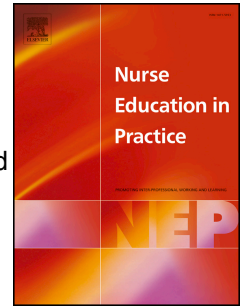


# Accepted Manuscript

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

Elisabeth R. Jacob, Lisa McKenna, Angelo D'Amore



PII: S1471-5953(15)00092-X

DOI: [10.1016/j.nepr.2015.05.011](https://doi.org/10.1016/j.nepr.2015.05.011)

Reference: YNEPR 1996

To appear in: *Nurse Education in Practice*

Received Date: 11 February 2014

Revised Date: 20 May 2015

Accepted Date: 27 May 2015

Please cite this article as: Jacob, E.R, McKenna, L., D'Amore, A., Educators' expectations of roles, employability and career pathways of registered and enrolled nurses in Australia, *Nurse Education in Practice* (2015), doi: 10.1016/j.nepr.2015.05.011.

This is a PDF file of an unedited manuscript that has been accepted for publication. As a service to our customers we are providing this early version of the manuscript. The manuscript will undergo copyediting, typesetting, and review of the resulting proof before it is published in its final form. Please note that during the production process errors may be discovered which could affect the content, and all legal disclaimers that apply to the journal pertain.

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

Author details:

Elisabeth R Jacob,

Phone +61 3 5122 6630

Fax +61 3 5122 6527

[e.jacob@ecu.edu.au](mailto:e.jacob@ecu.edu.au)

Lisa McKenna,

Phone +61 3 9905 3492

Fax +61 3 9905 4837

[Lisa.mckenna@monash.edu](mailto:Lisa.mckenna@monash.edu)

Angelo D'Amore

Phone +61 3 990 28188

[Angelo.damore@monash.edu](mailto:Angelo.damore@monash.edu)

Word count: 4994 including references, 4118 excluding reference list

Acknowledgements:

The authors acknowledge the financial support of a research grant from the Royal College of Nursing Australia which enables this research to be undertaken. The authors would also like to acknowledge the nursing course coordinators who shared their experiences for this research.

## 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 et al. 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 (Nursing 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 roles, yet with different recognition and reward, influenced phasing out ENs in the UK (Blay & 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 et al. 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 & 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 & Hickey 2012). Following scope of practice changes, preregistration 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 (Figure 1). Interviews averaged 30 minutes in length and data saturation was reached (Polit & Beck 2012).

Insert Figure 1 here

### 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 (Gerrish et al. 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 et al. 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. 2013). 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 management, patient assessment, planning care, wound care and documentation. Participants felt development of EN skills to diploma level had narrowed differences between roles and responsibilities of ENs and RNs, reflected in comments such as:

*With increasing scope of practice, ENs are doing much more what RNs used to be only trained to do. So, in terms of skills and scope of practice they have changed quite a lot, they're a lot more similar...and sometimes it is hard to spot the difference. (RTO2)*

Whilst roles of diploma and degree cohorts appear similar, differences were thought to emerge as RNs gained experience and assumed leadership and management roles. These roles were seen to require higher critical thinking skills that were more developed in RNs through use of self-directed learning in university education.



*I think probably when nurses [RNs] first come out of uni[versity]...they're still working to a recipe. But things that we teach them here [university] about what goes on apart from just doing a series of tasks is what really ends up becoming the big difference between being a RN and a Div 2[EN]....RNs do a lot more in health than just doing dressings etc. and that they do those things in a really wide variety of settings... It's about understanding the health care setting and being able to work in different aspects of that. (Uni3)*

Despite similarities in clinical skills on graduation, several university and RTO participants felt roles, and hence career prospects, for ENs were limited by their ability to care for acutely unwell patients. They felt patients who were acutely unwell or deteriorating should be cared for by RNs. For example:

*ENs can look after post-op (operative) patients and technically a post-op patient would be unstable. But I think if a post-op patient suddenly became acutely unwell and in distress...then a RN needs to really take over their care. The enrolled nurse can work in conjunction with the registered nurse, but I don't think they have the knowledge and skills really to...deal with someone who's acutely unwell and unstable on their own. (RTO3)*

Other EN educators felt that diploma ENs should be able to care for any patient, despite how acutely ill, as all nurses were educated to look after sick patients, and this would be reflected in their ability to be employed in all acute areas. This is seen as, in part, due to increasing knowledge and ability of ENs to administer medications, referred to as 'medication endorsement' for certificate ENs.

