2017

The experiences of enrolled nurses undertaking a Bachelor of Nursing program in an Australian university

Lorraine Fields

University of Wollongong

UNIVERSITY OF WOLLONGONG

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'THE EXPERIENCES OF ENROLLED NURSES UNDERTAKING A BACHELOR OF NURSING PROGRAM IN AN AUSTRALIAN UNIVERSITY’.

Lorraine Fields
RN, Grad Cert Critical Care

This thesis is presented as part of the requirements for the award of the
Degree of Master of Philosophy
From the
University of Wollongong

Supervisors: Dr. Sharon Bourgeois, Dr. Joanne Joyce-McCoach and A/Prof. Victoria Traynor

Ethics Approval Number: HE13/384
DECLARATION OF AUTHORSHIP

I, Lorraine Pamela Fields, declare that this thesis, submitted in partial fulfilment of the requirements for the award of Master of Philosophy, in the School of Nursing in the Faculty of Science, Medicine & Health, University of Wollongong, is wholly my own work unless otherwise referenced or acknowledged. The document has not been submitted for qualifications at any other academic institution.

Lorraine Pamela Fields

September 2017
ABSTRACT

BACKGROUND
This thesis presents the outcomes of a study undertaken for a Master of Philosophy. The aim of this study was to explore the experiences of Enrolled Nurses undertaking a Bachelor of Nursing program in an Australian university. Enrolled Nurses may convert to the level of the Registered Nurse for a variety of reasons. This conversion involves attending a Higher Education institution and completing a Bachelor of Nursing to gain the knowledge and skills required to be a Registered Nurse. Many Higher Education institutions offer pathways and credit into the Bachelor of Nursing program for those who have an Enrolled Nurse qualification.

RESEARCH DESIGN
This study used a qualitative, descriptive exploratory design. The setting was an Australian University and participants were five students undertaking a Bachelor of Nursing program with a qualification as an Enrolled Nurse aiming to convert their skills to that of a Registered Nurse. Data were collected through individual interviews with participants and analysis of these data were by thematic analysis to generate themes for further understanding.

FINDINGS
The five Enrolled Nurses undertaking a Bachelor of Nursing program participated in semi-structured interviews. Upon completion of these interviews 3 major themes were identified that represented their experiences: ‘Duelling Identities’, ‘Challenging Realities’ and ‘Oppression’. Within the theme ‘Duelling Identities’, the research participants noted the benefits and burdens of being the Enrolled Nurse and Bachelor of Nursing student. In addition this theme showcased the challenges as experienced by the research participants, associated with being ‘in-between’ the Enrolled Nurse and the Registered Nurse as a Bachelor of Nursing student. The theme ‘Challenging Realities’, was drawn from the research participants’ perceptions about the knowledge required to be a Registered Nurse, how this should be delivered in a Bachelor of Nursing program and the role of the Registered Nurse versus what they actually experienced. The final theme ‘Oppression’ portrayed the research participants’ feelings of being ‘devalued and discriminated’ against and, at times, victimised for being an Enrolled Nurse through ‘vertical violence’.
CONCLUSION
This study contributes to knowledge about the challenges that Enrolled Nurses experience when attempting to convert to a Registered Nurse within the Higher Education setting. These challenges include issues with other commitments, feeling devalued and perceptions of being discriminated against. Nurse academics responsible for nursing curricula in Higher Education should be mindful of the challenges for Enrolled Nurse participants and design curricula accordingly, as well as provide support to these students during the implementation phase of the curriculum to ensure positive student experiences and their success within the program.
ACKNOWLEDGEMENTS

Puff, puff, chug, chug went the little blue engine,

‘I think I can, I think I can, I think I can’...

At times throughout this thesis I have literally stood in front of the mirror saying ‘I think I can, I think I can, I think I can’. I have felt like the little blue engine and many times thought the task at hand was too much. I have had a few speed humps along the way and didn’t think that I would make it. But, I had many people who pushed me ‘Up, Up, Up!.

Firstly, to my supervisors Doctor Sharon Bourgeois, Doctor Joanne Joyce-McCoach and Associate Professor Victoria Traynor, thank you for your support, patience and for constantly putting me back on track particularly when I ‘derailed’ during my 3 pregnancies. Thank you for continuously believing I could do it and reminding me it was not about how far I had to go... but how far I had come that mattered. Special thanks in particular goes to Sharon, for taking me (my thesis) on holidays around Australia with her!

To the five participants that gave up their time and shared with me their personal experiences and stories, this would not be possible without you. I appreciate you all and hope that I have truly reflected your experiences within this thesis.

To my mum Pamela, an amazing nurse and the most wonderful teacher of nurses I know. Your passion for future nurses, commitment to their education and most importantly kindness to your students is inspiring. Thank you for guiding me on this journey.

To my 3 little speed humps, my beautiful children Halle, Isaac and Charlotte... At times I felt as though I wouldn’t get there but I didn’t want to give up. I hope that this makes you proud of mummy.

Finally to my husband Matt, I couldn’t have done this without you.

‘I thought I could, I thought I could, I thought I could’...

Watty Piper 1930
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<td>Term</td>
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<tr>
<td>AHPRA</td>
<td>Australian Health Practitioner Regulation Agency</td>
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<td>AIHW</td>
<td>Australian Institute of Health and Welfare</td>
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<td>ANMAC</td>
<td>Australian Nursing and Midwifery Accreditation Council</td>
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<td>ANMC</td>
<td>Australian Nursing and Midwifery Council</td>
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<td>AQF</td>
<td>Australian Qualifications Framework</td>
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<td></td>
<td>Atypical pathway</td>
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<td>BN</td>
<td>Bachelor of Nursing</td>
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<td></td>
<td>Certificate IV in Nursing</td>
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<td>Conversion</td>
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<td></td>
<td>Diploma of Nursing</td>
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<tr>
<td>Acronym</td>
<td>Term</td>
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<td>EN</td>
<td>Enrolled nurse</td>
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<td>EN</td>
<td>Standards for Practice</td>
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<td>HE</td>
<td>Higher Education</td>
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<td>NHMRC</td>
<td>National Health and Medical Research Council</td>
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<td>NMBA</td>
<td>Nursing and Midwifery Board of Australia</td>
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<tr>
<td>RPL</td>
<td>Recognition of Prior Learning</td>
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<tr>
<td>RN</td>
<td>Registered Nurse</td>
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<tr>
<td><strong>RN Standards for Practice</strong></td>
<td><strong>Registered Nurse Standards for Practice</strong></td>
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<td>-------------------------------</td>
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<tr>
<td><strong>TAFE</strong></td>
<td><strong>Technical and Further Education</strong></td>
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<tr>
<td><strong>Typical Pathway</strong></td>
<td><strong>Refers to a pathway of study a student undertakes when they enter into a Bachelor of Nursing program of study directly from high school.</strong></td>
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<tr>
<td><strong>Widening participation</strong></td>
<td><strong>Term used to describe increasing the number of students undertaking Higher Education study from diverse backgrounds.</strong></td>
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<td><strong>VET</strong></td>
<td><strong>Vocational Education and Training</strong></td>
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CHAPTER 1 - INTRODUCTION

INTRODUCTION

This thesis meets the partial requirements for a Master of Philosophy in which I was enrolled. In the study I explored the experiences of Enrolled Nurses (ENs) undertaking a Bachelor of Nursing (BN) program in an Australian University, an institution of Higher Education (HE). By way of introducing this study, in this chapter, I provide an overview of the structure of the thesis, the background to the study including the qualification requirements for the EN and the reasons they may convert to the status of Registered Nurse (RN). To situate the study, I share why there is an emphasis on support for these students that are enrolled in the BN and who are also ENs. I also provide a summary of the significance of the study and introduce the research question, the overall aim and the objectives for this study.

STRUCTURE OF THE THESIS

In my thesis I will be using first person, where appropriate, to position myself within the study. I have included single quotations throughout for emphasis and the participants’ voices are presented in italics or single quotations with their pseudonym followed by the NVivo line number to provide an audit trail. My voice, the research participants’ voices and the literature forms the narrative. Chapter 1 of my thesis provides an overview of the research including the background and the significance for me as the researcher. This chapter also presents the research question, the aim and the objectives of the research. Chapter 2 builds upon the background to my study with a literature review outlining what is known about the research area and identifies the gaps of knowledge in this area and how my study can contribute to new knowledge (Polit & Beck 2012, p.125). In Chapter 3, I discuss the research design, specifically identifying the underpinning methodology, that is descriptive exploratory, and the chosen methods that best addressed my research aim and objectives within this design. The strategies I took to ensure trustworthiness and ethical conduct within the research are also discussed in this chapter. In Chapter 4, I present the findings of my research through participants’ voices inclusive of a discussion about the major themes ‘Duelling Identities’, ‘Challenging Realities’ and ‘Oppression’. Rich
descriptions are provided in this chapter of the research participants’ experiences through their stories. Following on from this in Chapter 5, I draw upon the research participants’ stories and utilise my conceptual framework as well as other existing literature to explore and give meaning to the experiences as discussed in the previous chapter. In Chapter 6, the final chapter, I provide an overview of the thesis, discuss the implications, strengths and weaknesses of the study and conclude with new knowledge gained as a result of my research.

BACKGROUND

In Australia all nurses are regulated by the Nursing and Midwifery Board of Australia (NMBA). There are two divisions of nurses that are able to qualify for registration under the NMBA; that is the EN and the RN. ENs are also known as Division 2 Nurses in Victoria, or Licensed Practical Nurses (LPN) in the United States and Canada and RNs are also known as Division 1 Nurses throughout Victoria. Within this thesis I will use the term EN and RN as these are the most widely used terms across Australia.

ENs are an integral part of the healthcare team. They provide fundamental, person-centred nursing care, work as an associate to and are usually supervised by RNs. They are, however, also responsible and accountable for their own actions and must remain within their scope of practice (ANMC 2002; NMBA 2016b). RNs practice within person-centred, evidence-based frameworks and require a high level of critical thinking. As mentioned above, supervision of ENs, as well as delegation of care to ENs, is a responsibility of the RN (NMBA 2010; NMBA 2016c). Both the practice and qualification requirements of the EN and RN differ. The NMBA set ‘Standards of Practice’ differing the EN and RN (NMBA 2016a). From an educational perspective, to register to be an EN requires completion of a Diploma of Nursing from a Vocational Education and Training (VET) provider. This has recently been upgraded from a Certificate IV in Nursing (AIHW 2017). For a RN to meet the educational requirements for registration in Australia a BN must be completed at a HE institution. This is summarised in Table 1-1 and I will further explain the difference between the practice and educational requirements of the EN and RN below.
With regard to practice requirements for nurses in Australia the NMBA specifies minimum registration standards. For all nurses, regardless of whether they are an EN or RN, this also includes meeting standards regarding criminal history, English language skills, continuing professional development, recency of practice and professional indemnity insurance (NMBA 2016a). The NMBA also sets specific standards for practice for ENs and RNs. These are currently known as the ‘EN Standards for Practice’ (NMBA 2016b) and ‘RN Standards for Practice’ (NMBA 2016c) and replaces the previous ‘EN Competency Standards’ (ANMC 2002) and ‘RN Competency Standards’ (NMBA 2010). Over the course of undertaking this study, changes have occurred at the NMBA. As mentioned above, this included an update of the previously recognised ‘Competency Standards’ for both ENs and RNs to the current ‘Standards for Practice’. As a result of this, where relevant, I have referred to both. I have included a table in Appendix A and Appendix B that demonstrates the difference between the EN and RN with both the ‘Standards for Practice’ (NMBA 2016b; NMBA 2016c) and ‘Competency Standards’ (ANMC 2002; NMBA 2010). Despite the update in standards the major differences between the two divisions of nurses, EN and RN, remain the same and are focused on the increased level of responsibility, independence and critical thinking of the RN when compared with the EN.

Both the ‘RN Standards for Practice’ (NMBA 2016c) and ‘RN Competency Standards’ (NMBA 2010) state that the RN has a responsibility and is accountable for delegation of care to others, including the EN. These standards also use nomenclature describing the RN as
independent (NMBA 2010; NMBA 2016c), whereas in the ‘EN Standards for Practice’ (NMBA 2016b) and ‘EN Competency Standards’ (ANMC 2002) it is specified that the EN is to be under the direction and supervision of the RN. This clearly demonstrates differences in both responsibility and independence. The increased level of critical thinking of the RN compared to the EN is implicit within the standards with the emphasis on this area for the RN demonstrated in Appendix A and B. Whilst both the ‘EN Standards for Practice’ (NMBA 2016b) and ‘EN Competency Standards’ (ANMC 2002) have a domain relating to critical thinking (Critical Thinking & Analysis ANMC 2002, Reflective & Analytical Practice NMBA 2016b), the cues are not as comprehensively stated for the EN compared to the RN. For example, within the ‘RN Standards for Practice’ (NMBA 2016c) and ‘RN Competency Standards’ (NMBA 2010) this involves an inclusion of a variety of ways of thinking for the RN such as a large focus on reflection, involvement in research and an emphasis on the necessity to ensure that practice is evaluated and is within evidence-based frameworks. Within the ‘EN Standards for Practice’ (NMBA 2016b) and ‘EN Competency Standards’ (ANMC 2002) however, there is little mention of the evaluation of practice or contribution to research. I will further explore these practice differences in the discussion section of this thesis and will now outline educational differences.

As discussed above the NMBA state the requisite practice requirements for nurses, however the educational requirements are specified outside of this organisation. The Australian Nursing and Midwifery Accreditation Council (ANMAC) stipulate the minimum education, training and assessment that nurses in Australia must undertake to qualify. The current minimum requirement for EN qualification is a Diploma of Nursing (ANMAC 2017) wherein previous to 2009 this was a Certificate IV in Nursing level award. For a person to qualify for registration as a RN, the minimum requirement is a BN Degree (ANMAC 2012). These levels of award (Diploma, Certificate IV and Bachelor Degree) are determined by the Australian Qualifications Framework (AQF), which “is the national policy for regulated qualifications in Australian education and training” (AQF 2013, p.9). This policy specifies, in levels, the corresponding learning outcomes and qualification types. A total of 10 levels (see Table 1-2) are delineated within this policy, with 10 being the highest at PhD level and level 4 reflecting a Certificate IV, level 5 a Diploma and level 7 a Bachelor Degree (AQF 2013). As mentioned previously the minimum educational requirement for an EN is either a
Certificate IV in Nursing (level 4) or a Diploma of Nursing (level 5) within the AQF. The VET sector is responsible for the delivery of content to obtain these qualification types. To be eligible for registration as a RN on the other hand requires a person to complete level 7 AQF learning outcomes, which is equivalent to a Bachelor Degree in Australia and delivered at a HE institution.

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<td>Certificate II</td>
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<td>Level 3</td>
<td>Certificate III</td>
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<td>Certificate IV</td>
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<td>Diploma</td>
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<td>Level 6</td>
<td>Advanced Diploma</td>
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<td>Associate Degree</td>
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<td>Level 7</td>
<td>Bachelor Degree</td>
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<td>Level 8</td>
<td>Bachelor Honours Degree</td>
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<td>Graduate Certificate</td>
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<td>Vocational Graduate Certificate</td>
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<td>Graduate Diploma</td>
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<td>Vocational Graduate Diploma</td>
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<tr>
<td>Level 9</td>
<td>Masters Degree</td>
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<tr>
<td>Level 10</td>
<td>Doctoral Degree</td>
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**TABLE 1-2 - AQF QUALIFICATION LEVEL & TYPE**

ENs may choose to access education to prepare them for the RN role for a variety of reasons. There are various terms being used throughout the literature to refer to this change including, upgrade (Downie & Horner 2002; Melrose & Gordon 2011), transition (Hylton 2005; Nayda & Cheri 2008) and convert (Kenny & Duckett 2005; Kilstoff & Rochester 2004; Ralph et al. 2013). Conversion in this situation is described by Ralph et al. (2013) as “the process undertaken by ENs when they study a program to become a RN” and I have chosen this term for my thesis as this is the most widely used term in the literature. Primarily the reason for conversion is related to the greater career, professional and self-development opportunities afforded to the RN, including the opportunity for advancement through post graduate qualifications, as well as through the hospital and professional organisations (Ralph et al. 2013).
The changing role of the EN and lack of employment options are also factors leading to ENs considering conversion (Kenny & Duckett 2005), as well as the financial benefits of being a RN compared to an EN with an increase in income (Kilstoff & Rochester 2004; Ralph et al. 2013). In some countries, such as New Zealand and the United Kingdom, a conversion of qualifications has come about because of the discontinuation of training for ENs, leading to a single division of nursing, that is registered nursing (Heartfield & Gibson 2005; Webb 2000). Here in Australia, if an EN wishes to convert their qualifications to become eligible to be a RN, they are required to attend a HE institution that offers a BN program and then ultimately complete the degree. Whilst many universities (institutions of HE in Australia) offer programs aimed at supporting ENs to transition into HE institutions and into the Bachelor Degree, these pathways and processes require improvements to ensure student success (Bradley et al. 2008; Cubit & Leeson 2009; Hutchinson, Mitchell & St John 2011). Areas recognised in the literature that require improvement include providing additional support to students particularly around HE processes (Rapley et al. 2008; Cubit & Lopez 2011) and being transparent and managing expectations regarding the educational and practice requirements for success (Ralph et al. 2013).

Studying at a HE level may pose challenges for ENs converting. As stated by Downie and Horner (2002, p.1) “this vulnerable group of students often struggle to complete tertiary studies”. Literature surrounding EN’s experiences with converting their qualifications to be eligible for registration as a RN highlights that it is “a complex and challenging process” (Ralph et al. 2013, p.235). Family and financial commitments (Cook et al. 2010; Downie & Horner 2002; Hutchinson, Mitchell & St John 2011); stress and anxiety (Boelen & Kenny 2009; Dearnley 2006; Drury, Francis & Chapman 2008); lack of support and recognition (Downie & Horner 2002); expectations and role clarification (Hutchinson, Mitchell & St John 2011) and pedagogy and academic learning (Boelen & Kenny 2009; Drury, Francis & Chapman 2008; Hylton 2005; Rapley, Nathan & Davidson 2006) are challenges prominent in the literature as experienced by these students.
ENs can be underrepresented in the HE sector. ENs with a Diploma or Certificate IV have a less complex level of learning outcomes (AQF 2013) and scope of practice to the RN (NMBA 2010; NMBA 2016c). If an EN chooses to convert their qualifications to be eligible for registration as a RN, this requires them to return to study and complete a Bachelor Degree; a degree requiring ENs to meet significantly higher learning outcomes (Cubit & Leeson 2009). This may pose challenges for this group of students and in order to encourage and promote a more educationally prepared nursing workforce for the future, these challenges need to be identified and addressed (Nayda & Cheri 2008). With political agendas aiming to widen participation in HE (Australian Government 2016; Bradley et al. 2008; Langworthy & Johns 2012), it is increasingly important to design curricula that caters for diverse student populations. This includes improving experiences for students from a wide variety of backgrounds who do not necessarily follow the traditional or typical student pathway of enrolling directly from high school. Instead, there are many students who enter into programs of study at HE from multiple entry points with various experiences as I will discuss further below.

Investment into HE is fundamental to building a nation equipped to face future global challenges (Australian Government 2016). In 2008, a review of Australian HE was initiated by the then Deputy Prime Minister and Minister for Education, to “examine and report on the future of the higher education sector, its fitness for purpose in meeting the needs of the Australian community and economy and the options for reform” (Bradley et al. 2008, p.207). Recommendations from this review included widening participation levels within HE to underrepresented groups and the enhancement and improvement of entry pathways for students, in particular those from VET sectors. In 2016, the Australian Government supported this recommendation suggesting that strengthening transition between the VET sector and HE institutions in both directions is essential. With ENs being an example of one such group underrepresented in the HE sector, support of this group facilitates an avenue for widening participation and an increase in Bachelor level qualifications. In this qualitative, descriptive exploratory study, I will explore the experiences of ENs who have completed a bridging program and entered directly in to the second year of a BN program of study.
SIGNIFICANCE

I am personally involved in coordinating and teaching within a bridging program at an Australian university which aims to support ENs to successfully transition into HE. Influential in my career path is my mother who has been an educator of ENs for over 25 years. She has always spoken highly of ENs and therefore I have always had a level of respect for these nurses whilst both working as a RN in the clinical environment and as a nurse academic in the University. Clinically, I previously worked in an emergency department and it has been my experience that not all RNs within this environment shared the respect that I held for ENs. I had not expected that respect for ENs would be an issue I would see when I came to work at the University as a nurse academic, however this assumption I soon found to be challenged. I felt uneasy with negative comments made by some of my colleagues regarding ENs. I also felt troubled by many of the stories I overheard and the stories that were shared with me by students who were ENs, about their experiences within the University.

Some of the comments that these students made are also reflected in the literature. For example, the students related feelings about a perceived lack of support (Hutchinson, Mitchell & St John 2011; Rapley, Nathan & Davidson 2006). They also felt they were resented (Downie & Horner 2002; Kenny & Duckett 2005) and believed the expectations of nurse academics and facilitators were higher for them than other students because they were ENs (Hutchinson, Mitchell & St John 2011; Hylton 2005; Nayda & Cheri 2008). The anecdotal evidence of poor student experiences for this particular group of students led me to formulate the following research question: ‘What are the experiences of enrolled nurses undertaking a Bachelor of Nursing program in an Australian university?’ I felt that by understanding the actual experiences of the EN students who enter into the BN program, this could contribute to knowledge and ultimately assist future ENs who wish to convert to RNs.
AIM AND OBJECTIVES

My overall aim for this study was to explore the experiences of ENs undertaking a BN program in an Australian university. The specific objectives of the research were to understand the experiences as identified by ENs about their BN program. In particular, I sought to examine the challenges as faced by ENs and to investigate what ENs found supported them. I also wanted to hear the voices of the ENs about strategies that may support future ENs who undertake a BN program. Based on outcomes from this research, I envision that findings from the research participants’ experiences can help others to understand the ENs experiences when they develop curricula, examine the strengthening of pathways between the VET sector and HE for ENs and to create support strategies for EN students to help improve their experiences. This supports the ideas discussed above surrounding widening participation rates and supporting groups under-represented in HE.

CHAPTER OVERVIEW

In this chapter I have provided an overview of the purpose of my research. The background to the study has highlighted the differences in educational and practice requirements between an EN and RN, the reasons an EN may convert their qualifications to be eligible for registration as a RN and the pathway that this entails including the move from VET to HE institutions. I have outlined the significance of the study for myself, discussing the dissonance I felt with regard to the treatment of the EN students within the University where I am a nurse academic. My research question, aim and objectives for this study were stated and I will discuss how I have addressed these and brought meaning to the research participants’ experiences throughout the following chapters of my thesis.
CHAPTER 2 - LITERATURE REVIEW

INTRODUCTION

In this chapter I present a review of the literature surrounding the topic of ENs’ experiences undertaking a BN program. The purpose of this literature review was to determine what is known about the topic and from this to make an evaluation of what is presented and to identify the presence of any gaps in knowledge (Jirojwong, Johnson & Welch 2011). For this research a systematic approach as detailed by Polit and Beck (2012, p.96) was undertaken to search the literature. This approach involved searching selected academic databases most relevant to my research topic with the assistance of an expert librarian from the University. I also searched grey literature, conducted reference list checking and had discussions with experts on the area (Booth, Papaioannou & Sutton 2012). I identified six themes in the literature and will discuss these in this chapter. These themes are ‘Family and Financial Commitments’; ‘Stress and Anxiety’; ‘Lack of Support’; ‘Lack of Recognition’; ‘Expectations and Role Clarification’; and ‘Pedagogy and Academic Learning’.

SEARCH STRATEGY

In this review I aimed to critically analyse the available literature regarding the research question ‘What are the experiences of enrolled nurses undertaking a Bachelor of Nursing program in an Australian university?’ I undertook a three stage search strategy to identify primary and secondary sources specific to the research subject, first of which included a search of relevant academic databases. Secondly I conducted a search of grey literature, which included studies with a narrow dissemination such as those presented in conferences and papers that are unpublished (Polit & Beck 2012, p.98) and discoverable through internet search engines. Finally I utilised a snow-balling technique, hand searching reference lists of relevant studies and had several discussions with experts in the field including my supervisors and professors at the University as shown in Figure 2-1.
SEARCH TERMS

As discussed in Chapter 1, ENs are also known as Division 2 Nurses in Victoria or LPN in the United States and Canada. RNs are alternatively referred to as Division 1 Nurses in Victoria. It was therefore necessary that I consider these alternative names when searching for literature to include studies from Victoria as well as internationally. I used truncation for nurse (nurs*), to additionally search for the terms nurses and nursing. The key words I utilised for this search are included in Table 2-1 below.

<table>
<thead>
<tr>
<th>Key words</th>
</tr>
</thead>
<tbody>
<tr>
<td>('enrolled nurs*' OR 'division 2 nurs*' OR 'licensed practical nurs*')</td>
</tr>
<tr>
<td>AND</td>
</tr>
<tr>
<td>('registered nurs*' OR 'division 1 nurs*')</td>
</tr>
<tr>
<td>AND</td>
</tr>
<tr>
<td>('higher education' OR 'university')</td>
</tr>
<tr>
<td>AND</td>
</tr>
<tr>
<td>('Bachelor' OR 'Baccalaureate')</td>
</tr>
</tbody>
</table>

**TABLE 2-1 - SUMMARY OF SEARCH TERMS**

I also applied several limits to focus the search to relevant studies to my research that were contemporary and accessible. These limits are listed in Table 2-2 below.

<table>
<thead>
<tr>
<th>Limits</th>
</tr>
</thead>
<tbody>
<tr>
<td>Publication dates (2000-current)</td>
</tr>
<tr>
<td>English language publications</td>
</tr>
<tr>
<td>Full text available</td>
</tr>
</tbody>
</table>

**TABLE 2-2 - SEARCH LIMITS**
From the search terms utilised and limits applied, I retrieved 44 sources. I reviewed the abstracts of these to determine relevance to the study as summarised in the inclusion/exclusion criteria below.

**Inclusion Criteria**

- Studies involving ENs undertaking a BN;
- Studies that explored ENs’ experiences in their university studies and clinical environment;
- Studies that explored ENs who had completed a bridging program for entry into a BN.

**Exclusion Criteria**

- Studies involving ENs with regard to the clinical environment only and no mention of education;
- Studies involving only RNs;
- Studies involving ENs not studying to become a RN;
- Studies related to nursing students who are not ENs.

After I applied the inclusion and exclusion criteria, 18 sources (see Appendix C – summary of literature reviewed) remained that were included to inform the background and literature review for this research. Based on a review of this literature I identified six recurring themes related to ENs undertaking a BN program. These were ‘Family and Financial Commitments’; ‘Stress and Anxiety’; ‘Lack of Support’; ‘Lack of Recognition’; ‘Expectations and Role Clarification’; and ‘Pedagogy and Academic Learning’. Table 2-3 below lists these and includes the number of sources reviewed with the recurring theme.

