Role expectations of different levels of nurse on graduation: A mixed methods approach

Elisabeth R. Jacob, PhD, MEd., RN [a],[*], Lisa McKenna, PhD, MEdSt, RN/RM [b], Angelo D'Amore, PhD, GradCertHealthProm, BSc [c]

[a] School of Nursing and Midwifery, Edith Cowan University, Joondalup, WA 6027, Australia
[b] School of Nursing and Midwifery, Monash University, Clayton Campus, Australia
[c] Monash University, Department of Rural and Indigenous Health, East Gippsland Rural Clinical School, Australia

Summary
Aim: To explore graduating registered and enrolled nurses' perceptions of what roles they were educationally prepared for and what their roles would include.
Background: Defining nursing roles can be challenging, with studies from many countries identifying role confusion and overlap as issues with employing two levels of nurse. Australia has two levels of nurse registered for entry to practice; registered and enrolled nurses. Recent changes to increase the educational level of enrolled nurses have resulted in increasing similarities in skills and knowledge being taught to these and degree-prepared registered nurses, causing role ambiguity and confusion between the two levels of nurse.
Design: Mixed methods research.
Method: The research utilised a cross-sectional survey of completing nursing students ($n = 57$) from both levels of nursing programme in Australia in 2012. Analysis involved Mann—Whitney U tests and content analysis.
Results: Similarities were expected by students between the levels of nurse in basic patient care skills. Registered nurse graduates were expected to care for patients of higher acuity and take on increased levels of responsibility.

* Corresponding author. Tel.: +61 8 63043487.
  E-mail address: e.jacob@ecu.edu.au (E.R. Jacob).

Conclusion: Despite similarities in graduate role expectations, differences remain in the expected level of practice with graduate registered nurses expected to be prepared to care for patients of higher acuity and undertake higher levels of responsibility than graduate enrolled nurses. Nurse managers need to take into account the differences in educational preparation and role expectations when allocating patients for nursing care and determining skill mix for patient care.

© 2015 Australian College of Nursing Ltd. Published by Elsevier Ltd.

1. Introduction

The role of the nurse has changed significantly over time, from being a sickroom attendant to professional in their own right (Chernenko, 2013; Chiarella & Mcinnes, 2010). The progression of nursing to professional status has seen alterations to the role from basic carer to include patient assessment and diagnosis, specialist patient care, history taking, interprofessional collaboration and teamwork, research, management, education, and health surveillance (Chernenko, 2013). These role expansions, along with an increase in healthcare knowledge worldwide, have resulted in development of specialty nursing areas to enable nurses to be proficient in their areas of practice. The result of this role expansion has seen nurses divided into different levels, based on education and experience, to provide patient care. This paper aims to discuss the role expectations of the two different level of nurse undertaking pre-registration education in Australia.

1.1. Background

Whilst the traditional nurse registered to practise, the registered nurse (RN), has different roles depending on their educational level and experience (e.g. nursing manager, clinical nurse specialist or ward nurse), a second level of nurse has been implemented in many countries including the USA, Australia, New Zealand, Canada and Singapore (Heartfield & Gibson, 2005; Jacob, Sellick, & McKenna, 2012; Russell, 1990; Smith, 2009; White et al., 2008). They were implemented to take on traditional nursing roles, such as assisting patients with basic hygiene and care needs. The second level of nurse (titled enrolled nurse (EN) in Australia and New Zealand, and Licenced Practical Nurse (LPN) in the USA and Canada) was introduced into these countries due to economic pressures and shortages of RNs (Ayre, Gerdtz, Parker, & Nelson, 2007; Duffield et al., 2006; Goryakin, Griffiths, & Maben, 2011; Jacob, Barnett, Sellick, & McKenna, 2013). The two levels of nurse are educated at different qualification levels and at different types of institutions. In Australia, a three-year Bachelor of Nursing degree is required for an individual to become an RN and a minimum eighteen-month diploma to become an EN (Australian Institute of Health & Welfare, 2003; Ryan, 2009a, 2009b). ENs are educated at Vocational Educational and Training (VET) institutions whilst RNs undertake their education generally at universities (Jacob et al., 2012; Nursing & Midwifery Board of Australia, 2011). Similar variations in qualifications and educational facilities which undertake education for the different levels of nurse are also seen in the USA, although requirements are not consistent across states or

institutions (Smith, 2009). Nurses in the USA can be prepared at LPN diploma, RN diploma, RN associate degree, or RN baccalaureate degree level and education is provided at junior college or vocational school level for LPNs and junior colleges, diploma schools, or universities for RNs (Smith, 2009).

Disagreement can be found in the international literature regarding clinical capabilities of the two levels of nurse, with some authors acknowledging increasing similarities in roles of RNs and ENs (Brown, 1994; Chaboyer et al., 2008; Chang & Twinn, 1995; Deering, 2007) and others arguing that scope of practice and roles of the different levels of nurse are very different (Cubit & Leeson, 2009). These differences have led to confusion within industry worldwide as to the role expectations of the second level of nurse (Conway, 2007). The variation in expectations of roles demonstrates increasing overlap and confusion that currently exists around the different nurses' roles. Whilst traditionally, second level nurses worldwide have undertaken roles requiring less critical thinking and skill, significant changes to scope of practice and educational preparation of ENs in Australia have recently enabled them to undertake higher level roles, such as supervising other staff. The resulting role overlap and ambiguity between RNs and ENs has made the roles of the two levels of nurse more difficult to differentiate (Francis & Humphreys, 1999; Heartfield & Gibson, 2005; Jacob et al., 2012). Such role overlap was cited as one reason for phasing out ENs in the UK (Ayre et al., 2007).

Competency standards for both ENs and RNs in Australia require that each level of nurse understand the role and responsibilities of the different levels of nurse (NMBA, 2002, 2006), despite the difficulty in defining each role. A search of research papers in Australia found no research comparing the role perceptions of undergraduate ENs and RNs in Australia. This study aims to fill that void.

2. The study

2.1. Aim

The aim of this study was to specifically examine perceptions of final year nursing students, both registered and enrolled, of their expected roles within the health care team upon graduation.

2.2. Design

A mixed methods approach was chosen to gain a full understanding of the research question. Whilst nursing