Meeting the challenge of recruitment to enrolled nurse conversion courses

Barbara Webb discusses the history and current position of enrolled nurse conversion nationally and within the context of one particular community NHS Trust

Introduction

The Northampton Community Healthcare NHS Trust is not unique in facing a challenging agenda of organisational development. Naturally, this is dominated by appropriate staff development and accurate workforce planning. Like many other NHS trusts, it needs to attract and retain qualified nurses to deliver quality healthcare services to patients. However, nationally, there is a shortage of this staff group, and this situation presents an additional challenge to the organisation.

To address nurse recruitment difficulties, many NHS trusts deploy resources to attract nurses from all parts of the United Kingdom and from abroad. This trust currently employs 77 enrolled nurses and has implemented plans to invest in enrolled nurse conversion. It is hoped that this will minimise the impact of nursing shortages and increase the local availability of a motivated, skilled and competent nursing workforce.

This article outlines the history and the current position of the national initiative to convert ENs to the first level of the UKCC nursing register. It will also describe the project work that has been ongoing in a community NHS trust to encourage enrolled nurses to convert over the last three to four years. The current successes and benefits will be outlined, as will the areas where further exploration is required, and why. It will be proposed that an organisation can only progress enrolled nurse conversion when it engages them in the debate to understand the issues from their perspective.

Enrolled nurse conversion

Project 2000: A New Preparation for Practice (UKCC 1986) pledged that in the future there would be only one level of nurse on the register. As part of this policy enrolled nurse training would cease, which indeed it did in 1992, and each enrolled nurse would have the opportunity to convert to the first level of the register. The enrolled nurse was not compelled to take this course of action, and could choose to retain enrolled nurse status. From 1987 to 1992 approximately 30,000 from a total population of 150,000 enrolled nurses converted to the first level of the register (Hemsley-Brown and Humphreys 1996).

More recently the Institute of Employment Studies (IES 1997) highlighted that 110,529 enrolled nurses remained on the second level of the UKCC register. The study was partly instigated to ascertain the demand for enrolled nurse conversion. This was because a belief was emerging that demand was declining and the commissioning of such courses could reduce. However the study has shown that 36,000 (33 per cent) of enrolled nurses still plan to convert. Finally, at a time when the NHS faces acute shortages of qualified nurses, this study has revealed an
alarming shift of enrolled nurses from NHS employment to private sector employment.

**Benefits of converting enrolled nurses**

It has been suggested that 84 per cent of enrolled nurses’ activities are the same as first level nurses (Chang and Twinn 1995). However, Parry and Coblentz (1996) highlight the fact that converted enrolled nurses do experience a number of changes in the workplace:

- Changes in the overall accountability and managerial responsibilities.
- Increased respect from multidisciplinary colleagues.
- Enhanced job satisfaction.

MacGregor and Hill (1996) suggested two further advantages of converting enrolled nurses:

- Increased motivation for clinical practice.
- Increased flexibility of the workforce.

These outcomes lead to improved patient care and would-be benefits that the trust would seek to achieve following its investment in the conversion of enrolled nurses.

**Enrolled nurses at the trust**

In January 1995 the trust employed 580 qualified nurses. It can be observed from Box 2 that 112 (21 per cent) were enrolled nurses. Since 1993 there had been no non-medical education and training monies or funding support from the trust to enable enrolled nurses to convert. This was due to financial constraints and because it had not been perceived as a priority area for development. A partnership was formed between the enrolled nurses and the staff representative group to address this issue. The outcome was a successful presentation of a report to the Board of Directors which highlighted the benefits of this human resource investment. Subsequently, financial and explicit professional support to facilitate 17 enrolled nurses to convert was provided. In addition, a further nine enrolled nurses had commenced their conversion courses and had funded themselves. By January 1996, 26 of the 112 enrolled nurses were on a conversion course.