<table>
<thead>
<tr>
<th>Theme</th>
<th>No. sources reviewed</th>
</tr>
</thead>
<tbody>
<tr>
<td>Family &amp; financial commitments</td>
<td>6</td>
</tr>
<tr>
<td>Stress &amp; anxiety</td>
<td>9</td>
</tr>
<tr>
<td>Lack of Support</td>
<td>7</td>
</tr>
<tr>
<td>Lack of Recognition</td>
<td>4</td>
</tr>
<tr>
<td>Expectations &amp; Role Clarification</td>
<td>6</td>
</tr>
<tr>
<td>Pedagogy &amp; academic learning</td>
<td>8</td>
</tr>
</tbody>
</table>

**Table 2-3 - Themes generated from literature review & number of relevant sources**

SUMMARY OF LITERATURE REVIEWED

I have found several studies conducted on the experiences of ENs becoming RNs (Hutchinson, Mitchell & St John 2011; Kenny & Duckett 2005; Rapley, Nathan & Davidson 2006). Literature surrounding EN’s experiences with converting their qualifications to be eligible for registration as a RN highlight it is “a complex and challenging process” (Ralph et al. 2013, p.235). Family and financial commitments (Melrose & Gordon 2011; Rapley, Nathan & Davidson 2006); stress and anxiety (Cook et al. 2010; Kenny & Duckett 2005); lack of support and recognition (Downie & Horner 2002; Hutchinson, Mitchell & St John 2011); increased expectations (Hutchinson, Mitchell & St John 2011; Nayda & Cheri 2008); role clarification (Cook et al. 2010; Kilstoff & Rochester 2004); and changing pedagogy and academic learning (Dearnley 2006; Hylton 2005) were noted in the literature as challenges experienced by this cohort of students. Much of the research on this topic focuses on the challenges faced once ENs graduate as RNs and are working in the clinical area (Kilstoff & Rochester 2004; Nayda & Cheri 2008; Rapley et al. 2008). The few studies that do explore experiences whilst being student RNs for ENs are largely based outside of Australia (Cook et al. 2010; Dearnley 2006; Hylton 2005; Melrose & Gordon 2011; Miller & Leadingham 2010) where registration standards and HE facilities differ. This gap in the literature highlights the new knowledge that can be gained by exploring the research question I have put forward ‘What are the experiences of enrolled nurses undertaking a Bachelor of Nursing program in an Australian University?’ I provide a summary of the themes determined in the literature surrounding EN experiences undertaking a BN program in the remainder of this chapter.

THEME 1 - FAMILY AND FINANCIAL COMMITMENTS

A significant challenge faced by ENs converting to RNs was identified as balancing family and financial commitments with studying. Much of the research explored noted that meeting the conflicting demands of family, work, finance and study was a significant obstacle (Cook et al. 2010; Downie & Horner 2002; Hutchinson, Mitchell & St John 2011). A qualitative descriptive study undertaken in Canada by Melrose and Gordon (2011), involving 10 participants, found that students were unable to take full advantage of the program of study they were undertaking and often did “the minimum amount of work…to be able to pass the courses” (p.33) because of family and work commitments. In this study,
the authors found that students were unable to leave their jobs due to financial responsibilities and had difficulty negotiating leave to undertake study (Melrose & Gordon 2011). Rapley, Nathan and Davidson (2006) also conducted a qualitative descriptive study involving the same number of participants (10) comparing pre and post-graduation experiences of ENs becoming RNs. The findings of their study determined that managing clinical placement was difficult for this cohort of students due to them being away from family and taking time off work.

A further challenge noted in the literature related to costs associated with the BN Degree. Kenny and Duckett (2005) conducted a qualitative descriptive study involving 38 ENs enrolled in a conversion program at a HE institution in Victoria, Australia. Uniquely, within my literature review, an online focus group was used for data collection in this study. Kenny and Duckett (2005) acknowledged that the use of online focus groups had limitations in that it reduced the ability for personal interactions which may have strengthened the data. Nevertheless the findings of the study strongly suggested that participants found the BN to be a “financial drain” (p. 428) with travel associated with the degree being described as particularly burdensome. Specifically in this study the participants were undertaking a rural program and as a result some had to travel up to 250 kilometres per day. This would obviously be a greater challenge for those undertaking this type of rural program and is likely to not be as significant for those attending a local HE institution. Balancing other costs that the participants described including those associated with childcare and general living expenses were also prominent in other studies involving EN conversion in both the United States and Australia (Cook et al. 2010; Hutchinson, Mitchell & St John 2011). Balancing both family and financial commitments contributed to the stress and anxiety faced by ENs converting to RNs and will be discussed below.

**THEME 2 - STRESS AND ANXIETY**

High levels of anxiety, lack of confidence and fear of failure were recurrent challenges faced by ENs undertaking a BN program evident within the literature (Boelen & Kenny 2009; Dearnley 2006; Drury, Francis & Chapman 2008). Boelen and Kenny (2009, p.533) undertook a quantitative study in Victoria, Australia involving a questionnaire with 70
participants invited and a 100% response rate. The outcomes of the study determined that anxiety, lack of confidence and fear of failure were greater for ENs students when compared with other students. One of the authors from this study, Professor Amanda Kenny, has written extensively within the field of nursing education (Boelen & Kenny 2009; Kenny et al. 2011; Kenny & Duckett 2005; Nankervis, Kenny, & Bish 2008; Phillips et al. 2013) and I would therefore consider her an expert in this area, thus increasing the credibility of these findings.

A further quantitative study by Cook et al. (2010) surveyed 79 students in the United States that were converting from LPNs (equivalent to EN) to RNs. The results of the survey determined there was a high incidence of stress and anxiety for participants specifically relating this to the pressures of balancing family, community and work. Qualitative studies by Kenny and Duckett (2005) and Rapley, Nathan and Davidson (2006) conducted in Australia mirrored that of the United States supporting Cook et al.’s (2010) quantitative results and reiterated that lack of confidence and related stress are significant factors impacting on ENs.

Stress and anxiety were also described in a qualitative study conducted in New Zealand by Hylton (2005). Participants of this study included 10 students and 6 teachers involved in a program for ENs to convert to RNs following EN training being ceased in New Zealand and subsequently EN employment opportunities decreasing. Hylton (2005) suggests similar experiences to the United States (Cook et al. 2010) and Australian (Kenny & Duckett 2005; Rapley, Nathan & Davidson 2006) perspectives described above, however added that significant issues associated with self-esteem as experienced by students were the primary cause of the stress and anxiety. Hylton (2005) suggested this was likely to be related to the demise of EN training and employment opportunities and because many of the students had not participated in any education or training for over 20 years. This transition to HE and therefore change in pedagogy resulted in increased stress levels and is described widely throughout the literature regarding ENs converting to RNs (Boelen & Kenny 2009; Drury, Francis & Chapman 2008; Hylton 2005). In order to manage stress and anxiety experienced by ENs converting to RNs several studies suggested an increase in support was
required (Cubit & Lopez 2011; Hutchinson, Mitchell & St John 2011; Nayda & Cheri 2008), however many students felt nurse academics were too busy to offer adequate support (Rapley, Nathan & Davidson 2006).

**Theme 3 - Lack of Support**

ENs receive varying amounts of credit toward their BN as a result of their previous nursing training (Cubit & Leeson 2009; Greenwood 2000). Whilst generally viewed in a positive light to have recognition for experiences and prior training, commencing the BN at a later stage than that of the typical pathway student also had consequences. A perceived lack of support was a challenge noted in much of the literature regarding ENs undertaking HE studies (Cubit & Lopez 2011; Hutchinson, Mitchell & St John 2011) and was particularly prevalent in BN programs that were primarily online with little face to face contact (Melrose & Gordon 2011; Rapley, Nathan & Davidson 2006). Melrose and Gordon’s (2011) study, explored barriers to transition in an online LPN to RN program undertaken in Canada. The qualitative study reported that isolation was one of the largest challenges with the program and a perceived lack of support due to the online nature of the program. Rapley, Nathan and Davidson (2006) found similar outcomes. In their Australian study involving participants enrolled in an external program, the participants described difficulty receiving support to manage the online learning environment and academic writing.

As well as the lack of support with online programs of studies, student entry directly into second year of an academic program created some challenges. A qualitative study utilising focus group interviews of 10 second year BN students who previously were ENs in Australia was conducted by Hutchinson, Mitchell and St John (2011). The study found that entering the BN in second year meant that participants missed out on networking opportunities with effects that they were unable to build supportive relationships with the other students. The authors of this study also reported that students felt nurse academics had unrealistic expectations of the students’ level of knowledge; particularly academic writing and found that students were hesitant to request assistance. In this study, students claimed they did not feel supported by nurse academics and believed they were “floating around on a dinghy without a paddle” (Hutchinson, Mitchell & St John 2011, p.195).
Supporting this, findings of the qualitative study by Rapley, Nathan and Davidson (2006) showed that few students felt supported by nurse academics who were described as having “very busy schedules” (p.5) and instead identified that support from student’s family, peers and employers lead to their success. Similarly a lack of support by nurse academics was reported in a study in the United States. The quantitative study by Miller and Leadingham (2010) involved 30 students who had completed a mentoring program aimed to improve success for LPNs converting to RNs. The authors determined that having support from mentors was essential to individual participant success and believed that the mentorship sessions needed to be improved and specifically tailored to the students’ requirements. This included extending the hours of support so students could also attend their EN work schedules.

From a clinical perspective, a discussion paper by Cubit and Leeson (2009) looking at the United Kingdom, Australian and New Zealand perspective on constructing BN programs specific for ENs, concluded that ENs have “specific needs” (p.891) that are not supported. The authors argued that these ‘specific needs’ are not adequately identified or addressed. Cubit later conducted a qualitative study with Lopez (Cubit & Lopez 2011) also involving the clinical environment and determined that in actual fact the ‘specific needs’ identified in the previous discussion paper were around ENs requiring the same amount of support once they graduated from their BN program of study as any other newly graduating student. Participants of Cubit and Lopez’s (2011) study even suggested they hid the fact that they were ENs from RNs so that they would receive adequate support for fear of being “left behind to manage by themselves” (p.209).

THEME 4 - LACK OF RECOGNITION

Inclusive within this theme of ENs feeling unsupported, evidence within the literature identified that ENs often felt undervalued and that there was little recognition for their experiences. A non-refereed discussion paper written by Downie and Horner (2002) described a model that supported ENs to complete conversion to RNs. Part of this paper outlined a curriculum review undertaken at Curtin University (Australia) with feedback about the curriculum received from ENs. The authors suggested “there was some
resentment among ENs that their nursing experience, in some cases many years, did not appear to be valued or recognised by universities.” (Downie & Horner 2002, p.2). Whilst this paper was not refereed and had only two supportive references it provided a point for exploration and the idea of being undervalued is shared by other authors (Hutchinson, Mitchell & St John 2011; Hylton 2005).

Hylton’s (2005) exploratory descriptive study recognised that ENs brought life and work experience to the BN program particularly relating to the clinical environment. The findings, however, proposed this was not necessarily adequate to cope with an academic learning environment. This lack of academic experience had the potential to cause increased anxiety and loss of self-esteem and confidence. Hylton (2005, p.523) described that ENs “come into the program as quite experienced ENs and there is a status and value that goes with that, and they lose that status”. This loss of status contributes to thoughts of being undervalued and is particularly prevalent in the literature when it comes to clinical experience. A participant describing their clinical placement in the qualitative study conducted by Hutchinson, Mitchell and St John’s (2011) as previously discussed in theme 3, stated “it’s like our experience as ENs doesn’t count for anything” (p.194). Directly contradicting this the study also suggested that participants felt unfairly treated when RNs expected too much from them on clinical placement. Remarkably, participants from Kenny and Duckett’s (2005) study also described feeling “undervalued” (p.427) when reflecting upon being ENs in the clinical environment in general but at the same time felt that RNs had unrealistic expectations of their clinical abilities.

**THEME 5 - EXPECTATIONS AND ROLE CLARIFICATION**

Findings from the literature reported that there was disparity with regard to expectations of both nurse academics and clinicians toward ENs. Kilstoff and Rochester (2004), conducted semi-structured interviews in a small scale qualitative study involving 6 BN graduates working at a major metropolitan hospital who previously were ENs. Findings from their research suggested that for these participants there were higher expectations placed on their performance as new graduate nurses. This was as a result of participants’
previous EN qualification, compared with the standards expected of new graduates with no nursing experience which participants felt was unfair. To avoid the higher expectations placed upon them by RNs in the clinical environment both the qualitative studies conducted by Cubit and Lopez (2011) and Hutchinson, Mitchell and St John (2011) stated that several participants from their studies concealed the fact that they were previously trained as ENs as mentioned above in theme 3. “Many participants identified the most effective way of dealing with others’ expectations was to hide the fact they were an EN” (Hutchinson, Mitchell & St John’s 2011, p.195). Whilst participants from Kilstoff and Rochester’s (2004) study did not hide the fact that they were trained ENs, the participants did describe great challenges with fitting in with the other RNs.

Within this literature review, the exploratory descriptive study undertaken by Hylton (2005) was unique in that it was the only study that involved a focus group interview where the participants were nurse academics involved in a transition program for ENs. The nurse academics identified several challenges for EN students including critical thinking and personal reflections and acknowledged that there was the potential for unrealistic expectations to be put on students who had come from an EN background. The findings from this study augment that higher expectations put on ENs compared with other students are not isolated to the clinical environment.

As well as higher expectations placed on ENs, several studies suggested that ENs converting to RNs found that their programs of study and the knowledge required differed from what they had expected (Cook et al. 2010; Hutchinson, Mitchell & St John 2011; Rapley, Nathan & Davidson 2006). Rapley, Nathan and Davidson’s qualitative study proposed that students “did not know as much as they thought they knew” (2006, p.5) and they struggled with finding time and space to study. Both the quantitative study by Cook et al. (2010) and qualitative study by Hutchinson, Mitchell and St John (2011) also found that students were surprised at the time commitment required for study with the hours needed greatly exceeding their perceptions of required expectations. Furthermore, several studies suggested that ENs perceived that their previous learning did not adequately prepare them for degree level study, particularly with regard to academic writing, with participants of the
studies expressing that this was much harder than they had expected (Hylton 2005; Hutchinson, Mitchell & St John 2011; Rapley, Nathan & Davidson 2006).

The increased responsibility of the RN compared with the EN and difficulties adjusting to the new role were additional challenges noted in the literature (Cook et al. 2010; Rapley, Nathan & Davidson 2006). Based on findings from their Australian qualitative study Kilstoff and Rochester (2004, p.15) stated that many ENs “largely saw the acquisition of the role as adding skills to their existing repertoire rather than a role change”. Cook et al.’s (2010) quantitative study undertaken in the United States adds to this finding commenting that “changing this paradigm in their thinking with regard to the scope of practice as it relates to the RN and LPN roles is one of the first challenges they encounter” (p.127). This challenge with misperceptions regarding the differences between expectations and the role of the RN compared with the EN resulted in questioning of the significance of learning within the BN with comments such as “that assignment is not going to make me a better nurse” (Hutchinson, Mitchell & St John 2011, p.194). Considering this difficulty with role clarification and expectations as noted in the literature, a recommendation from my research will be to ensure that this issue is identified and that the differences between the role of the RN and EN are overtly and comprehensively addressed in BN programs.
Multiple challenges were noted in the literature reviewed regarding pedagogy and academic learning for ENs entering the HE sector. These included issues with online activities and computer literacy (Boelen & Kenny 2009; Drury, Francis & Chapman 2008; Hylton 2005; Rapley, Nathan & Davidson 2006). Drury, Francis and Chapman (2008) conducted a qualitative study with 14 undergraduate, mature-age (over the age of 21) nursing students, 2 of which were ENs. The findings of this study suggested that mature-age students have different needs to younger students related to academic learning particularly undertaken in the online environment.

Dearnley (2006) also conducted a qualitative study involving 18 ENs converting to RNs. This was undertaken in the United Kingdom with participants ranging in age from 37 to 50 years old with each completing a conversion program. The program was offered due to the erosion of EN training in the United Kingdom similar to that which has occurred in New Zealand (Hylton 2005) as mentioned above. This conversion program used paper-based learning-material and weekly face-to-face tutorial groups. Challenges were noted by participants, particularly the pedagogical differences in education of the RN compared with what participants were used to as ENs. Participants were familiar with traditional teaching involving “the teacher told me what to think and I wrote it down” (Dearnley 2006, p.213) and initially they struggled with being independent learners.

Comparatively, the qualitative study by Hylton (2005) in New Zealand also suggested that ‘relearning how to learn’, was a major issue involving students facing difficulties with self-directed learning, reflection and critical thinking. This was suggested to be as a result of the ‘rote-learning’ nature of EN education with a “dependency on teachers for the right answers” (Hylton 2005, p.522), and also being an EN in a clinical environment, working under the direct supervision of the RN. Both Hylton (2005) and Dearnley (2006) noted that ENs struggled to move away from older style pedagogical learning, demonstrated through a lack of participation and silence within classes and providing input only if directly addressed. Greenwood (2000) supported these ideas about the difficulty of moving away from traditional learning in her paper, when she described a project aimed to improve
transition between VET sector and HE for ENs wanting to convert to RNs. The project included a qualitative descriptive study and involved individual interviews and focus groups from three participant groups including nurse academics, TAFE teachers and ENs enrolled in a BN program. The findings from these focus groups described that EN students struggled with adult learning principles and the self-directed learning that was present in HE, labelling EN training as “spoon feeding” (Greenwood 2000, p.194). Cook et al (2010) also noted the change in pedagogy as an obstacle for students who convert from EN to BN. The nurse academics teaching the BN felt EN “students often regressed...as evidenced by comments such as “Do I need to read all of the chapters?” and “Will this be in the test?”” (Cook et al 2010, p.127). As well as this required change in learning, writing at an academically appropriate level was also noted as a challenge in Hutchinson, Mitchell and St John’s (2011) study, with participants failing to see the relevance of academic writing in their future roles as RNs.

NEED FOR MORE RESEARCH

The literature review I have undertaken has highlighted the need for more research from an Australian perspective about the experiences of ENs undertaking a BN. Whilst there are several papers published about ENs converting to RNs this may be considered outdated as the most recent of the literature reviewed was published in 2013. This suggests the need for a more contemporary exploration of experiences of ENs converting particularly with the changes to EN education and a move to the Diploma qualification as discussed in the background section of Chapter 1. As well as the lack of recent publications, five of the studies included in the literature review were conducted outside of Australia and of those conducted in Australia the majority of studies focused on the graduate nurse’s experience rather than experiences of ENs that were undertaking the BN. Of the 7 research papers that explore undergraduate experience, 2 of these involve quantitative research rather than contribute to the qualitative paradigm and is thus more supportive toward my study. Of the 5 remaining qualitative studies, 2 are reviews of conversion programs and 2 are conducted in rural HE settings. I am not suggesting this decreases the value of all these studies, however instead they highlight the gap my research aims to contribute to and the paucity of literature that addresses my research question ‘What are the experiences of enrolled nurses undertaking a Bachelor of Nursing program in an Australian university?’ My
research, conducted in an Australian HE setting, builds upon previous research which has been identified in the literature reviewed and discussed above and aims to add new knowledge to what is already known.

CHAPTER OVERVIEW

In this chapter I reviewed literature identifying multiple challenges for ENs converting to RNs. Based on this review of the literature I have presented the challenges organised within six themes; ‘Family and Financial Commitments’; ‘Stress and Anxiety’; ‘Lack of Support’; ‘Lack of Recognition’; ‘Expectations and Role Clarification’; and ‘Pedagogy and Academic Learning’. I acknowledged that this literature exploration supports the necessity for my study and the paucity of research that specifically addresses my research aim and objectives. The outcomes from this literature review justify my asking the research question ‘What are the experiences of enrolled nurses undertaking a Bachelor of Nursing program in an Australian university?’ through the identification of the gaps in knowledge as outlined in this chapter. In the next chapter I will describe the research design I have utilised to address this question and to assist with meeting the aim and objectives of my research.
CHAPTER 3 - RESEARCH DESIGN

INTRODUCTION

In this chapter I provide an explanation of the research design I have chosen to best facilitate an exploration of the experiences of ENs undertaking a BN program in an Australian University. I outline the chosen methodology, conceptual framework and corresponding methods utilised in this research. I have divided this chapter into four sections. The first section provides justification for the chosen qualitative methodology with the adoption of a descriptive exploratory design allowing for rich descriptions of participants’ subjective experiences. I also present the underpinning conceptual framework consisting of the ‘EN-BN-RN Theory-Practice-Theory-Practice Cycle’ (Figure 3-2) with the AQF and NMBA situated at the core, which aims to provide guidance to the exploration of these experiences. In the second section of the chapter I outline the chosen methods for my research including the sampling design, data collection and data analysis techniques. I also provide a rationale for each of the chosen methods in relation to the underpinning methodology, research question and aim. The third section of this chapter delivers an overview of strategies I have undertaken to ensure quality, trustworthiness and congruence within the research design. The fourth and final section provides an in-depth exploration of ethical considerations I have utilised throughout the research.

METHODOLOGY

Methodology is the theoretical and philosophical foundation for research. It provides a guide for the processes undertaken during research and underpins the rationale for the chosen methods of approach (Jirojwong, Johnson & Welch 2011, p.400). I chose a qualitative paradigm as the most appropriate lens with which to view my research. The qualitative perspective allowed me to best understand and gain knowledge to meet my aim and objectives (see Chapter 1) for this study and address my research question ‘What are the experiences of enrolled nurses undertaking a Bachelor of Nursing in an Australian university?’
Qualitative research design

Qualitative research is the study of phenomena, as described by human beings who experience it. This type of research involves a rich description of narrative data in naturalistic settings and requires one to understand through the exploration of human experiences, values and beliefs (Schneider et al. 2013). Contrary to quantitative research designs, qualitative studies include dynamic processes that emerge and evolve over time with new knowledge being gained by the researcher from the participants. Qualitative research therefore requires the researcher to use inductive reasoning, whereby the specific data provided by participants generates the ideas for exploration (Thorne 2008).

I chose a qualitative design to best address the aim and objectives of my research. The rationale for the qualitative design is that it allowed for an accommodation of the ideas associated with a holistic exploration and understanding of the experiences of the research participants involved in my study. I found utilising a qualitative approach most appropriate for my research as it allowed me to study and interpret the phenomena by the meanings the research participants gave to their own experience (Denzin & Lincoln 2011). The specific objectives of my research, including understanding participants’ experiences in the BN program, challenges faced, what supported participants, as well as strategies to support future ENs, are all subjective concepts that require a detailed level of description. The research participants involved in my study had personal knowledge that could provide the richest insight to meet my objectives (Jirojwong, Johnson & Welch 2011).

There are various qualitative designs that can be utilised in research. Depending on the specific focus of the study and research question; phenomenology, ethnography and grounded theory are considered to be the three most recognized and described qualitative designs (Polit & Beck 2012, p.56). Firstly, phenomenology is a qualitative approach to research that employs philosophical and psychological foundations to understand the essence of phenomena as individuals experience it known as the ‘lived experience’ (Polit & Beck 2012, p.494). Whilst my research does explore ‘experience’ it has a retrospective narration rather than an experience being lived through in the immediate or current sense such as ‘lived experience’ entails (Clandinin 2006, p.51). The specific objectives of my
research as outlined above are subjective and experienced, however they do not require the complexities of the philosophical viewpoints of others most suited to phenomenology. Phenomenology is generally reserved for groups facing significant life experiences such as suffering, with domestic violence or living with a cancer diagnosis as examples (Polit & Beck 2012, p.494).

Ethnography is also a qualitative design with the main focus to understand culture or cultural behaviour. Whilst it could be argued that the ENs within my research represent a ‘cultural group’, the methods associated with ethnography often include strategies that observe people in their natural environment and from these observations the researcher gains understanding and forms interpretations of what has been observed (Polit & Beck 2012, p.492). For me, I felt as though I was unable to observe the ENs in what I would consider their natural environment and whilst it would be interesting to conduct an ethnographic study on ENs, it is outside of the scope of my study and does not address my research question ‘What are the experiences of enrolled nurses undertaking a Bachelor of Nursing program in an Australian university?’

Finally, grounded theory is a qualitative research design that involves producing social theories about particular phenomenon. Grounded theorists are concerned with creating new theories and do not necessarily rely on the views of others and instead the focus is on hypotheses that emerge from the data alone (Jirojwong, Johnson & Welch 2011, p.120). The Nursing and Midwifery research textbook by Schneider et al. (2013, p.113) inaccurately outlines Hylton’s (2005) qualitative study exploring EN conversion to RNs in New Zealand as involving a grounded theory qualitative design. Whilst the study did acknowledge the use of methods associated with grounded theory, including constant comparative analysis Hylton’s (2005) research design was a descriptive exploratory approach. Hylton (2005) described that whilst she employed the constant comparative analysis method, involving comparisons of newly collected data with previously collected data (Polit & Beck 2012, p.723) she did not generate new theory. Similarly my research aim was to explore the experiences of ENs undertaking a BN program in an Australian University, which did not require generation of new theory to achieve.
Each of the qualitative designs described above, phenomenology, ethnography and grounded theory has a well-founded history of evidence, a specified design and established methods. I felt however, these designs did not best address the question, aim and specific objectives of my research. Rather, I considered an emerging methodology, increasingly utilised for qualitative investigation in nursing research; the descriptive exploratory approach (Gray, Grove & Sutherland 2017, p.65). This was the best design to meet my research aim and question. Figure 3-1 below summarises the focus of each of the traditional qualitative designs as well as that of the descriptive exploratory approach. I will discuss the chosen descriptive exploratory methodology below.

**FIGURE 3-1 - FOCUS OF QUALITATIVE APPROACHES**

**DESCRIPTIVE EXPLORATORY**

Descriptive exploratory is a form of qualitative inquiry and is suggested to be the most common of the qualitative approaches used in nursing and midwifery (Schneider et al. 2013). The descriptive exploratory methodological approach chosen for this research allowed for the collection of detailed and rich narratives as expressed by each of the research participants (Burns & Grove 2010) “in words as similar to what the participants said as possible” (Brown 2014, p.43). This form of inquiry also enabled data analysis to be much broader without being bound by the constraints of traditional qualitative methods. A strength of the descriptive exploratory approach is that it allows the researcher to “collect rich narrative data from small sample populations and analyse that data using broad ‘free-form’ thematic/content analysis methods” (Schneider et al. 2013, p.106). As the descriptive exploratory design does not rely on theoretical perspectives of others and instead the focus was on the research participants involved in my study, I was able to present a truer representation of the data (Neergaard et al. 2009, p.1).
Descriptive exploratory is also referred to in the literature as interpretative description (Thorne 2008), qualitative description (Sandelowski 2000) and descriptive qualitative (Polit & Beck 2012, p.505). Sandelowski (2000 & 2010) wrote two articles on qualitative description ten years apart in order to clarify the meaning of this name. Sandelowski claimed that her 2000 article was misinterpreted by some (Barbour 2003; Caelli, Ray & Mill 2003) with incorrect conclusions made such as, that qualitative description involved no interpretation or analysis of the data. This led to criticism of the approach being too simple with some interpreting Sandelowski (2000) to mean that the raw data should stand alone (Atkinson 2005). Whilst Sandelowski (2000) did suggest that qualitative description allows for the research to be closer to the data it was not suggested that this would be without further interpretation. Sandelowski’s 2010 article was written to clarify that qualitative description does in fact involve an exploration of the data. For this reason and to avoid any confusion with previous approaches or terms, descriptive exploratory (Annells 2007; Schneider et al. 2013) is the label I have chosen to describe my research due to the title suggestion that both description and exploration will occur.

Studies that are defined as descriptive exploratory or qualitative descriptive are not new. This type of inquiry has long been used (Carter 1993; Laschinger 1992) however was often criticised for lacking the depth of the more traditional methodologies I described above. Sandelowski (2000) however argues that often researchers incorrectly label their study to increase its perceived worth. She describes this as “methodological acrobatics” (Sandelowski 2000,p.335), which involves researchers feeling “obliged to designate their work as phenomenology, grounded theory, ethnography or a narrative study when in fact it is not” (Neergaard et al. 2009, p.1).

A systematic review of peer-reviewed empirical nursing studies conducted by Norlyk and Harder (2010) supports this notion of ‘methodological acrobats’ and described many inconsistencies and therefore inaccurate labelling of methodologies. The systematic review included 37 articles on studies labelled as phenomenology. The articles reviewed had significant variations in the presentation of phenomenology with omissions and inconsistencies described including the methodological approach and research design. For
example Notter and Burnard’s (2006) study on women’s accounts of preparing for loop ileostomy surgery, described phenomenology as being related to social phenomena. As noted in my discussions above however, social processes are the focus of grounded theory approaches (Gray, Grove & Sutherland 2017, p.65). Norlyk and Harder (2010) outlined several terms they considered to be central to phenomenology based on their review including ‘lived experience’, ‘bracketing’ and ‘essence’, however found that 8 of the 37 articles reviewed only included ‘lived experience’ when describing the studies. Norlyk and Harder (2010) concluded that with so many variations and inconsistencies between the articles claiming to be phenomenological studies led them to question the quality and rigor of the studies.

