REPATTERNING: A MIDDLE RANGE THEORY OF THE PROCESS OF TRANSITON TO BECOMING A REGISTERED NURSE FOR ENROLLED NURSES AND INTERNATIONALLY QUALIFIED NURSES

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ABSTRACT

This study was conducted to understand the process of transition that Enrolled Nurses (ENs) and Internationally Qualified Nurses (IQNs) undertake to become Registered Nurses (RNs) in Australia. Using the qualitative method of grounded theory, 35 participants were interviewed to explore and explicate the process of their educational journey during a Bachelor of Nursing (BN) program and during their first year following graduation. Participants consisted of nursing students and graduates of a Bachelor of Nursing program in regional Queensland. Additional participants were drawn from graduates of other BN programs in Australia, as well as academic staff, librarians, and student support staff.

Nursing education and nurses' credentials in Australia have progressed over time. This reflects the changing complexity of health care needs and contributes to an evolving scope of practice and professional identity for nurses. Registration requirements for nurses have become more stringent to ensure nurses have the knowledge, skills, and professional comportment needed to ensure the protection of the public. While many Enrolled Nurses and Internationally Qualified Nurses may have perceived they were enacting the same roles and responsibilities as Registered Nurses (RN) in Australia, participants in this study came to realise differences in their previous roles and knowledge vis-a-vis current RN requirements. Value was seen in their new learning and expanded scope of practice. The historical changes to nursing education in Australia have been described in detail as part of the context for understanding nursing education in Australia.

Two distinct participant cohorts (a retrospective and prospective cohort) were recruited. Graduate nurses were interviewed in phase one of the study to describe and reflect on the

entirety of the process that they had taken from before enrolment in a BN program to one year post graduation. In the second phase of the study participants who were currently enrolled in years 1-3 of the BN program were recruited to provide raw data about the process as it unfolded. The two approaches to data collection: data recall or retrospective data together with data gathered in real time, or prospective data provided largely congruent accounts; however, each cohort provided a unique perspective on the process of Repatterning.

Grounded theory methods facilitated the creation of core categories as a means of understanding a phenomenon, and in this study, RepatteRNing emerged as the core category that explained the process that participants engage in and around and which the categories and conceptual elements coalesced to create a common theoretical narrative. Repatterning is the substantive middle range theory that emerged. Repatterning explains the process of reintegrating a new understanding of *nursing* as a Registered Nurse in Australia. The theory is, based on assimilating new learning and a new scope of practice that acknowledges previous knowledge and practice, for the ENs and IQNs who pursued BN education. RepatteRNing contextualises and integrates five overlapping stages: YeaRNing, ChuRNing, ReleaRNing, and AdjouRNing and EaRNing which inductively emerged from the exhaustive, iterative, and constant comparative analysis of participant data. In addition to the five phases, there are 19 sub-categories that characterise the social process of RepatteRNing for the EN and IQN.

As part of the data collection and analytic process and to ensure that the theory 'fit' and 'worked' for participants, confirmatory interviews were conducted with 35 participants to add clarification and richness of detail to their narratives. Follow-up interviews arose from a place of theoretical sensitivity and ensured the achievement of data saturation and complete category

descriptions and densification of verbatim illustrations of the categories. Key staff members who taught or supported student learning and student success were asked to review the substantive theory as it evolved to determine “fit” and “work”. Finally, student and staff participants were asked to review opportunities in which the middle range theory of Repatterning could be used, in part or in whole, to facilitate EN/IQN student learning and transition in the future.

KEYWORDS

Bachelor of Nursing, Enrolled Nurses, Grounded Theory, Internationally Qualified Nurses, Nursing Education, RepatteRNing

CERTIFICATION OF THESIS

This Thesis is entirely the work of Barbara Black except where otherwise acknowledged. The work is original and has not previously been submitted for any other award, except where acknowledged.

