



Is there a case for tailoring graduate programs for nurses who have previously practiced as Enrolled Nurses?

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ARTICLE INFO

Article history:

Accepted 19 June 2009

Keywords:

Graduate
Registered Nurse
Enrolled Nurse
Graduate programs
Conversion program

SUMMARY

The nursing workforce in Australia, the UK and New Zealand has traditionally comprised two levels of nurse – the Registered Nurse (RN) and the Enrolled Nurse (EN). There is a significant difference in the role and scope of practice between the two levels. This difference is clearly reflected in the education required which, in Australia, is delivered the Vocational Education and Training (VET) sector for ENs and in the tertiary education sector for RNs. In an attempt to redress worldwide shortage of RNs, conversion programs have been developed for ENs to upgrade to the RN qualification. In Australia a variety of such courses are on offer, yet these are not without their critics. There have been issues identified as to the appropriateness of credit awarded by universities for recognised prior learning as well as concerns raised regarding the difficult transfer of knowledge between the VET sector and the tertiary education system. This paper presents a review of published research exploring the development and implementation of EN conversion programs. While ENs have been identified as having ‘specific’ needs during their first year as Registered Nurses these ‘specific’ needs have not been articulated. Moreover, there is no evidence to suggest health care organisations address these needs in graduate programs. This paper therefore has highlighted a need to identify what the ‘specific’ needs are and then to develop a graduate program tailored specifically for the RN graduate who previously practiced as an EN.

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Introduction

The Council of Australian Governments (COAG) has agreed to implement a single national registration and accreditation scheme for health professionals from July 2010. This scheme is one approach to address the many workforce issues currently being debated within the Australian healthcare sector. National nursing registration will permit health professionals to practice across state and territory borders without having to re-register arguably improving workforce mobility and promoting a more flexible, responsive and sustainable health workforce (NMB, 2008). National registration for nursing may have implications for education and training and is anticipated to be a significant influence in the development of a national undergraduate nursing curriculum. It is in this context we examine the historical developments of conversion courses and graduate programs available to Enrolled Nurses (ENs) wishing to make a transition to Registered Nurses (RNs).

Background

The Australian nursing workforce comprises RNs, ENs, and Personal Care Assistants (PCAs). In 2004, 200,643 (80.4%) were RNs and 48,815 (19.6%) were ENs (AIHW, 2008). The education and training of each of these groups is significantly and fundamentally different. Registered Nurses (known as Division 1 nurses in Victoria) complete a Bachelor of Nursing degree² at university and then register with the Nursing and Midwifery Board in the relevant state/territory in which they wish to practice. Enrolled Nurses (Division 2 nurses) complete an Advanced Diploma or Diploma in Nursing or a Certificate IV in Nursing in the VET sector in either a Technical and Further Education (TAFE) facility or an Institute of Technology.³ Enrolled Nurses also must be licensed with the Nursing & Midwifery Board. To maintain registration, RNs and ENs are required to demonstrate competence within their area of practice and to be accountable for their practice (ANMC, 2006).

In Australia, ENs deliver ‘nursing care that is complementary to that delivered by Registered Nurses’ (RCNA, 2006). In terms of

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² The formal title of the bachelor degree may differ between tertiary education institutions.

³ Each state & territory have specific, individual eligibility requirements for registration.

clinical practice however RNs and ENs have different scopes of practice. The core competency standards for ENs in Australia require that they practise under the direction and supervision of an RN either directly or indirectly, although they retain a level of responsibility for their actions and are accountable when providing delegated nursing care (ANMC, 2002). This division of labour is not unique to Australia and can be seen reflected in the UK with the State Registered Nurse (SRN) and the State Enrolled Nurse (SEN), and in NZ.

The scope of practice for the EN is clearly articulated in the National Competency Standards for the Enrolled Nurse (ANMC, 2002). While ENs can deliver certain aspects of nursing care similar to RNs, they are limited by their scope of practice. However, it is recognised that the interpretation and application of these core competency standards is variable with differences in scopes of practice noted between states and territories. For example, ENs may deliver certain medications but there exists a wide variation as to what can be delivered and by which route. This variation can also be influenced by employer and geographic location (McKenna et al., 2001; ANMC, 2002; Blay and Donoghue, 2007).

Restrictions to activities such as the administration of intravenous Schedule 8 medications in Post Anaesthetic Care Units (PACU) have resulted in such areas not employing ENs. However, restrictions such as on the administration of certain medications have somewhat been reduced by the introduction of the medication administration-endorsed title.