Despite the potential for incorrect labelling, there is much argument on the need to label a study with the traditional methodological approaches. Sandelowski (2000 & 2010) and Thorne (2008) however, have argued that descriptive exploratory qualitative research is no less valuable than the more traditional methodologies. Historically in qualitative research, nurses were limited in choice and were ‘forced’ to choose methodologies not specific to the nursing discipline. The emergence of descriptive exploratory research has allowed nurses to have “more freedom to examine methodological questions in the context of the overall objectives of nursing science instead of following the methodological dictates of other disciplines” (Thorne, Kirkman & MacDonald-Emes 1997, p.171). Brown (2014, p.43) agrees with moving away from traditional methods suggesting that the refinements of these are not always appropriate to address nursing research questions. I also found the traditional methods mentioned above unsuitable to address the aim and specific objectives for my research.

Descriptive exploratory studies, according to Burns and Grove (2010, p.66) “are conducted to address an issue or problem in need of a solution”. Annells, O’Neil and Flowers (2008) successfully utilised this approach to explore and describe reasons community nurses were not utilising the best practice technique of compression bandaging with the management of venous ulcers. Hylton (2005) also conducted rigorous research using a descriptive exploratory approach within the qualitative paradigm to determine what ‘assisted or
hindered’ transition from EN to RN. ‘Relearning how to learn’ (Hylton 2005) was identified as both the problem and solution with regard to transition in this study with training as an EN noted to be both a hindrance and benefit to studying as a RN.

Similarly to these studies that were designed to explore a problem requiring a solution; my research employs a descriptive exploratory methodology. Congruent with qualitative research studies and particularly those of a descriptive exploratory design, is the use of methods that may include purposive sampling, data collection through interviews and thematic analysis (Brown 2014, p.43). I will discuss these methods in further detail in relation to my research within this chapter. To illustrate the alignment of the descriptive exploratory design, I have developed a conceptual framework to structure the discussion of the findings within my study, allowing for the identification of ‘what’ and an explanation of ‘why’ (Smyth 2004, p.168).

CONCEPTUAL FRAMEWORK

I have chosen to develop a conceptual framework for my research to assist in demonstrating a link between what is known about the topic and the findings (Schneider et al. 2013, p.343). Researchers often use a conceptual framework as a tool to incorporate relevant knowledge, principles and ideas to provide structure to a study. The framework “explains, either graphically or in narrative form..., the main things to be studied – the key factors, constructs or variables – and the presumed relationships among them” (Miles & Huberman 1994, p.18). The benefits of utilising a conceptual framework for me included providing a reflective starting point, assisting me to find meaning in what the research participants were saying, creating focus and providing boundaries within my research. Finally the conceptual framework provided a reference point to justify my chosen research design and question (Smyth 2004).

The conceptual framework evolved throughout the research process. Whilst I conducted this research inductively, in that participants generated ideas for exploration, the
background and literature review I conducted provided preliminary elements to the conceptual framework. Miles and Huberman (1994) argue that regardless of how inductive a study is; researchers will have some generalised ideas based on literature, theories and/or their experience. To alleviate any quality issues that this may attract the conceptual framework emerged, scaffolded and strengthened over the course of the research (Smyth 2004, p.168). As stated earlier, the conceptual framework is congruent with the descriptive exploratory research approach as it provides a foundation for both describing the ‘what’ and moving forward to exploring the ‘why’.

![Conceptual Framework Diagram](image)

**FIGURE 3-2 - CONCEPTUAL FRAMEWORK ‘EN-BN-RN THEORY-PRACTICE-THEORY-PRACTICE CYCLE’**

The ‘EN-BN-RN Theory-Practice-Theory-Practice Cycle’ (depicted in Figure 3-2 above) is the conceptual framework I utilised for my research. It is a graphical framework that provides foundation to my research, in particular in structuring and giving meaning to the findings and providing direction for reviewing the literature. The journey of the EN to RN involves a cycle of ‘theory-practice’ as an EN student and then practicing EN followed by ‘theory-practice’ as the BN student and RN. The ‘theory’ represents the theoretical journey undertaken by the research participants to gain the knowledge required to be a nurse (EN then RN) and involved study at two different sectors, firstly at a VET sector and later at a HE
institution. The ‘practice’ refers to the professional role of practising as the EN and then the practice of the RN. In this graphical representation, the initial ‘theory’ and ‘practice’ are shown in the diagram by using the lighter shading whilst the secondary ‘theory’ and ‘practice’ are represented by using the darker shading. Together these represent the focus of my research within the journey of EN to RN. Central to this ‘theory’ and ‘practice’ cycle are two governing bodies that regulate the educational preparedness and professional standards for ENs and RNs, the AQF and NMBA respectively.

The AQF “is the national policy for regulated qualifications in Australian education and training” (AQF 2013, p.9). This policy specifies in levels the corresponding learning outcomes and qualification types. As discussed in Chapter 1, a total of 10 levels (Table 1-1) are delineated within this policy with the participants of my research situated at either a level 4 or 5 within the AQF. This level of learning outcomes and qualification type corresponds to the educational requirement to be qualified as an EN, that is either a Certificate IV in Nursing (level 4) or a Diploma of Nursing (level 5). The VET sector is responsible for the delivery of content to obtain these qualification types. To convert to the qualification of RN as the participants of my study were attempting, required an increase in the AQF learning outcomes to level 7, which is equivalent to a Bachelor Degree in Australia and delivered at a HE institution. The AQF supports the ‘theory’ side of nursing within my conceptual framework.

Nurses in Australia are regulated by the professional body the NMBA (2016a). The NMBA is governed and supported by the Australian Health Practitioner Regulation Agency (AHPRA 2016). Specifically the responsibilities of the NMBA (2016a) include registering practitioners and students, development of standards, codes and guidelines for the profession and approving standards and courses of study. Within the conceptual framework the NMBA underpins the ‘practice’ of nursing through the EN (2016b) and RN (2016c) ‘Standards for Practice’ and previous ‘Competency Standards’ for the EN (ANMC 2002) and RN (NMBA 2010). The difference in knowledge, skills and responsibility between the EN and RN are highlighted within these standards (ANMC 2002; NMBA 2010; NMBA 2016b; NMBA 2016c) and summarised in Appendices A and B. In my conceptual framework, the NMBA standards
provide foundations along with the differing AQF levels in describing and exploring the experiences of the research participants in my study.

METHODS

For this study I utilised a descriptive exploratory research design. Whilst the descriptive exploratory design has flexibility with method choices these are required to be true to the qualitative paradigm and address the aims and objectives of my research (Schneider et al. 2013). Methods include “steps, procedures, and strategies for gathering and analysing data in a study” (Polit & Beck 2012, p.733). Within qualitative research paradigms there are a variety of ways and techniques utilised to understand phenomena with methods chosen depending on the specified research question and philosophical framework. Each of the traditional qualitative design approaches selects a specific set of tools to guide the research. The reason for this specific selection is to avoid ‘method slurring’, where there is inconsistency between methodological approaches and chosen methods, and to create methodological congruence (Polit & Beck 2014, p.278). Congruence ensures the appropriateness of the chosen design to address the research question including the methods selected, theoretical underpinnings and consideration of previous research in the area (Polit & Beck 2012, p.586). To ensure congruence in my research the methods I have selected include purposive sampling, data collection through semi-structured interviews and thematic analysis. These methods follow the qualitative paradigm and are consistent with descriptive exploratory research.

SAMPLING

PARTICIPANTS

I chose purposive sampling for my research. Purposive sampling allows for identification and selection of participants that meet a particular criterion. This type of sampling of participants was chosen for my study as it allowed for the selection of a population with knowledge that could provide the richest-data regarding the research question being explored (Jirojwong, Johnson & Welch 2011). A purposive sample of students who were currently registered through AHPRA as ENs, completed a bridging program and were
studying a BN program were invited to participate in my research. As is the case with many qualitative research paradigms, the specified number of participants I required to gain sufficient data to provide insight to my research question was unknown. I interviewed participants and collected data until I found a repetition of ideas and no new information being presented. For my research after the completion of five interviews, I found no new ideas emerging and a recurrence of concepts and ideas presenting and therefore in consultation with supervisors, I deemed this was sufficient to address my research question. Whilst this population may be considered to be quite small in comparison to some qualitative research studies, this is congruent with the descriptive exploratory approach that investigates phenomenon with small numbers of participants identified to meet particular inclusion criteria (Schneider et al. 2013, p.106). Kilstoff and Rochester’s (2004) qualitative study had similar numbers with 6 participants and Nayda and Cheri (2008) had 4 participants. My inclusion and exclusion criterion for participant selection is outlined below.

**Inclusion criteria**

It is important to outline who is eligible to participate in a study to best address the research question. This involves determining the characteristics of the population who may participate (Polit & Beck 2012, p.274). To be included in this study, the participant was required to be an EN who had completed a bridging program at the University where I am employed and had entered the BN program at second year level after receiving advanced standing from the first year of the course. Advanced standing for these participants was based on recognition of prior learning (RPL), which “provides a means of avoiding duplication of learned knowledge and learned experience” (Pryor 2012, p.41). RPL for ENs undertaking a BN program varies between institutions and whilst there is no structured approach, one year advanced standing is common across University BN programs (Cubit & Leeson 2009).
Exclusion Criteria

In addition to outlining characteristics of those who may be involved in a study, criteria for those to be excluded should also be defined (Polit & Beck 2012, p.274). ENs who had not completed a bridging program and therefore did not receive advanced standing from the first year of study in the BN program were excluded from this study. Despite previously studying as ENs, these students commence a typical pathway of study (commencing in the first year of the BN program) and therefore I considered these students would likely have differing experiences to those who enter into the BN program in the second year. This may be an area for future research, however is outside the scope of my study.

Recruitment Strategy

Based on the inclusion and exclusion criterion, I recruited participants according to ethical principles for involvement in the study with valid consent obtained. Valid consent is essential for sound research (NHMRC 2007). For consent to participate in research to be considered valid, the minimum requirements include that the participant has the legal capacity to provide consent, is fully and specifically informed regarding the consent and central to this study, participation is voluntary (Atkins, Britton & de Lacey 2014, p.93).

As I will outline in the ethics section of this chapter, the potential participants for my study were known to me as I coordinated their EN bridging program to allow entry into the BN program. To avoid potential participants feeling pressured to be involved in my study, affecting the voluntary requirement of consent, a third party person was involved to initially approach students to invite them to participate. This third party person was seen to be a neutral person for the participants as she did not have direct involvement in the research, however did have a relationship with the students and an understanding of the study. Potential participants were sent an email informing them of the research by the third party person. This email outlined the voluntary nature of the study and that the choice to partake would not in any way affect the student’s relationship with the University (Appendix D). Students who consented to participate in this research contacted me directly and were sent a participant information sheet (Appendix E) and a consent form (Appendix F) prior to the commencement of individual interviews. Three participants responded to
the initial invitation from the third party person and were subsequently interviewed. A reminder email was sent by the third party person with a further two participants volunteering to be included in the study. Upon completion of the fifth interview there was sufficient data to address the research question and there was no need to recruit further.

**DATA COLLECTION**

To collect data for my study I undertook interviews with the research participants. Data collection in qualitative research may include techniques such as interviewing as I have conducted or alternatively observations and examination of artefacts (Burns & Grove 2010). Of these techniques interviewing is the most common method for data collection within the qualitative research paradigm (Thorne 2008, p.126). It is also the most frequently utilised in research related to nursing (Schneider et al. 2013). Interviewing is an engaged dialogue that meets a researcher’s data collection needs. It involves conversations between the researcher and participant with the spoken word reflecting the participant’s beliefs, attitudes, knowledge or worldview of the phenomena in question (Minichiello, Aroni & Hays 2008, p.47). Interviewing for the collection of data can take place in a variety of forms such as individual or group interviews and may be classified as having a structured, semi-structured or unstructured process. The form and processes involved with interviewing depend upon what the researcher feels is best to answer the proposed research question. As well as this, logistical considerations such as time and funding and the interviewer’s skill and comfort with the chosen method determine the structure (Minichiello, Aroni & Hays 2008).

I chose individual, semi-structured interviews for my research to allow for the participant to openly discuss their experiences and feelings regarding the topic area (Polit & Beck 2012, p.537). Semi-structured interviews involve the use of open-ended questions that can be reworded and structured for further exploration. They allow the researcher and participant to remain focused on the area of study, as well as permitting clarification, expansion and prompting of the participant’s response to achieve richer data collection (Jirojwong, Johnson & Welch 2011). Similarly to my research, Rapley, Nathan and Davidson’s (2006) descriptive qualitative study also used face-to-face, semi-structured interviews, to
determine experiences of ENs transitioning to a RN conversion program in a rural setting. Within the interviews for their study was the use of descriptive questioning, which commonly involves asking participants “to provide descriptions of events, people, places and/or experiences” (Minichiello, Aroni & Hays 2008, p.98). This included questions such as “tell me about your experience as a student in the EN pathway” (Rapley, Nathan & Davidson 2006, p.4). This open-ended, descriptive questioning, allowed for a non-threatening exploration of the individual participants interpretation of their experience, rather than narrowing to a specific question and answer (Minichiello, Aroni & Hays 2008, p.98). The use of open-ended questioning resulted in rich descriptions of experience presented in the findings section of Rapley, Nathan and Davidson’s (2006, p.7) paper including powerful quotes such as:

You are the one responsible for making the clinical decisions and whatever decision you make whether it be right or wrong you are the one that’s got to live with it.

I felt group interviews were not the most appropriate form of data collection for my research. The potential for participants to feel embarrassed when sharing their experiences with a group may have resulted in a lack of depth regarding issues requiring exploration (Polit & Beck 2012, p.537). Hutchinson, Mitchell and St John’s (2011) qualitative study regarding EN transitional experiences, employed focus group interviews and noted this as a potential research limitation due to ‘group think’. ‘Group think’ is whereby the dominant group members present the ideas and other participants agree despite the fact that it may not be a true representation of their individual experience. To minimise the impact of ‘group think’, the researchers were required to employ moderation strategies including the creation of group rules as well as ensuring all participants were afforded opportunities to provide their view point. As a novice researcher managing interviews alone, having to additionally moderate group dynamics may have been challenging for me. I felt individual interviews were better suited to maximising my ability to gain the richest insight and concentrate my focus. Nevertheless, with all types of interviewing, regardless of the form it is conducted in, it is important to ensure interview questions are clear, concise and provide insight into the specific aim and objectives of the research study (Minichiello, Aroni & Hays 2008, p.98). I worked closely with my supervisors to create appropriate research questions as outlined below.
JUSTIFICATION OF QUESTIONS

In my study I utilised a semi-structured interview technique. I created a set of scheduled questions (Appendix J) to guide me and ensure all topic areas were covered related to the research question, aim and objectives. I carefully considered the questions I used in the interview to ensure that they were able to be understood by the research participants, to allow for an expression of their worldview and to meet the needs of my research (Minichiello, Aroni & Hays 2008, p.98). The use of a guide for questions rather than those strictly prescribed as found in structured interviews allowed for me to probe my participants’ responses. It also encouraged the research “participants to talk freely about all topics on the guide, and to tell stories in their own words” (Polit & Beck 2012, p.537). The research participants were able to contribute to the overall aim of my research by relaying their experiences as an EN undertaking a BN program in an Australian University. These narratives assisted me to meet the specific objectives of my research looking at experiences identified by participants as ENs, challenges, support and recommendations for the future. The questions were designed to meet these objectives and the overall aim.

Each of the open-ended questions I included in my research related to the broad topic of experience overall. Questions were also then more specifically designed to address the individual objectives of the study such as ‘What have you found challenging whilst undertaking your Bachelor of Nursing studies?’ This is a descriptive type of questioning to address the specific objective of exploring challenges. Utilising this type of questioning allowed the research participants to describe the challenges as they experienced them and also guided the direction of the interview (Minichiello, Aroni & Hays 2008). This idea of describing experience as interpreted by the participants was also appropriate to my chosen underpinning descriptive exploratory research paradigm (Burns & Grove 2010).

The contrast question ‘What would you consider were the major differences between this study and previous study you have undertaken?’ was also included in the schedule of questions. This type of question allowed the research participants to make “comparisons of situations or events within their world and to discuss the meanings of these situations” (Minichiello, Aroni & Hays 2008, p.99). Further questions included the feeling question
‘How have your studies made you feel?’ looking at the participant’s emotional response as a way of describing experience. The final question put forward was ‘What could have improved the experience of studying your Bachelor of Nursing program?’ and allowed for reflection of the research participants’ opinions or values (Minichiello, Aroni & Hays 2008). Each of these question types once again related to the exploration of experience and the qualitative research paradigm with participants providing their meanings and interpretations as seen by them as an individual (Burns & Grove 2010).

**Participant Interviews**

Once consent was formally finalised, the semi-structured individual interviews were undertaken utilising the schedule of questions (Appendix J) as previously discussed. I conducted interviews with the individual participants depending on their preference and these took two formats; semi-structured face to face or telephone interviews. Each of the five participants undertook one interview, at a time that was convenient to them with the maximum length of interview being one hour. I recorded and personally transcribed each interview verbatim post interview in order to enhance credibility and authenticity (Polit & Beck 2014, p.324). Reflexive journaling of ideas and concepts was undertaken during each of the interviews.

Reflexive journaling is often used in qualitative studies and involves journaling of ideas to allow for “critical self-reflection about one’s own biases, preferences, and preconceptions” (Polit & Beck 2012, p.740). For this, whilst undertaking each interview, I noted anything I felt was interesting or surprising to me, as well as any comments that caused an emotional response for me. For example, participants describing to me negative behaviours toward them directed by nurse academics, made me feel disappointed and saddened. I reflected on this post interview and discussed these feelings with my supervisors and from there was able to create boundaries and move forward. Journaling these ideas and feelings as I went ensured they were not lost and I could explore these thoughts further as my research progressed (Thorne 2008, p.109). Reflexive journaling also formed the basis for member checking. Member checking involved the research participants having the opportunity to review the information they had presented to me to ensure I had interpreted it correctly in
an effort to achieve maximum rigour (Munhall 2010). Similarly to audio recording and verbatim transcription, reflexive journaling was also utilised to enhance the quality of my study and to meet credibility and authenticity for the research (Polit & Beck 2014, p.324).

At the conclusion of participant interviews one, three and five, I had a debrief session with my supervisors to assist in clarification of my research interview skills and techniques. Primarily this was receiving feedback from my supervisors on managing boundaries between myself and the research participants and maintaining my position as a researcher and not a nurse academic or RN in this instance. Discussions with supervisors also formed the basis for the initial stages of data analysis including familiarisation with data (Braun & Clarke 2006). I engaged my supervisors at this stage for peer reviewing and debriefing in an attempt to enhance the quality of my research through the strategies credibility and confirmability (Polit & Beck 2014, p.325), which will be further discussed in the quality of research design section of this chapter.

DATA ANALYSIS

The purpose of data analysis in qualitative research is to assist with organising and finding meaning in collected data (Polit & Beck 2012). In my research, data analysis were conducted using inductive reasoning whereby the ideas formed from the data I collected which involved me using “specific observations (data) to develop conclusions (explanation and interpretation)” (Schneider et al. 2013, p.394). I utilised the computer software program NVivo (v10) to assist me to manage the data. I grouped the data collected and analysed this into themes using thematic analysis. Thematic analysis is the most commonly used data analysis technique in qualitative research and is defined as “a method for identifying, analysing and reporting patterns (themes) within data” (Braun & Clarke 2006, p.79). Thematic analysis was undertaken in my study using a five step framework described by Braun and Clarke including familiarisation, generation of initial codes, searching for themes, reviewing themes and refining themes (Braun & Clarke 2006) as described below. Whilst I have presented this as a linear process in Figure 3-3 it is important to note that data analysis for this research took an iterative approach in that I repeated each step multiple times throughout the process (Schneider et al. 2013, p.150).
FAMILIARISATION

The first stage of thematic analysis involved me becoming familiar with the data. Upon completion of each of the interviews, I undertook verbatim transcription of the interviews in an effort to improve the credibility and authenticity of my research (Polit & Beck 2014, p.328). Transcription allowed me to ensure that I remained true to the original data collected from the research participants (Braun & Clarke 2006, p.88). This also ensured congruence with the chosen descriptive exploratory design by remaining close to the data (Sandelowski 2000, p.336). In order to become increasingly familiar with my data, I chose to personally transcribe the participant interviews (Munhall 2010, p.252), all the while further journaling my reflections and any emerging ideas I found that presented in the research participants’ responses. This also involved me reading over reflexive journaling that occurred during data collection. I read each of the verbatim transcripts several times which allowed for further immersion in the data (Braun & Clarke 2006, p.87). Following manual transcription and review of the data and reflections I imported each interview into the software program NVivo (v10) for facilitation of data management and further analysis including coding (Jirojwong, Johnson & Welch 2011, p.274).
**Initial Coding**

The second stage of data analysis involved initial coding of data. Coding involves “identifying and indexing recurring words, themes or concepts within the data” (Polit & Beck 2012, p.722). I undertook coding with the assistance of the software program NVivo (v10) as described below. Coding followed each individual interview, after the research participant’s data had been transcribed and reviewed. It occurred in several stages with the initial phase highlighting participant quotes as free nodes, which are a way “to capture ideas without imposing any structure on those ideas” (Bazeley 2007, p.32). To code these free nodes, I highlighted participant quotes that I found to be interesting and significant to my research question (Braun & Clarke 2006, p. 88). Each transcribed interview was coded systematically with free nodes from beginning to end. Whilst coding with free nodes, I journaled potential relationships and emerging ideas (Bazeley 2007, p.66). After the creation of the extensive list of free nodes, I began the initial search for themes.

**Search for Themes**

Completion of transcription, familiarisation and initial coding of each of the interviews led to the next stage of data analysis, that is, the searching for themes. Following the creation of free nodes in NVivo (v10), I reviewed these and the journaled notes for connections, categorised and allocated each to nodes. Nodes allowed me to collect related concepts and create preliminary themes (Bazeley 2007, p.83). The nodes were then reviewed and several similar nodes were grouped together to create initial subthemes. I then refined and clustered the subthemes to form potential overarching main themes as depicted in Figure 3-4. This process of data analysis, known as inductive analysis, enabled the original verbatim quotes (free nodes) or nodes to form the basis for themes (Schneider et al. 2013, p.142). This data generated theming is congruent with the descriptive exploratory approach remaining as close to the data as possible (Brown 2014, p.43).
The fourth stage of data analysis involved a review of the preliminary themes. Firstly I revisited the data set, initial codes and journaled reflections to ensure an accurate representation of each of the participants’ experiences was present within the themes. This also confirmed that the coding and initial themes adequately addressed the proposed research question. Secondly revisiting the data and initial analysis activities allowed for any important and relevant data that I may have missed to be included prior to refining the themes (Braun & Clarke 2006, p.91). Finally through advanced use of the software program NVivo (v10) an initial thematic model was created (Appendix K) to assist me with visualising connections and relationships between nodes and themes (Braun & Clarke 2006, p.89). The review processes were discussed and cross checked with my supervisors to improve the quality and confirmability of my findings (Polit & Beck 2014, p.325) and to direct further refinement of the themes.

Refine Themes

The final stage of data analysis involved refining the themes. This included a collaboration of all collected nodes, themes, reflections, journals, models and literature to define and name the major themes. This enabled me to give meaning to each theme. As well as this an important part of the refining phase involved a finalisation of the thematic model (Braun & Clarke 2006, p.92) as shown in Figure 3-5 with the NMBA and AQF forming at the centre representing the conceptual framework. In my research, data were categorised into three
broad and interrelated themes, ‘Duelling Identities’; ‘Challenging Realities’ and ‘Oppression’. In the refining process the subthemes ‘Benefits and Burdens’; ‘Betwixt and Between’; ‘Knowledge and Pedagogical Disparities’; Real World vs Ivory Tower’; ‘Devalued and Discriminated’ and ‘Vertical Violence’ were also identified which assisted me in providing structure within the complex major themes (Braun & Clarke 2006, p.92). I will present the meaning of each of the major themes and corresponding subthemes in the findings chapter.

**FIGURE 3-5 - REFINED THEMES**

**QUALITY OF RESEARCH DESIGN**

In order to enhance the quality of my research, I included several strategies with the aim to improve the trustworthiness of data (Jirojwong, Johnson & Welch 2011, p.273). For my research I chose to apply Lincoln and Guba’s (1985) framework of quality criteria in an effort to maximise trustworthiness. Lincoln and Guba are described as pioneers in the field of evaluating the quality of qualitative research (Northcote 2012, p.104) and introduced the label ‘trustworthiness’. Lincoln and Guba’s framework originally proposed in 1985 is
suggested to be the most widely used framework for assessing quality within qualitative research (Johnson & Rasulova 2017, p.266; Polit & Beck 2012, p.584). To develop trustworthiness Lincoln and Guba (1985) described four principles that are required to be addressed including credibility, dependability, confirmability, transferability and later added authenticity (Guba & Lincoln 1989). An overview of each of the criteria and the corresponding quality enhancing strategies is presented below and is followed by a table summarising the steps I have taken in this research.

The first principle in ensuring trustworthiness in qualitative research described by Lincoln and Guba (1985) is credibility and portrays “confidence in the truth of the data” (Polit & Beck 2012, p.724). To ensure credibility of my research I undertook several strategies including reflective journaling, audio recording and verbatim transcription. As well as this member checking was undertaken, which involved me paraphrasing the research participants’ responses during interviews to verify I had interpreted their ideas accurately (Polit & Beck 2014, p.328).

The second principle, dependability, was addressed using techniques similar to those outlined in credibility as Polit and Beck (2012, p.585) state that without dependability, credibility cannot be met. Specifically, dependability is about the reliability “of data over time and over conditions” (Polit & Beck 2014, p.323). Similarly to enhancing credibility, member checking was included in this research as a strategy to improve dependability (Lincoln & Guba 1985). To enhance the dependability of my study I additionally included documentation of the decisions I made, referred to as the decision trail (Sandelowski 1986). Specifically this involved providing justification of the research design (Schneider et al. 2013, p.155) including the chosen descriptive exploratory approach and the congruent methods of data collection and analysis I have described earlier in this chapter.

The third principle Lincoln and Guba (1985) describe in increasing trustworthiness of qualitative research is confirmability. For this research, this involved ensuring my data were accurate and objective (Polit & Beck 2014, p.323). I maximised the confirmability of my
data through the use of peer review and debriefing with my supervisors. This included cross checking of my ideas which was undertaken during data collection following interviews one, three and five and also during data analysis with my supervisors reviewing the data in NVivo (v10) to provide external credibility (Jirojwong, Johnson & Welch 2011, p.273). I met regularly with my supervisors to discuss emerging themes in order to minimise bias and ensure accuracy in the interpretation of the data.

Transferability is the fourth principle in developing trustworthiness (Lincoln & Guba 1985). Transferability relates to the degree that my findings could be applied to another group or setting (Polit & Beck 2014, p.323). Strategies I undertook to increase the ability of my findings to be applied to another group or setting included the use of thick, vivid description in reporting the experiences of the research participants (Lincoln & Guba 1985). Also by including documentation of each of the quality enhancing strategies as I have outlined in this section, Polit and Beck (2014, p.325) state aids in maximising transferability of the research findings.