Principal Supervisor: Professor Marcus Harmes
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Associate Supervisor: Professor Diane Duff

Student and supervisors' signatures of endorsement are held at the University.

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My parents would be so very proud of this achievement, we arrived in Australia as Ten Pound Poms, with 5 suitcases and a lot of dreams.

This dream came true.

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ABBREVIATIONS

Abbreviations.	Description
Advanced Entry	An applicant who has previous work experience and or educational achievements that are considered directly relevant to the programme they wish to apply for
AAMWS	Australian Army Medical Women's Service
AANS	Australian Army Nursing Service
AAS	Australian Accreditation Standards
AHFS	Australian Health Framework Systems
AIN	Assistant in Nursing
AIF	Australian Imperial Force
AIHW	Australian Institute of Health and Welfare
ANC	Australian Nursing Council
ANF	Australian Nursing Federation
ANSR	Australian Nursing Service Reserve
AHPRA	Australian Health Practitioner Regulation Agency
ANMAC	Australian Nursing & Midwifery Accreditation Council
ATNA	Australian Training Nurses Association
BN	Bachelor of Nursing
BSP	Basic Social Process
EN	Enrolled Nurse a person who provides nursing care under the direction and supervision of a Registered Nurse (RN)
HWA	Health Workforce Australia
ICN	International Council of Nurses
IQN	Internationally Qualified Nurse a nurse who has gained the Registered Nurse training in their home county
NEHA	National Enrolled Nurse Association
NHS	National Health Scheme
NMBA	Nursing and Midwifery Board Australia
NSW	New South Wales
NSWNA	New South Wales Nursing Association
NSWNRB	New South Wales Nursing Registration Board
QAIMNS	Queen Alexandra's Imperial Military Nursing Service
RAMC	Royal Australian Medical Corps
RAAFNS	Royal Australian Airforce Nursing Service
RAANC	Royal Australian Army Nursing Corps
RANNS	Royal Australian Naval Nurses Service

Abbreviations.	Description
RN	Registered Nurse a fully trained nurse with an official state certificate of competence
TAFE	Technical and Further Education
VAD	Voluntary Aid Detachment

CHAPTER 1: INTRODUCTION

This research captures the experience of ENs and IQNs as they traverse their journey of study to become a registered nurse. This chapter introduces the research (section 1.1;1.2;1.3) along with outlining the significance of the research (section 1.4 and 1.5) and addresses the research design and methodology. In section 1.6 the research aim is identified, and section 1.7 provides a synopsis of the literature. Lastly, section 1.8 provides a precis of the remaining chapters presented in the thesis.

1.1 Context

In Australia, the United Kingdom (UK), and New Zealand (NZ), the nursing workforce has traditionally comprised two levels of legislatively registered nurses: the Enrolled Nurse (EN), and the Registered Nurse (RN). The main differences in educational requirements for these two levels of nursing are the duration of education and the associated level of role responsibility. Jacob et al. (2014) outline that the RN will study for 36 months, versus 12-18 months for the EN. The authors continue that the amount of clinical experience for the RN is 800 hours and for the EN is 400 hours (Jacob et al., 2014; NMBA, 2019). The stipulated hours are mandated by the governing entity for nursing in Australia (Jacob et al., 2014; NMBA, 2019). The role and scope of practice between the qualification levels differ and are aligned to Australian National

Competency Standards (Cubit & Leeson, 2009; Nursing and Midwifery Board Australia (NMBA), 2019). The RN is required to complete either a Bachelor of Health Science (Nursing) or a Bachelor of Nursing program, in a tertiary institution (Australian Nursing and Midwifery Accreditation Council (ANMAC), 2017). The ENs undertake their programs within the Vocational Training sector, Technical and Further Education Programs (TAFE), or through accredited private education providers (ANMAC, 2017).

