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Educators' expectations of roles, employability and career pathways of registered and enrolled nurses in Australia

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ABSTRACT

In Australia, like other countries, two levels of nurse are registered for entry to practice. Educational changes for second level nurses in Australia have led to questions regarding roles and career options. This paper reports on interviews with nursing course coordinators to examine educator expectations of roles and career pathways of registered and enrolled nurses. Coordinators of eight degree (registered) and diploma (enrolled) nursing programs were interviewed to determine their opinions on roles and careers that students were prepared for. Transcripts were thematically analysed.

Educators reported similar graduate roles, although high acuity care was primarily the role of registered nurses. Career expectations differed with enrolled nurses having limited advancement opportunity, and registered nurses greater career options. Health organisations were unprepared to accommodate increased practice scope of enrolled nurses and limited work practice through policies stipulating who could perform procedures. Organisational health policies need to accommodate increased enrolled nurse skill base. Education of practising nurses is necessary regarding increased scope of enrolled nurse practice to ensure they are used to their full potential. Increasing patient acuity requires more registered nurses, as enrolled nurses are unprepared to care for complex or deteriorating patients.

Introduction

Similar to the USA, Canada, Singapore and New Zealand, two levels of nurse are registered for entry to practice in Australia (Jacob et al., 2012). Educational requirements for registered nurse qualification are diverse and vary between countries, ranging from four-year bachelor degrees to three-year diplomas (D'Amore et al., 2012). Nursing registration began in Australia early in the twentieth century to enable public protection from untrained nurses, with registered nurses (RNs) initially responsible for all patient care (Nelson, 1999). Whilst originally hospital trained, RN education in Australia moved into higher education in the 1980s, and RNs now obtain degrees prior to registration (Jacob et al., 2012).

Second level nurses, (Enrolled nurses (ENs) in Australia, New Zealand and Singapore, and licenced practical nurses (LPNs) in USA) were introduced in the 1960s into Australia in response to RN shortages, to provide assistance and perform lower level tasks, such as attending to activities of daily living and monitoring health status under RN supervision (AIHW, 2006; Milson-Hawke and Higgins, 2003; Russell, 1990). ENs were originally trained under an apprenticeship scheme in hospitals, but the educational preparation was increased to certificate level and moved to the vocational education and training sector, commencing in Victoria in 1997 (Nurse Policy Branch, 2001). Changes in 2008, which increased EN educational preparation across Australia to diploma level (ANMAC, 2011), have extended the theoretical education and number and level of skills taught to ENs resulting in increased role confusion between the RN and EN nurses (Conway, 2007; Jacob et al., 2013a). ENs are now employed in critical care areas in health services and undertaking many roles previously reserved for RNs, such as administering medications and undertaking patient triage (Jacob et al., 2013b). Perceptions that both perform similar

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roles, yet with different recognition and reward, influenced phasing out ENs in the UK (Blay and Donoghue, 2006; Dearnley, 2006).

Background

Scope of practice for RNs and ENs was expanded in Australia in 2005 to enable practise of any skill they had been educated for, deemed competent with, and authorised by their employer to undertake (ANMC, 2007). This was in response to economic and workforce pressures (Conway, 2007; Nankervis et al., 2008) and resulted in increased opportunities for ENs to practise in broader clinical areas. Prior to the scope of practice change, ENs were mainly employed in aged care facilities and rural settings (Australian Institute of Health and Welfare, 2012; Bellchambers and McMillan, 2007). Increased scope of practice has seen ENs employed in positions previously reserved for RNs, such as emergency departments, operating theatres, and acute medical and surgical wards (Heartfield and Gibson, 2005; Nankervis et al., 2008). One large metropolitan health service reported increased EN employment from 6.5% of nursing staff in 2002 to 18.3% in 2012 (Bull and Hickey, 2012). Following scope of practice changes, pre-registration EN education was increased to diploma level in the national Australian Qualifications Framework to enable ENs to practise at higher levels and undertake of more advanced skills, including medication administration (Australian Qualifications Framework, 2010). This increased educational preparation has resulted in debate over what roles ENs are being educationally prepared for, and what differences remain between degree-prepared RNs and diploma-prepared ENs.