The fifth and final principle added more recently to Lincoln and Guba’s (1985) framework of quality criteria is authenticity (Guba & Lincoln 1989). I have aimed to increase the authenticity of my research by providing readers with a sense of the “participant’s lives as they are lived” (Polit & Beck 2014, p. 323). In order to achieve this within my research I utilised techniques such as audio recording, verbatim transcription and reflective journaling. Authenticity is demonstrated throughout my research with the research participants’ voices being heard though thick, vivid descriptions of their experience spread widely through this thesis. I have included Table 3-1 below to provide an overview of each of the steps I have taken in order to improve the quality and therefore trustworthiness of my research.
<table>
<thead>
<tr>
<th>Strategy</th>
<th>Evidence of steps to enhance quality of study</th>
</tr>
</thead>
<tbody>
<tr>
<td>Credibility</td>
<td>• Reflective journaling</td>
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<tr>
<td></td>
<td>• Audio recording &amp; verbatim transcription</td>
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<td>• Member checking</td>
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<tr>
<td>Dependability</td>
<td>• Member checking</td>
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<td></td>
<td>• Decision Trail</td>
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<tr>
<td>Confirmability</td>
<td>• Peer review &amp; debriefing</td>
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<td>Transferability</td>
<td>• Thick, vivid description</td>
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<td></td>
<td>• Documenting quality enhancement</td>
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<tr>
<td>Authenticity</td>
<td>• Reflective journaling</td>
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<td>• Audio recording &amp; verbatim transcription</td>
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<td>• Thick, vivid description</td>
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**TABLE 3-1 - QUALITY ENHANCING STRATEGIES**

**ETHICAL CONSIDERATIONS**

As well as ensuring the quality of my research I also needed to be sure that it was ethically sound. All research involving human beings requires some level of ethical consideration to be put in place to protect the rights of the research participants (Polit & Beck 2012, p.150). For this research the nature of the relationship between me and the participants required strategies to be taken to ensure my research was conducted in an ethically responsible way. The principles of respect for autonomy, beneficence and non-maleficence and justice as well as the merit and integrity of my research were reflected upon in order to maintain ethical conduct. Specifically ethical conduct involved me considering the consent process and clearly outlining the risks and benefits for the study. I also needed to consider fair treatment and the anonymity and privacy of each of the research participants as will be discussed in detail below.

I received formal ethical approval to undertake this research from my University Human Research Ethics Committee - Ethics Approval Number: HE13/384 (Appendix G, H & I).
RESPECT FOR AUTONOMY

In my research I undertook steps to ensure that the autonomy of each participant was respected and that their involvement was voluntary. Respect for autonomy involves an individual’s right to make a self-determined choice (Beauchamp & Childress 2001, p.57). This principle underpins what is required for informed consent to be obtained. A valid consent can only be obtained when specific conditions are met. These include that the person is informed of the nature, risks and benefits, has the capacity to understand the specifics of what they are consenting to and finally is voluntarily and free from any external coercion (Atkins, Britton & de Lacey 2014, p.93). I addressed all the requirements to ensure consent was valid and will outline in detail below.

CONSENT PROCESS

I am a nurse academic and the participants of my research were students at the University where I teach and the research took place. As a result, several strategies were employed ensuring the voluntariness of the research participants. This research involved a teacher (myself as a nurse academic) and student relationship that was pre-existing. According to The National Health and Medical Research Council (NHMRC 2007) this relationship may be viewed as an unequal or dependent one that requires consideration to ensure participant’s consent for the study is voluntary. As outlined in the recruitment strategy above, to ensure voluntariness, I initially involved a third party person who emailed potential participants inviting them to participate in the research (Appendix D). The NHMRC (2007, p.60) recommend the employment of an independent party if a researcher already has a relationship with potential participants such as I had. Within this email potential participants were advised their choice to participate in the research would in no way affect their relationship with the University. Students who agreed to participate in my research contacted me and were emailed a participant information sheet (Appendix E) and consent form (Appendix F). Participants were then able to choose whether they wanted to be involved once they knew the nature, risks and benefits of the study as outlined in the participant information sheet (Appendix E) and those who chose to be involved returned the signed consent form (Appendix F) to me. The consent process I undertook ensured respect for the research participants’ autonomy.
**Beneficence & Non-Maleficence**

As well as respecting the participants’ autonomy I followed the bioethical principles of beneficence and non-maleficence to ensure I conducted my research ethically. The principle of beneficence means to “above all, do good”, whilst non-maleficence refers to “above all do, no harm” (Johnstone 2009, p.40). In order to comply with these principles I ensured that the benefit of my research outweighed any risks involved and these potential benefits and risks were clearly outlined to the participants (NHMRC 2007, p. 13).

**Risks**

My research was considered to be low risk. The NHMRC discuss that there may be risks involved when conducting research including harm, discomfort and inconvenience to the participant (NHMRC 2007). A possible issue within my research is that the participants were potentially inconvenienced in having to give up their time to be involved in the study. To alleviate this, I asked participants to choose a time convenient to them and gave them the option of phone or face to face interviews. Whilst I did not anticipate any significant emotional distress, I knew that there was a possibility that whilst interviewing participants, discomfort and anxiety may have occurred during discussion about their personal experiences. Whilst I did not feel that any of the participants were uncomfortable or anxious during the interview process I had strategies in place to manage any anxiety that may have been encountered. This included referral to external counselling services though this was not required.

**Benefits**

The benefits of my study are primarily surrounding “gains in knowledge, skills and understanding” (NHMRC 2007, p.17). My research is most likely to benefit future ENs who wish to attend the University to become RNs. The findings increase awareness about the strengths and weaknesses of the University’s support for students who undertake this pathway and potentially improve the experience for future students. Additional benefits of my study included providing my participants with an opportunity to voice, as well as reflect, upon their experiences.
JUSTICE

To meet the principle of justice I undertook strategies to ensure participants were treated with fairness. The principle of justice within research focuses on distributive and procedural justice. Distributive justice refers to an equal distribution of “benefits and burdens” (NHMRC 2007, p.11) and includes the risks and benefits outlined in the beneficence and non-maleficence section of this chapter. Specifically each participant faced the same amount of involvement in the study and no participants were burdened more than others. In regards to research benefits, each participant has equal opportunity to access disseminated findings.

In order to ensure I followed procedural justice I took steps to ensure participants were treated fairly and their anonymity and privacy respected (Polit & Beck 2012, pp.155-156). Fair treatment specifically relates to recruitment and consent processes. In my research these processes are clearly articulated in the respect for autonomy section of this chapter. This section specifically highlighted the involvement of a third party person to ensure participants were treated fairly and consent was not coerced. The participant information sheet (Appendix E) and consent form (Appendix F) also outlined that there would be no negative effects related to declining or withdrawing involvement in my research.

I undertook numerous strategies to ensure the anonymity and privacy of participants. Once interviews were recorded, both the audio recording and transcript were stored in a password protected file on a computer in a locked office. Data were only accessible to myself and my supervisors. I undertook the verbatim transcription and did not involve a third party for this. Participants were not referred to by their name and instead were given a pseudonym. These pseudonyms were Jo, Sam, Alex, Ash and Pat, common ‘nicknames’ that purposely do not transmit to one particular gender or ethnicity to reduce identifying factors. The use of these ‘nicknames’ allowed for a balancing between keeping “a sense of the human participant” (Lahman et al. 2015, p.449) and maintaining anonymity. I did not include any other identifiable data such as places within my findings. Upon completion of this research I removed the data files from my computer and had these archived for a minimum of five years as per the NHMRC (2007) and my University’s guidelines.
RESEARCH MERIT & INTEGRITY

I have taken a number of steps to ensure merit and integrity within my research. This includes effects such as having a clear benefit and sound research design (NHMRC 2007, p.12). For my research the potential benefit is the gained knowledge and understanding to improve student experience. The research design also met the aim and objectives of the study as outlined in Chapter 3 and includes a thorough review of literature surrounding the topic area as identified in Chapter 2. Furthermore to ensure merit and integrity the NHMRC (2007, p.12) suggests only those with competent skills should undertake research. Whilst I am a novice researcher, my supervisory team are experienced researchers and have guided the process. Finally to maximise integrity my research was undertaken honestly, as outlined in the quality section of Chapter 3 and the consent process is transparent to maximise the voluntariness of participation. The findings will be disseminated through publications in journals with a specific focus on nurse education and through conference presentations where HE is addressed. The findings will also be presented at curriculum review sessions within the University I am employed and undertook the research to allow for sharing of knowledge with others and feedback.

CHAPTER OVERVIEW

In this chapter I provided an overview and justification for the chosen research design. For this research I employed a qualitative paradigm with a descriptive exploratory design to best address the research question as outlined. The methods I have chosen are congruent to the qualitative, descriptive exploratory methodology including purposive sampling, semi-structured interviews and thematic data analysis. In order to enhance the quality of this qualitative design, I undertook several strategies including reflective journaling, verbatim transcription, member validation and cross checking. In this chapter I have also outlined the considerations I undertook to ensure the study was ethically sound. In the next chapters I will describe and explore the findings for this research under the themes obtained as a result of data analysis using the participants’ narratives to tell the story.
CHAPTER 4 - FINDINGS

INTRODUCTION

In this chapter I will draw upon the research participants’ words to present the key findings derived from the thematic analysis. As discussed in Chapter 3, I utilised Braun and Clarke’s data analysis framework involving the five steps; familiarisation, initial codes, search for themes, review themes and refine themes (Braun & Clark 2006). I refined three major themes in this process relating to the experiences as identified by the five research participants Jo, Sam, Alex, Ash and Pat, who were ENs undertaking a BN program. The refined themes were; ‘Duelling Identities’; ‘Challenging Realities’ and ‘Oppression’. These major themes summarise the research participants’ responses in relation to the original research question ‘What are the experiences of enrolled nurses undertaking a Bachelor of Nursing program in an Australian university?’ I will define and describe each of these major themes (‘Duelling Identities’; ‘Challenging Realities’ and ‘Oppression’) according to my findings in this chapter. For each major theme, subthemes will be discussed to elaborate meaning and verbatim quotes from Jo, Sam, Alex, Ash and Pat will augment each theme and contribute to credibility of the findings. Additional meaning will be provided for the themes using the conceptual framework and relevant literature in the following discussion chapter.

THE RESEARCH PARTICIPANTS

As I described in Chapter 3, I recruited and interviewed five participants in my study at which point ideas began to be repeated and no new ideas were emerging. I would like to introduce the five research participants Sam, Jo, Pat, Ash and Alex and will refer to them by their pseudonyms throughout the remainder of this thesis. The demographic background of the research participants includes that Sam, Jo and Pat completed a Certificate IV in Nursing and Ash and Alex completed a Diploma of Nursing in Australia. The participants had various years of experience (from 2 to 30 years) working as an EN. There were four female participants and one male. The pseudonyms I have provided for the participants are purposely gender neutral to ensure privacy is maintained. The participants were aged between 21 and 49. Jo, Pat and Ash have a child or children and each of the participants
has a partner, works part-time as an EN and supports themselves (and their family) financially. Each participant was in their third and final year of the BN program in the same cohort. The research participants’ stories inform the findings, discussions and contribute to the conclusions for my thesis.

**Theme 1: Duelling Identities**

The major theme ‘Duelling Identities’ portrays the experiences of each participant in being an EN, a BN student, and also a person who has other simultaneous commitments. Commitments such as being a parent, having work requirements and also financial responsibilities were identified by the participants of my research. The term ‘duelling’ has been used to label this theme because of the competing nature of the differing identities that each of the research participants revealed. There are two subthemes within this theme, the first ‘Benefits and Burdens’ reveals both the positive and negative experiences discussed by the research participants with regard to having multiple identities. The second subtheme discusses the difficulty in being ‘Betwixt and Between’, that is, neither a person undertaking the EN role nor the RN role within the BN program.

**Benefits and Burdens**

Jo, Sam, Alex, Ash and Pat identified both positive and negative aspects to being an EN and a BN student at the same time. They each described that being an EN had helped them through their studies. For example, they expressed feeling confident as a result of the experience and prior knowledge they brought to the degree that other students may not have. On the other hand however, being both an EN and BN student also created issues with their ability to disconnect from nursing itself resulting in an overwhelming feeling associated with constantly being surrounded by the ‘sick, sick, sick’ (Ash, l.17). Other complexities were also experienced by the mature-age student participants who all had work and financial responsibilities with the majority also feeling additional burdens associated with parenting responsibilities (Jo, Pat & Ash). These ‘benefits’ and ‘burdens’ will be discussed below.
Jo, Sam, Alex, Ash and Pat could each see benefits with regards to being an EN studying the BN. Sam and Ash both felt their practical skills were superior to that of other students and felt much more confident in the clinically focused aspects of the BN program.

...it has been helpful you know being able to actually see things at work ‘cause I think that if I didn’t have as much experience with that ‘cause that’s something that I’ve noticed with a lot of the students who aren’t ENs or AINs they just whinge about the fact there’s not enough prac and stuff (Sam, l.79-81).

You know I see myself as quite fortunate ‘cause I have quite a good clinical skill set you know but for what I see for the others, ... that you know don’t have these clinical skills who aren’t enrolled nurses and maybe aren’t doing AIN undergraduate work, there’s a lot of them that do feel that they’re under skilled (Ash, l.140-144).

Pat also explained to me they felt their theory base was more developed and therefore were able to contribute more in class. Jo agreed and outlined how being an EN and studying allowed for a greater understanding and discussed experiencing ‘light bulb’ (Jo, l.31; Pat, l.133) moments not shared by other students in the classroom.

I think actually it really helps being in the industry and knowing what they’re talking about (Jo, l.20-21).

...all the light bulb moments we were having as ENs, but the rest of the class didn’t get it. And we’re sitting there going we want to learn more, we want to learn more and everyone’s going I don’t understand that and we’re thinking oh my God that makes so much sense to us now (Pat, l.133-136).

Being an EN further afforded participants opportunities to work with RNs as well as other ENs. Each participant listed the RN and EN colleagues they worked clinically with as a source of support whilst undertaking the BN program. Sam and Jo also celebrated a benefit of being an EN working with RNs was that they were provided with feedback on their performance which both felt was particularly motivating.

I think enrolled nurses have the benefit of having so many registered nurses around to give you a heads up (Jo, l.72-73).

I am a good nurse and people recognise that, and I have had people at work say that and that I’ve improved (Sam, l.211-212).
There were also burdens with being an EN described by the research participants. As a result of knowing the profession of nursing and feeling committed to their goal for their chosen career path of the RN, Pat described frustration at having the advanced level of knowledge and drive to be a RN which was not shared by all students. Pat, Ash and Alex felt this led to them having disruptions in their learning from students who perhaps had no interest in nursing.

...’cause we know we want to be there, we know we want to do nursing so we’re really keen, but a lot of the younger ones were just doing it because they have to do it. Whereas we know we’re doing it because we want to do it (Pat, l.127-129).

Pat’s suggestion for the management of this burden was to have EN specific classes, agreed to by both Ash and Alex. They suggested this would allow for a faster pace and more advanced level of learning and teaching to alleviate the frustration of not yet being a RN but having more advanced knowledge than other students.

...And we’re sitting there going we want to learn more, we want to learn more and everyone else is going I don’t understand (Pat, l.134-135).

Relating to this frustration at having a more advanced level of knowledge, Sam described feeling that the majority of nurse academics delivered content without any consideration to a student’s previous knowledge. Sam expressed that upon explaining that they were an EN and had some knowledge on certain topic areas they felt they were dismissed by academics.

And sometimes if you say that you’re an EN, kind of automatically there’s that, oh God, like you know, here’s the know it all (Sam, l.29-30).

Other burdens of undertaking the BN program from the research participants’ perspectives revolved around two main challenges including work-life balance and not being able to ‘switch off’ (Ash, l.39) from nursing. Jo, Sam, Alex, Ash and Pat asserted that being both an EN and BN student, as well as home provider meant they each had to meet work and financial commitments and time was balanced between studying nursing and working as a nurse. As well as the financial burden associated with undertaking the degree, Jo, Sam,
Alex, Ash and Pat expressed resentment toward workplace requirements and having to utilise leave to undertake BN clinical placement. Ash, Pat and Alex further described spending University breaks working intensively as ENs to manage financially.

...you know, I’ve had to save every single hour of annual leave that I possibly have, last year that meant going on to half pay for those 8 weeks (Ash, l.86-87).

...where I found that hard was on placement, because you’re not getting that, you are used to having a regular wage so when you are on placement you do not have that regular wage. That was really hard (Pat, l.94-95).

Finances were challenging. Being told that I can’t work whilst I am on prac at all was a challenge. I thought I was going to lose my unit and my car (Alex, l.1-2).

The juggle between making ends meet and dedicating enough time to the degree with holidays spent either working or studying nursing led to an all-consuming feeling for Ash. Being both the EN and BN student left little opportunity for Ash to identify as anything more than a nurse. Ash described not being able to ‘switch off’ (Ash, l.39) from nursing and feelings of being ‘engulfed by the bad side of human life’ (Ash, l.25).

You know like it’s just you know when you go to work and you nurse, and you come home and you read about nursing, you’re doing assignments about nursing, you do uni it’s about nursing and it’s just sick, sick, sick people sick all around you and it starts playing with your head a little bit (Ash, l.15-18).

It was obvious to me as the words ‘sick, sick, sick’ (Ash, l.17) were repeated that this was something that had deeply affected Ash. Ash’s vivid word choice describing being ‘engulfed by the bad side of human life’ (Ash, l.25) created for me powerful imagery. Furthermore the inability to ‘switch off’ (Ash, l.39), as explained by Ash, generated an envy of other students who were not nurses, further demonstrating the burden associated with being the EN and BN student.

I envy the burger flipper (laughs). I said to someone I wish I just like made coffees or worked in a sandwich shop or something like that or I was a mechanic or a landscaper or something like that because you know it’s just I couldn’t, I haven’t, I can’t switch off (Ash, l.36-39).
Added burdens the participants reported as a result of being identified as an EN included being devalued and labelled as ‘not fully competent’ (Jo, l.141). This labelling was particularly hurtful to Sam, Ash and Alex who already expressed to me they felt inferior to others and not good enough or smart enough to undertake the degree. I explore this perception as experienced by the participants again later as it is significant within the major theme ‘Oppression’.

Betwixt and Between

The concept of ‘Betwixt and Between’ describes “when one is neither here nor there” (Mahdi, Foster & Little 1994, p.115). In my research, this refers to the research participants being between an EN and RN, that is, as a BN student. Whilst the research participants bring with them prior knowledge and experience as an EN, there are challenges to entering into the BN program with prior EN knowledge and skills as compared to other enrolled students. The research participants were required to perform within the scope of the BN student in clinical practice and to complete all requirements to successfully become eligible for registration as a RN despite their prior knowledge and skills, albeit with RPL for the first year of the BN program. Jo, Sam, Alex, Ash and Pat were not novices within their work environment; however they also did not yet possess the level of knowledge, responsibility and expertise that the RN holds. This was particularly frustrating for most of the research participants and contributed to them feeling ‘betwixt and between’ as they actually perceived that there were limited differences in their role as an EN to that of the RN. This idea also applies to the major theme ‘Challenging Realities’ and will be further discussed in this theme.

Jo, Sam, Alex, Ash and Pat described challenges associated with being between the EN and RN whilst undertaking the BN program. Within the classroom, participants found they were patronised and their competence questioned. Alex was particularly frustrated at having to complete assessments on areas previously deemed to be competent as an EN and practiced regularly in the workplace, such as administering basic oral medications.
Like getting told I have to come in to class and give an oral drug to someone when I do it on prac and I do it in my job all the time anyway, it’s a bit you know why am I repeating this (Alex, l.112-114).

Also specific to the workplace experience in the role of a BN student, Sam, Ash, Pat and Alex described difficulty remaining within their scope of practice as a student because they had prior knowledge and qualification.

The challenging thing I found the most with placement was because you are so used to doing your own medications and everything as an EN, is stepping back and saying hang on I’ve got to wait for the RN to help like to do this with them (Pat, l.18-20).

...you’re doing the same thing you do in your normal job if not less, when you go on prac ‘cause you’re against the wall or your just watching an RN. It’s frustrating (Alex, l.105-106).

I found it really challenging, I mean a lot of ENs work outside of their scope of practice (Sam, l.159-160).

Pat added that during BN workplace experience, in the role of student, it was difficult to be assertive and to advocate for patients when practice was unsafe. Yet when working as an EN, Pat had no problems identifying this form of practice and bringing it to the attention of the clinician.

When you see people doing things you think oh my God that’s terrible practice and you want to say something but you think, you feel that as a student you can’t... but as an EN, I would I’d say it, I’d say something (Pat, l.23-25).

Both Sam and Jo recognised that sitting in this ‘in-between’ space, created a sense of fear in knowing what was coming particularly with no longer being able to ‘pass the buck’ (Jo, l.80).

...that’s what I enjoy about being an EN I like that I don’t have to have the responsibility of an RN, that’s why I’m freaking out so much about becoming a registered nurse (Sam, l.5).

...as an enrolled nurse, they’re spoon feeding you all this stuff and then when you come out you always can pass the buck to the registered nurse when you probably needed critical thinking, research finding degree for registered nurses because you are the buck so you can’t pass it (Jo, l.79-82).
Notwithstanding this realisation, both Sam and Jo stated that they felt that the role of the RN and EN did not greatly differ. A perspective I will discuss as it applies to the next major theme ‘Challenging Realities’.

**Theme 1 Summary**

The major theme ‘Duelling Identities’ depicted Jo, Sam, Alex, Ash and Pat’s experiences undertaking the BN program whilst identifying themselves as ENs, with competing life and family commitments. Participant experiences highlighted that they had conflicting and often competing roles which had both positive and negative impacts. The subtheme ‘Benefits and Burdens’ identified participants who felt they had an advantage over other students due to prior knowledge and experience with an increased level of confidence in practical skills and a greater understanding of the science-based content. On the other hand however, the burdens the research participants experienced included struggles with work-life balance, in particular meeting financial commitments and an overwhelming feeling of being ‘all-consumed’ by nursing. Being neither ‘here nor there’, that is between the EN and RN created identity conflict with identifying as a BN student. The research participants expressed that it was difficult to remain within their scope of practice as a BN student and described a fear of the unknown. Holding these ‘duelling identities’, particularly the title of ‘EN’ afforded participants the opportunity of going through a socialisation process whilst also having created their own preconception of the RN. I will discuss these ideas further as they contribute to the following major theme ‘Challenging Realities’.
THEME 2: CHALLENGING REALITIES

Each of the research participants Jo, Sam, Alex, Ash and Pat had previous exposure to both the theory and practice of nursing. Preconceived ideas, expectations and socialisation processes led to the shaping of each of the research participant’s worldview of nursing. Whilst RNs and ENs have different roles and responsibilities, the research participants had their own perceived reality of what this was based on their worldview. The research participants described that at times their perceived reality of RNs was challenged, particularly the RN role and the educational preparedness of that role. They expressed issues associated with what it is a RN should know, how they should come to know it and what their role is, specifically within the context of how this differs from the role of the EN. This major theme ‘Challenging Realities’ captures each of the research participants’ expectations versus experiences on the knowledge and learning of the RN under the subtheme ‘Knowledge and Pedagogical Disparities’. Furthermore, the subtheme ‘Real World vs Ivory Tower’, describes research participants’ perceptions of the RN role, which I will further describe and explore in relation to the literature in the discussion chapter.

KNOWLEDGE AND PEDAGOGICAL DISPARITIES

Each of the research participants’ worldviews on what a RN is and what a RN should know was challenged whilst undertaking the BN program. Jo, Sam, Alex, Ash and Pat each expressed they had a preconceived idea of what a RN should know and how they should come to know this. Each described feeling as though undertaking the BN did not match this reality and their expectations of the degree. During their interviews, discussion centred on the content of the program, notably the inclusion of more art based subjects as well as the pedagogical differences between the BN program of study and their previous EN education.

There’s still a lot of things that I probably really would like to learn that I thought the degree would teach me...for me I thought my expectations of the degree and the degree has been totally different. You know I thought we’d be doing advanced cellular anatomy and pathophysiology all the time, I thought that was what you know. The degree was not what I thought registered nursing was about in its entirety it was a bit of a surprise (Ash, l.150-155).

TAFE was a lot more hands on, I was surprised, I thought it would be more clinical and more, more intense when I came to uni (Alex, l.58-59).
Jo, Sam, Alex, Ash and Pat explained to me that they did not value much of the content of the BN and failed to see any relevance to the profession of nursing. The research participants described their experiences with certain subjects and areas of study as a ‘waste of time’ (Sam, l.51, l.291; Ash, l.125). This was particularly directed to subjects involving more the ‘art’ rather than ‘science’ aspects of nursing, which were labelled as ‘fluffy’ (Alex, l.121), ‘vege’ (Jo, l.117) and ‘wishy washy’ (Sam, l.58; Ash, l.423). All participants expressed feelings of dislike when discussing this type of study and described a preference for more science-based subjects as opposed to the art based.

There’s some aspects of it that have been absolutely fantastic don’t get me wrong, like I said the science stuff I treasure that... the arts subjects...typing those God damn assignments is like slitting your wrist (Ash, l.155-159).

Yeah I really, I’ll tell you honestly I hate reflection, I just hated it so much but I really liked the more clinical, more anatomy and physiology...I loved those subjects (Pat, l.51-52).

I liked the nursery subjects, I liked the anat and phys stuff (Jo, l.57).

The words used to describe these subjects including ‘slitting your wrist’ (Ash, l.159) and ‘hate’ (Sam, l.265; Ash, l.425; Pat, l.51) made it undoubtedly obvious to me how the research participants felt about them and the little value they placed on them. The research participants further described that there was too much of the ‘art’ type subjects and Sam, Ash and Jo felt that these subjects could have been ‘paired down’ (Jo, l.58) or ‘integrated’ (Ash, l.180) and time dedicated to ‘more important’ (Jo, l.115) aspects of nursing. The research participants listed ‘more important’ aspects to include such things as drugs, anatomy and physiology, diseases and clinical skills.

...I just feel maybe the University is focusing a little bit too much on the art side of nursing because at the end of the day, ... everything that you learn in your degree is going to have to, you know you’re gonna need that. These whole subjects that take up all these things that to me that’s time that’s valuable time within that valuable time you could pack so much more in that has relevance and fills you with knowledge that gives you confidence to practice. Not knowledge for the sake of knowledge but knowledge to turn you into an effective clinician (Ash, l.182-188).
As well as deeming the more ‘art’ related subjects of nursing to be a ‘waste of time’ (Sam, l.51, l.291; Ash, l.125), both Sam and Alex failed to see the value of research related subjects and suggested that research is not necessarily within the role of the RN.

I think that with some of the subjects, like we have like the research subject and I kind of found that a waste of time (Sam, l.50-51).

There was one last semester I didn’t like the research one. I found that hard to get my head around...I know I can look up my academic resources on the computer but a whole subject on what’s what was a bit much for me (Alex, l.122-124).

The research participants were not only challenged by the content of the BN, that is what the RN knows, but also how this was delivered when compared with their previous studies. The research participants described to me that the reality of the pedagogical differences between undertaking the BN in HE and their previous education as an EN in the VET sector did not reflect what they had anticipated. The research participants were surprised at the unexpected workload and the self-directed learning style adopted by the BN, describing this as challenging and suggested a preference for their previous learning styles.

I’m actually more surprised at how the uni format works, you do most of it at home and bugger all of it at uni. That was the thing that really kind of blew me away as opposed to like TAFE where you go and sit in the classroom for like 8 hours per day and you know you get taught and you ask questions... (Ash, l.281-284).

It was much profoundly more work, so much more reading and so much more is undertaken by myself and is certainly not hand fed and I had to do so much more reading before tutorials just to get the most out of it (Jo, l.65-67).

Jo, Pat and Alex further used the phrase ‘spoon feeding’ (Jo, l.79; Pat, l.76; Alex, l.69) when telling me about their experiences with their EN education.

...exactly different expectations when you graduate as an enrolled nurse, they’re spoon feeding you all this stuff (Jo, l.79-80).

Yeah uni has been if you didn’t do it you missed out. Whereas before at, like you, it’s spoon feeding a bit like you are at school (Pat, l.75-76).
Alex explained a contrastingly different experience, describing the BN program as more ‘hand holding’ when it came to the clinical learning environment as opposed to the EN studies they had undertaken.

_TAFE there was more clinical, you’re on board more clinical, you get given a patient load whereas when you’re doing clinical as a student, you do get a patient load but for some reason they’re holding your hand a little bit more as a uni student compared to when I was doing my ENs it was more sink or swim in a way_ (Alex, l. 60-63).

Overall the research participants described the EN program of study as ‘easier’ (Ash, l.267), more clinically relevant and ‘hands on’ (Alex, l.58) when asked to compare their experiences with studying the BN program. As well as the self-directed learning style, the research participants found academic writing challenging, particularly with regard to the depth and quality expected.