In 1997, six more enrolled nurses accessed the opportunity to convert to the first level of the register and three enrolled nurses had left the organisation. The trust has not appointed enrolled nurses since January 1996. This has left 77 enrolled nurses who have not yet declared an interest to access the conversion course. This raised difficulties for the trust as, potentially, 20 per cent of its nursing workforce may not be reaching their full potential.

If the findings of the IES study are representative of the situation at the trust, then an additional 26 (33 per cent) enrolled nurses may plan to convert. Although to draw a direct comparison may be clumsy, it begins a process of exploration to discover the actual situation and implications for the

**Box 1. Rule 18 competencies**

**Rule 18: Nurse at level one**

1. Courses leading to a qualification, the successful completion of which shall enable an application to be made for admission to Part 1, 3, 5 or 8 of the register shall provide opportunities to enable the student to accept responsibility for personal professional development and acquire the competencies to:
   a) Advise on the promotion of health and the prevention of illness
   b) Recognise situations that may be detrimental to the health and well-being of the individual
   c) Carry out those activities involved when conducting the comprehensive assessment of a person’s nursing requirements
   d) Recognise the significance of the observations made and use these to develop an initial nursing assessment
   e) Devise a plan of care based on the assessment with the co-operation of the patient, to the extent that is possible, taking into account the medical prescription
   f) Implement the planned programme of nursing care and, where appropriate, teach and co-ordinate other members of the caring team who may be responsible for implementing specific aspects of the nursing care
   g) Review the effectiveness of the nursing care provided and, where appropriate, initiate any action that may be required
   h) Work in a team with other nurses, and with other medical and paramedical staff and social workers
   i) Undertake the management of the care of a group of patients over a period of time and organise the appropriate support services related to the care of the particular type of patient with whom they are likely to come in contact when registered in that part of the register for which the student intends to qualify

**Rule 18: Nurse at level two**

2. Courses leading to a qualification, the successful completion of which shall enable an application to be made for admission to Part 2, 4, 6 or 7 of the register shall be designed to prepare the student to undertake nursing care under the direction of a person registered in Part 1, 3, 5 or 8 of the register and provide opportunities for the student to develop the competencies to:
   a) Assist in carrying out comprehensive observation of the patient and help in assessing their care requirements
   b) Develop skills to enable her to assist in the implementation of nursing care under the direction of a person registered in Part 1, 3, 5 or 8 of the register
   c) Accept delegated nursing tasks
   d) Assist in reviewing the effectiveness of the care provided
   e) Work in a team with other nurses, and with medical and paramedical staff and social workers, related to the care of the particular type of patient with whom they are likely to come in contact when registered in that part of the register for which the student intends to qualify (UKCC 1983)

**Box 2. Enrolled nurses in a community NHS Trust**

- 1995 – trust employed 112 enrolled nurses
- 1996 – there were 26 enrolled nurses on a conversion course
- 1997 – six more enrolled nurses commenced the conversion course (another three enrolled nurses left the organisation)
- 1998 – a total of 77 enrolled nurses remain who are not currently converting
- Only two more enrolled nurses have enquired about conversion courses
nursing contribution within this organisation. The demand from enrolled nurses at this trust to convert has been limited. Eleven enrolled nurses remain on a conversion course and at January 1999 only two enrolled nurses had enquired regarding the pathway to access a conversion course.

The main reasons for not converting

From the national study (IES 1997), it appears that the three main reasons for enrolled nurses not accessing a conversion course are:

- Happy as an enrolled nurse (35 per cent).
- Close to retirement (25 per cent).
- Family commitments (13 per cent).

It is also worth noting that other difficulties exist for enrolled nurses when trying to convert. These include long waiting lists for course places to become available and the limited availability of funds to meet the cost of courses. This was particularly true for those nurses employed in the private sector (IES 1997).

Locally in the trust, the issues may be different. Currently it is not possible to be confident that the enrolled nurses we employ are ‘happy’ in their role, or that family commitments are a hindering force to the uptake of conversion opportunities. The second issue of impending retirement does not appear to be a factor, as the graph of the age profile of ENs shows (Fig. 1). The majority (60) of the enrolled nurses are below 50 years of age.