Research design

This research examined course coordinators' opinions regarding graduate roles and career expectations for different levels of nurse on graduation in Victoria, Australia. The research utilised an interpretative qualitative approach incorporating semi-structured interviews.

Participants

The project was undertaken in the state of Victoria as it has a history of employing the most ENs in Australia (AIHW, 2009) and accommodated 22% of all EN courses accredited in Australia at the time of the study. Ethical approval was granted from XXXX Human Research Ethics Committee, and approval obtained, from both educational organisations and Heads of Schools, to undertake the interviews. From 30 Victorian nursing educational facilities, 15 Heads of School gave permission for their course coordinators to be contacted by phone and/or email. Eight course coordinators, three from universities delivering RN qualifying programs and five from Registered Training Organisations (RTOs) delivering EN qualifying programs, agreed to be interviewed and provided written consent.

Data collection

Semi-structured interviews were undertaken with course coordinators. Development of key questions was informed by a literature review and focused on educators' educational backgrounds and their views on educational preparation and role expectations of the two levels of nurse (Fig. 1). Interviews averaged 30 min in length and data saturation was reached (Polit and Beck, 2012).

Data analysis

Interview transcripts were thematically analysed, using open coding, axial coding and selective coding informed by Ezzy (2002). Thematic analysis provided a structured approach to analysis enabling data to be grouped into themes (Gerish and Lacey, 2010). It also enabled a verifiable process to ensure a clear procedure for data analysis and thereby minimise the potential for researcher bias during analysis and interpretations (Polit and Beck, 2012). Final themes were identified through multiple coding of text, where each research team member separately undertook analysis and then coding frames and themes were reviewed together, to ensure reliability of emergent themes.

Interviews were transcribed verbatim and returned to participants for validation ensuring content validity (Barbour, 2001). Member checking, involving return of transcripts to participants, ensured that interviews have been accurately recorded and hence are credible records of the interview (Houghton et al., 2013). Theme identification by each research team member ensured reliability of emergent themes.

Results

Backgrounds and qualifications of course coordinators varied between institutions. University educators had higher qualifications with two having masters degrees and one a doctorate. Whilst all RTO educators were RNs, only one had an education degree and another an education based diploma. Average teaching experience in respective programs was similar. University educators had an average of 7.3 years of degree teaching experience (range 5–8 years), and none had formally taught ENs or had worked with ENs in the previous five years. RTO educators had an average of 8 years teaching ENs (range 5–15 years) and had not taught RNs since commencement of EN teaching. Whilst two university educators had extensive clinical experience (>15 years) and had taught ENs in clinical practice, one university educator reported no experience in educating ENs. Four RTO educators had experience preceptoring RNs and one reported no experience with RN teaching.

Two central themes emerged. The first, 'educational approach varies based on the award being undertaken', explored methods of education for different nursing levels and is reported elsewhere due to the volume of data collected. The second theme, 'students undertaking different awards are prepared for different roles, and career expectations', is the focus of this paper. Under the latter theme sub-themes of 'role expectations', 'career progression', 'organisational acceptance' and 'role confusion' evolved. RN and EN titles have recently changed in Victoria, with RNs previously referred to as Division 1 registered nurses (Div. 1) and enrolled nurses as Division 2 registered nurses (Div. 2) (Jacob et al., 2013a,b). These titles were used interchangeably by participants during interviews and are reflected as such in following quotes. Participants also discussed differences in certificate and diploma ENs and degree prepared RNs. The abbreviations 'Uni' and 'RTO' are used to denote quotes from university and RTO course coordinators, respectively.

Role expectations

Most participants felt that whilst the original role of the certificated EN was considerably different to that of RN, changes to EN education to diploma level had resulted in many similarities between roles of diploma EN and degree prepared nurses. On graduation, both roles were considered comparable with both diploma and degree prepared nurses assuming full patient loads and responsibility for entire patient care, including medication