Changes to curriculum and educational requirements have occurred and these changes continue to evolve based on the professional scope of practice and health care system demands, indicating the importance of this study. The historical context of nursing shapes the current professional context of nursing and the evolution of Australian nursing standards. Over time there has been a shift in the way nursing education has been delivered, from one of an apprenticeship-style training scheme to the introduction of a more theory-based curriculum. During the mid-1980s, nursing education began to change from hospital-based training to integration, to tertiary education training, with practical clinical experience components in the hospital setting (National Enrolled Nurse Association, (NENA), 2015). By 1993, all registered nursing students in Australia were entering the profession via the university education pathway (NENA, 2015). This model is now fully

integrated and is the only recognised accredited model of nursing training in Australia.

ENs and RNs find meeting clinical placement demand, a challenging component of study as they juggle study, work, and home life, with an expectation of participating in voluntary, unpaid clinical placement hours (Christensen & Craft, 2021). To be eligible for RN registration, students must spend 800 hours in clinical placements. These clinical hours are supernumerary and accumulate throughout the scaffolded duration of the degree program and under a variety of clinical supervision models (Luders et al., 2021; Taylor et al., 2015). This clinical component is an important aspect of the social process of transition for the EN/IQN, and acknowledgement of the hours of clinical placement are factored into the EN pathway toward their degree.

The title of Internationally Qualified Nurse is used by the Australian Health Practitioner Registration Agency (AHPRA) (2019), to describe nurses and midwives who have received their qualifications in another country and who are seeking registration in Australia. In this thesis, IQN will be used throughout when discussing the Internationally Qualified Nurse. Nurses from other countries are often called Internationally Qualified Nurses (IQN) in the scholarly literature (Aggar et al., 2021; Chun et al., 2018). The International Council of Nurses (ICN) notes that a nurse is someone who has completed a program of generalised nursing

education and has been deemed able to practise nursing in their country by the appropriate regulatory authority (ICN, 1987). The scope of nursing practice and regulation, as well as legislation, differ from each country. The Australian Accreditation Standards (AAS) for internationally qualified nurses is legislated and governed by AHPRA. AHPRA require an IQN seeking Australian registration, to complete the equivalent of an Australian bachelor's degree at an accredited educational institution in their country of origin. The specific requirements include a curriculum with at least 800 hours of workplace experience, and the successful completion of a mediation management program (Aggar et al., 2020; Luders et al., 2021).

From the beginning of 1993, all registered nursing students in Australia were entering the profession via the university pathway, and since this time the Enrolled Nurse (EN) and the Internationally Qualified Nurse (IQN) have been granted advanced entry into the Bachelor of Nursing programs. These students receive recognition of prior learning, skills, and education, based on completion of approved nursing programs. This recognition of prior learning provides credit for the first year of study. EN students begin their RN studies in the second year of the Bachelor of Nursing program. Internationally, there has been research about the mismatch of credits and experience. Preparatory or 'bridge' semesters are frequently used, particularly in North America, to

ensure students are not beginning with gaps in foundational academic preparedness (Suva et al., 2015). Preparatory or bridge semesters are not common in Australia and, there has been little published scholarly work on the process of transition that EN and IQN students undergo during their BN programs. There is little work on the transition and their first work experiences as they expand their knowledge, skills, and scope of practice to become a Registered Nurse in Australia (Birks et al., 2015; Endacott et al., 2018; Ralph et al., 2013). This lack of this specific decision making and transition research provides the reason to do this study.

1.2 Background

The Australian Future Health Workforce (AFHW, 2014) predicts that Australia's demand for nurses will significantly exceed supply, with a shortfall of approximately 85,000 nurses by 2025, and by 123,000 nurses by 2030 using the current settings. While these projections are not new, COVID-19 has taken a recent toll on nurses with burnout and work stress increasing. Many nurses, who are close to their preservation age to access superannuation, have decided to retire from their employment (Ng Chok et al., 2018). The AFHW (2014) notes that the situation of the shortfall is being driven by an ageing population living longer, presenting with complex health problems, rising costs of technology and treatment, and consumer expectations. Providing ENs and IQNs with a reduced time to complete the Bachelor of Nursing qualification may