*A stable patient can become unstable at any moment, and I think that it's a very difficult stipulation to place on a person's work role, because there's so many variables that we need to deal with as a nurse...If the nurse is endorsed medication wise and they've got the knowledge they should be able to look after any patients on that ward... And then how do we work out the criteria of who's more stable and less stable than the other, it just doesn't make sense to me. (RTO4)*

### Career prospects

RNs were felt to have greater opportunities for career advancement than ENs. Opportunities for career advancement were seen to be dependent upon the type of pre-qualification education received. Opportunities were available for RNs, particularly in recognised management and education roles that were unavailable for ENs.

*If you want a management role or an education role...you need to have a RN degree behind you and that's the most significant difference between enrolled nurse and graduate RN, that the RN has the capability of actually climbing the ladder whereas the EN doesn't. (Uni1)*

Despite differences in career expectation for both groups, many participants felt that because of greater skills and knowledge, particularly in medication administration, there was increased industry demand for diploma EN employment. The increase in EN scope of practice made a significant difference to their employability and opened up practice areas previously unavailable.

*They would all like to work in acute. Sometimes you get students who say I really love mental health and want to do that. There are openings now for*

*community because they are able to administer medication, so that has opened up that as an employment avenue. (RTO2)*

Economic factors were seen to play a role in increased employment of ENs as they could take on similar clinical roles, yet were cheaper to employ. Participants felt that as the EN role had increased to being similar to that of clinical RNs, the RN role would change in future to more management, with direct patient care being left for ENs.

*I think what's going to happen down the track, say 10-15 years time, is there'll be lots of Division 2 nurses employed, economically because it's cheaper, and ... the Division 1 nurse will actually be in a more supervisory role, management role, where they won't be that kind of hands-on as much as now. (RTO4)*

Despite requirements for EN supervision by RNs, participants thought that RNs took longer to settle into the workforce and initially required a higher level of supervision on graduation through a graduate year, to ease transition from student to practitioner. ENs were seen to have very few available graduate year places. Some RTO participants thought this to be due to their course providing them with all the skills required to commence practice enabling them to become 'work-ready':

*When enrolled nurses finish their diploma...they're actually probably more hands-on so that they're often more job-ready to work than maybe a graduate registered nurse...that's probably one of the biggest differences, but those basic skills are definitely more job ready. (RTO1)*

*The physical hands-on care is better in the enrolled course. (Uni2)*

Other participants felt that increased skills and knowledge required with the diploma program had led to a need for graduate programs for ENs. Whilst several Victorian hospitals were reported to have commenced EN graduate programs, most ENs were expected to enter the workforce work-ready without any further support. Several participants expressed the need for graduate programs for diploma ENs to help them assimilate into the workforce.

*...with their scope of practice being enhanced, they'll probably need a bit more support... grad programs because they are coming out with the same sort of skills that registered nurses are coming out with and yet not getting the support that registered nurses receive... They need additional support having those extra skills to become work-ready, especially if they want them to utilise those extra skills. (RTO1)*

#### Organisational acceptance

Despite increased education and clinical skills of diploma ENs, acceptance of them undertaking specialty roles was seen as controversial. Several RTO participants felt the abilities of diploma ENs to administer all forms of medications enabled them to practise in high specialty areas, such as emergency departments, although the ability of ENs to undertake these new roles was not readily accepted by clinical RNs.

*...there's a big difference in acceptance of Division 2 nurses...in relation to taking on roles in specialty areas as well. ....if you've got a Division 2 nurse here in Victoria that is medication and IV endorsed... why can't they be employed in an emergency department or specialty area like, for example, renal dialysis, those sorts of things, so I think that there might need to be a bit of a change in the mind-set. (RTO4)*

Lack of education for practising RNs around increased skills and knowledge of diploma ENs, and lag in updating health service policies and procedures, were also seen as reasons why increased skills of diploma nurses were not being effectively used in health services.