...uni’s actually hard, TAFE wasn’t really that, like it was hard but I think the main difference was the assignments. I’ve never been that used to like you know, you have to do all this research, you can’t just say what you think, like you sort of can but you’ve got to back it up with stuff (Sam, l.102-105).

I found it hard to write it academically when I knew what the nursing actions were (Jo, l.14-15).

Each research participant described to me that their perception on what a RN needs to know and how they learn this has been challenged as I have presented in this subtheme. In addition to this ‘reality challenge’ of how and what RNs are taught in HE, the research participants’ perceptions on what a RN does were also questioned. Working in the ‘real world’, as the research participants suggested it to be, created a preconceived idea on the role of the RN for them and this will be discussed in the next subtheme for ‘Challenging Realities’, labelled ‘Real world vs Ivory tower’.
REAL WORLD VS IVORY TOWER

All students present to HE with past experiences and prior knowledge of things of the world. Working from this understanding the research participants shared that they have had many years of experience in seeing and working with RNs and practicing within the ‘real world’ of nursing. Their shared perceptions about the role of the RN reflect they have developed these perceptions from this socialisation process. This subtheme ‘Real World vs Ivory Tower’ is reflective of the research participants’ experiences with what is taught within the BN, that is, the role of the RN versus their perception of the role of the RN. The ‘real world’ in this case refers to the research participants’ worldview of the RN in the clinical environment and the ‘ivory tower’ refers to the role of the RN as per their education experience in HE. Within this subtheme the most prominent findings as experienced by the research participants are firstly the perception that the RN role is primarily skills based and therefore the BN should reflect this within its learning and teaching. Secondly the participants believed there is not a great deal of difference between the EN and RNs roles.

Jo, Sam, Alex, Ash and Pat each referred to the RN’s role as being very much focused on skills. This can be seen in statements about their expectations associated with the focus of the BN program and their disappointment that specific activities were not covered in more depth. In order to become a RN the research participants felt ‘critical components’ (Ash, l.393) were required to be taught in the BN including medication administration, hanging IV lines, catheterisation and manual blood pressures. This reflected the task orientated perception the research participants understood to be the RNs primary role. Reflection and research were also not valued by the participants as important to the role of the RN as I have discussed in the subtheme ‘Knowledge and Pedagogical Disparities’.

Sam, Ash, Alex and Jo suggested that their role was very similar to that of the RN. Ash stated that the degree had not met expectations, especially with regard to the increasing level of skill expected and felt they had not gained much from the BN when compared to the knowledge and skills already possessed from undertaking EN studies. Sam further supported that the role delineation between the RN and EN roles are not clear.
I thought I would be a lot more skilled than what I feel that I am about to graduate, I thought my clinical skill sets especially like you know things like catheterisation and stuff like that I thought that I’d be a little bit more. I don’t know I feel like I’m about to graduate as a registered nurse but I don’t feel that my clinical skill set is more than what I have as an enrolled nurse... (Ash, l.144-148).

I think...the majority of EN’s that I’m with...they don’t understand that they are different from the registered nurse (Sam, l.338-339).

There was frustration expressed by Jo, Sam, Ash and Alex about the nature of the degree, with each suggesting much of it held little value as described in the subtheme ‘Knowledge and Pedagogical Disparities’. Jo was the most passionate about voicing this frustration, referring to the BN program as ‘too academic and a bit bulls%#t’ (Jo, l.54). Adding to this Sam felt that much of the content of the degree was a ‘waste of time’ (Sam, l.51, l.291) and felt they would gain more knowledge from going to work as an EN.

....it kind of feels like a waste of time because I’m not like I honestly think I’d get more out going to work for 4 hours than I would from coming here (Sam, l.291-292).

Both Ash and Alex said to me they felt the primary difference in the role of the RN and EN specifically related to ‘popping pills’.

I always say thank God I’m a medication endorsed enrolled nurse because I have been doing medications ever since I graduated as an enrolled nurse I’ve got a lot of experience with medications but if I didn’t there is no way I would feel confident stepping out now... you hear that from so many of the others who aren’t enrolled nurses you know they’re out there about to pop pills out and they just don’t feel that they, you know that they know enough (Ash, l.107-112).

When you’re an EN, you’re pretty much the same, even now you hang IVs and antibiotics but the only thing that’s different is you’re not giving a morphine injection or an Endone tablet (Alex, l.101-103).

Ash and Jo further defined their experience as an EN as working alongside the RN rather than “under the direct or indirect supervision” of a RN, as is described for the EN role by the NMBA (2016b, p.2; 2016c, p.6). Furthermore, with experience in the clinical environment as an EN, Jo struggled to see the value of any activities or content that did not relate directly to clinical work as a nurse.
There’s so much in the degree that if you know what I mean has nothing to do with being in the industry. So you know like all the subjects about cultural competence and all that sort of jazz has nothing to do with my day to day work as a nurse... about 50% of the degree... it’s just uni stuff if you know what I mean. (Jo, l.21-25).

Theme 2 Summary

The findings I have presented in the major theme ‘Challenging Realities’ have illustrated the research participants’ worldview on what a nurse should know, how they come to know this and what a nurse does. Each of the research participants’ worldviews have been challenged whilst undertaking the BN, with their perceived reality in many instances not being met. This has resulted in the research participants experiencing feelings of disappointment particularly with the content of the BN program. The research participants struggled to value subjects specifically identified as ‘arts’ based subjects when compared with the ‘science’ based components. The research participants also described to me during interviews that the educational preparedness of the RN was surprising and unexpected with regard to the advanced academic level required. Additionally the research participants believed the role of the RN was primarily skills based and therefore this should have been the focus of the degree. Despite being near the end of their BN degree Jo, Alex and Ash continued to perceive that the role of the RN did not differ greatly to that of the EN. Further challenges for the research participants whilst undertaking the BN degree were feeling discriminated against and devalued as I will present in the final major theme ‘Oppression’.
THEME 3: OPPRESSION

Jo, Sam, Alex, Ash and Pat each revealed experiences to me during interview that lead me to conclude they could be considered an ‘oppressed’ group. Each voiced thoughts of inferiority when compared with others, reflecting the concept of oppression. Oppression was defined by Susan Roberts (1983, p.23) as a person or group of people being “controlled by forces outside themselves that had greater prestige, power, and status and that exploited the less powerful group”. Roberts (1983) is acknowledged to be the earliest to describe oppression in nursing relating it to Freire’s 1970 model ‘Pedagogy of the Oppressed’ and her work is referred to widely throughout nursing literature related to oppression (Dong & Temple 2011; Matheson & Bobay 2007; Rooddehghan, ParsaYekta & Nasrabadi 2015). Whilst it is unclear where this oppressed behaviour originated (and may only be internally perceived rather than externally forced) it was clearly demonstrated by the research participants who expressed doubts about their ability to undertake the BN. In this major theme, I relate the experiences of the research participants about these doubts and feelings they were devalued, treated unfairly and discriminated against whilst undertaking the BN as a result of their EN status. This perceived negativity coming primarily from nurse academics was strongly reflected in the interviews. With the research participants doubting their abilities, feeling they were initially not capable of undertaking the BN, this additional criticism from nurse academics was challenging for the research participants. I will describe the concept of the research participants being ‘oppressed’ in the subthemes ‘Devalued and Discriminated’ and ‘Vertical Violence’.

DEVALUED AND DISCRIMINATED

Jo, Sam, Alex, Ash and Pat expressed that they felt unfairly treated and criticised at various times throughout the BN. They attributed this to being an EN and perceived a lack of support from nurse academics regarding their experience and previous role. They felt that rather than their previous experience being embraced and recognised they were seen as not ‘as good as the others’ (Ash, l.333), ‘annoying’ (Pat, l.32) and their competence questioned. As I mentioned in the subtheme ‘Betwixt and Between’, Alex was concerned that at times their previous training was not recognised and felt this questioned and devalued both their prior education and competence. Questioning the competence of ENs
abilities in this circumstance by a RN (nurse academic) relates back to the major theme ‘Oppression’ with the EN being perceived to be inferior to the RN.

If we’ve already been endorsed and tested and tested competently, so why are we going in to be tested (Alex, l.109-110).

As I have stated earlier, the research participants had already come to the BN doubting their abilities. Sam, Ash and Alex described not being good enough or smart enough to undertake the degree. Ash discussed with me feeling inferior to other students at times.

I’ve always felt a little bit left out in that fact that I don’t understand a lot ... you know I just, I feel like I’m a bit behind the 8 ball so to speak and I know this sounds silly but you just don’t feel as good as the others to a certain degree (Ash, l.330-333).

Sam and Alex had similar doubts in their abilities and both thought they would never attend University. Additionally Alex was the first person in their family to attend University.

I never thought that I would come to uni, I never thought that I would get a degree (Sam, l.43).

In my wildest dreams in high school I never thought I was gonna be a University student and the youngest of my siblings (Alex, l.25-26).

Feelings of self-doubt coupled with a perception of being devalued and discriminated against, directed from the nurse academics toward the EN, negatively impacted upon the research participants with each providing stories of being unfairly treated. Sam voiced being labelled as a ‘know it all’ (Sam, l.30), and Pat echoed similar feelings of being embarrassed for knowing all the answers and being portrayed as taking over the class.

I think we possibly might have been annoying to some of them because you do tend to answer a lot of the questions because you know the answers whereas the rest of the class, especially the younger ones just sort of sit back and you think oh my God I know what this is answer it so it’s like you sort of take over the class a bit I think. You don’t do it deliberately it just sort of happens (Pat, l.32-36).
Jo was also particularly upset that ENs were put down in front of other students in the classroom and not necessarily valued as a member of the interdisciplinary team.

...you know someone’s got chest pain, don’t involve your enrolled nurse (Jo, l.135).

Ash further described the behaviour of some nurse academics as patronising and at times perceived they were treated as though they didn’t know anything.

That’s a hard thing as an enrolled nurse being a student because getting wacked with the hand of patronisation is not a fun thing to go through, ‘cause they just assume that you don’t know anything (Ash, l.239-241).

Jo supported this and was both annoyed and disappointed by a ‘tone’ (Jo, l.140) that some nursing academics used when discussing ENs.

There’s a tone, and the other enrolled nurses noticed it too, there was a tone of thinking that enrolled nurses were not fully competent. I mean they’re not registered nurses and I am not saying that they are but there was just a tone there about enrolled nurses that is probably not very helpful (Jo, l.140-142).

I will elaborate on these attitudes portrayed by nurse academics in the subtheme ‘Vertical Violence’.

**Vertical Violence**

Jo, Ash and Sam described during the interviews behaviours shown by some nurse academics towards them that reflect actions of ‘vertical violence’. The term ‘vertical violence’ describes behaviour that is abusive from individuals in positions of power toward those with less power (Decker & Shellenbarger 2012; Thomas & Burk 2009). This concept is similar to that of the more widely recognised workplace violence known as horizontal violence that occurs in clinical nursing, depicting abusive “behaviours demonstrated between nurses on the same level of perceived power” (Decker & Shellenbarger 2012, p.57). However, in the case of my research I felt the label ‘vertical violence’ was more suited. This is because it is students that are at the receiving end of the behaviours that may be considered abusive and there is an unequal status and distribution of power between the instigators of the behaviour – the nurse academics and the students (research participants) (Decker & Shellenbarger 2012; Thomas & Burk 2009). This concept of ‘vertical violence’ can be seen to contribute to the overarching major theme “Oppression” as there
is an exploitation of the group with less power. The research participants describe this domination as being shown by the nurse academics (RN) situated in a position of power over the student (EN).

There’s not a lot of love for enrolled nurses. I did notice that some registered nurses who are teaching the degree, they might not have the best attitude to enrolled nurses (Jo, l.127-128).

Ash highlighted the existence of nurses ‘eating their young’ (Ash, l.373) within the BN program and additionally described a ‘culture of bullying’ (Ash, l.347) amongst some nurse academics.

I think some individuals who teach in the school of nursing, there’s a few that we’ve got this culture problem in nursing you know we seem to be learning all this stuff about improving culture in nursing, yet I think there are certain individuals in the school of nursing that actually foster some pretty bad nursing culture and that’s not just coming from me that’s coming from a lot of students (Ash, l.348-352).

Jo agreed with the presence of a ‘culture of bullying’ (Ash, l.347) explaining how a group of EN students were singled out in class in front of other undergraduate students by a nurse academic. They described being belittled for the prior knowledge they had, suggesting whilst the nurse academic recognised that they had some nursing experience it was not up to the standard of the RN. Jo described recognising a difference in the role and responsibility of the registered nurse, however felt this patronising attitude to be unnecessary, unhelpful and created feelings of hostility from the EN students in the class toward the nurse academic evident by the colourful language Jo used when describing the situation to me.

One of the tutors... actually said to us, now for example when you do blood pressures you don’t just write it down and move on, you have to actually critically think about what those numbers might mean. Which I just wanted to say f&%k you! (Jo, l.131-134).

Jo further elaborated in the interview how this negative attitude toward ENs in the classroom would continue into the workplace impacting interdisciplinary relationships.

There was a bit of a downer on enrolled nurses which was a bit disappointing. And that gives, I think that gives a bad message for the other undergraduates who are actually going to be really highly reliant upon their enrolled nurses (Jo, l.136-138).
The negative attitude portrayed by nurse academics was noticed by the research participants to be filtering through to some undergraduate students. Sam stated that in clinical simulation scenarios, students voiced that many of the tasks they did not need to learn as RNs as they were the ENs job. Sam felt that some students may have found these tasks meaningless and ‘dirty’ (Sam, l.180) relating back to the idea and major theme ‘Oppression’ with it being a task for subordinates to the RN, reflecting the attitude the EN may be seen as inferior.

*One thing that I’ve noticed though as well with some people who aren’t ENs is that they don’t think that they have to get their hands dirty. They think that well that’s not my job. That’s the ENs job (Sam, l.179-181).*

Despite the research participants describing initial feelings of self-doubt and each sharing experiences of ‘vertical violence’ or perceptions of being ‘devalued and discriminated’ against, each of the research participants were proud to be undertaking the BN. There was a strong sense of positivity in working toward accomplishing the status of ‘Registered Nurse’. The research participants illustrated to me an almost emancipatory pride in their accomplishment. Interestingly when I asked each of the research participants what had helped them through their BN degree, no-one mentioned nurse academic support. With the above stories participants revealed about their experiences with some nurse academics, I could see why that was the case. The research participants instead relied on ENs enrolled in the BN for support, as well as their EN and RN work colleagues, family and friends to see them thorough the BN. Success in the program for the research participants provided a great sense of achievement and each expressed feelings of needing to prove to both themselves and others they could do this.

*We’ve had many many times where we’ve said that’s it, I can’t do this anymore. And we had our big melt down and we just drag each other through it so we’ve all taken our turn of gonna quit – I can’t do this I can’t do this. But we can (Pat, l.103-106).*
**Theme 3 Summary**

As I have stated in this subtheme, upon entering the BN program the research participants’ perceptions already reflected one of inferiority. This was further compounded by the attitudes of both nurse academics and students they encountered during their BN program. The research participants shared with me the oppressive behaviours that they experienced through being ‘devalued and discriminated’. I have understood these examples of behaviours as identified by participants by some nurse academics to be ‘vertical violence’ due to the nature of the perceived power of those nurse academics over the participants as students. Hearing the participants’ stories during the interviews created the realisation for me that the lack of respect I had suspected and discussed in the significance section in Chapter 1 was real and that my research question was important. The following chapters will further describe and explore this importance.

**Chapter Overview**

In this chapter I have shared the research participants’ stories gained from my study exploring the experiences of ENs undertaking a BN program in an Australian university. I identified three major themes from the data analysis to present the findings of the research participants including ‘Duelling Identities’, ‘Challenging Realities’ and ‘Oppression’. Within the theme ‘Duelling Identities’, the research participants noted the benefits and burdens of being the EN and BN student. In addition this theme showcased the challenges as experienced by the research participants, associated with being ‘in-between’ the EN and the RN as a BN student. The theme ‘Challenging Realities’, was drawn from the research participants’ perceptions about the knowledge required to be a RN, how this should be delivered in a BN program and the role of the RN versus what they actually experienced. The final theme ‘Oppression’ portrayed the research participants’ feelings of being ‘devalued and discriminated’ against and, at times, victimised for being an EN through ‘vertical violence’. This chapter has presented the findings from the participants’ interviews and identified areas for further description and exploration within the discussion chapter with reference to the conceptual framework and existing literature.
CHAPTER 5 – DISCUSSION

INTRODUCTION

In this chapter I will describe and explore the key findings as identified by the research participants in Chapter 4. The aim of my study was to explore the experiences of ENs undertaking a BN program in an Australian university. My specific objectives included understanding experiences as identified by ENs about their BN program; examining challenges faced during the program; what supported them and strategies to assist future ENs undertaking a BN program. These objectives are demonstrated through my key findings as outlined in Chapter 4 and were refined into three major themes that describe the experiences of the research participants; ‘Duelling identities’, ‘Challenging Realities’ and ‘Oppression’. These three major themes will be further described and explored in this chapter with the research participants’ stories being given meaning in relation to the literature and in particular the AQF and NMBA standards. The AQF and NMBA standards inform my conceptual framework (Figure 3-2) and provide a structure for the discussion of my findings. I will also explore existing literature surrounding the topic and new knowledge gained as a result of my research.

CONCEPTUAL FRAMEWORK

The ‘EN-BN-RN Theory-Practice-Theory-Practice Cycle’ conceptual framework (Figure 3-2) will be utilised as a tool to organise the discussion section of my thesis. As I discussed in Chapter 3 the conceptual framework demonstrates the ‘theory-practice-theory-practice cycle’ of the research participants’ journeys. At the centre of this conceptual framework are the AQF and NMBA standards. These two governing documents inform the exploration and discussion in this section of my thesis. Each of the major themes and corresponding subthemes will be discussed in relation to the AQF and NMBA standards along with additional relevant literature.
**Duelling Identities**

My first major theme ‘Duelling Identities’ consisted of two subthemes ‘Benefits and Burdens’ and ‘Betwixt and Between’. ‘Duelling Identities’ outlined the research participants’ experiences with being an EN, a provider (with both financial and family responsibilities) and a BN student simultaneously resulting in both positive and negative outcomes for each. This theme also highlighted the research participants’ challenges with being ‘in-between’, that is between an EN and RN, as a BN student. The term ‘Duelling Identities’ was chosen as a play on words with ‘dual’ meaning two though ‘duel’ chosen to represent the conflict between the identities. I felt ‘dual’ inadequately represented the conflict as I felt that more than two ‘identities’ were described by the research participants including EN, BN student, parent and breadwinner to name a few. ‘Dual’ however can refer to the conceptual framework with the two bodies, the AQF and NMBA which may be utilised as a basis for exploring the ‘duelling’ identities.

Having both the regulatory frameworks of the AQF and the differing NMBA standards for the EN and RN could contribute significantly to the sense of duelling identities. Within the process of transitioning from EN to RN there are changes in the AQF learning outcomes between the EN education in the VET sector and then the RN education in the HE sector. In addition to this there are also the regulatory requirements of the NMBA with the change in professional identity between EN and RN. These two competing bodies impacted both positively and negatively on the research participants and will be discussed under the subtheme ‘Benefits and Burdens’.
Being an EN studying the BN had benefits... and burdens. Within the findings chapter the subtheme ‘Benefits and Burdens’ outlined the perceived benefit the research participant’s found due to their prior nursing knowledge and experience as ENs. The burdens of having the multiple roles were also highlighted, including work-life balance, finances and the experience of not being able to ‘switch-off’ from nursing. With widening participation rates within the HE sector (Australian Government 2016) there is an expectation that more and more students will attend universities with similarly ‘duelling’ identities and backgrounds. The traditional ‘typical’ pathway for students, that is students enrolling directly from high school, whilst still the most common pathway for study is not the only option. Students, for example, may also enter as mature-age students, that is over 21 years of age (Boelen & Kenny 2009, p.534), and often have previous qualifications, employment experience and financial and/or carer responsibilities. Entering HE as a mature-age student can result in many challenges for students, with the experience being described as “a complex balancing act between academic, economic and domestic responsibilities” (Kenny et al. 2011, p.107). Each of the research participants involved in my study were mature-age students and as such their experience reflected this ‘balancing act’. Along with the negative challenges of being a mature-age student the research participants also identified some positive aspects.

The advantage for the research participants of having both an educational background and professional experience is understandable when one considers their viewpoints within the context of the conceptual framework. The AQF learning outcomes demonstrate a foundational platform from level 4/5 to a level 7 (AQF 2013). That is, knowledge and skills are scaffolded with depth and intensity, increasing with each level as shown in Appendix L. The benefit for the participants is the acquisition of foundational knowledge, particularly in relation to nursing, that other students who did not undertake this pathway may not have. This may be why the participants described ‘light bulb’ moments.
The experiences the research participants described as being a ‘benefit’ were that of being exposed to the professional nursing world. Participants described feeling more confident with their clinical skills and grateful that they had that exposure to the clinical environment. Similarly to the way the AQF level 4/5 scaffold level 7 learning outcomes as discussed above, the role of the EN could be argued to be foundational to the RN. An observational study comparing the activities undertaken by ENs and RNs by Chaboyer et al. (2008) found many of the skills based tasks were comparable between the two divisions. This is also demonstrated in the many similarities noted between the standards for ENs and RNs (Jacob, McKenna & D’Amore 2014, p. 648). Appendix A ‘Comparison of EN and RN Standards for Practice’ and Appendix B ‘Comparison of EN and RN Competency Standards’ exhibit these similarities in particular within language used, such as around the provision or planning of care, though with an obvious increase in depth for the RN.

As stated in Chapter 1 the major differences between the two divisions of nurses, EN and RN, focus on the increased level of responsibility, independence and critical thinking of the RN when compared with the EN. Therefore the skills based activities of both ENs and RNs are comparable. An obvious advantage for the research participants of my study would be the knowledge and skill in foundational nursing tasks that are shared by both ENs and RNs (Jacob, McKenna & D’Amore 2014, p.648), compared to those with no experience with nursing. Conversely this prior exposure to both theory and practice led to the creation of perceptions and expectations for the participants that were challenged, as will be discussed in the ‘Challenging Realities’ section of this chapter. Furthermore whilst being an EN studying the BN was discussed as a benefit, it also presented a burden for several participants, particularly with the additional identities including carer and provider.

Within the conceptual framework ‘EN-BN-RN Theory-Practice-Theory-Practice Cycle’ (Figure 3-2) is an outline of the journey for the EN undertaking a BN. The journey reflects a passing of time resulting in educational and professional experience. In addition to the educational and professional experiences of the research participants of my study this passing of time additionally resulted in each of the research participants being classified as ‘mature-age’ students and therefore occasioned ‘life experience’. This is not to say that
students that enter the BN program via a typical pathway do not also have life experience, however I found stated in the literature, that mature-age students face additional challenges which are primarily due to external commitments to HE studies (Mallman & Lee 2016, p.685).

Multiple studies described the challenges faced by mature-age students due to family and financial commitments and with an inability to establish a work-life balance being a major source of stress (Cook et al. 2010, p.126; Hutchinson, Mitchell & St John 2011, p.196; Kenny & Duckett 2005; Rapley et al. 2008, p.116). Specifically for the participants of my study these challenges were primarily around meeting financial responsibilities which were described as ‘challenging’. The financial challenges experienced by the participants resonated with several other studies involving ENs converting to RNs (Kenny & Duckett 2005; Melrose & Gordon 2011; Hutchinson, Mitchell & St John 2011; Cook et al. 2010). This included the Canadian study conducted by Melrose and Gordon (2011) with a participant stating “I found the biggest challenge was financial. Especially when I completed some of the practicum course, it required me to be away from work and I needed my full income” (p.33). Participants from similar studies in the US found comparable challenges with work-life balance determining issues with “family responsibilities..., financial concerns (paying for school and living expenses), work-related stressors, and the hours necessary for completion of course requirements” (Cook et al. 2010, p.126). Hutchinson, Mitchell and St John (2011) also conducted an Australian study where participants found it necessary to utilise their annual leave to undertake clinical placements in order to meet financial requirements. The research participants had described to me similar experiences requiring them to work intensively as ENs during semester breaks to manage financially. Working as ENs and studying the BN program left little room for much other than nursing for the research participants.

The most surprising burden outlined as a result of the ‘Duelling Identities’ theme was the concept of participants feeling ‘all consumed’. This finding was not acknowledged as a challenge in any of the literature I reviewed for my study. The need for the research participants to undertake clinical placement and study related to nursing within periods of
leave from paid employment, as described above, may provide some explanation for this. ‘Engulfed’ was the powerful word used to describe the experience of this ‘nursing’ only identity by the research participants. Both the educational and professional aspects of an EN undertaking a BN’s life are engrossed by nursing and this may be seen as a heavy burden with sickness and ‘the bad side of human life’ often at the forefront. Daly, Speedy and Jackson (2017, p.5) exemplify this burden with the following quote:

Coexisting with the romantic myths and stereotypes surrounding nursing is the reality of nursing. This reality is that nurses become acquainted with the visceral and raw aspects of humanity that are usually hidden from the world, because of the illness, the incapacity, the frailty, the disability or other needs of those who are the recipients of nursing care.

With regard to the conceptual framework (Figure 3-2), the ‘EN-BN-RN Theory-Practice-Theory-Practice Cycle’, whilst demonstrating identities of both EN and RN, essentially the term ‘just a nurse’ takes on new meaning. In this circumstance, ‘just a nurse’ becomes no longer an oppressive or derogatory term and instead a description of the all-encompassing experience of being a nurse and studying nursing. The other identities one may possess, including that of provider and carer, may no longer be recognisable.

Furthermore the label ‘just a nurse’, and in particular an EN, resulted in participants expressing experiencing the burden of feeling others deemed them to be a ‘know it all’ or incompetent. Hutchinson, Mitchell and St John (2011, p.195) had similar findings suggesting that many participants within their study hid the fact that they were ENs. Whilst the research participants involved in my study did not directly hide their EN qualification, at times they kept quiet to avoid labels such as ‘know it all’ and on clinical placement would ‘play dumb’ to avoid being patronised. This idea of perceived oppressive experiences will be further discussed and explored in the ‘Oppression’ discussion within this chapter. A final burden experienced was in relation to the research participants having the educational background and professional experience that they felt increasingly advanced when compared to the other students and wished to move at a faster pace and have more responsibility. Within the conceptual framework (Figure 3-2) it is clear that in the journey to becoming a RN the research participants involved in my study had both theory and
practice backgrounds which may have led to the frustration of being ‘held back’. This will be further explored in the ‘Betwixt and Between’ section of this chapter.

**Betwixt and Between**

The phrase ‘betwixt and between’ means neither here nor there (Mahdi, Foster & Little 1994, p.115). It was chosen to describe the experience of the research participants involved in my study with the conflict of being no longer an EN, however not yet a RN. The stage of transition between EN and RN created a sense of uncertainty, internal conflict and frustration. The research participants described feeling devalued, held back, fearful of what was to come and expressed confusion surrounding the role of the EN and how it differs from that of the RN.

As demonstrated in the ‘theory-practice-theory-practice cycle’ within the conceptual framework’s (Figure 3-2), the research participants involved in my study were transitioning between EN and RN. As an EN, the research participants had both theoretical and practical experience, however within this journey regressed to beginner student RNs in the BN program. Patricia Benner’s theory (1984) regarding the transition ‘from novice to expert’ suggests a forward moving trajectory, where overtime and with experience nurses become more expert in their field. In the case of the research participants in my study there is a reverse of this where despite time and experience the research participants are labelled as beginner or novice nurses. This transition from potentially expert EN to now novice BN student is likely to account for many of the feelings of frustration and uncertainty described by participants. The qualitative study conducted by Hutchinson, Mitchell and St John (2011, p.195) had similar findings describing this transition period as a “dialectical tension”. Hutchinson, Mitchell and St John’s (2011, p.195) study found that ENs:

*...entered the BN as capable, practising ENs and received advanced standing due to their knowledge, experience and qualification. They reported feeling confident, stifled and undervalued in the clinical placement setting, but underprepared, overwhelmed and inadequate in the academic learning environment, struggling to reconcile their sense of capability as an EN with that of a BN student.*
This period of ‘in-between’ in the transition process is often referred to as the liminal space. The liminal space creates a sense of limbo and is defined as “being on a threshold and involves engaging in a state or process that is betwixt-and-between” (Billay, Myrick & Yonge 2015, p.434). It is also described as a “passage toward something else; such persons are dipped into non-identity and self-forgetfulness in order to change what they are” (Billay, Myrick & Yonge 2015, p.434). The idea of ‘non-identity’ and ‘self-forgetfulness’ resonates with the overarching concept of ‘duelling identities’ and goes someway to explaining the conflict and uncertainty experienced by the research participants’ involved in my study. Billay, Myrick and Yonge (2015) conducted a study exploring the transition from expert nurse practitioner to novice student. Within the study they described the liminal space as ‘messy’ with similar findings to the experiences of the research participants in my study, such as feelings of stress, anxiety, and role confusion.