While these variations to the EN's scope of practice exist, there is currently no formalised or sequential career pathway available for ENs to upgrade to the RN level, nor is it expected by the profession that ENs will automatically look to make this role conversion. Formalised EN to RN conversion programs are a relatively new concept in Australia, although they have been established in UK for at least the last 15 years.

Historical developments

With the acknowledgement of the global shortage of qualified RNs and increasing patient acuity comes the impetus to identify new sources of recruits. One strategy common to the UK, NZ and Australia is to further educate the EN. This strategy is considered to be but one effective option for increasing the RN workforce. We briefly examine the historical development of this strategy across the UK, NZ and Australia.

The UK experience

Historical developments in nursing education within the UK are relevant to Australia because of the similarity of education, training and practice of the SEN and EN and the SRN and RN. In 1986, the United Kingdom Central Council (UKCC) announced in the project 2000 report, that the training of SENs would cease, and there would be only one level of nurse on the register (UKCC, 1986). Subsequently, SEN training had been phased out by 1992 (Allan and McLafferty, 1999). Although the UKCC (1986) stated that all SENs would have the opportunity to convert to the first level of registration it is argued that health service managers and educational facilities were left with the responsibility of conversion without sufficient resources or authority (Webb, 2000).

Quality of care was high on the agenda of UK Governments at the time with clinical governance placing responsibility for poor care directly upon the practicing nurse (Webb, 2001). At the same time a trend emerged within the National Health Service (NHS) to employ fewer ENs (Mahoney, 1997). To address the shortage of skilled RNs, the NHS Trust took the strategic approach of internal recruitment and retention by the conversion of EN to RN.

Reportedly, ENs in the UK at this time felt pressured to undertake the conversion course (Dowswell et al., 1998) for a number of reasons which included: threats to employment (Hylton, 2005), dissatisfaction with what they were 'allowed' to do as ENs, limited opportunity to do something new (Hill and MacGregor, 1998a, b) and self-development (Dowswell et al., 1998). Yet access to conversion courses was difficult due to a large uptake creating long waiting lists (UKCC, 1997).

The NZ experience

In contrast to the UK, there is a paucity of literature exploring the current landscape of ENs in NZ with published material being limited to commentary and editorials. The existing discourse in NZ documents recent upheavals in the EN scopes of practice and the limitations to the settings in which they can practice. It has been acknowledged that NZ does not have a nationally consistent EN scope of practice (Rolls, 2008) and currently the roles and responsibilities of ENs are being significantly altered and in some cases removed completely. This has occurred in an environment of diminished economic resources and a questioning of the socio-political realignment of the EN position within the broader nursing profession. This change in scopes of practice, roles and responsibilities and title (ENs now being referred to as 'second-level nurses' (Annals, 2007; Rolls, 2008) has come about as a result of examining the safety of patients under EN care (Annals, 2007). The result has been a decline in workforce numbers of ENs and a subsequent increase in professional pressures placed on the RN.

This situation has arisen due to the end of EN training programs which is a result of the declining numbers of EN positions offered in the health sector in the 1990s (Hylton, 2005). As a result, similar to the UK experience, NZ ENs are considering converting to RNs as a means to overcome barriers to career development and employment opportunities (Hylton, 2005; Annals, 2007).

The Australian experience

A Commonwealth funded review of nursing education in higher education undertaken in Australia (Reid, 1994) recommended that ENs trained in the VET sector is awarded pre-specified block credit points at point of entry to Bachelor of Nursing (BN) courses. This would be expeditiously achieved through the development of formal articulation arrangements between EN and BN programs. While there is a recognised RN shortage in Australia there is no mandatory requirement for EN to undertake RN conversion education and training. This in part is due to the absence of a formal career pathway in nursing. However, there are a number of programs available for ENs to convert their qualifications and professional recognition to that of RN.

Pathways towards RN qualification

In Australia, there are a 3 ways for ENs to become RNs;

- Complete a three year undergraduate or postgraduate Bachelor of Nursing (BN) degree,
- Complete a BN with Recognition of Prior Learning (RPL), or
- Complete a specifically developed EN conversion program with or without articulation agreements with the educational facility.

The Greenwood study (2000) investigated the formal articulation arrangements in NSW using telephone interviews and focus groups represented by university academics, those from the VET sector and current BN students who were ENs. Findings from this study found that from the 14 participating Schools of Nursing,

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