



Comparisons of the educational preparation of registered and enrolled nurses in Australia: The educators' perspectives



Elisabeth R. Jacob^{*}, Lisa McKenna¹, Angelo D'Amore²

Federation University, Gippsland Campus, Northways Road, Churchill, Victoria 3842, Australia

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ABSTRACT

Similar to the USA, New Zealand and Singapore, Australia registers two levels of nurse, the degree or postgraduate entry prepared registered nurse and diploma or certificate-prepared enrolled nurse. Over the past decade, significant changes have occurred in educational preparation of enrolled nurses. This has resulted in enrolled nurses undertaking many roles and responsibilities previously undertaken only by registered nurses. An exploratory qualitative research study using interviews with educators of both registered and enrolled nurses was undertaken to investigate differences in educational preparation of registered and enrolled nurses in Australia. This paper describes perceptions around how participants viewed educational approaches and different cohorts, types and levels of students. Similarities included topics covered and the majority skills taught, although high acuity skills remain a difference between the levels of nurse. Differences were also found in type of student, educational background and teaching methods.

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Introduction

Different countries employ different nursing skill mixes to deliver patient care. Whilst the United Kingdom has ceased training second level nurses due to perceived role overlap and similarity (Heartfield and Gibson, 2005), debate continues on the value of employing two levels of nurse (Jacob et al., 2013; Lauder and Roxburgh, 2006; McIntosh and Smith, 2012). Australia, New Zealand, Singapore and the United States have continued with two levels of nurse with the argument that differences remain in educational preparation and role expectations between the different levels (Ayre et al., 2007; Francis and Humphreys, 1999). Enrolled nurses (ENs) were introduced into the skill mix in Australia in the 1960s in response to economic constraints, and a shortage of registered nurses (RNs) (Russell, 1990). The initial role of ENs was to undertake patient care under the supervision of RNs, and focused on basic care such as hygiene and monitoring health status (Australian Institute of Health and Welfare, 2006). The use of ENs in the nursing workforce is seen to vary depending on

economics, workforce shortages and quality issues (Jacob et al., 2013). ENs are considered faster to train, cheaper to employ and available in geographical areas (particularly rural) where there are shortages of RNs (Jacob et al., 2013). The use of ENs based on availability and economics needs to be balanced with quality of patient care, as many studies suggest that higher ratios of RNs in a nursing skill mix decreases the risk of mortality and adverse outcomes for patients (Aitken et al., 2002; Duffield et al., 2007; Lankshear et al., 2005; Massey et al., 2008; Needleman et al., 2006).

Whilst all nurses were originally educated in hospitals, nursing education has since moved from hospital training into mainly university-based education for RNs, and registered training organisations (RTOs) for ENs. In 2007, EN training moved from being state-based to a national training package (NTP) to provide recognised and dependable training standards across the country (Nankervis et al., 2008; Victorian Health Service Management Innovation Council, 2010). Although currently ENs are educated at either certificate IV or diploma level, further accreditation of all EN programs has been restricted to diploma level to reflect increasing skills and knowledge required by these nurses (Australian Nursing and Midwifery Accreditation Council (ANMC), 2011). Although educational preparation of RNs and ENs differs due to length and level of education, ENs are perceived to undertake similar activities and roles to RNs in clinical practice (Chaboyer et al., 2008). Compounding this blurring of roles is comparability in national competency standards for both levels of nurse (ANMC, 2002, 2006).

^{*} Corresponding author. Tel.: +61 3 5122 6630; fax: +61 3 5122 6527.

E-mail addresses: Elisabeth.jacob@federation.edu.au, Elisabeth.jacob@monash.edu (E.R. Jacob), Lisa.mckenna@monash.edu (L. McKenna), Angelo.damore@monash.edu (A. D'Amore).

¹ Tel.: +61 3 9905 3492; fax: +61 3 9905 4837.

² Tel.: +61 3 990 28188.

This paper presents findings from a larger study examining educational preparation of the different levels of nurses in Victoria, Australia. The focus in this paper is on nurse educators' perceptions of differences and similarities in educational preparation of degree RN and EN programs.