I feel that the EN studying a BN not be labelled a complete beginner. Both the educational foundations of the EN with level 4 or 5 learning outcomes (AQF 2013) and the practical capabilities demonstrated through the ‘EN Standards for Practice’ (NMBA 2016b) and ‘EN Competency Standards’ (ANMC 2002) should in fact reiterate that they are not necessarily novices of all areas of nursing. It is important however, to recognise that even those that may be considered the most expert nurses in their field can be novices. They can also face challenges in the liminal space that is present when transitioning between roles as demonstrated in Billay, Myrick and Yonge’s (2015) study involving nurse practitioners. As Benner (1984, p.21) suggests:

\[A\]ny nurse entering a clinical setting where she or he has no experience with the patient population may be limited to the novice level of performance if the goals and tools of patient care are unfamiliar.

Several studies echoed that many ENs struggled with role confusion. ENs perceived they were in fact already working as a RN, but were just labelled as an EN (Cook et al. 2010; Gibson & Heartfield 2005; Kenny & Duckett 2005; Kilstoff & Rochester 2004; Melrose & Gordon 2011). This creates additional complexity when ENs have the perception that the two roles (EN and RN) are interchangeable and almost flux or fluid in nature. This state of ‘betwixt and between’ for an EN who perceives they are working as a RN, however not
having the educational preparedness or level of standards for practice, results in further potential issues that will be discussed in the ‘Challenging Realities’ section of this chapter.

The identification of challenges in transition, particularly with identity crises and confusion, results in the need for curricula to be designed that meets the needs of students who have expertise in areas of nursing. Curricula developers and academics implementing curricula need to understand the differences in the standards for practice and educational preparedness between ENs and RNs. This will go some way in clarifying and assisting in alleviating frustration for ENs. As well ensuring students are aware of these differences, nurse academics need to additionally be familiar with the experience that students bring to the BN program and acknowledge this knowledge and practice accordingly, as will be discussed in the implications section of my Master of Philosophy thesis.

CHALLENGING REALITIES

The Oxford Dictionary (2016) defines reality as “the state of things as they actually exist”. In the context of my research and this major theme however, reality reflects that what the research participants held to be true. Each participant’s reality has been shaped by experiences and external factors. The major theme ‘Challenging Realities’ describes the reality or worldview of what the research participants perceived the RN knows and what the RN does. Undertaking the BN program challenged this reality for all the research participants as the program did not reflect their perceived expectations with regard to knowledge and skills taught. The findings regarding the research participant’s perceptions on what the RN knows (knowing) and what the RN does (doing) were separated into two subthemes for discussion: ‘Knowledge and Pedagogical Disparities’ and ‘Real World vs Ivory Tower’. Again the conceptual framework ‘EN-BN-RN Theory-Practice-Theory-Practice Cycle’ (Figure 3-2) will be utilised to provide structure to my discussion with the ‘theory’ component and AQF representing what the nurse knows and the ‘practice’ and ‘Standards for Practice’ (NMBA 2016b; NMBA 2016c) and ‘Competency Standards’ (ANMC 2002; NMBA 2010) representing what the nurse does.
The research participants of my study are not blank slates and come with a wealth of knowledge and collective years of experience in nursing. With prior exposure to both education and clinical experience in nursing, they have formed a worldview on what it is the RN knows. Firstly, working alongside RNs clinically, the research participants developed perceptions on the difference in knowledge between themselves as an EN and RNs and therefore what should be taught within a BN program. Secondly, undertaking EN training within the VET sector created perceptions on how nursing should be taught from a pedagogical perspective. With the combination of these two exposures it is of little surprise that the research participants involved in my study expressed feelings of disappointment and felt their expectations were not met regarding both the BN content and method of delivery.

The level of knowledge required to be a RN differs greatly to that of the EN. The hierarchical nature of the AQF reflects this with the increasing depth of knowledge and skills of a Bachelor Degree (level 7), which is the requirement for qualification as a RN, when compared with a Diploma (level 5) or Certificate IV (level 4), the prerequisite for EN registration. The nomenclature that discerns the Bachelor Degree to both the Diploma and Certificate IV level is the inclusion of the terms ‘critical’, ‘coherent’, ‘professional’, ‘lifelong’, ‘independent’ and ‘collaboration’. These terms demonstrate an increase in complexity, depth and responsibility. The level 4 and 5 learning outcomes that the research participants have gained through their EN qualification on the other hand are concentrated on skills, with language that suggests a far more practical focus (AQF 2013). Appendix L provides a summary of the learning outcomes for level 4, level 5 and level 7 demonstrating a clear scaffolding of intensity. The AQF design is stated to be facilitative of pathways through the various qualifications and “provides for flexible, transparent and systematic learning pathways and for the removal of boundaries between educational sectors” (AQF 2013). The experiences of the research participants within my study reflect that this has not been the case. The absence of level 6 learning outcomes may account for the challenges faced during conversion given the scaffolded nature of the AQF.
The ‘jump’ to the level 7 requirements of the BN was described by all the research participants as challenging and unexpected. Whilst the research participants within my study did undertake a bridging program that was designed to allow for a smooth transition for the EN to the BN, the AQF learning outcomes were not explicitly explored. The research participants recognised there would be an increase in the level of learning in the BN, however, the perception they held was that this only equated to an increase in clinical skills development and clinical knowledge. Within the distinguishing features of the Bachelor Degree when compared with the Diploma and Certificate IV, an increase in these clinical skills and knowledge may partially reflect the AQF terms ‘critical’ and ‘coherent’ however ‘professional’, ‘lifelong’, ‘independent’ and ‘collaboration’ are unlikely to be addressed. This serves as the gap between what was expected and unexpected within the content of the BN. The later terms, and arguably more abstract concepts, seemed to be undervalued and even irrelevant to the research participants as reflected in their comments where science subjects were valued more than art based subjects.

The research participants expressed disdain toward subjects and content areas that involved conceptual knowledge and in particular reflection. There was a strong preference for practical and science based subjects within the BN program. This was evidenced by participants’ clear dislike of the more art related subjects. These ‘art’ subjects were referred to by the research participants using terms including ‘fluffy’, ‘vege’ (Jo, l.117) and ‘wishy washy’. Similarly a study conducted by Gallagher et al. (2015) on medical student’s attitude toward psychology found a comparable attitude toward subjects that were not empirically based. Medical students described psychology as ‘soft and fluffy’, ‘huggy wuggy’ and ‘airy fairy’. The findings indicated the majority of medical students suggested psychology was not relevant to their future careers, echoing the trivialisation of reflection by the research participants of my study.

Hylton’s (2005) qualitative study conducted in New Zealand also determined that ENs transitioning to RNs struggled with personal reflections and understanding of knowledge that was not based on fact or clinical practice. Hylton (2005) concluded this was likely to be as a result of ENs previous education and nursing experience. With the level 4 and 5
learning outcomes focused on ‘skills’ development it is of little wonder that the more conceptual subjects are considered challenging. The negative perception and perceived irrelevance of these non-science subjects however, is of concern considering that the NMBA outline the importance of developing practice through reflection as a core component in the RN standards involving critical thinking and analysis (NMBA 2016, p.3; NMBA 2010, p. 4). This concern will be further explored in the ‘Real World vs Ivory Tower’ section of this chapter.

In addition to the content areas of the BN, the change in delivery method was also described as challenging for the research participants involved in my study. Educationally, all the research participants completed their EN training within the VET sector. VET sectors cater for courses with AQF level learning outcomes 1-6 (AQF 2013) and are considered to focus more on the training aspect, that is the ‘how to do something’, with regards to content and structure, offering more skills based programs (Department of Industry 2016). Education within this setting is considered to be vastly different to that of the more academically focused HE setting where the Bachelor Degree is undertaken. Specifically “VET and higher education have a number of fundamental differences including philosophy, pedagogy and assessment measures” (Langworthy & Johns 2012, p.35).

The research participants involved in my study used the terms ‘easier’ and ‘spoon feeding’ to describe their experience with learning in the VET sector. This was echoed by Greenwood’s project, aimed to improve transition for ENs between VET and HE, which found “[t]he major difference between a University and TAFE education was perceived, unremarkably, as pedagogical; TAFE courses ‘spoon-fed students’, which contrasted with the self-directed learning principles of universities” (Greenwood 2000, p.194). A more recent qualitative exploratory study examining educational preparation of ENs and RNs from an educator’s perspective agreed that EN students in the VET sector required spoon feeding. The authors attributed this requirement to the fact that many EN students had not completed high school level studies (Jacob, McKenna and D’Amore 2014, p.649). Furthermore Hutchinson, Mitchell and St John’s (2011) qualitative study used the term ‘culture shock’ to depict student experiences moving from VET to HE. The participants of
their study had an expectation that HE would be more difficult than previous VET studies however described “had not anticipated how much so, and felt ill-prepared and overwhelmed by their transition to the new learning environment” (Hutchinson, Mitchell & St John’s 2011, p.195). The research participants of my study echoed this unexpected level as described in the findings chapter.

With the differences between the two learning institutions it could be argued that the VET sector represents a pedagogical approach to learning whereas the HE sector in fact offers an androgogical approach. There is much debate surrounding the terms andragogy and pedagogy with the former theorised by Knowles to represent adult education and the later the education of children (Knowles, Holton & Swanson 2015, p.49). Knowles theory suggests that andragogy involves a learner rather than content-focused approach, differentiating it from pedagogy and includes “principles of a self-directed, experiential, problem-centred approach to learning” (Knowles, Holton & Swanson 2015, p.2). Although it is obvious that adults are taught within the VET sector rather than children, areas of the theory of adult education as described by Knowles may be absent.
Central to Knowles’ theory of andragogy is several core adult learning principles. These are outlined above (Figure 5-1) and are fundamental to andragogy in practice. Specifically for my study the principles of ‘the learners’ self-concept’, ‘the role of the learners’ experience’ and ‘orientation to learning’ are markedly different for the research participants with comparison to their previous education. Whilst the other principles are important, they lie outside the scope of my current Master of Philosophy thesis. Firstly with regard to ‘the learners’ self-concept’ it is apparent that a passive approach to education has been taken, that is one that is not self-directed and instead involves dependency on the teacher to “teach me” (Knowles, Holton & Swanson 2015, p.65). Dearnley’s qualitative study undertaken in the UK supports this notion of a dependency on the teacher with
participants in their study making comments such as “the teacher told me what to think and I wrote it down” (Dearnley 2006, p.213). This represents a more didactic approach to teaching whereas andragogy is suggested to be more facilitative (Bulman & Schutz 2008, p.85). Cook et al. (2010) also described a regression in learning with ENs converting to RN students in their study asking questions such as “Do I need to read all of the chapters?” and “Will this be in the test?” (Cook et al 2010, p.127). These comments demonstrated a difficulty in transitioning to an andragogical approach involving self-directed learning where students identify “strengths and weakness in his or her knowledge base and develop a study plan for success” (Cook et al. 2010, p.127).

Moving to a more independent frame of learning and developing self-concept was challenging for the research participants in my study. This was of little surprise for me; as a result of the previous didactic teaching style there is almost a requirement for the EN learner to ‘relearn how to learn’ as Hylton (2005) describes it. As well as this, as demonstrated in the discussion surrounding the AQF learning outcomes, the term independent was described only in the level 7 learning outcomes. Furthermore in clinical practice according to the ‘Standards for Practice’ (NMBA 2016b; NMBA 2016c) and ‘Competency Standards’ (ANMC 2002; NMBA 2010) the EN works under the supervision of the RN not independently. With converting from EN to RN a study by Porter-Wenzlaff and Froman (2008, p.233) suggested that for students:

...the challenge is not in learning what nursing is, it is in stepping out of the follower, task-orientated role in which they have been successful and know well. They must assume a more autonomous, complex, strategic, critical thinking leadership role.

Porter-Wenzlaff and Froman’s (2008) study described this as a ‘professional metamorphosis’ and deemed that to avoid challenges in this process was a curriculum development responsibility with the necessity to implement educational strategies to facilitate this conversion.

Whilst it is necessary for converting students to move to a model of independence for success in HE it is important that what they know is not lost. That is, it is not what they know but instead how they come to know it that requires metamorphosis. With regard to
‘the role of the learners’ experience’ as a core principle of adult learning it is essential that previous experience is valued and recognised (Knowles, Holton & Swanson 2015). As demonstrated by the seemingly didactic teaching methods of the VET sector, it is the content rather than the learner that is core. The idea that education is content driven fits the traditional model of pedagogy as described by Freire (1970) in his foundational text ‘Pedagogy of the Oppressed’. Freire suggests that pedagogy regards students as being ‘empty vessels’ that require a ‘banking model’ to deposit unquestioned knowledge to ‘fill the students with content’ (Freire 1970). Freire further asserts that pedagogy should in actual fact represent a model that involves the learner; supporting the andragogy theory of Knowles (Knowles, Holton & Swanson 2015, p.2). The oppressive nature of the traditional pedagogical approach as discussed by Freire will be further explored in the ‘Oppression’ theme within this chapter.

The final principle differentiating pedagogy and andragogy in relation to the experiences of the research participants involved in my study is ‘orientation to learning’. Due to the content driven nature of the pedagogical model of teaching, emphasis is placed on “acquiring subject matter” (Knowles, Holton & Swanson 2015, p.88). The theory of andragogy suggests adults are motivated to learn only if they can apply the new knowledge to their life. The research participants involved in my study failed to see relevance for much of the content delivered in the BN program and in particular described subjects including reflection and research as a ‘waste of time’. This is most likely due to being unable to be ‘orientated’ to the content due to their perception of the role of the RN and therefore the research participants were likely not motivated to learn this. Considering the research participants felt the roles of the EN and RN were essentially the same, with a few added on skills they struggled to see why they needed to know and therefore did not value much of the content that was delivered including things such as reflection. This preconception of the role of the RN is based on experiences of working clinically with RNs in what the research participants suggest to be the ‘real world’ with regard to nursing as will be explored in the following subtheme.
The subtheme ‘Real World vs Ivory Tower’ discusses the conflict surrounding what it is the RN does. The ‘real world’ represents what the research participants involved in my study considered to be their reality with regard to the RNs role based on what they had perceived from experience in clinical practice. The ‘ivory tower’ is a colloquial term often used to describe the University setting. In this case, it depicts the HE sector and what the University considers is essential to know for the RN role, based on what is outlined by the NMBA and ANMAC, and is therefore delivered in the BN program. The terms ‘real world’ and ‘ivory tower’ have been chosen to demonstrate the perceived “polarity between the University and society, which is intrinsic to the concept of the university as an ivory tower” (Chantler 2016, p.216). The comment above is the research participant Jo’s description of their actual EN clinical experience and is seen as ‘real world’ nursing. This perception is not unique as Greenwood describes “nursing’s ‘real world’ is the clinical facilities to which undergraduates and graduates are allocated and where they are required to render service to a range of patients” (Greenwood 1996, p.6).

Within the ‘theory-practice-theory-practice cycle’, depicted in the conceptual framework (Figure 3-2) the lighter shaded theory and practice represents a period of enculturation in the nursing profession for the participants of my study. Enculturation is a socialisation process whereby a person aligns their behaviour and values to a particular group. Specifically in the nursing profession, enculturation “involves acquiring requisite knowledge and skills, a sense of identity and occupation norms of the practitioner” (De Bellis et al. 2001, p.85). As a result of this enculturation process and their experience working with RNs, the research participants within my study developed perceptions of the behaviours and values of the RN. Similarly Kilstoff and Rochester (2004) in their descriptive study found EN participants experiencing what they described as ‘values dissonance’ that is there was a disparity between “their personal ideals of what an RN should be” (p.15). Furthermore “graduates realised the values they had developed while ENs, and over the course of their University studies regarding the RNs role, were not consistent with workplace norms...” (Kilstoff & Rochester 2004, p.15). Additionally this enculturation resulted in a perception of the role of the RN, which was deemed to be essentially the same as that of the EN, with a few additional skills added on.
These perceptions have developed because ENs have been working alongside rather than as an associate to the RN. As described in both the ‘EN Standards for Practice’ (NMBA 2016b) and ‘EN Competency Standards’ (ANMC 2002) it is a requirement for the EN to work under the supervision of the RN, whether that is directly or indirectly. This further demonstrates the increasing level of responsibility of the RNs role. However, the majority of the research participants involved in my study had difficulty seeing a great variation in the role of the EN when compared to the RN. Similarly in their study on the ENs scope of practice, Gibson and Heartfield (2005) described a ‘blurring of roles’ between ENs and RNs. Their study involved interviewing 48 ENs across Australia, with findings indicating a perceived lack of difference between the role of the RN and EN. Many participants involved in their study described the role as ‘the same’ with only minor differences in tasks such as medication administration (Gibson & Heartfield 2005). These findings concurred with the voices of the research participants involved in my study stating that tasks related to medication administration were one of the only differences in role. Again this highlights the perceived task related nature of the RN by ENs. An international study found similar results to that of the Australian experience explored (Gibson & Heartfield 2005) describing that the nurses transitioning perception was “they had little new to learn beyond RN-specific tasks and are essentially just getting the credential to support their current practice” (Porter-Wenzlaff & Froman 2008, p. 233).
It is not surprising that the research participants’ involved in my study had perceptions that the EN and RN roles were essentially the same. Within the current EN and RN ‘Standards for Practice’ (NMBA 2016b; NMBA 2016c) and previous ‘Competency Standards’ (ANMC 2002; NMBA 2010) the core differences between EN and RN focus on the level of responsibility, independence and critical thinking (see Appendix A & B) as discussed in the background section of this thesis. These concepts mirror the differences in the AQF learning outcomes between the levels 4/5 and 7 as discussed in the previous section. The issue is that the elements that differentiate the two levels of nursing are difficult to see and difficult to measure. They are more abstract concepts that involve a level of personal reflection and are difficult to teach and learn (Carper 1978). These skills are not task based and knowledge and proficiency in these areas determines a move to a more expert rather than novice practitioner (Benner 1984).

Benner’s novice to expert framework described earlier in my thesis defines the novice nurse as having no experience. Whilst the EN undertaking a BN program of study cannot be described as having no experience, as outlined in the ‘Betwixt and Between’ subtheme, the unfamiliar setting can result in them descending to the novice level (Benner 1984, p.21). The research participants of my study have experience as ENs with some areas of practice within the role of the RN, yet they would likely be labelled ‘novice’ according to Benner’s framework. For example, the level of responsibility and critical thinking ability required of the RN. Benner suggests that the ‘novice’ and ‘advanced beginner’ practitioners both focus on objectifiable attributes and are governed by inflexible rules and guidelines. The task driven nature reported by the research participants involved in my study reflect Benner’s ideas that they would be at a ‘novice’ level. Whilst of course the RN must work within guidelines, the independent nature of the RN role requires both flexibility and the ability to see the situation holistically, resulting in what Benner described as the ‘competent’ and ‘proficient’ practitioner (Benner 1984, pp. 20-31).
Similarly to Benner, Barbara Carper produced a typology known as the ‘Fundamental Patterns of Knowing in Nursing’, classifying the knowledge required by nurses (Carper 1978). This typology outlines the essential knowledge an RN must possess in order to practice. This includes empirical, ethical, aesthetic and personal knowledge. It is apparent that the research participants involved within my study consider themselves to have well-developed empirical knowledge as ENs, as demonstrated by their interest in the science side of nursing and their ability to perform many nursing tasks. It could be argued within Benner’s (1984) novice to expert framework that ENs are at least ‘advanced beginners’ in this area rather than ‘novice’ especially with comparison to the other students. The ethical knowledge of the research participants involved in my study is also likely to be sound considering the enculturation processes they have undertaken with an understanding of the values and behaviours of a nurse (De Bellis et al. 2001, p.85). It is apparent from this research however, that this knowledge is not consistent with the requirements of the RN role, the ‘RN Standards for Practice’ (NMBA 2016c) and ‘RN Competency Standards’ (NMBA 2010).

Of particular concern to me is the research participants’ apparent lack of awareness of the increase in accountability and responsibility of the RN compared to their current EN role. This seems to me to be undermined by the perceived importance of becoming more proficient at ‘skills’ and ‘tasks’ with little regard for the additional responsibility. The artistic side of nursing including aesthetic and personal knowing, which includes elements of intuition, the ability to see the wholeness of a situation and personal reflection can also be seen to lacking. This was evident when the research participants described that they ‘hate’ subjects such as those that involve reflection and find these to be a ‘waste of time’. Carper (1978) acknowledges that elements of personal and aesthetic knowing are difficult to develop and come with experience and this may account for the reason the research participants failed to see value in these content areas. This is similar to Benner’s theory ‘from novice to expert’, which acknowledges that holistic understanding is gained with the proficient nurse and an intuitive grasp with the expert (Benner 1984).
Despite Carper’s (1978) typology which recognises that nursing is more than just ‘science’ unfortunately the nature of the health system can make it difficult to recognise the other elements. Limited value is placed upon that which cannot be measured and nurses that can complete their ‘tasks’ within the designated timeframe and tick the most boxes are deemed most expert (Greenwood 1996, p.7). For the research participants involved in my study, they expressed a task focused model which is oppositional to the ‘RN Standards for Practice’ (NMBA 2016c) and ‘RN Competency Standards’ (NMBA 2010) and neglects to account for the subjective and immeasurable aspects of being a RN. This is likely to account for the lack of value and feelings of ‘hate’ toward certain topic areas including reflection I described above. The research participants’ apparent lack of concern for the increase in responsibility, independence and critical thinking of the RN may be reasons why there is a misperception that the EN role is essentially the same as the RN role.

As discussed in the knowledge and pedagogical disparities section of this chapter, Knowles theory suggests adult learners require ‘orientation to learning’ (Knowles, Holton & Swanson 2015, p.30). It is apparent to me that the research participants involved in my study failed to see the relevance for much of the content within the BN for their future role as a RN and therefore it was not valued. Unfortunately this lack of understanding on the relevance and importance of these topic areas as demonstrated by the research participants creates a greater gap between theory and practice and between the ‘real world’ and ‘ivory tower’. The consequences of this as described by Kilstoff and Rochester (2004, p.14) include that students “lose sight of their university held values and ideals to the point that nursing becomes simply technical, task driven and largely unsatisfying”.

The challenge for the research participants within my study has been with regard to their previously held perception on what the RN should know and what the RN does. This perception exemplifies the enculturation processes and experience with both learning about nursing and practicing within the profession. It signifies the misperception about the task based nature of the role of the RN and the research participants’ view that the EN and RN are essentially the same. Although the AQF learning outcomes (AQF 2013) and ‘RN Standards for Practice’ (NMBA 2016c) and ‘RN Competency Standards’ (NMBA 2010) reveal
the learning and teaching requirements and role of the RN, it is apparent that this has not been clearly articulated for participants. Undertaking a BN for the research participants involved in my study has resulted in confusion and adversity toward the HE sector with a perception of disregard for their previously held role of EN. I will further explore this idea in the ‘Oppression’ theme.

**OPPRESSION**

The final major theme arising from the data for discussion is ‘Oppression’. In the context of the following discussion, oppression is viewed as inferiority experienced by those outside the dominant group (Dong & Temple 2011, p.169). As discussed in the major theme ‘Challenging Realities’, the work of Freire (1970), ‘Pedagogy of the Oppressed’, suggests that oppression involves a power imbalance between two groups, one being described as dominant and the other inferior. The subthemes ‘Devalued and Discriminated’ and ‘Vertical Violence’ will be utilised to organise the research participants’ experiences with feeling inferior and therefore oppressed. Oppression will be discussed in relation to the potential hierarchies the research participants have been subject to over the course of their studies including those hierarchies central to the ‘EN-BN-RN Theory-Practice-Theory-Practice Cycle’ (Figure 3-2) conceptual framework developed for my study, the AQF and NMBA.
DEVALUED AND DISCRIMINATED

Historically nurses have been described as an oppressed group (Dong & Temple 2011, p.171; Purpora, Blegen & Stotts 2012, p.5; Thomas & Burk 2009, p.226) with authors suggesting that this is a result of the male dominated medical hierarchy of the past. In addition, the predominately female gender of nurses and ritualistic teachings of nursing have led to oppressive behaviour (Mooney & Nolan 2006, p.240). Whilst this is much improved today and the nursing profession is more recognised and respected, nurses are still considered to have less “power when compared to physicians and administrators” (Purpora, Blegen & Stotts 2012, p.5). The research participants are ENs and therefore sit within this oppressed group. On top of that, coupled with the fact that ENs are viewed as an associate to the RN, it is of little wonder the research participants may feel inferior. Historically the EN was not referred to as an associate to the RN but instead labelled as a subordinate or subservient (Webb 2000). These terms may imply negative connotations of inferiority. The RN is described in the ‘RN Standards for Practice’ (NMBA 2016c) and ‘RN Competency Standards’ (NMBA 2010) as being responsible for supervising and delegating care to the EN. This demonstrates authority, a level of power and dominance for the RN over the EN.

The status of the research participants within my study, based on the NMBA, is not the only hierarchy they would likely have encountered. The level 4/5 learning outcomes of the Certificate IV or Diploma (respectively) as described by the AQF compared with the level 7 learning outcomes of the BN once again demonstrate a superiority of the knowledge of the RN over the EN (AQF 2013). The numerical values and corresponding qualification outcomes, demonstrate that within the AQF this is a hierarchical system. In addition, the venue for delivery of the education of the EN versus that of the RN also infers a power imbalance by way of difference. A paper funded by the National Centre for Vocational Education Research (Priest 2009) explained that historically education undertaken in a VET sector has been seen as “second best” (p.7) to that provided within HE. The paper attributes this second rating to the focus on VET sectors delivering mostly skills based training. Also the entry score post completion of the year 12 certificate is significantly increased for the HE sector (Priest 2009, p.7). Within the hierarchies mentioned a picture of power imbalance and the creation of two distinct groups representing ‘dominance’ and
‘inferiority’ can be deduced. The dominant group is demonstrated through the professional status of the RN, the AQF level 7 learning outcomes and the HE sector. The EN identity, AQF level 4/5 learning outcomes and VET on the other hand could be seen to represent the inferior group.

All five research participants involved in my study have described experiences that align with feelings of inferiority. The research participants are positioned at the lower end of various hierarchies therefore it is of little wonder that they have described being devalued and discriminated against during the BN program. In addition these participants voiced that they already had feelings of self-doubt, with suggestions that they were not ‘as good as the others’, or smart enough to undertake the BN program, never thinking they would go to university and get a degree. Feeling not ‘as good as the others’ may stem from the limited opportunities and lack of encouragement afforded to ENs (Dearnley 2006, p.210; Ralph et al. 2013, p.229). The literature paints the picture that shows ENs are often fearful of the expectations of academia (Kenny & Duckett 2005; Rapley et al. 2008) and Identifiable in the AQF is the ‘jump’ between learning levels 4/5 as experienced by ENs and the AQF level 7 (AQF 2013) as required by BN students. As such, the research participants described this change of expectations as being ‘hard’ and had found the ‘spoon feeding’ experience within the VET sector much ‘easier’. Additionally as stated above the participants described how they never thought they would go to University and most were the first in their family to do so. The significance of this for the research participants was a lack of knowledge on what was expected at the HE level.

