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Opinion paper

Preparing the nursing workforce for the next era: Re-classifying and reframing enrolled nursing knowledge

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ABSTRACT

Health systems are being transformed and redesigned in Australia to better respond to changing health needs, technological advances, and new capabilities needed for safe and quality care. A capable and responsive nursing workforce, at both enrolled and registered nurse levels, is one of the mechanisms required for achieving effective health care reform.

This paper situates a critical discussion of enrolled nurse education within a symbiotic relationship model to consider how nursing knowledge can enhance workforce performance and contribute to improved function of health systems. Discussion focusses on classification, or what constitutes nursing knowledge, and how that knowledge can be presented, or framed, in nursing education.

It is contended that different nurse education systems in Australia mean the construction of professional enrolled nurse knowledge differs in form and structure from registered nurse professional knowledge. While different courses are needed for enrolled and registered nurses to reflect their different scope of nursing practice, it is important enrolled nurse education classified and frames nursing knowledge in ways that prepare graduates for complex nursing practice to safeguard the public.

1. Introduction

Nurse education is always situated in interaction with various relationships that directly and indirectly affect its form and function. The relationships existing between health policies, system, research, workforce needs, and nurse education are symbiotic: each is informed by the other (Schwartz, 1961). The way knowledge appears in nurse education is informed by and in turn informs research, practice and policy. By situating nurse education within a symbiotic relationship model it is possible to isolate, and therefore consider, how nursing knowledge can enhance nursing workforce performance and contribute to the improved functioning of health systems. This paper tackles the deeper issue of how sustainable expansion of nurse education can be achieved to meet forecast demands (Bradley, Noonan, Nugent, & Scales, 2008) while ensuring quality educational design and delivery at both Registered Nurse (RN) and Enrolled Nurse (EN) levels.

In Australia, nurse education occurs at two levels for nurses who are registerable with the Australian Health Professional Regulatory Authority (AHRPA): RN and EN. Nursing courses are accredited through the Australian Nursing and Midwifery Accreditation Council (ANMAC) and delivered through registered educational providers at University, and Vocational Education and Training (VET) levels. Universities are nationally regulated by the Tertiary Education Quality Standards Agency (TEQSA), and Registered Training Organisations (RTO's) offering VET are regulated by the Australian Skills Quality Authority (ASQA). While current demographic trends require all nurses to work in a range of clinical and geographic settings (Health Workforce H. W. Australia, 2014), these regulatory bodies have disparate philosophies and standards that shape different nurse education approaches.

RN education is almost exclusively delivered through universities. TEQSA uses a standards and risk based approach for assuring the quality of universities using the Higher Education Standards Framework (Threshold Standards) 2011. Most universities achieve this using evidence- informed and integrative Bachelor nursing degrees (Young & Paterson, 2007) that provide students with more clinical nursing experience (Young & Paterson, 2007).

EN training is delivered by RTOs using a two-year national standardised Diploma of Nursing (DN) curriculum. ASQA aims to

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improve the quality of VET by working closely with industry regulators. In VET, education is "... vocational in intent. Its purpose is unashamedly instrumental; it is about acquiring skills to be used at work" (Karmel, Mltokowski, & Awodeyi, 2008). While TEQSA allows universities relatively free academic license to develop discipline-based knowledge and capabilities through scholarship, ASQA uses a compliance approach that requires RTOs to subscribe to the competency-based training (CBT) model for employability (Moodie & Wheelahan, 2012).

Using a CBT framework for the DN means technical aspects of nursing knowledge are isolated and compartmentalised into discrete blocks of knowledge. Teaching this way can lead to routinised, task orientated (Jones, 2010), highly supervised nurse graduates. These attributes are at odds with the goal of the training package itself, which seeks to prepare ENs to "engage in analytical thinking; use information and/or evidence; and skillfully and empathetically communicate with all involved in the provision of care, including the person receiving care and their family and community, and health professional colleagues" (Nursing and Midwifery Board of N. a. M. B. T. o. Australia, 2016).

The misalignment between the goal for EN graduates and the structure of the Diploma means knowledge is fragmented and out of step with what is required for both modern nurse education and health care provision. When its symbiotic relationship to health workforce reform is considered, the DN is unlikely to contribute to quality, efficiency or enterprise as the workforce expands. Of particular concern, labour market research reports (2015) show most Australian States will increase demand for ENs in both non-acute and acute care settings (Bull & Hickey, 2011). There are concerns about the skills gaps and work readiness of ENs in acute wards (Healy & Reed, 2015) and calls to expand their scope of practice (Jacob, Sellick, & McKenna, 2012). Critical discussion of the educational preparation of the EN is required to ensure educational design can better contribute to health reform. A critical aspect of strengthening this symbiotic relationship is to identify and remove the obstacles to greater collaboration.