*The most important influence on that [use of ENs in acute care] is the...policies and procedures of employing organisation. I can cite some organisations whose policy did not allow anyone other than RNs to administer medications. So regardless of whether they had the notation on their registration listed or not they could not do it in that workplace...And others of course, particularly in aged care, have just welcomed it with open arms, because they just can't get enough registered nurses anyway. (RTO2)*

### Role confusion

The fast pace of change in educational preparation of ENs from certificate to diploma level was felt by participants to have led to confusion within healthcare regarding skills of graduating ENs. The change in base level education for ENs has increased their skills and knowledge levels and resulted in ENs with different skill and knowledge levels to those currently employed in nursing. These changes mean there are actually different levels of ENs currently in practice likely adding to workplace confusion.

*There is a lot of confusion ... because a lot of people don't realise how much scope of practice has increased...that Div. 2s can now take blood and do things like that... At the moment it is very confusing because there are different levels of Div. 2s out there. And that's making it very difficult for people to understand within industry what's going on. Some enrolled nurses can't even administer oral medications because they haven't done an*

*upgrade, whereas you've got other enrolled nurses that can do all the whole works, including all the complex care things, IV medication administration. So at the moment there is big gap in the qual[ification]s enrolled nurses have. (RTO3)*

The importance of understanding differences between roles of the two levels of nurse (EN and RN) was seen as vital by some university participants. They felt that breaking down nursing into a skills list to justify employing ENs was 'belittling' to the RN role and did not value critical thinking and depth of knowledge required to function in a high-stress clinical environment. One university educator felt ENs were easier to direct to undertake tasks than RNs who were expected to work autonomously and undertake decision making.

*You pay them [ENs] less, they're also less trouble because they tend to....just beaver away at whatever task you set them. They don't tend to agitate as much because they're not thinking through things as much....Where RNs, because we teach them to look into issues and to be autonomous and to be the patient advocate, tend to be a bit more vocal about what's going on and about their place in things, and they actually want to be included as opposed to just being directed. (Uni3)*

## DISCUSSION

Participants identified similarities and differences between expected roles of different nurses on graduation. Similarities included basic clinical skills and knowledge. Disagreement was found between participants regarding abilities of ENs to manage acutely ill patients. Literature was similarly contradictory surrounding clinical roles of ENs, with some authors

acknowledging similarities in clinical skills and roles of the two levels of nurse (Chaboyer et al. 2008; Deering 2007) and others arguing that significant differences still exist (Cubit & Leeson 2009). Changes to roles and education of diploma ENs have further encouraged debate. Such differences in opinions regarding role expectations of ENs have led to confusion within health services (Conway 2007).

Educators had different opinions around complexity of clinical skills that ENs undertook. Similar to the Australian Institute of Health and Welfare (2009) that argues ENs undertake 'less complex' procedures than RNs, some educators felt complex tasks should be relinquished to RNs. With evidence that higher educated workforces produce better patient outcomes (Aitken et al. 2002), argument can be made for increasing numbers of RNs in clinical care, rather than less educated ENs. Differences remain in high acuity skill-sets as management of central venous access devices and high acuity patients are not included in EN curricula (DEST 2007). Despite this, some RTO participants felt ENs should be able to undertake any procedure they had been trained in, including skills such as venepuncture and catheterisation. Whilst these skills may be undertaken by ENs, some authors reaffirm that critical thinking (e.g. interpretation of blood results) and depth of knowledge remain with RNs who have greater scholarship and enquiry skills (Cubit & Leeson 2009; Showman 2012). Some RTO participants lamented that hospital personnel were not keeping abreast of changes to educational preparation of diploma ENs, thereby limiting their practice. Increased skills expected of diploma ENs have led to a call by educators for EN graduate programs to enable consolidation of learning. Whilst recognised that graduate year programs assist RNs to transition from student to RN, and assist with managing stress and anxiety when commencing clinical practice (Cubit & Leeson 2009; Ostini & Bonner 2012), such programs are in their infancy for ENs, who are generally expected to be work-ready on graduation (Bull & Hickey 2012).