lessen the impact of the dwindling numbers of RNs. However, this may not have any 'net' benefit on the overall workforce shortage of healthcare workers. Additionally, ENs and IQNs already have health care experience, have a sound understanding of the health care system, and most are seasoned professionals who can "hit the ground running" (Klistoff & Rochester, 2003), upon graduation. Draper et al. (2014), in their study, address 'practice readiness' meaning that the expectation of nurses was to practice independently and competently upon graduation. To facilitate EN and IQN transition to becoming registered nurses, education providers and other student support staff must work towards a better understanding of student transition needs. Developing confidence in gaining new knowledge and acquiring the ability to become critical thinking practitioners is critical to the role of the RN.

While there have been some research studies concerning the transition from Enrolled Nurses (ENs) and Internationally Qualified Nurses (IQNs) to Registered Nurses (RNs) in Australia, there is little understanding of the psychological and social processes that the students experience during their decision to undertake university studies to one-year post graduation (Bond et al., 2020; Irvine et al., 2019; Leon et al., 2019; Tie et al., 2018; Wall et al., 2018). Research findings described in the literature, suggest that understanding and addressing individual learning needs and

providing support during this transition process are essential for successful student outcomes (Donoghue et al., 2002; Ralph et al., 2013). Further research is required to understand the process of transition and key turning points that these students experience (Brown et al., 2015; Chandler, 2003; Jacob et al., 2013, Kenny & Duckett, 2005). This research seeks to address this gap. Little is currently known about the process of transition that ENs and IQNs engage in during their baccalaureate education as they progress to becoming an RN in Australia. When a researcher wishes to explore complex processes as they naturally occur, such as the experiences and concerns of ENs/IQNs from pre-entry to one year after graduation from university, a qualitative research approach is the most appropriate to explore and document the rich and diverse experience of participants.

Research Question

This study seeks to understand the experience of EN and IQN students enrolled in a Bachelor of Nursing program from the time of decision to undertake study until one year post graduation.

1.3 Research Aim

The focus of this study is to explore and explicate the concerns, stages, and processes that the EN and IQN students undergo when beginning university baccalaureate studies, from their decision to degree.

1.1 Research Design and Methodology

1.1.1 Methodology

Grounded theory is the qualitative methodological approach I chose to conduct this study. I sought to understand the processes that EN and/IQN BN students underwent as they transitioned from deciding to become, through their BN study and into their initial period of work as an RN after graduation. Grounded theory research is designed to generate middle range theory inductively from participant data and is situated within the philosophies of critical realism and symbolic interactionism which reflect my own ontological and epistemological beliefs. The grounded theory approach espoused by Glaser (1978) provides a full explanatory middle range theory as the goal of this research study.

This research has been conducted using the classic approach to grounded theory methodology developed by Glaser and Strauss (1967) and described more explicitly independently by Glaser (1978). Grounded theory is a qualitative method that iteratively uses data collection, analysis, and theoretical sampling with participants, to discover the overarching social and psychological processes implicit in resolving the situations and concerns that arise in the substantive area (Glaser, 1978). Participants are interviewed, prospectively and retrospectively to gain an exhaustive understanding of their concerns and common patterns of social or social psychological behaviour. In this study, it is

proposed that ENs and IQNs be interviewed on a number of occasions as they return to study to become RNs or after they complete their study and transition to the role of the RN.

Grounded theory provides a methodology to discover, document, and explicate common experiences, concerns, processes, and responses. Grounded theory methodology aligns particularly well with the purpose of this research as it offers an approach to explore the social and psychological processes that occur over time as individuals strive to make sense of change.

1.1.2 Grounded theory method

In the grounded theory method, data collection is done simultaneously with continuous comparative analysis of the dataset. Data is verified by observation and discussion related to a period of interest, including debriefing with the participants, as the theory evolves and, in this research, entails more than one iteration of interviews with participants (Birks & Mills, 2015).