2. The emergence of nursing as a professional vocation with two levels of nurse

In Australia, the two different education sectors produce two different types of nurses. An EN is recognised as a 'second level' nurse providing nursing care, under the direction and supervision of an RN (Hoodless & Bourke, 2009). The RN has a higher level of accountability and more responsibility. There have been attempts to define the specific difference between an RN and an EN (Nankervis, Kenny, & Bish, 2008). More broadly than hierarchical division, is to recognise RN graduates as possessing a theoretical mindset that enables them to develop and contribute to nursing as a profession and discipline, whereas EN graduates have a competency based practicality enabling them to contribute to the vocation of nursing. In practice, recognising difference is less straightforward (Jacob, McKenna, & D'Amore, 2014a).

Nursing, as a profession, is largely vocational in nature (Karmel et al., 2008). Early nurse education placed emphasis on the physicality of practice by relating the curriculum to the tasks associated with shift work and patient care. RNs subsequently developed themselves into *professionals* with expert knowledge (Jacob, McKenna, & D'Amore, 2014b). Some ENs believe they do not enjoy the same level of professional recognition and that they are regarded as secondary to the registered nurse (Keast, 2016). The historical evolution of nursing practice and education in Australia has played a role in this hierarchy. The EN qualification was conceived to improve and provide a cheaper nursing service supply (Russell, 1990) with the EN supporting the work of RNs (Hutchinson, Mitchell, & John, 2011).

All nurse training originally used a hospital based apprenticeship model with a task-oriented approach to learning (Jacob, Barnett, Sellick, & McKenna, 2013). Major reform (Commonwealth of Australia, 2001) saw RN education transfer to higher education in the late 1980s while EN training remained in hospitals. A major review of aged care (Commonwealth of Australia, 2001) called for a nationally consistent educational approach for ENs, which then led to EN training being included in the National Health Training package offered through the VET sector in 2009. The initial training package provided a qualification at the Certificate IV level of the Australian Qualifications Framework (AQF) (Hutchinson et al., 2011). In 2014, the baseline qualification changed to a DN (Certificate V) and ENs can now also prepare for specialty areas of nursing practice through the Advanced Diploma of Nursing (Jacob et al., 2013).

EN is definitely entering a new era (Keast, 2016). In October 2015, the NMBA published its Standards for Practice for Enrolled Nurses, which reflect contemporary evidence-based practice. As already stated more completely, the new standards state ENs engage in "analytical thinking; use information and/or evidence; and skillfully and empathetically communicate" (Nursing and Midwifery Board of N. a. M. B. o. Australia, 2016). There is little evidence the course is a more 'comprehensive with improved assessment criteria' (Keast, 2016). Claims that EN graduates will be work ready and able to hit the ground running are unsubstantiated. The Standards for Practice shift the emphasis away from a 'competency-based approach', which is consistent with the growing importance of the EN in the Australian Health workforce. It *is* time to take EN education into a new era (Keast 2016). For this to occur, the classification and framing of knowledge needs critical analysis for achieving closer alignment with professional nursing knowledge to prepare ENs for increasingly complex practice, and safeguard the public they nurse.

3. Classification and framing of knowledge in nurse education

Nursing practice is undoubtedly about work, but it also requires professional knowledge that is non-vocational. Bernstein's (2000) writings are useful for examining this paradox through a conceptual frame for researching pedagogy with the concepts of *classification* and *framing* knowledge. The *classification* of knowledge is used to discuss 'what' constitutes curriculum knowledge, and *framing* (Bernstein, 2000) to discuss 'how' that knowledge is presented. Distinguishing between these concepts shows how the construction of professional EN knowledge differs, in both form and structure, from the construction of professional knowledge for RNs in Australia.

In the *classification of knowledge*, Bernstein (2000) distinguishes between *esoteric* (disciplinary) and *common* (mundane) knowledge (Bernstein 2000). Knowledge in RN curricula is collaboratively constituted amongst scientific research communities, and literary, educational and clinical organisations (Castells, 2000). Alternatively, knowledge in EN training packages it is largely shaped by industry and employers in practice (Karmel et al., 2008). In all nurse education, complex and different forms of professional knowledge must be interpreted to inform curricula that balances keeping nursing curriculum contemporary, relevant and evidence based with ensuring knowledge is accessible and understandable for students. While nurse educators are charged with *classifying knowledge* (Bernstein 2000), the different educational foundations between VET and university impact on how knowledge can be *framed* in curricula.

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