Career progression for ENs was seen by participants as limited, with most common progression occurring as ENs undertook further education to become RNs. Whilst the diploma was seen as a good basis for undertaking an RN degree, no formal agreement exists in Australia for recognition of EN qualifications, with university credits provided on an individual basis, although some universities have developed formal articulation agreements (Cubit & Leeson 2009). Postgraduate study opportunities for ENs are limited in Australia, with options for advanced diplomas in specialty areas still in their infancy, although competency standards for advanced EN nursing practice have been developed (Australian Nursing Federation 2005). In contrast, career progression was seen as an expectation for RNs who can work in all fields of nursing with many opportunities to undertake postgraduate studies, and progress to management and education positions (Adeniran et al. 2012; Fusilero et al. 2008).

Despite limited opportunities for EN career progression, many health services are increasingly employing ENs to deliver care in acute medical and surgical wards, and even high acuity areas such as emergency, anaesthetics and operating theatre (Heartfield & Gibson 2005; Nankervis et al. 2008). However, participants felt organisations were unprepared for increased scope of practice of diploma ENs. This is supported by Nankervis et al. (2008) and Bellchambers and McMillan (2007) who found incongruences between preparation of ENs and organisations' readiness to implement changes to practice roles. Health organisation policies and procedures have been seen as limiting ENs' abilities to utilise their skills by only authorising RNs to perform certain skills (Gibson & Heartfield 2005).

### Limitations

There are some limitations with this study. This paper reports interviews with nursing course coordinators in one state of Australia and may not necessarily be transferrable to the wider



population. The small sample size increases the chance of sample and researcher biases, and limits generalisability of findings. As such, views of educators at other institutions may not reflect these findings. However, by comparing results with wider literature, some similarities and differences have been identified that reinforce trustworthiness of findings, whilst also demonstrating the contribution this study offers in terms of better understanding educators' role expectations for different nurses educated in Australia. The small sample size may be due to workload of nurse educators or interest in the topic. Participant numbers may be increased in future studies by increased promotion of the need for the study and the use of champions in nursing education facilities to encourage participation. This would improve cohort representation and internal validity. Furthermore, responses were dependent on respondents having good understanding across their educational programs. Lack of understanding by participants regarding curricula of other levels of nurses (EN or RN) may limit their ability to reflect on education of these nurses. Despite this, course coordinators were able to provide insight into their own courses to enable comparison of different programs and expected student outcomes. Higher participation of EN coordinators may indicate their direct interest in results of changes to EN education. Further research is warranted to determine if outcomes of this research are applicable nationwide and internationally.

### CONCLUSION

Registered and enrolled nurse preparation is undertaken with different expectations for career pathways and progression in nursing. Despite differences in educational approach, increasing similarity in graduate skills and knowledge and limited exposure of nursing staff to changes in diploma EN preparation have resulted in confusion within the nursing workforce about expectations of diploma ENs. Current multiple levels of ENs (certificate, medication endorsed and diploma) working in healthcare adds to confusion around their roles. Role

confusion and ambiguity around scope of practice for ENs is seen as both limiting their practice and encouraging them to practise at levels for which they are unprepared. For ENs to be utilised to their practice scope and provide safe nursing care, practising nurses need education regarding ENs' graduate skills and knowledge to enable appropriate care delegation.

Increased EN employment is expected to occur as a result of their increased skills and knowledge, and lower costs of employment compared to RNs. Review of organisational policies and procedures is needed to utilise skills of both levels of nurse to their potential. Nursing managers need to be aware that care of complex or deteriorating patients is not part of EN scope of practice, and RNs are required to care for these patients. As acuity of patients admitted to health services increases, a higher RN skill-mix will be needed to safely care for them. This requires further research to assess how changes to skill mix affect quality of patient care and patient outcomes in practice, and ensure that ENs are not exploited as lower paid alternatives to RNs. Diploma ENs may benefit from graduate programs to help transference of increased skill base into clinical practice.