A further major concern for the research participants was the perceived lack of value placed on their previous experience by academics. This gave rise to additional questioning about their self-worth and competence. As discussed in the ‘Knowledge and Pedagogical Disparities’ sub theme, within Knowles theory of andragogy, a core principle is the ‘role of the learners’ experience’ (Knowles, Holton & Swanson 2015, p.30). According to Knowles’ theory, it is essential that experience is valued and recognised. In addition, the presence of a hierarchical structure within the classroom does not fit with Knowles learner centred model as the RN should be facilitative rather than superior to the students. Rather than
embracing their previous education and training, the participants described contrary experiences including being put down in front of other students. Although this was not likely to be a personal attack on the particular student, identifying as an EN resulted in feelings of discrimination.

Cubit and Lopez (2011) conducted a qualitative study exploring transition experiences of graduate RNs who were ENs. The findings of this study reported that some participants even hid from the RNs they were working with that they were previously an EN. Whilst Cubit and Lopez’s (2011) study was conducted exploring experience in the clinical environment, the perceived need to hide previous training may also relate to their experiences within the HE sector. This is apparent in this study with participants describing feelings of intimidation and embarrassment at times in classes, particularly in relation to being a labelled ‘know it all’. Although ENs in this study did not hide the fact they were ENs, at times they were hesitant to respond to question for fear of ridicule or patronisation.

The participants of Heartfield and Gibson’s study exploring EN experience with teamwork and recognition found similar attitudes of inferiority toward participants based on their EN status. Their participants discussed that as a result of being an EN, people thought “you haven’t got a brain in your head” (Heartfield & Gibson 2005, p.123). This echoes Ash’s quote above with regard to not knowing anything. The behaviours and attitudes of RNs described in both the HE sector and clinical environment could be deemed as a form of bullying toward those considered to possess less power and will be further explored under the subtheme ‘Vertical Violence’.

**VERTICAL VIOLENCE**

Horizontal violence is defined as a “pattern of behaviour designed to control, diminish, or devalue a peer (or group) that creates a risk to health and /or safety” (Bartholomew 2006, p. 4). Behaviours that may be labelled as horizontal violence toward another include “using words, tone of voice, or body language that humiliates or ridicules them; belittling their concerns; and pushing them or throwing things” (Purpora, Blegen & Stotts 2012, p.3). It
also includes bullying and aggression, which are considered to be types of horizontal violence (Curtis, Bowen & Reid 2007, p.156; Purpora, Blegen & Stotts 2012, p.3; Smith et al. 2016, p.505). The incidence of nurse on nurse violence in Australia ranged from 14.7–21.7% with the most vulnerable to bullying behaviours being student nurses (Sauer 2012, p.43). By this definition and corresponding behaviours listed above, this term could be considered to describe the perceived treatment of the research participants involved in my study as highlighted in the previous subtheme ‘Devalued and Discriminated’. Having said this however, horizontal violence generally relates to those having equality of status. As a result of this, the term vertical violence has been chosen as a more appropriate label for this subtheme to demonstrate the unequal power held between the RN and EN and RN to BN student.

Vertical violence occurs within hierarchical systems where a person may consider themselves superior to another and display behaviour that oppresses another as a result of this (Decker & Shellenbarger 2012; Thomas & Burk 2009, p.227). Related to both their place on the AQF and NMBA hierarchies, ENs may be subject to vertical violence from those above them on either or both hierarchies. Within the conceptual framework (Figure 3-2) as part of the transparent ‘practice’ in the cycle it is reasonable to consider that the research participants of my study may have previously experienced vertical violence as a result of their EN status within the clinical environment. This was not discussed with me and is outside the scope of my thesis however experiences that may be labelled as vertical violence were encountered in the secondary ‘theory’ and ‘practice’ represented by the darker shading which was the focus of this study within the ‘EN-BN-RN Theory-Practice-Theory-Practice Cycle’

As discussed in the ‘Devalued and Discriminated’ subtheme, within a hierarchy structure the RN is considered to be above the EN in terms of level of knowledge (AQF) and nursing status (NMBA). A study by Curtis, Bowen and Reid (2007, p.160) described this as a ‘pecking’ order where ENs were treated poorly by RNs. As well as this, the place of education of the RN (HE) has historically been considered to be superior to that of the EN (VET) (Priest 2009, p.10). In a study regarding nursing student experiences of violence
during clinical placement, Thomas and Burk (2009, p.226) chose the term vertical violence to describe abusive behaviour directed toward students by RNs. Contrastingly to Thomas and Burk’s (2009) study, my research study portrays RNs working in the HE sector with a teaching capacity as perpetrators of vertical violence rather than RNs in the clinical setting.

The notion of nurse academics directing behaviours that may be considered aggressive or bullying toward students is not new, nor unique to this study. Over 30 years ago Judith Meissner published the article ‘Nurses: are we eating out young?’ Meissner’s study saw the introduction of the phrase ‘eating our young’ relating to nursing, a label that the research participant Ash used to describe behaviours as experienced during the BN (l.373). The idea of nurses eating their young was described as “insidious cannibalism” with nursing academics being labelled as the “first offenders” (Meissner 1986, p.53). In 1999, Meissner wrote a follow up to the 1986 article titled ‘Are we still eating our young?’ (Meissner 1999). Response to the article was described by Meissner as ‘overwhelming’ with many examples sent through of nurses experiencing hostility. One particular nurse responded to the question ‘are we still eating our young?’ by labelling nursing school as ‘a buffet’. Meissner outlined in the later article the hope that given the increasing level of complexity of patients, critical thinking required and heavy workload that nurses would move away from ‘eating their young’ and offer encouragement and support to students (Meissner 1999, 43). Reflecting upon this work as well as other recent studies it would appear from the research participants involved in my study that this is not the case and aggression and bullying toward nursing students is still prevalent (Cooper et al. 2011; Curtis, Bowen & Reid 2007; Longo 2007; Mott 2014; Sauer 2012; Smith et al. 2016; Thomas & Burk 2009).

The majority of literature reviewed surrounding the notion of horizontal or vertical violence involving nursing students is mainly focussed on their clinical placement experience and is not specific to ENs (Longo 2007; Sauer 2012; Thomas & Burk 2009). Curtis, Bowen and Reid (2007) however conducted a study on student nurse’s experiences with vertical violence and specifically made mention to the treatment of EN students. The study determined that ENs were further discriminated against, with one student receiving the comment from a RN, “[d]on’t think you’re anyone special…you’re lower than an enrolled nurse because
you’re a student” (Curtis, Bowen & Reid 2007, p.160). This comment most certainly diminishes and devalues the student demonstrating the presence of horizontal violence (Bartholomew 2006, p. 4) or perhaps more correctly vertical violence based on the RNs superiority over the EN (Decker & Shellenbarger 2012; Thomas & Burk 2009, p.227).

Similarly to the hierarchy found within the clinical environment, a hierarchy is also present within HE. An article published by Baltimore (2006) described the hierarchical structure of HE in which nurse academics often assume the dominant, superior role over the inferior student. Within my study it is clear that these behaviours of superiority exist, as described in the ‘Devalued and Discriminated’ subtheme. This includes participant’s descriptions of feeling embarrassed and intimidated by nurse academics and the negative attitude toward ENs as described in the findings chapter.

Participants used the term ‘downer’ with regard to nursing academics attitudes within the HE sector. Heartfield and Gibson (2005, p.123) used the same term ‘downer’ to describe attitudes toward ENs by RNs with regard to valuing their previous knowledge and experience. Baltimore suggests that the origins of this bullying behaviour are the HE sector describing it as “the initial breeding ground for dysfunctional nurse-to-nurse behaviour” (Baltimore 2006, p.30). This supports what Meissner (1986) had stated many years prior.

There have been suggestions made that in order to combat bullying, aggression or horizontal/vertical violence this must be addressed in the undergraduate nursing program (Smith et al. 2016; Thomas & Burk 2009). It is difficult however for this to be the platform for intervention if nurse academics are perceived to be perpetrators of the behaviour. In my opinion, enrolling into the HE sector should involve a safe transition, where experience and knowledge is embraced similarly to that present within Knowles’ theory of andragogy (Knowles, Holton & Swanson 2015, p.30). Contrastingly however, it seems that the ENs participating in this study were left feeling as though they had come to a place with a ‘culture of bullying’ and where nurses were ‘eating their young’. With behaviour such as described in the findings chapter it is of little wonder the HE sector may be labelled as the ‘ivory tower’.
It is difficult for me to confirm the described bullying behaviour as a result of it being participants’ perceptions. Regardless of this, however, it is of concern that these experiences have been described. Cooper et al. (2011, p.1) undertook a study exploring bullying behaviours experienced by nursing students. The study acknowledged the difficulty in determining the grounds of bullying based on student perception. The conclusion to their study supports my opinion as described above: “student perceptions that faculty are a source of bullying behaviour is of concern given the potential negative impact on student health and academic performance”. Furthermore, a study by Mott (2014) exploring undergraduate nurse experiences with faculty bullying concluded that “perception is reality” (p.143). In defence of academics who may have passed comments such as ‘know it all’, whilst not an excuse, the misperception of participants that ENs are essentially RNs and have little to learn apart from a few additional skills may account for this negative attitude. Greenwood (2000, p.195) previously alluded to this describing an element of resentment from some HE nurse academics toward ENs who show resistance and hostility toward the BN program. Additionally, participants may be sensitive as a result of the feelings of self-doubt they described to me prior to commencing the BN and there is the possibility that ‘tones’ and even comments may be misinterpreted. I feel it is therefore essential that a culture of support and mutual respect between students and nurse academics is fostered.

**CHAPTER OVERVIEW**

In this chapter I have described and explored the research participants’ experiences’ undertaking a BN program. Each of the major findings and subthemes I described in Chapter 4 have been explored in relation to the literature and I have utilised the ‘EN-BN-RN Theory-Practice-Theory-Practice Cycle’ (Figure 3-2) I developed to direct my exploration. Specifically I have described the participants’ experience in relation to the AQF and NMBA as well as other existing literature. This process of describing and exploring throughout my thesis is congruent with the descriptive exploratory approach, my chosen research design. Upon examination of the AQF and the NMBA regulations it is clear to see that both the educational preparedness and the professional requirements of the EN and RN vary greatly. The challenge is to ensure that ENs wishing to convert to RNs have an understanding of these differences and fully are supported in this process. As a result of describing and exploring participants’ experiences and critically analysing these within the
context of relevant literature, several implications for ways to support EN students through a safe and successful BN can be offered. I will outline these in the concluding chapter of my Master of Philosophy thesis.
CHAPTER 6 – CONCLUSION AND IMPLICATIONS

INTRODUCTION

In conclusion I provide an overview of the study I undertook as part of the Master of Philosophy requirements where the aim was to explore the experiences of ENs undertaking a BN program in an Australian University. The specific objectives of my research were to understand the experiences as identified by ENs about their BN program including examining challenges faced by ENs, what ENs found supported them, as well as strategies that may support future ENs who undertake a BN program. Within this chapter I will draw conclusions connecting the background of the study, the qualitative descriptive exploratory research design and the research findings three major themes Duelling Identities’, ‘Challenging Realities’ and ‘Oppression’. I will additionally identify the implications of this research and the strengths and limitations of my study. Finally I will include a personal reflection of my journey undertaking this thesis.

OVERVIEW OF THESIS

For effective transition to occur from the EN to the RN role, there needs to be change effected at the curriculum level to both the theoretical knowledge (theory) and to the nursing practical requirements (practice). This change, visually represented in my ‘EN-BN-RN Theory-Practice-Theory-Practice Cycle’ conceptual framework (Figure 3-2) has also facilitated a meaningful structure within my thesis. To provide background to the research, in Chapter 1 I have critically discussed both the educational preparedness and standard of practice of the EN compared to the RN. In summary with regards to educational preparedness; for a person in Australia to qualify as an EN, a Diploma (current level of qualification) or a Certificate IV of Nursing (prior to 2009) is required to be successfully completed at the VET sector level of education. According to the AQF (2013) the learning outcomes for these qualifications are level 4 (Certificate) or level 5 (Diploma). On the other hand, to be eligible for registration as a RN, this requires a Bachelor Degree qualification to be undertaken at a HE institution, with level 7 AQF learning outcomes (AQF 2013). Thus there is clearly a significant learning discrepancy evident between the EN and RN education pathway from both a theory and practice perspective.
In Chapter 1 as part of presenting the background to the study, I discussed the significant differences in practice requirements for the EN and RN as can be identified by the statements of the NMBA ‘EN Standards for Practice’ (NMBA 2016b) and ‘RN Standards for Practice’ (NMBA 2016c) (prior to 2016 this was the ‘EN Competency Standards’ (ANMC 2002) and ‘RN Competency Standards’ (NMBA 2010). Importantly this discussion based on these documents showed that the RNs have an increased level of responsibility, independence and critical thinking when compared with the EN role.

Derived from the literature review presented in Chapter 2 thesis is the conclusion that for ENs wishing to convert to RNs, the differences in theory and practice as described above results in many challenges. From the literature review I can conclude these challenges to be primarily with family and financial commitments; stress and anxiety; lack of support and recognition; expectations and role clarification and pedagogy and academic learning. These findings are echoed in the experiences of the research participants involved in my study as I have presented in chapters 4 and 5.

Working from a qualitative research perspective, the background to this research and the literature review assisted me to develop my overall research aim and objectives. Exploring the experiences of ENs undertaking a BN program in an Australian university was my overall aim and specifically I wanted to understand the ENs experiences with their BN program, including challenges, supports and strategies to assist future ENs. My research question was ‘What are the experiences of enrolled nurses undertaking a Bachelor of Nursing program in an Australian university?’ The chosen research design that best addressed this research question, the research aim and objectives was a qualitative, descriptive exploratory design. My study involved BN students with an EN qualification who were converting their education qualification to become eligible to become a RN. Individual interviews were employed to collect data from the research participants and I analysed this using thematic analysis. ‘Duelling identities’, ‘Challenging realities’ and ‘Oppression’ were the three major themes identified as a result of this thematic analysis.
To structure the discussion of the findings, the ‘EN-BN-RN Theory-Practice-Theory-Practice Cycle' conceptual framework (Figure 3-2) mentioned above was imperative for my research journey. The foundations for the conceptual framework started whilst I immersed myself in investigating the background and whilst conducting the literature review for the research. These actions eventually shaped and evolved my decisions associated with the research design. The conceptual framework provided structure and meaning to my findings and influenced the structure of the discussion chapter. Within the discussion chapter I have described each of the major themes and subthemes, critically analysed these using the conceptual framework and literature hence achieving congruence with the descriptive exploratory research design.

The first major theme ‘Duelling Identities’ described the positive and negative aspects of being both an EN and BN student simultaneously. Two subthemes arose from this theme, the first ‘Benefits and Burdens’ and the second ‘Betwixt and Between’. In this first subtheme ‘Benefits and Burdens’, I drew the conclusions that participants felt there were benefits to previously training as an EN from a theoretical knowledge and practical experience perspective, including an increase in confidence particularly with their practical skills. However the research participants also experienced negative feelings. This included the all-consuming nature of constantly being surrounded by nursing; that is working as an EN and studying a BN at the same time. This finding was unique to the research participants involved in my study and is not evident in the literature cited in this thesis. Other burdens, including challenges associated with family and financial commitments were voiced by participants and reflected what was found in the literature.

‘Betwixt and Between’ was the second subtheme for ‘Duelling Identities’. In this subtheme I described participant’s frustrations with transitioning between the role of EN and RN particularly surrounding confusion between how the two roles differ. In this subtheme I also brought first light to the recurrent sense of participants feeling undervalued which continued through the other major themes.
In the second major theme ‘Challenging Realities’ what the RN knows and what the RN does were key features of the discussion. This ‘knowing’ and ‘doing’ created two subthemes ‘Knowledge and Pedagogical Disparities’ and ‘Real World vs Ivory Tower’. In the first subtheme ‘Knowledge and Pedagogical Disparities’ I explored participants’ challenges with transitioning between the two pedagogically diverse educational settings, the VET sector and HE institutions. Of particular importance was the research participant’s discontent surrounding both the content taught and how this was delivered across the BN program. In this discussion I called upon the conceptual framework to provide a possible explanation for this. Considering where participant’s sat in the ‘theory-practice-theory-practice cycle’, I concluded that both prior theoretical knowledge and clinical experience in nursing influenced the research participants’ perspectives. This therefore resulted in them arguing from a previously formed perception or worldview on what was needed and from prior experience how this should be delivered. Directly related to this I discussed the second subtheme ‘Real World vs Ivory Tower’. The dissonance between what the EN perceives to be the role of the RN and what the NMBA and therefore the BN curriculum dictates, was debated recognising this subtheme. Again as a direct result of prior clinical experience and also an enculturation process that participants had undergone as ENs a perception was formed this time on what the RN does rather than what the RN knows. This role confusion was widely supported by various authors in the literature with researchers noting the misconception that ENs felt they were already practicing as RNs just without the title (Gibson & Heartfield 2005; Kilstoff & Rochester 2004; Porter-Wenzlaff & Froman 2008).

‘Oppression’ was the final major theme I discussed in my thesis. Within this theme I described the research participants’ feelings of inferiority and power imbalances as a result of the various hierarchies they encountered during their conversion including those within the NMBA and the AQF. The subtheme ‘Devalued and Discriminated’ established that participants perceived that others felt they were ‘annoying’ and ‘not fully competent’. Expressed beliefs of self-doubt about not feeling smart enough to undertake the degree compounded these negative thoughts. Interrelated with this the subtheme ‘Vertical Violence’ explored how several participants felt that the devaluing attitudes of the EN came directly from nurse academics within the degree. Two participants specifically voiced
the presence of a ‘culture of bullying’ within their University. Conclusions I drew from the literature affirms there is a presence of vertical violence within nursing that is not limited to the clinical environment but also manifests early on in nursing education as experienced by the participants.

Reflecting on the findings of this research I feel that we as nurse academics can do better. The insights I have gained from the research participants, I feel can and should assist in directing an exploration of current practices within my University. In particular, I feel the knowledge I have gained can contribute to supporting and improving the transition experiences of ENs undertaking the BN program. I will discuss below several suggestions for areas for improvement (implications) and strategies to support these as well as areas for future research.

**Implications and Areas for Future Research**

The findings of my research signify an opportunity for change. The implications I put forward resulting from this research are based on each participant’s story and I feel it is appropriate to let their voices guide and direct this change. To start the story the idea of ‘Duelling Identities’ as I outlined in the thesis resulted in each of the participants expressing a challenge with identifying with the many different roles including family, work and financial commitments. This resonates with what is said in the literature (Hutchinson, Mitchell & St John 2011; Kenny & Duckett 2005; Melrose & Gordon 2011) and additional support is offered as a suggestion for overcoming these challenges. These supports include transitional support programs (Hutchinson, Mitchell & St John 2011), services that support time management and personal learning goals (Melrose & Gordon 2011) and part-time and flexible study arrangements (Kenny & Duckett 2005) to name a few. Whilst these supports are all valuable, I think that a more person-centred approach is required, not a one size fits all model or a generic approach to the problem from a HE perspective. Although it is important to fit within the constraints of an organisation (such as a University); I feel a valued and positive student experience is of the utmost importance. If we can provide ways to improve work-life balance for students then we have a responsibility to do so. My thoughts are that more research is required to find out what that may look like. Directly
relating to finding balance, the descriptions of the ‘sick, sick, sick’ struck me. The nature of being an EN and studying a BN meant nursing was all consuming. Whilst this perspective was not voiced by other participants I think it is worthwhile to explore if others have similar feelings and what could be done to minimise the impact this may have on their health, both physical and psychological.

Secondly, both the major themes ‘Duelling identities’ and ‘Challenging Realities’ described the research participants’ feelings of confusion around the differing roles of the EN and RN. This is also consistent with what previous literature has shown. A suggestion I would put forward for those planning curriculum design is that clarification is required upfront and needs to be overt outlining the role of the RN and additionally the educational foundations of this for the new EN converting to a BN student role. In particular clarification of the role of the RN needs to make explicit the differences between the RN and EN in both theory and practice, including highlighting the increased level of responsibility, independence and critical thinking. Cook et al. (2010, p.127) describes this as “changing this paradigm in their thinking” when it comes to differences in scope of practice between the EN and RN. I believe this can be achieved through upfront explanations with specific reference to both the NMBA standards and the AQF learning outcomes. Aligning students (not only ENs) with these early on in their program allows for any previously held misconceptions to be addressed and resolved.

I feel this strategy also aligns with the principles of adult education, addressing ‘the learners’ self-concept’, and providing an ‘orientation to learning’, described in Knowles theory of andragogy (Knowles, Holton & Swanson 2015, p.30) as essential for teaching adults. By providing a rationale for what we teach and why, students are afforded the opportunity to see value in the subject matter. It is clear from this research that participants showed a strong preference for the science-based subjects over those considered more subjective or ‘art-based’ subjects. Once again providing an ‘orientation to learning’ would assist future students to understand the reasons behind learning about both art and science in nursing, thus directly showing relationship to the requirements for the role of the RN.
Furthermore, participants involved in my research overwhelmingly described not feeling valued in relation to their previous experience as ENs. Again, Knowles’ theory of andragogy expresses the importance the ‘role of the learners’ experience’ (Knowles, Holton & Swanson 2015, p.30) plays in the education of adults. The conceptual framework (Figure 3-2) I have engaged in my study exhibits the research participants’ journeys of experience both in nursing theory and practice and this should be embraced. Calling upon ENs to share with the class their knowledge and draw from their experiences will not only assist with their own personal self-worth but also model behaviour to students that encourages respect for our EN colleagues. Working more closely with nurses who deliver EN programs of study, I feel will be beneficial in making the ‘theory-practice-theory-practice cycle’ more seamless. This will also allow for nurse academics to have a greater understanding of the knowledge requirements and role of the EN.

Whilst several participants suggested the need for specific classes for ENs I felt this is not the most appropriate course of action and may even create a larger gap between the RN and EN. Instead I offer the idea that if ENs are engaged more proactively in the classroom including in the simulation setting, this will create a practice mentoring environment and will enable them to build upon those skills essential for the RN including responsibility, independence and critical thinking. By being offered the opportunity to provide a leadership and collegial role many of the thoughts and feelings evoked in the ‘Oppression’ theme discussed in this thesis can potentially be erased.

Finally, it was of concern to me the findings regarding the theme ‘Oppression’. Specifically the incidence of bullying behaviours in the form of ‘vertical violence’ that is by nurse academics toward students and I feel requires further research to determine the presence and impact of this and how this can be overcome. I feel this needs to be actively followed up and various opportunities could be investigated, including a meeting with the Head of School about appropriate ways to progress thesis outcomes in line with University protocols and social justice requirements. I also would recommend this as an area for future research.
To summarise my implications:

1. offer a more person-centred individualised approach to meet EN student’s needs with regard to balancing study, work and life;
2. nurse academics to be upfront and provide a more overt explanation of the role and educational requirements of the RN with specific reference to both the NMBA standards and AQF learning outcomes (with comparison to the EN role and educational requirements);
3. ensure strong alignment with principles of adult education specifically addressing ‘the learners’ self-concept’, ‘orientation to learning’ and particular attention to the ‘role of the learners’ experience’;
4. work more closely with EN education providers when designing curriculum to gain a greater understanding of the knowledge and role of ENs;
5. draw upon the theoretical knowledge and practical experiences of ENs in the class with the aim to increase their self-worth and demonstrate respect for the EN profession;
6. influence future curricula.

To summarise my recommendations for future research:

Describe and explore:

1. innovative ways to provide person-centred, individualised support to EN nursing students to balance work and life;
2. EN students experiences of nursing being ‘all-consuming’ and if this is the case what could be done to minimise any adverse effects this may have;
3. the presence of behaviour that may be considered bullying by nurse academics toward BN students that are ENs.
**STRENGTHS**

The strengths of my thesis lie in the qualitative lens I have chosen to present my research. This approach has enabled me to provide rich narratives capturing the essence of experience for the research participants. The descriptive exploratory approach has enabled me to remain true to participants’ stories with a strength of this chosen design being that it allowed me to describe what was said “in words as similar to what the participant’s said as possible” (Brown 2014, p.43). I could then explore these words and give meaning to what was said to create new knowledge.

The conceptual framework (Figure 3-2) the ‘EN-BN-RN Theory-Practice-Theory-Practice Cycle’ I designed assisted me to explore and provide insight into these participant stories and I consider this to be a further asset of this research. Being able to visually represent the journey of the research participants and draw into this the supportive frameworks of the NMBA and AQF gave me structure and direction and I feel has allowed for a clearer understanding of the findings of my research.

**LIMITATIONS**

I acknowledge that as a novice my research has several limitations that I wish to address. Firstly, as a result of the participants being students that I taught in the Bridging program there is a potential that there may be bias present. However I feel that I have remained true to the participants’ voices. I have taken steps to minimise this as outlined in Chapter 3 including the use of a neutral party to recruit participants. I have included rich descriptions using the participants’ own words and provide an honest account through narratives of their experiences without censorship (unless a breach to participant privacy was a potential).

Secondly, the small number of research participants and single cohort at one university may effect transferability of the study as participants are likely to have similar characteristics. As I have suggested in the methods chapter whilst this population may be
considered quite small comparatively to other qualitative studies, this is congruent with the
descriptive exploratory approach that investigates phenomenon with small numbers of
participants identified to meet particular inclusion criteria (Schneider et al. 2013, p.106). I
have also noted other qualitative research studies with similar numbers of participants,
I feel that this research can be expanded upon in the future with larger student numbers at
a range of facilities. This is outside of the scope and depth of my Master of Philosophy
thesis, however is important work and may form the basis for future doctoral studies.

Thirdly, of the research participants Ash and Alex had both undertaken a Diploma of
Nursing and Sam, Jo and Pat a Certificate IV in Nursing. The differing levels of education
may have resulted in some differences between participants experiences. It would be
interesting to follow up this research with further students that are only Diploma trained
though given the findings the differences do not appear specific to the educational
preparation. Certainly the findings from the major themes ‘Duelling Identities’ and
‘Oppression’ do not appear to be impacted by the differing learning outcomes in any
significant way. The major theme ‘Challenging Realities’ also shared common views
showing a strong preference for the science of nursing which all 5 participants voiced. It
would appear that despite different AQF learning outcome levels (4 for Certificate IV and 5
for Diploma) this has not impacted the perceived value of the more artistic side of nursing
nor issues surrounding role confusion between the EN and RN.

Finally, over the time period I completed my thesis the NMBA Competency Standards for
both the EN and RN were updated. As a result of this I was required to cross reference and
include both the ‘Competency Standards’ for the RN (NMBA 2010) and EN (ANMC 2002)
and the updated ‘Standards for Practice’ (NMBA 2016b; NMBA 2016c) in my discussion and
conceptual framework. Whilst this update impacted upon my analysis and decisions (by
needing to refer to both) and make writing within the thesis a little ‘clunky’, I feel that
there was no direct impact on participant’s voices.
FINAL WORDS

Undertaking this research and thesis has allowed me to grow both as a researcher and a nurse. I could never predict the impact that hearing people share their stories with me would have and I am grateful for the opportunity to share the experiences with the participants. I feel that with the knowledge I have gained I have a responsibility to do something with this and I owe this to the research participants. I have been afforded a deeper understanding into the EN and have developed an increased respect for the nursing profession. I can now share my knowledge with my colleagues and students and model attitudes that promote this respect.

I believe that support of ENs undertaking HE studies is imperative to improve transitions between the VET sector and HE institutions and create smoother and more effective career pathways for ENs. I believe as educators of future RNs we have both a professional and ethical responsibility to provide this support. ENs are a vital part of the nursing workforce and must be respected for the knowledge and skills that they possess. They should furthermore be supported to convert to become RNs if that is the career path they choose. As nurse academics we should appreciate and celebrate the knowledge and experience that ENs bring to the BN degree.

The final words of my thesis belong to the research participants... And I share their pride:

*I am proud. I was proud to be an EN... and now I am proud to be an RN (Ash, l.483).*
REFERENCES

AHPRA – see Australian Health Practitioner Regulation Agency.

AIHW – see Australian Institute of Health and Welfare.

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ANMC - see Australian Nursing & Midwifery Council.