This thesis draws on Phase 1 data collection from nineteen face-to-face interviews with eight Enrolled Nurses, and three Internationally Qualified Nurses who are now Registered Nurses, who have graduated from an Australian Bachelor of Nursing program. Participants were asked to reflect, retrospectively, on their decision-making process around returning to school to study in a BN program, their time as students in the program, and being

newly graduated RNs in nursing practice. At the end of phase 1 of data collection eight faculty staff members were interviewed to gain an understanding of their perceptions of the processes of transition these students underwent from support, questions, and challenges identified when students presented to staff. All these staff members engaged with EN and IQN students throughout the program duration. They added insights and confirmatory endorsement to the analysis that emerged from the graduate student interviews.

In phase 2 of the study, a total of one Enrolled Nurse and four Internationally Qualified Nurses were interviewed prospectively at various time points, as these participants were undertaking their Bachelor of Nursing program at a regional university in Australia. One final group of interviews was conducted with students from other universities across Australia. This cohort comprised one IQN who trained in the United Kingdom and three ENs who completed their diploma in other institutions within Australia. In total 27 nursing students/graduates and eight staff participated in interviews generating more than 200 pages of transcribed data that achieved data saturation with the emergence of a mid-range substantive theory of Repatterning. The middle range theory of Repatterning provides an explanatory and predictive context that can be used in collaboration with students, schools of nursing, and staff to understand the needs of transitioning students and

determine interventions required during the Bachelor of Nursing program to provide focused support to improve successful student outcomes.

The entire process of sampling, data collection, and data analysis are guided by the emerging theory. To conduct a rigorous grounded theory study, it is important to understand the essential components of grounded theory methodology and to ensure the study design is credible. A clear audit trail with defensible research methods has been used to share the findings of an emerging theory. The grounded theory method offered an appropriate methodology for the research as the basic social process of Repatterning emerged as participants transitioned to an RN scope of practice. To conduct a rigorous grounded theory study, it is important to understand the essential components of grounded theory methodology and to ensure the study design is credible. A clear audit trail with defensible research methods has been used to share the findings of an emerging theory.

This research focused on the transition of the EN and IQN from the time they decided to become an RN, to when they receive their degrees and to one year after graduation. My personal interest in the topic provided the momentum to explore initial intent of the project and to determine the gaps in the literature to ascertain the specific research question.

1.1.3 Personal Interest in the Substantive Area

I have been a nurse for over 40 years and have taught nursing at both the Technical and Further Education (TAFE) vocational and university level for more than two decades. I am passionate about nursing and nursing education. My role in these education facilities is to develop nursing programs by using a pedagogical approach to curriculum development, and an andragogical approach to facilitating learning in adult learners. I foster deep professional connections with students who are enrolled in university, and those who have made the decision to improve their standard of education, become role models to their peers and lead by example to their families, friends, and colleagues. I have a great deal of empathy, especially for mature students, who have given up full-time jobs and who have made a commitment to further their scope of practice by pursuing a BN degree and becoming an RN after working as an EN or an IQN.

I am an Irish born Australian. I know what it is like to come to this country as a new immigrant, to be housed in government housing, and to be from a family that started life in Australia as an immigrant arriving from Northern Ireland in 1972. This year is important in our family history, as it was the civil unrest at the time in Northern Ireland that my parents made the decision to immigrate to Australia. I was an EN for many years and have progressed in my journey as a nurse through baccalaureate and

post-graduate education and from direct bedside practice into nursing education. It has not always been easy, but it has been a fascinating journey. When I would listen to students who were struggling with their BN studies and a change of professional identity, I wondered what the impact would be if I developed a deeper understanding of their concerns and the transition process. I anticipated that I would be able to be a better educator for these students and I would be able to articulate how the program and program support processes might be used to facilitate their learning and ameliorate their stressors. This personal and professional connection shaped my interest in this topic and led to my engagement in a doctoral study of transition for ENs/IQNs who have decided to become RNs. I have worked with both EN and IQN students for many years. I am committed to developing a substantive middle range theory with explanatory and predictive value for use in nursing education, including student support services.