#### REFERENCES

- Adeniran R. K., Bhattacharya A., Adeniran A. A., 2012. Professional Excellence and Career Advancement in Nursing: A Conceptual Framework for Clinical Leadership Development. *Nurs Admin Q* 36(1), 41-51. doi: 10.1097/NAQ.0b013e31823b0fec.
- Aitken L. H., Clarke S. P., Sloane D. M., Lake E. T., Silbur J. H., Sochalski J., 2002. Hospital nurse staffing and patient mortality, nurse burnout and job dissatisfaction. *Journal of American Medical Association* 288(16), 1987-1993.

Australian Institute of Health and Welfare (AIHW), 2006. Nursing and midwifery labour force 2004. Canberra AIHW Retrieved from <http://www.aihw.gov.au>.

Australian Institute of Health and Welfare (AIHW), 2009. Nursing and midwifery labour force 2007. (Cat. no. HWL 44). Canberra: AIHW Retrieved from <http://www.aihw.gov.au/publications/hwl/hwl-44-10724/hwl-44-10724.pdf>.

Australian Institute of Health and Welfare (AIHW), 2012. Nursing and Midwifery labour force 2011 (National health workforce series no. 2, Cat. No. HWL 48). Canberra, ACT. Retrieved from <http://www.aihw.gov.au/publication-detail/?id=10737422167>

Australian Nursing and Midwifery Accreditation Council (ANMAC), 2011. Application Pack for Education Providers Seeking Accreditation of Nursing and Midwifery Programs Leading to Registration or Endorsement, Enrolled Nurses Version #11.

Australian Nursing and Midwifery Council (ANMC), 2007. Report of the national framework for the development of decision-making tools for nursing and midwifery practice. Dickson, ACT: Australian Nursing and Midwifery Council, Retrieved from <http://www.anmc.org.au/userfiles/file/DMF%20Report%20Final+watermark.pdf>.

Australian Nursing Federation, 2005. Competency standards for the advanced enrolled nurse (pp. 1\*42). Rozelle: Australian Government Department of Health and Ageing.

Barbour R. S., 2001. Checklists for improving rigour in qualitative research: a case of the tail wagging the dog? *BMJ*, 322, 1115-1117.

Bellchambers H., McMillan M., 2007. The Critical elements Within a Journey Towards the Achievement of Quality Use of Medications. *Collegian*, 14(1), 31-36.

Blay N., Donoghue J., 2006. Enrolled Nurse Skill Extension: Metropolitan Myth or Rural Reality? *Australian Journal of Advanced Nursing* 24(3), 38-42.

Bull E., Hickey J., 2012, Enrolled nurse trainees in acute care. *Australian Nursing Journal* 19(3), 26-27.

Chaboyer W., Wallis M., Duffield C., Courtney M., Seaton P., Holzhauser K., Schuluter J., Bost N., 2008 A comparison of activities undertaken by enrolled and registered nurses on medical wards in Australia: An observational study. *International Journal of Nursing Studies* 45, 1274-1284.

Conway J., 2007. The changing skill mix and scope of practice of health care workers in New South Wales: implications of education and training reforms for registered nurse practice, performance and education. *Contemp Nurse* 26(2), 221-224. doi:10.5555/conu.2007.26.2.221.

Cubit K. A., Leeson B. G., 2009. Is there a case for tailoring graduate programs for nurses who have previously practiced as Enrolled Nurses? *Nurse Education Today* 29, 891-894. doi:10.1016/j.nedt.2009.06.013.

D'Amore A., James S., Mitchell E. K. L., 2012. Learning styles of first-year undergraduate nursing and midwifery students: A cross-sectional survey utilising the Kolb Learning Style Inventory. *Nurse Education Today* 32(5), 506-515. doi:http://dx.doi.org/10.1016/j.nedt.2011.08.001.

Dearnley C. A., 2006. Knowing nursing and finding the professional voice: A study of enrolled nurses converting to first level registration. *Nurse Education Today* 26, 209-217. doi:10.1016/j.nedt.2005.10.002.