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NMBA – see Nursing and Midwifery Board of Australia


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### APPENDICES

#### APPENDIX A - COMPARISON OF EN AND RN STANDARDS FOR PRACTICE

<table>
<thead>
<tr>
<th>EN Standards for Practice</th>
<th>RN Standards for Practice</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Professional &amp; collaborative practice</strong></td>
<td><strong>Thinks critically &amp; analyses nursing practice</strong></td>
</tr>
<tr>
<td>• Functions in accordance with legislation, policies &amp; procedures for EN</td>
<td>• Variety of thinking strategies</td>
</tr>
<tr>
<td>• Practice in way that ensures rights, confidentiality, dignity &amp; respect upheld</td>
<td>• Best available evidence in making decisions</td>
</tr>
<tr>
<td>• Accountability &amp; responsibility for own actions</td>
<td>• Providing safe, quality nursing practice within person-centred &amp; evidence-based frameworks</td>
</tr>
<tr>
<td><strong>Provision of Care</strong></td>
<td><strong>Engages in therapeutic &amp; professional relationships</strong></td>
</tr>
<tr>
<td>• Interprets information to contribute to planning care</td>
<td>• Purposefully engaging in effective therapeutic &amp; professional relationships</td>
</tr>
<tr>
<td>• Collaborates with RN, person receiving care &amp; healthcare team</td>
<td>• Collegial generosity - mutual trust &amp; respect in professional relationships</td>
</tr>
<tr>
<td>• Provides skilled &amp; timely care to people whilst promoting independence &amp; involvement in care decision-making</td>
<td><strong>Comprehensively conducts assessments</strong></td>
</tr>
<tr>
<td>• Communicates &amp; uses documentation to inform &amp; report care</td>
<td>• Accurately conduct comprehensive &amp; systematic assessments</td>
</tr>
<tr>
<td></td>
<td>• Analyse information &amp; data</td>
</tr>
<tr>
<td></td>
<td>• Communicate outcomes as the basis for practice</td>
</tr>
<tr>
<td><strong>Reflective &amp; Analytical practice</strong></td>
<td><strong>Develops a plan for nursing practice</strong></td>
</tr>
<tr>
<td>• Provides nursing care informed by research evidence Practises within safety &amp; quality improvement guidelines &amp; standards</td>
<td>• Planning &amp; communication of nursing practice</td>
</tr>
<tr>
<td></td>
<td>• Agreed plans developed in partnership - based on the RNs appraisal of comprehensive, relevant information &amp; evidence that is documented &amp; communicated</td>
</tr>
<tr>
<td>• Engages in ongoing development of self as a professional</td>
<td><strong>Maintains the capability for practice</strong></td>
</tr>
<tr>
<td></td>
<td>• Responsible &amp; accountable for safe &amp; capable practice</td>
</tr>
<tr>
<td></td>
<td>• Responds when concerned re others capability for practice</td>
</tr>
<tr>
<td></td>
<td>• Professional development of self &amp; others Provide information &amp; education to enable people to make decisions &amp; take action for own health</td>
</tr>
<tr>
<td></td>
<td><strong>Provides safe, appropriate &amp; responsive quality nursing practice</strong></td>
</tr>
<tr>
<td></td>
<td>• Provide &amp; may delegate, quality &amp; ethical goal-directed actions</td>
</tr>
<tr>
<td></td>
<td>• Use comprehensive &amp; systematic assessment, &amp; best available evidence to achieve planned &amp; agreed outcomes</td>
</tr>
<tr>
<td></td>
<td><strong>Evaluates outcomes to inform nursing practice</strong></td>
</tr>
<tr>
<td></td>
<td>• Evaluates practice based on agreed priorities, goals, plans &amp; outcomes &amp; revises practice accordingly.</td>
</tr>
</tbody>
</table>
### APPENDIX B - COMPARISON OF EN AND RN COMPETENCY STANDARDS

<table>
<thead>
<tr>
<th>Domains</th>
<th>Competency Standards EN</th>
<th>Competency Standards RN</th>
</tr>
</thead>
<tbody>
<tr>
<td>Professional &amp; Ethical Practice</td>
<td>• Functions in accordance with legislation, policies &amp; procedures for EN</td>
<td>• Professional, legal &amp; ethical responsibilities</td>
</tr>
<tr>
<td></td>
<td>• Practice in ethically justified way &amp; respects rights</td>
<td>• Accountability for practice</td>
</tr>
<tr>
<td></td>
<td>• Accountability &amp; responsibility for own actions</td>
<td>• Functioning in accordance with legislation affecting nursing &amp; health care</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Protection of individual &amp; group rights</td>
</tr>
<tr>
<td>Critical Thinking &amp; Analysis</td>
<td>• Demonstrates critical thinking in the conduct of EN practice</td>
<td>• Self-appraisal</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Professional development</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Value of evidence</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Research for practice</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Reflecting on practice, feelings &amp; beliefs &amp; the consequences of these for individuals/</td>
</tr>
<tr>
<td></td>
<td></td>
<td>groups</td>
</tr>
<tr>
<td>Management of Care</td>
<td>• Contributes to formulation of care plans in collaboration with RN, individuals &amp; groups</td>
<td>• Coordination, organisation &amp; provision of nursing care</td>
</tr>
<tr>
<td></td>
<td>• Manages nursing care within the scope of EN practice</td>
<td>• Assessment, planning, implementation &amp; evaluation of care</td>
</tr>
<tr>
<td>Enabling</td>
<td>• Contributes to promotion of safety, security &amp; personal integrity &amp; provides support &amp; care within scope of EN practice</td>
<td>• Establishing, sustaining &amp; concluding professional relationships</td>
</tr>
<tr>
<td></td>
<td>• Collaborates with members of health care team to achieve effective health care outcomes</td>
<td>• Nurses understanding their contribution to the interdisciplinary health care team</td>
</tr>
<tr>
<td>Location</td>
<td>Topic</td>
<td>Research approach</td>
</tr>
<tr>
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<tr>
<td>Vic, Aus</td>
<td>EN bridging program</td>
<td>Quantitative</td>
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<td>LPN to RN student transition</td>
<td>Quantitative</td>
</tr>
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<td>Aus</td>
<td>Tailored grad programs for ENs</td>
<td>Literature review</td>
</tr>
<tr>
<td>Aus</td>
<td>EN transition to RN</td>
<td>Qualitative descriptive</td>
</tr>
<tr>
<td>ACT, Aus</td>
<td></td>
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<td>UK</td>
<td>Conversion 2nd level to 1st level nurses</td>
<td>Qualitative Phenomenology</td>
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<td>Aus</td>
<td>EN educational transition model</td>
<td>Discussion Paper</td>
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<tr>
<td>Aus</td>
<td>Mature aged students undertaking BN</td>
<td>Constructivist grounded theory study</td>
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</table>


Cubit, KA & Leeson, BG 2009, ‘Is there a case for tailoring graduate programs for nurses who previously practiced as Enrolled Nurses?’, *Nurse Education Today*, vol.29, pp.891-894.


<table>
<thead>
<tr>
<th>Author(s)</th>
<th>Year</th>
<th>Title</th>
<th>Journal</th>
<th>Volume</th>
<th>Issue</th>
<th>Pages</th>
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<th>Data Collection</th>
<th>Data Analysis</th>
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<tr>
<td>Greenwood, J</td>
<td>2000</td>
<td>'Articulation of pre-registration nursing courses in Western Sydney'</td>
<td>Nurse Education Today</td>
<td>vol.20</td>
<td>pp.189-198</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Enabled the development of 'customised' bridging program.</td>
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<td>Hutchinson, L, Mitchell, C &amp; St John, W</td>
<td>2011</td>
<td>'The transition experience of Enrolled Nurses to a Bachelor of Nursing at an Australian University'</td>
<td>Contemporary Nursing</td>
<td>vol. 38, no.1-2</td>
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<td>Qualitative Interpretivist</td>
<td>School of nursing &amp; midwifery, Griffith University QLD</td>
<td>Focus group</td>
<td>Content analysis</td>
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<td>Hylton, JA</td>
<td>2005</td>
<td>'Relearning how to learn: enrolled nurse transition to degree at a New Zealand rural satellite campus'</td>
<td>Nurse Education Today</td>
<td>vol. 25, no. 7</td>
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<td>Exploratory Descriptive</td>
<td>Rural, flexible, satellite campus</td>
<td>Focus groups</td>
<td>Constant comparative analysis, Grounded theory</td>
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<td>Kenny, AJ &amp; Duckett, S</td>
<td>2005</td>
<td>'An online study of Australian Enrolled Nurse conversion'</td>
<td>Journal of Advanced Nursing</td>
<td>vol. 49, no. 4</td>
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<td>Qualitative descriptive</td>
<td>Rural University, Vic</td>
<td>Online focus group</td>
<td>Thematic Analysis</td>
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<td>Kilstoff, KK &amp; Rochester, SF</td>
<td>2004</td>
<td>'Hitting the floor running: transitional experiences of graduates previously trained as enrolled nurses'</td>
<td>Australian Journal of Advanced Nursing</td>
<td>vol. 22, no. 1</td>
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<td></td>
<td></td>
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<td>Role clarification</td>
<td>Misconceptions regarding EN coping ability – require same level of support as others</td>
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<td>Country</td>
<td>Program Details</td>
<td>Research Design</td>
<td>Sample</td>
<td>Data Collection</td>
<td>Data Analysis</td>
<td>Findings</td>
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<td>LPN to BN experiences – barriers and success</td>
<td>Qualitative descriptive</td>
<td>Canadian online University</td>
<td>Longitudinal 3yrs Interviews</td>
<td>Thematic analysis NVivo</td>
<td>Support from colleagues, managers, workplace mentors Financial, family, time &amp; work commitments. Need for programs that support students own solutions for success</td>
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<td>USA</td>
<td>Review of formalised mentoring program</td>
<td>Quasi-experimental Survey</td>
<td>Ohio University</td>
<td>Survey</td>
<td>Descriptive</td>
<td>Stress Management</td>
<td>Formalised mentoring program valuable and effective promoting success.</td>
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<td>Aus</td>
<td>EN to RN rural experience</td>
<td>hermeneutic phenomenological</td>
<td>Rural hospitals</td>
<td>Unstructured interview</td>
<td>Van Manen Higher expectations</td>
<td>Encouragement &amp; support in transition process</td>
<td></td>
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<tr>
<td>UK, NZ &amp; Aus</td>
<td>Transition process for ENs undertaking BN</td>
<td>Literature review</td>
<td>-</td>
<td>-</td>
<td>Complex &amp; challenging process IT problems, Academic literacy Improved support &amp; preparation to ensure success</td>
<td></td>
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<tr>
<td>Aus</td>
<td>Pre &amp; post graduation experience EN to BN.</td>
<td>Descriptive qualitative</td>
<td>External tertiary level course (online)</td>
<td>Face to face interview</td>
<td>Grounded theory</td>
<td>Family Underprepared Time to study Lack of IT Lack of academic support</td>
<td>External conversion course generally +ve stressful being student, effective way to transition EN-RN</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Aus</td>
<td>EN to RN Educational Prep &amp; course completion</td>
<td>Quantitative</td>
<td>WA university</td>
<td>Existing course data</td>
<td>Exploratory correlation study</td>
<td>Prior educational background did not significantly influence completion. Support RPL regardless of educational background</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Melrose, S & Gordon, K 2011, ‘Overcoming barriers to role transition during an online post LPN to BN program, Nurse Education in Practice, vol. 11, pp.31-35.


APPENDIX D - THIRD PARTY EMAIL FOR PARTICIPANT RECRUITMENT

Dear Student,

You are invited to participate in a research project that forms part of a Master of Nursing (research). This research will be conducted by Lorraine Fields (student researcher), with Dr Sharon Bourgeois (supervisor) and Ms Joanne Joyce-McCoach (supervisor).

This project is titled “The experiences of Enrolled Nurses undertaking a Bachelor of Nursing program in an Australian University”. The purpose of the research is to explore the experiences of Enrolled nurses undertaking a Bachelor of Nursing program, specifically looking at challenges and positive aspects encountered by participants as well as what they found supported them during the program. This will involve you being interviewed by Lorraine Fields for a maximum of 60 minutes regarding your experience as a student in the Bachelor of Nursing program.

Your participation in this research is voluntary and your choice to be involved in this project will not affect your relationship with the School of Nursing Midwifery and Indigenous Health or the University of Wollongong in any way. For more information please refer to the participant information sheet (attached to this email) or contact Lorraine Fields 42215591). To be involved in this research please complete the consent form (attached to this email) and return this to Lorraine Fields by email or by mail (Lorraine Fields - School of Nursing, Midwifery and Indigenous Health, building 41.210) or to her pigeon hole (building 41).

Many thanks for your time and support,
Moira Stephens

Moira Stephens PhD | Lecturer | School of Nursing, Midwifery and Indigenous Health | University of Wollongong | Building 41, Room 221 | Tel 02 4221 5350 | Fax 02 4221 3137 | Email moiras@uow.edu.au
APPENDIX E - PARTICIPANT INFORMATION SHEET

PARTICIPATION INFORMATION SHEET

TITLE: The experiences of enrolled nurses undertaking a Bachelor of Nursing program in an Australian university.

PURPOSE OF THE RESEARCH: This is an invitation to participate in a study conducted by researchers in the School of Nursing, Midwifery and Indigenous Health (SNMIH) at the University of Wollongong (UOW) as part of a Masters of Nursing (research) thesis. The purpose of the research is to explore the experiences of Enrolled nurses undertaking a Bachelor of Nursing program, specifically looking at challenges and positive aspects encountered by participants as well as what they found supported them during the program.

INVESTIGATORS:
Mrs Lorraine Fields
Dr Sharon Bourgeois
Ms Joanne Joyce-McCoach
SNMIH
SNMIH
SNMIH

METHOD & DEMANDS ON PARTICIPANTS: If you choose to be included in this research you will be asked to discuss your experience of studying a Bachelor of Nursing degree at UOW as an Enrolled Nurse. The investigator, Lorraine Fields, will conduct an interview lasting no more than 60 minutes that will be audio taped to ensure that information related to your personal experience is accurate. The interview can be either face to face or over the telephone at a time that is suitable for you. Typical questions in the interview include: Tell me about what you have found challenging whilst undertaking your Bachelor of Nursing studies? Tell me about the aspects of your study that you have enjoyed? What would you consider were the major differences between this study and previous study you have undertaken? How have your studies made you feel? Tell me about what you feel supported you through your studies? What could have improved the experience of studying your Bachelor of Nursing degree? You will also have the opportunity to inform the researcher of any other information you may feel is relevant based on your experience.

POSSIBLE RISKS, INCONVENIENCES & DISCOMFORTS: Possible risks for this research are unlikely with the exception of the inconvenience of giving up a maximum of 60 minutes of your time to be interviewed. It is not anticipated that this interview will cause emotional discomfort for you. Participation in the study is voluntary and you are able to withdraw your involvement. Once your information has been collected and analysed, however, this will be unable to be removed as there will be no identifying factors to ensure your privacy is protected. If you do not wish to participate in this study this will in no way affect your academic outcomes or relationship with UOW.

FUNDING & BENEFITS OF THE RESEARCH: This study is not funded. This research will provide information on the experiences of Enrolled Nurses studying a Bachelor of Nursing at UOW. The information you provide, may assist in improving teaching and learning for future students. Findings from this study will form part of a thesis for a Masters of Nursing (research). It is also anticipated that findings from this study will be published in journal articles and presented at conference papers. Your privacy will be protected and you will not be able to be identified in any part of the research.

ETHICS REVIEW & COMPLAINTS: This study has been reviewed by the Human Research Ethics Committee of UOW, reference no. HE13/384. If you have any concerns or complaints regarding the way this research has been conducted you can contact the UOW Ethics Officer on 92 4221 3386 or email rsco-ethics@uow.edu.au.

Thank you for your interest in this study.
Appendix F - Consent Form

Consent Form for University Students

The experiences of Enrolled Nurses undertaking a Bachelor of Nursing program in an Australian University

Researcher: Lorraine Fields

I have been given information about the research project “The experiences of Enrolled Nurses undertaking a Bachelor of Nursing program in an Australian University”. I have discussed this research project with Mrs Lorraine Fields, who is leading this research in the School of Nursing Midwifery and Indigenous Health (SNMIH) at the University of Wollongong (UOW). This is part of a Masters of Nursing (research) degree supervised by Dr Sharon Bourgeois and Ms Joanne Joyce-McCoach from the SNMIH at UOW.

I have been advised of the potential risks and burdens associated with this research, which include inconvenience (up to 60 mins of my time) and have had an opportunity to ask Lorraine Fields any questions I may have about the research and my participation.

I understand that my participation in this research is voluntary, I am free to refuse to participate and I am free to withdraw from the research at any time prior to the analysis of data. I understand that my contribution will be confidential and that there will be no personal identification in the data that I agree to allow to be used in the study. My refusal to participate or withdrawal of consent will not affect my treatment in any way/my relationship with SNMIH or UOW.

If I have any enquiries about the research, I can contact Lorraine Fields (lfields@uow.edu.au or 4221 5591) and/or Dr Sharon Bourgeois (4221 5094). If I have any concerns or complaints regarding the way the research is or has been conducted, I can contact the Ethics Officer, Human Research Ethics Committee, Office of Research, UOW on 4221 3386 or email rso-ethics@uow.edu.au.

By signing below I am indicating my consent to participate in the research. I understand that the data collected from my participation will be used primarily for a Master’s project. It will also contribute to improving teaching and learning for future students. The data may also be used in summary form for publication in journal articles and papers for presentation at conferences and I consent for it to be used in that manner. I understand that I will not be identified in any publication that arises from this research.

Signed

Date

Name (please print)

---/---/---
APPENDIX G - ETHICS COMMITTEE APPROVAL

In reply please quote: HE13/384

28 August 2013

Mrs Lorraine Fields
School of Nursing, Midwifery & Indigenous Health
Faculty of Science, Medicine & Health
University of Wollongong NSW 2522

Dear Mrs Fields

I am pleased to advise that the Human Research Ethics application referred to below has been approved.

Ethics Number: HE13/384

Project Title: The experiences of Enrolled Nurses undertaking a Bachelor of Nursing program in an Australian university

Researchers: Mrs Lorraine Fields, Dr Sharon Bourgeois, Ms Joanne Joyce-McCoach

Approval Date: 22 August 2013

Expiry Date: 21 August 2014

The University of Wollongong Illawarra Shoalhaven Local Health District Social Sciences HREC is constituted and functions in accordance with the NHMRC National Statement on Ethical Conduct in Human Research. The HREC has reviewed the research proposal for compliance with the National Statement and approval of this project is conditional upon your continuing compliance with this document.

A condition of approval by the HREC is the submission of a progress report annually and a final report on completion of your project. The progress report template is available at http://www.uow.edu.au/research/rso/ethics/UOW009385.html. This report must be completed, signed by the appropriate Head of School, and returned to the Research Services Office prior to the expiry date.

As evidence of continuing compliance, the Human Research Ethics Committee also requires that researchers immediately report:

- proposed changes to the protocol including changes to investigators involved
- serious or unexpected adverse effects on participants
- unforeseen events that might affect continued ethical acceptability of the project.

Please note that approvals are granted for a twelve month period. Further extension will be considered on receipt of a progress report prior to expiry date.
If you have any queries regarding the HREC review process, please contact the Ethics Unit on phone 4221 3356 or email rso-ethics@uow.edu.au.

Yours sincerely

Cheryl Jeck
Ethics Assistant on behalf of the
Social Sciences Human Research Ethics Committee
APPENDIX H - ETHICS COMMITTEE APPROVAL RENEWAL

RENEWAL APPROVAL LETTER
In reply please quote: HE13/384

7 August 2014

Mrs Lorraine Fields
School of Nursing, Midwifery & Indigenous Health
Faculty of Science, Medicine & Health
University of Wollongong NSW 2522

Dear Mrs Fields

Thank you for submitting the progress report. I am pleased to advise that renewal of the following Human Research Ethics application has been approved.

Ethics Number: HE13/384
Project Title: The experiences of Enrolled Nurses undertaking a Bachelor of Nursing program in an Australian university
Researchers: Mrs Lorraine Fields, Dr Sharon Bourgeois, Ms Joanne Joyce-McCoach
Renewed From: 22 August 2014
New Expiry Date: 21 August 2015

Please note that approvals are granted for a twelve month period. Further extension will be considered on receipt of a progress report prior to expiry date.

This certificate relates to the research protocol submitted in your original application and all approved amendments to date. Please remember that in addition to completing an annual report, the Human Research Ethics Committee also requires that researchers immediately report:

- proposed changes to the protocol including changes to investigators involved
- serious or unexpected adverse effects on participants
- unforeseen events that might affect continued ethical acceptability of the project.

A condition of approval by the HREC is the submission of a progress report annually and a final report on completion of your project. The progress report template is available at http://www.uow.edu.au/research/rso/ethics/UOW009385.html. This report must be completed, signed by the appropriate Head of School and returned to the Research Services Office prior to the expiry date.

The University of Wollongong/ Illawarra and Shoalhaven Local Health Network District (ISLHD) Social Science HREC is constituted and functions in accordance with the NHMRC National Statement on Ethical Conduct in Human Research.

Yours sincerely

Professor Kathleen Clapham
Chair, Social Sciences
Human Research Ethics Committee

Ethics Unit, Research Services Office
University of Wollongong NSW 2522 Australia
Telephone (02) 4221 3386 Facsimile (02) 4221 4338
Email: rso-ethics@uow.edu.au Web: www.uow.edu.au
RENEWAL APPROVAL LETTER
Ethics Reference: HE13/384

22 August 2016

Mrs Lorraine Fields
School of Nursing, Midwifery & Indigenous Health
Faculty of Science, Medicine & Health
University of Wollongong NSW 2522.

Dear Mrs Fields

I am pleased to advise that renewal of the following Human Research Ethics application has been approved. This certificate relates to the research protocol submitted in your original application and all approved amendments to date.

Ethics Number: HE13/384
Project Title: The experiences of Enrolled Nurses undertaking a Bachelor of Nursing program in an Australian university
Name of Researchers: Mrs Lorraine Fields, Dr Sharon Bourgeois, Ms Joanne Joyce-McCoach
Renewed From: 22 August 2016
Expiry Date: 21 August 2017

Please note that approvals are granted for a twelve month period. Further extension will be considered on receipt of a progress report prior to expiry date.

This certificate relates to the research protocol submitted in your original application and all approved amendments to date. Please remember that in addition to completing an annual report the Human Research Ethics Committee also requires that researchers immediately report:

- proposed changes to the protocol including changes to investigators involved
- serious or unexpected adverse effects on participants
- unforeseen events that might affect continued ethical acceptability of the project.

A condition of approval by the HREC is the submission of a progress report annually and a final report on completion of your project. The progress report template is available at http://www.uow.edu.au/research/rso/ethics/UOW009355.html. This report must be completed, signed by the appropriate Head of School and returned to the Research Services Office prior to the expiry date.

Ethics Unit, Research Services Office
University of Wollongong NDW 2522 Australia
Telephone (02) 4221 3386
Email: rso-ethics@uow.edu.au Web: www.uow.edu.au
The University of Wollongong/ Illawarra and Shoalhaven Local Health Network District (ISSLHD) Social Science HREC is constituted and functions in accordance with the NHMRC National Statement on Ethical Conduct in Human Research.
If you have any queries regarding the HREC review process, please contact the Ethics Unit on phone 4221 3386 or email rso-ethics@uow.edu.au.

Yours sincerely

Associate Professor Melanie Randle
Chair, Social Sciences
Human Research Ethics Committee
APPENDIX J - SCHEDULE OF QUESTIONS

Research Project:
‘The experiences of Enrolled Nurses undertaking a Bachelor of Nursing program in an Australian University’.

Investigator/Research Student:
Mrs Lorraine Fields
SNMIIH
02 4221 5991

Supervisors:
Dr Sharon Bourgeois
SNMIIH
02 4221 5094

Ms Joanne Joyce-McCoach
SNMIIH
02 4221 3468

Data Collection:
Semi-structured interviews either face to face or via telephone depending on student’s preference/availability.

Questions:

• Tell me about what have you found challenging whilst undertaking your Bachelor of Nursing studies?

• How have your studies made you feel?

• Tell me about the aspects of your study that you have enjoyed?

• What would you consider were the major differences between this study and previous study you have undertaken?

• Tell me about what you feel supported you through your studies?

• What could have improved the experience of studying your Bachelor of Nursing degree?
APPENDIX K - MODEL: SEARCH FOR THEMES

[Diagram showing a complex network of themes and relationships related to the experiences of nursing students.]
## Appendix L - AQF Levels Summaries and Learning Outcomes Criteria

<table>
<thead>
<tr>
<th>Level</th>
<th>Level 4</th>
<th>Level 5</th>
<th>Level 7</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Summary</strong></td>
<td>Graduates at this level will have theoretical &amp; practical knowledge &amp;</td>
<td>Graduates at this level will have specialised knowledge &amp; skills for</td>
<td>Graduates at this level will have broad &amp; coherent knowledge &amp; skills</td>
</tr>
<tr>
<td></td>
<td>skills for specialised &amp;/or skilled work &amp;/or further learning</td>
<td>skilled/paraprofessional work &amp;/or further learning</td>
<td>for professional work &amp;/or further learning</td>
</tr>
<tr>
<td><strong>Knowledge</strong></td>
<td>Graduates at this level will have broad factual, technical &amp; some</td>
<td>Graduates at this level will have technical &amp; theoretical knowledge in</td>
<td>Graduates at this level will have broad &amp; coherent theoretical &amp;</td>
</tr>
<tr>
<td></td>
<td>theoretical knowledge of a specific area or a broad field of work &amp;</td>
<td>a specific area or a broad field of work &amp; learning</td>
<td>technical knowledge with depth in one or more disciplines or areas of</td>
</tr>
<tr>
<td></td>
<td>learning</td>
<td></td>
<td>practice</td>
</tr>
<tr>
<td><strong>Skills</strong></td>
<td>Graduates at this level will have a broad range of cognitive, technical &amp;</td>
<td>Graduates at this level will have a broad range of cognitive, technical</td>
<td>Graduates at this level will have well-developed cognitive, technical &amp;</td>
</tr>
<tr>
<td></td>
<td>communication skills to select &amp; apply a range of methods, tools,</td>
<td>&amp; communication skills to select &amp; apply methods &amp; technologies to:</td>
<td>communication skills to select &amp; apply methods and technologies to:</td>
</tr>
<tr>
<td></td>
<td>materials &amp; information to:</td>
<td>• analyse information to complete a range of activities</td>
<td>• analyse &amp; evaluate information to complete a range of activities</td>
</tr>
<tr>
<td></td>
<td>• complete routine &amp; non-routine activities</td>
<td>• provide &amp; transmit solutions to sometimes complex problems</td>
<td>• analyse, generate and transmit solutions to unpredictable &amp; sometimes</td>
</tr>
<tr>
<td></td>
<td>• provide and transmit solutions to a variety of predictable &amp;</td>
<td>• transmit information &amp; skills to others</td>
<td>complex problems</td>
</tr>
<tr>
<td></td>
<td>sometimes unpredictable problems</td>
<td></td>
<td>• transmit knowledge, skills &amp; ideas to others</td>
</tr>
<tr>
<td><strong>Application knowledge and skills</strong></td>
<td>Graduates at this level will apply knowledge &amp; skills to demonstrate</td>
<td>Graduates at this level will apply knowledge &amp; skills to demonstrate</td>
<td>Graduates at this level will apply knowledge &amp; skills to demonstrate</td>
</tr>
<tr>
<td></td>
<td>autonomy, judgement and limited responsibility in known or changing</td>
<td>autonomy, judgement and defined responsibility in known or changing</td>
<td>autonomy, well-developed judgement &amp; responsibility:</td>
</tr>
<tr>
<td></td>
<td>contexts and within established parameters</td>
<td>contexts &amp; within broad but established parameters</td>
<td>• in contexts that require self-directed work &amp; learning</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>• within broad parameters to provide specialist advice &amp; functions</td>
</tr>
</tbody>
</table>