This personal statement was constructed as part of the bracketing exercise and to ameliorate any bias. I have a great affinity for students who transition into their nursing practice to undertake more advanced credentials and responsibilities. I have taught nursing students for many years, and I often heard the frustrations expressed by students who struggled to understand and achieve mastery of their new roles as RNs. Additionally, as part

of the reflective process prior to conducting this grounded theory study, I have processed my own experience of transitioning from an EN to an RN to ensure the bracketing of my own experiences from those of the study participants.

As a personal statement, when I finished high school in 1980, I enrolled in a hospital-based nursing school and have lived experience of aspects of the history of nursing evaluated in this thesis and the lived experience of the training that is a predecessor of the tertiary study now mandated. Nursing students in hospital-based programs experienced a hybrid training system that combined classroom and ward 'duties'. I attended nursing school for almost three years, completing an annualised end of year main assessment, and an exam. To continue in the next year of study the requirement was to achieve a passing grade in each of these examinations. Unfortunately, I failed to pass the third-year examination. I was offered an opportunity to sit the Enrolled Nurses (EN) examination at the same hospital. I passed this Enrolled Nurse's examination and then commenced working in various areas throughout the hospital as a registered EN. I was married in 1983, and had two children, after which time I worked in casual, permanent, and full-time positions as my children grew up.

I worked in several hospitals as an EN. However, I eventually became frustrated as my scope of practice was limited, I was not

always respected, and I could see no further career progression as an EN, so I decided to pursue additional education to improve my career opportunities. The options available to me were to become an Endorsed Enrolled Nurse (EEN), as this would increase my scope of practice to include medication administration; or, to enrol in a Bachelor of Nursing Program (BN) to gain the full scope of practice experience by RNs. At the age of 37, I enrolled as a part-time student in the Bachelor of Nursing Program (BN). I was the first in my family to attend university, and although this was very exciting, it also felt like a huge responsibility. I felt that I had so many people to let down if 'I didn't make it'.

I enrolled in a five-year part-time degree, and quickly made friends with like-minded people. We shared similar circumstances: we were all mature, enrolled nurses, first- in-family to attend university, we had children and continued to work as ENs during our studies. The impetus for further education in becoming RNs was varied, but just like students today, we felt we did the same job as the RN, we were given similar patient loads, yet we were paid less, and at times treated like second class nurses.

Fortunately, we were well respected by our employers and colleagues and well supported by our families and friends. We also had each other, to encourage and celebrate our progress along the way. We knew we would be studying for five years, we were disappointed after we had finished the first year of study (two

years part-time), to learn that some Queensland tertiary institutions were granting 'credit' for prior learning and allowing EN students to commence in year 2 of the program. This meant that rather than taking three years to complete their degree, they could complete the degree in approximately two years. This also meant that there was a shift in the entry standards and requirements of the university. Entry into university was now based on academic qualifications, professional qualifications, and work experience, through a rigorous application and selection process (Donoghue et al., 2002). Initially, we felt embittered and disappointed not to have been granted the same advanced credit; however, with each new intake of students who had received credit for prior learning, we could see they had been disadvantaged by not having the full university program that we were taking. By the time our second year of study commenced, we had learned how to write academic papers, using appropriate referencing, we knew how to do a library database search, and were well socialised into the university student experience and expectations.