Deering S., 2007. Division Two Registered Nurse Beginner Practitioner Program Final Report October 2007. Bendigo: Department of Human Services Nurse Policy Branch Retrieved from [http://www.health.vic.gov.au/data/assets/pdf\\_file/0010/199729/Bendigo-Health-Final-ESOP-Report.pdf](http://www.health.vic.gov.au/data/assets/pdf_file/0010/199729/Bendigo-Health-Final-ESOP-Report.pdf).

Department of Education Science and Training (DEST), 2007. HTL07 Health Training Package. Community services and health industry skills council Retrieved from <https://www.cshisc.com.au/docs/HLT07-QualificationsFramework-Vol%202.pdf>.

Ezzy D., 2002. Qualitative Analysis: Practice and Innovation. Crows Nest: Routledge.

Fusilero J., Lini L., Prohaska P., Szweda C., Carney K., Mion L. C., 2008. The Career Advancement for Registered Nurse Excellence Program. JONA: The Journal of Nursing Administration 38(12), 526-531. doi: 10.1097/NNA.0b013e31818ebf06.

Gerish K., Lacey A., (Eds) 2010 The research process in nursing (6<sup>th</sup> ed.). West Sussex: Wiley-Blackwell.

Gibson T., Heartfield M., 2005. Australian enrolled nurses have their say-Part 2: Scope of practice. Contemp Nurse 19(1-2), 126-136.

Heartfield M., Gibson T., 2005. Australian enrolled nurses have their say-Part 1: Teamwork and recognition. Contemp Nurse 19(1-2), 115-125.

Houghton C., Casey D., Shaw D., Murphy K., 2013. Rigour in qualitative case-study research. Nurse Researcher 20(4), 12-17.

Jacob E., Barnett T., Sellick K., McKenna L., 2013a. Scope of Practice for Australian Enrolled Nurses: Evolution and Practice Issues. Contemporary Nurse 45(2), 159-167.

Jacob E., Sellick K., McKenna L., 2013b. Similarities and differences in the educational preparation of registered and enrolled nurses in Australia: An examination of curricula content. *Contemporary Nurse* 48(2), 199-211.

Jacob E., Sellick K., McKenna L., 2012. Australian registered and enrolled nurses: Is there a difference? *International Journal of Nursing Practice* 18(3), 303-307. doi:10.1111/j.1440-172X.2012.02037.x.

Milson-Hawke S., & Higgins, I. (2004). The scope of enrolled nurse practice: A grounded theory study. *Contemporary Nurse*, 17, 44-62.

Nankervis K., Kenny A., Bish M., 2008. Enhancing scope of practice for the second level nurse: a change process to meet growing demand for rural health services. *Contemp Nurse* 29(2), 159-173. doi: 10.5555/conu.673.29.2.159 [pii].

Nelson S., 1999. Deja vu and the regulation of nursing in Victoria. *Australian Journal of Advanced Nursing* 16(4), 29-35.

Nurse Policy Branch, 2001. Nurse recruitment and retention committee final report. Retrieved from <http://www.dhs.vic.gov.au>

Ostini F., Bonner A., 2012. Australian new graduate experiences during their transition program in a rural/regional acute care setting. *Contemporary Nurse* 41(2), 242-252.

Polit D. F., Beck C. T., 2012. *Nursing research: Generating and Assessing Evidence for Nursing Practice* (9th ed.). Sydney: Wolters Kluwer, Lippincott Williams & Wilkins.

Russell R. L., 1990. *From Nightingale to Now: Nurse Education in Australia*. Sydney: W. B. Saunders.

Showman C. T., 2012. My journey from LPN to RN. Alberta RN 68(2), 32-34.

ACCEPTED MANUSCRIPT

Figure 1. Interview prompts

What is your educational background and experience in teaching nurses?

Have you taught both levels of nurse educated in Australia?

What areas do you feel are similar in the education of both levels of nurses?

What do you believe is the main difference in education between the two levels of nurses in Australia?

How does the education of the two levels of nurse prepare them for their roles on graduation?

What do you believe is the main difference in role between the two levels of nurses?