Research design

Semi-structured interviews were conducted with nursing course coordinators working in both universities and RTOs to determine their views on educational preparation of RNs and ENs. Nursing course coordinators were chosen as they were seen to have the greatest overall knowledge of each educational program. Data were collected via interviews as they allow the researcher to develop rapport and trust with the participant in order to gain extensive, detailed data through conversation (Schnieder et al., 2010). The research question addressed in the current research was 'What is the difference in the educational preparation between RNs and ENs?' Ethical approval was obtained from the relevant university human research ethics committee. In addition, school heads gave permission for their staff to participate. All 30 educational facilities registered at the time with the Australian Nursing and Midwifery Board to undertake nurse education, and located in the State of Victoria, were invited to participate. Eight course coordinators agreed to telephone interviews; three public university and five public RTO coordinators. Sixteen heads of educational facilities did not provide permission for the course coordinators to be contacted regarding interviews and six course coordinators from private RTOs declined to participate despite permission from the head of the educational facility. All universities in the target geographical area are public universities. Interviews, averaging 30 min in length, were recorded and transcribed verbatim. Transcribed interviews were returned to participants for member-checking prior to analysis.

Data analysis

Data analysis was undertaken using a thematic analysis approach of open coding, axial coding and selective coding as described by Ezy (2002). Open coding was undertaken by all members of the research team as data were read and re-read to identify reoccurring themes achieving inter-rater reliability. Data were then coded based on these themes and constant comparisons made to find different categories that emerged. Axial coding was used to explore coded themes and examine relationships between them. Selective coding involved identifying core coded themes and examining relationships between these themes and other elements. Final coded themes were compared with existing theories to identify similarities and differences and checked between research team members to ensure validity.

Findings

Participants were from five public RTOs educating ENs (three at diploma level and two at certificate level) and three public universities educating RNs, all at degree level. All participating educators were RNs, with seven being female and one male. University educators also held masters degrees as national regulations stipulate that all nursing educators should hold a qualification higher than those they are educating (ANMC, 2011). Many RTO educators had prior employment as educators in hospital settings (60%) whilst some had previously worked in universities (40%) (Table 1). University educators also had strong backgrounds in hospital education (60%) although none had previously worked in RTO settings. The average length of time educators worked in the RTO

Table 1
Educators' backgrounds.

	RTO (n = 5)	University (n = 3)
Educator in hospital	3 (60%)	2 (67%)
University lecturer	2 (40%)	3 (100%)
RTO lecturer	5 (100%)	0 (0%)

sector was 8.2 years and 7 years for the university sector. University educators taught only RNs, whilst three of the five EN educators taught both certificate and diploma EN programs. One EN educator taught only the diploma program and another only the certificate program.

The theme 'educational approach varies based on the award being undertaken' was central to the results. This theme involved different opinions on how to educate nurses at different levels, and included two sub-themes; 'curriculum and teaching approaches' and 'academic expectations'.³

Curriculum and teaching approaches

Educators consistently agreed that different nursing award programs aimed to meet needs of different student groups. Degree programs were targeted at students who met specified university admission criteria with a majority of students completing the Victorian Certificate of Education (VCE) (final year of secondary school). Alternatively, EN programs were targeted at students who had lower academic backgrounds. Many students entering EN programs had not completed final year of secondary school, nor did they obtain required university entry scores. This difference in academic background between the student groups was expressed by an RTO educator who had previously taught at university level:

We have a very different population of students compared to university students. Our students are usually low socioeconomic, they usually do not have higher education; they usually don't always have a VCE [year 12] pass. (R3)

Considerable differences were perceived in approaches to teaching the two student groups, despite similarities in curricula content and teaching models. Face-to-face delivery was seen as necessary in the EN program as mandated nominal teaching hours are set for each RTO unit by the NTP. This was believed to result in less flexibility in teaching approaches. Curricula approach was seen as a major difference between programs:

Education at universities is curriculum and we train from a training package. (R2)

All educators suggested that how they taught was dependent on ability and level of students. RTO educators felt teaching EN students was vastly different to degree students, requiring them to 'spoon feed' their students who often did not have high school completion.

You're looking at a cohort (EN) that requires a lot more support than a cohort that would traditionally go to an undergraduate program ... because of that I think it has to be very hands-on and very teach in the class face-to-face ... I want spoon feeding stuff ...

³ Titles for nurses in Victoria have recently changed with RN and EN previously termed Division 1 (Div 1) and Division 2 (Div 2) nurses, respectively. This is reflected in quotations where participants alternate between these terms. RTO (also referred to as TAFE) and university participant quotes are identified using R and U, respectively.

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