As part of our program, we also attended clinical placements over the five years. Our cohort experienced many challenges with professional practice placements. As ENs we were left alone by the RNs to do assessments and basic care. Some ENs and IQNs resented us because we were taking the next step to becoming RNs. I remember one nurse pushed us out of her way, she was so

resentful. Early on in our program, we tended to automatically assume our EN roles rather than starting to think and act like an RN. It was comforting to us to be in a familiar role; however, we eventually developed the art of not showing off our EN knowledge and skills to ensure we did learn the broader scope of practice of the RN and were treated as students rather than supernumerary staff.

When I graduated as an RN, I remained with the same employer. There was a sense of security and duty, and I did not want to leave the place where I had worked for many years. While I felt safe and it was convenient, everyone knew me as an EN. I was never treated as an RN by some work colleagues, and I was always considered to be the enrolled nurse who became the RN. So, where I was an expert EN I had now become a novice RN in the same environment. Retrospectively, I regret remaining with the same employer as it limited establishing my professional identity as an RN.

While my own experience both as a teacher and a nurse who transitioned from EN to RN nurse piqued my interest and informed my understanding of the transition processes of ENs and IQNs, reflection has allowed me to explicate my own biases from those of the student participants, to ensure it is their concerns and processes that are reflected in the study findings.

1.2 Philosophical Framework

This research is underpinned by the philosophical framework of Schlossberg (1981) who poses the notion that people are interested in how they change. Adults are also interested in how they are seen by those with whom they relate, and how they manage change. Schlossberg (1981) continues by claiming that as adults move through life, they continually experience change and transitions, and those individuals differ in how they adapt to change. Transitions may be positive and negative, dramatic, and ordinary, but what one person may struggle with, may be seen as an opportunity for improvement for another person. Schlossberg (1981) believes that it is not the transition, but it is how that transition 'fits' with an individual's age, situation, lifestyle, and the time of transition that is important. Transition, according to Schlossberg (1981), may be defined as an event or non-event, that has altered an individual's perception of self, and that requires a change in thought process or behaviour, or that may lead to either growth and development or to deterioration. Learning about the experience and journey of the EN and IQN aligns with Schlossberg's transition theory and perceptions of personal and professional change or the psychosocial impact of the study and career progression.

In this research, the focus will address the transition of participating ENs and IQNs from the time they decide to become an

RN, to when they receive their degree. A further cohort is included that have graduated and are one year after graduation. The transition model that is described by Schlossberg (1981), explores various stages of transition and highlights influencing factors such as the individual, age, sex, and state of health. The participants in this research are of different ages, they have different states of health, and both male and female responses have been noted. Socioeconomic status and previous experience with transition, are also influencing factors, such as role change, stress, or the duration of the transition. The participants in many cases have experienced the change in role, from perhaps the breadwinner or home manager, to becoming a student. Likewise, the duration of study to become an RN, is a significant commitment, both financially and psychologically and forms part of the experience throughout data collection. Finally, Schlossberg (1981), identifies pre and post transition supports, as a characteristic of transition, and in this research, those participants who are well supported with their decision to become an RN, and who felt they were supported throughout their study to one year after graduation, when they transitioned into this new role as an RN.

1.3 Research Significance

This grounded theory study identifies the processes of transition ENs and IQNs undergo in an Australian context. It is expected the outcomes of the research could influence education

academic policy, enlighten academic processes relating to credit transfers, and provide research surrounding the EN/IQN transition explanatory processes to regulatory authorities such as AHPRA. This research offers professional pedagogical knowledge to academics on curriculum development and management of tertiary-based courses for these students.

1.4 Thesis Outline

This research seeks to uncover a substantive middle-range theory that explains the social and psychological processes that ENs and IQNs traverse in becoming RNs. *Chapter One* introduces the thesis, exploring the process of transition from deciding to engage in a Bachelor of Nursing program to one year following graduation for the Enrolled Nurses (ENs) and Internationally Qualified Nurses (IQNs). Both groups are experienced nurses who enter directly into the second year of baccalaureate studies at an Australian university. This contextual foundation is inclusive of the regulatory practices governing the registration of nurses in Australia.