Figure 1. Age of enrolled nurses in a community NHS trust

![Age of enrolled nurses in a community NHS trust](image)

The trust has been able to support enrolled nurses onto conversion courses both professionally and financially, and local availability of places is not a problem. It would appear that these issues are not areas of concern here as much as they are nationally. However, it is possible that the lack of information regarding conversion course opportunities is a problem. Other difficulties include personal confidence to study and develop, and fears of expectations following successful completion of the course.

The lack of apparent interest in conversion opportunities has raised questions in the trust, as potentially 20 per cent of the nursing workforce may be unable to advance their professional development and practice. Further exploration is needed to establish the current situation for enrolled nurses from their own, personal perspectives.

The need for further ethical exploration

Exploratory work by NHS trusts and education establishments would seek to answer the following questions:

- What barriers deter enrolled nurses at this trust from accessing a conversion course?
- What activities/environment/resources would encourage enrolled nurses to access a conversion course?
- How could the conversion course be improved to encourage enrolled nurses to access it?
- What could the trust do to encourage enrolled nurses to access the conversion course?

The ethical issues that become inherent in this type of exploration must be considered. It could be argued that the trusts have assumed that if the conditions were conducive, all enrolled nurses would access a conversion course. As previously mentioned, although there are valid arguments for enrolled nurses to convert, it is not compulsory. The Institute of Employment Studies (1997) suggested that enrolled nurses felt pressured to convert for fear of losing their qualification, or not being able to secure employment in the future. Furthermore, the literature does suggest that enrolled nurses do not always convert from personal choice. Indeed Parry and Cobley (1996), Foong and Mackay (1996) and Mahoney (1997) pointed out that many enrolled nurses feel pressured to convert. They believe that their careers will become more limited, and their roles threatened by the emergence of National Vocational Qualifications for support workers, particularly in the NHS, if they do not convert.

This finding can create tensions and dilemmas for enrolled nurses and their employers, particularly those who choose not to convert. One of the challenges trusts face will be the ability to reach the ‘truth’ of the situation when the enrolled nurse faces direct exploration of his or her level of motivation to convert.

Conclusion

This article has highlighted the national shortage of qualified nurses available to deliver quality health care to patients. The initiative that has been implemented to convert enrolled nurses in one community NHS trust as part of a strategy to address local recruitment and retention issues was described. The literature has indicated that real benefits can be gained for patients, enrolled nurses and the NHS if it invests in enrolled nurse conversion. However, enrolled nurse conversion is an extremely sensitive issue, particularly for those enrolled nurses who now report feelings of low
self esteem and the threat to their roles by the emergence of NVQ trained healthcare support workers.

The national study (IES 1997) inferred that there was a lack of NHS investment in enrolled nurse conversion and a number of discriminatory behaviours towards the employment, and professional development of enrolled nurses. This trust has worked towards changing this pattern, and for the last three years has actively encouraged enrolled nurses to convert. In the light of this, the trust could have assumed that because the opportunities were available, and enrolled nurses did not appear to show any interest in conversion, it could withdraw the resources in this area of staff development. However, it is important to remember that a national study has limitations and does not, and cannot always capture the issues in a local context.

It is imperative that organisations put systems in place to reveal the characteristics of its own workforce. In this way they can understand and see things through the eyes of the people most affected by their decisions. By achieving this, they will be able to make an informed decision of the most appropriate ways forward for organisational development.

Finally, the next time an organisation is struggling to recruit or retain qualified nurses, it should think about the 110,529 enrolled nurses on the UKCC register. The recent Health Service Circular ‘Enrolled Nursing – An Agenda For Action’ (NHS Executive 1998) challenges NHS employers to consider how they can attract enrolled nurses back to the NHS. Enrolled nurse conversion is no different from any other type of professional development activity that can be offered to the current and potential workforce.

All the enrolled nurses who have converted in the Northampton Community Healthcare NHS trust have remained in employment with the trust – proof indeed that EN conversion courses are a worthwhile investment.

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REFERENCES