatively even spread of responses across all categories, indicating no strong trend.
The main issues considered to be barriers are listed in Table 6.

Lack of encouragement to undertake further studies, was identified as a barrier for 30% of ENs who were considering undertaking further education, but not as strong a barrier for the other nurses.

### Table 6: Perceived barriers, for those considering undertaking further studies

<table>
<thead>
<tr>
<th>Potential Barrier:</th>
<th>ENs</th>
<th>RNs</th>
<th>Senior Nurses</th>
<th>All nurses</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lack of recognition of achievement of higher studies</td>
<td>30% (7/23)</td>
<td>17% (17/99)</td>
<td>22% (5/23)</td>
<td>20% (29/145)</td>
</tr>
<tr>
<td>Financial</td>
<td>90% (18/20)</td>
<td>65% (64/98)</td>
<td>78% (18/23)</td>
<td>71% (100/141)</td>
</tr>
<tr>
<td>Time to study</td>
<td>65% (13/20)</td>
<td>69% (68/99)</td>
<td>74% (17/23)</td>
<td>70% (100/141)</td>
</tr>
</tbody>
</table>

### Table 7: Comparison of involvement in further studies, by location sub-group

<table>
<thead>
<tr>
<th>Status of Studies</th>
<th>Metro (%)</th>
<th>Non-metro (%)</th>
<th>Comparison</th>
<th>Significant Difference</th>
</tr>
</thead>
<tbody>
<tr>
<td>Completed</td>
<td>113 (65%)</td>
<td>61 (35%)</td>
<td>OR=1.0 (0.65 – 1.52)</td>
<td>No</td>
</tr>
<tr>
<td>Current</td>
<td>15 (52%)</td>
<td>14 (48%)</td>
<td>OR=1.8 (0.85 – 3.8)</td>
<td>No</td>
</tr>
<tr>
<td>Considering</td>
<td>96 (63%)</td>
<td>57 (37%)</td>
<td>OR=1.15 (0.75 –1.77)</td>
<td>No</td>
</tr>
<tr>
<td>Total Respondents</td>
<td>248 (65%)</td>
<td>134 (35%)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Table 8: Distribution of renal nurses considering undertaking further education over the next 5-10 years

<table>
<thead>
<tr>
<th>Position</th>
<th>Metropolitan workplace</th>
<th>Non-metropolitan workplace</th>
<th>All respondents</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Considering further education</td>
<td>% of nursing position (95%CI)</td>
<td>Considering further education</td>
</tr>
<tr>
<td>EN</td>
<td>11</td>
<td>48% (27%-64%)</td>
<td>13</td>
</tr>
<tr>
<td>RN</td>
<td>69</td>
<td>45% (37%-54%)</td>
<td>36</td>
</tr>
<tr>
<td>Senior</td>
<td>16</td>
<td>23% (14%-34%)</td>
<td>8</td>
</tr>
<tr>
<td>Total (%)</td>
<td>96</td>
<td>23% (14%-34%)</td>
<td>57</td>
</tr>
</tbody>
</table>

### Location

There were approximately twice as many respondents working in metropolitan locations (N=248) as those working in non-metropolitan locations (N=134). This aligns with the distribution of dialysis patients in metropolitan and non-metropolitan locations across NSW (Westgarth, 2009)

A further stratification of the response data by location (metropolitan versus non-metropolitan) was performed. Overall, the difference in renal nurses’ application to further studies was not significant (ns), whether working in metropolitan or non-metropolitan environments, and the results are provided in Table 7.

Similar patterns were reflected within the subgroups of ENs, RNs and for those working in the more senior positions, leading to the conclusion that location of workplace (whether metropolitan or non-metropolitan) is not a determinant of whether renal nurses are seeking to undertake further studies. The further analysis by nursing position of respondents considering undertaking further education over the next 5-10 years is shown in Table 8.

### Comparison between renal ward staff and dialysis staff

On review of the study intentions of ward nurses compared to dialysis nurses,
43% of dialysis RNs and 64% of ward RNs were considering undertaking further studies, however this comparative difference is not significant due to the small sample size of ward RNs (N=11). Likewise, 67% of RNs working in both dialysis and ward settings (N=6/9) were considering undertaking further studies. The numbers of EN respondents working on wards were too small to make significant comparison with dialysis ENs.

Retention in renal nursing:
Respondents were asked how likely they thought that they would still be working in renal nursing in NSW in the next 5 to 10 years. Overall, 78% (95%CI: 74% – 82%) of the cohort felt that it was likely or very likely that they would still be working in renal nursing in NSW in 5 to 10 years time. This did not differ significantly with age (24df = 4.5; P = 0.34), nor with nurse’s role (22df = 1.8; P = 0.41). See Figures 4 and 5. Only 7% of all respondents said they were unlikely to remain in renal nursing (N=25/375), 15% were unsure, and 2% did not respond.

Those likely or very likely to stay in renal nursing demonstrated an inverse relationship between age and intention to undertake further studies, where the younger age groups were more likely to be considering undertaking further studies (24 df =23.2; P = 0.0001). The proportion who felt they might change to a different discipline in nursing was very small, 5.5%. There was an association detected between those who had completed further education, or were currently undertaking further education, and their intention to remain in renal nursing in the next 5-10 years (82% (22df =7.7; P = 0.021)).

Discussion
There appeared to be a very good response rate; however it was found to be less than 50% of all NSW renal nurses (Bennett, McNeill & Polaschek, 2009). Generalisation from these results to all renal nurses in NSW should be handled with caution. If there is response bias in these results, it is likely to be biased toward those nurses who are interested in further studies (whether past, current or future) who would be willing to take the time to do the survey. On viewing the response rate sorted by location, there is notable under-representation from some of the larger renal units. On the other hand, several sites had greater than 90% response rate, and this response would fully represent those sites. The variation in response from site to site can be attributed to the variation in effort made by members of the project team, and by
The “champions” engaged at the different sites. This was confirmed through follow-up at several of the low-response sites, where nurses stated they were unaware of the survey at that time.

The information has not been analysed by specified workplace, as the numbers become small at some sites and may not be representative. For this reason, there is no sub-group analysis of responses from public versus private services. It was also noted that participation by ward nurses was low, and we believe this group is underrepresented in this survey.

The respondents’ level of interest and participation in further education was generally found to be very high, and unrelated to whether the nurse works in a metropolitan on non-metropolitan location. It was noted that 76% of senior nurses and 46% of RNs had already undertaken further education. This result reinforces that further education is strongly associated with nursing career progression. Also, 44% of RNs and 53% of ENs who responded to this survey were interested in undertaking further studies in renal specialty courses. The proportion of renal nurses without further education and who were not seeking to commence further education in the next 5-10 years was low for senior nurses, RNs and ENs (8%, 12% and 13%, respectively). These findings indicate that there is a high level of demand for formal education programs for senior nurses, RNs and ENs employed in renal units. This analysis has focussed on the needs of the RNs and ENs, as development of these nursing positions will form the basis of the future renal workforce.

A key requirement of this survey was to determine whether the currently available education programs meet the needs for renal nurses seeking further education. Of the RNs considering undertaking further studies the vast majority felt the available courses met their study needs. This has informed the WET Nurses Sub-Group that there is no need at this time to develop additional post-graduate courses for RNs.

The situation is more complex for the 53% of ENs considering further studies. It is apparent they want further education, but there are limited courses available. There was only one course listed for EN further education however, since the release of the survey, that program unavailable. It would appear that that EN program would have suited the ENs, if available. Developing the role of ENs in renal nursing is important for workforce planning.

The structured course for ENs that was offered by NSW Technical and Further Education (TAFE) and was piloted in 2007, was found to be well-received by those who enrolled in the program and was found to be effective for ENs in the clinical environment (Death, personal communication, 3rd Aug 2009). In 2010, NSW TAFE will provide ENs with the opportunity to undertake an Advanced Diploma specialising in renal topics. Alternatively, there are opportunities arising for renal learning modules available for ENs through Deacon University.

Another aspect of this survey was to assess enabling factors and barriers to undertaking further studies. The following were noted to be very important in assisting nurses to embark on further studies:

- Access to funds and scholarships;
- Approval for Study Leave;
- Opportunity for promotion/career development – especially for ENs;
- Access to a mentor to assist in career development. This item was more strongly supported by the senior nurses than the other groups. It is assumed that the senior nurses are more likely to have experienced the benefit of a mentor in the development of their own career.

The main barriers noted were:

- Lack of recognition of achievement of higher studies;
- Financial;
- Time to study;
- Lack of encouragement to undertake further studies (more so for ENs).

Respondents did not submit any other barriers apart from those identified in the current literature and provided as prompts in the survey instrument. Discussion of these items in the WET Nurses Sub-Group will lead to development of several state-wide strategies to assist renal nurses to engage in further studies. Also, some of these issues may be addressed at the local level in renal units which are seeking to encourage uptake of further studies.

Staff retention is a critical component of workforce planning. The survey results indicate high levels of loyalty for nurses currently working in renal units, and was more marked for those who have embarked on further education.

Recommenations

The following recommendations were made following the analysis of the survey results:

- To work with NSW TAFE and with NSW Health Nursing and Midwifery Office (NaMO) to re-establish a suitable course for ENs.
- To work with NaMO to provide scholarship programs for ENs to undertake advanced courses, and encourage EN study leave programs in Area Health Services similar to those available for RNs.
- To circulate the survey report to all renal units in NSW, and encourage greater support for renal nurses undertaking further education.
The New South Wales Renal Nursing Education Survey

• To raise the issue of EN renal courses with leaders in nursing education in NSW and other states, and to identify strategies for establishing access to EN training for nurses outside the Sydney area.

Conclusion

The information learned from this survey of renal nurses has been valuable for identifying the level of demand for post-graduate RN training and for EN training in NSW, as well as for determining gaps in education resources for career development in renal nursing, and barriers to obtaining further education. The information from this survey has been used to assist the work plan of the GMCT Renal Services Network WET Nurses Sub-Group.

The key results of the survey are that the current range of post-graduate renal courses meets the needs of RNs in NSW, but the needs of the ENs are not met. There is a high level of interest from ENs in undertaking further studies. Also renal nurses working outside metropolitan areas are just as likely, if not more so, to engage in further studies as long as they have access to these programs.

The Renal Services Network WET Nurses Sub-Group is very grateful to all the various sites who worked so hard to work on this survey, and to the ‘champions’ at the nurses who provided their responses. The Renal Services Network WET Nurses Sub-Group.

Who Should Attend?

• Nurses
• Transplant coordinators
• Pharmacists
• Dieticians
• Social Workers
• Educators
• Technicians
• Researchers
• Healthcare professionals working with people who have kidney disease (NB: people not patients)

References