Chapter Two provides a brief introduction to the scholarly literature on the substantive area of the study, including current knowledge and gaps that formulated the research question and choice of research method. The literature was reviewed for social processes that exist in the transition process from EN and IQN to RN. These areas of the literature review and background to nursing

education and professional regulation are further explored through the works of a classic grounded theory approach consistent with Glaser & Strauss (1967). The literature review encompasses the behavioural and social process theory of the transition that presents in the EN/IQN decision from entry to the program to their degree. The historical perspectives and changes that have occurred in nursing education in Australia are also explored.

Chapter Three describes grounded theory as a qualitative research methodology and method that is suitable for describing, understanding, and predicting patterns of social interaction and change over time. Grounded theory has been used extensively in qualitative nursing studies with seminal methodology and research papers written by nursing scholars.

The review and reflection on time frames in grounded theory studies were foundational to the decision to use a two-phase design in studying the transition process of ENs/IQNs during their BN program and first year post-graduation. Clear processes for data collection and constant comparative analysis and theoretical sampling are explicitly described.

Chapter Four shares the results collected and analysed. These findings show the discovery of the theory of Repatterning. Each stage of the theory and its subcategories is described, illustrated, and substantiated, where relevant, by the literature. Where there is a divergence between the transition processes of

IQN and EN students, this is discussed with the theoretical model of Repatterning.

Chapter Five presents the discussion of the findings, and conclusions using 'fit, grab and work' (Glaser & Strauss, 1967) as a framework to consider implications for education, policy, and further research. A reflection on the strengths and limitations of the study, as well as concluding thoughts, are the final components of this chapter.

Chapter S*ix* is the concluding statements and implications for education, policy, and future research. The strengths and limitations of the study have been identified and finally, a summation with concluding thoughts has been presented.

1.5 Summary of Chapter 1

This chapter has discussed the background, and significance of the study. My personal engagement with the substantive area traces to my own decision-making processes and transition to university studies. The context and significance of the study have a global impact, as recruitment and education of nurses "ready to hit the ground running" is echoed in many countries with nursing shortages due to aging populations, the retirement of nurses, and increased demand for health services. The WHO (2019) projected a global shortage of nine million nurses and midwives. The research design and methodology are focused on a qualitative, ground theory philosophical framework, to address the

research aim of stages and processes ENs and IQNs undergo when they begin university studies. The preliminary literature review identifies three key areas to consider, and these will be further examined through the lens of the literature in Chapter 2.

CHAPTER 2: PRELIMINARY LITERATURE REVIEW

2.1 Introduction

The complexities of social processes, encompassing behavioural theory that exist in the transition process from EN/IQN to RN need to be understood. Following standard research practice for grounded theory studies, grounded theorists use the literature review to establish a purpose, background, and the study significance, and a more extensive review of the literature should be conducted after the participant data has been collected and analysed and the core categories have emerged (Glaser, 1978; Glaser & Strauss, 1967). The rationale for this two-step approach to reviewing the literature is that the investigator needs to stay open to the participant data as it emerges and to be free from bias during data collection and analysis allowing for theoretical sensitivity (Glaser, 1978). Grounded theorists resist an extensive review of the literature until data collection and analysis by the researcher uncover the main processes that explain how participants interpret the problem.

This preliminary literature review importantly sets the context through a brief historical perspective of nursing and the development of nursing education and regulation in Australia. Section 2.3 identifies the roles and responsibilities of nurses and nursing in the global context. The development of the profession of

nursing in the Australian context including the regulatory practices and development of roles and responsibilities are shared.

2.2 Context

Australia has a distinct history in education, promotion, and professional identity in nursing. There are currently 72,000 Enrolled Nurses (ENs) registered to practise in Australia (Australian Government, 2023). Both RNs and ENs professionally are registered with AHPRA and have a defined scope of practice. The scope of practice of the EN excludes assessment and evaluation in nursing practice. Historically the development and establishment of ENs in health care has occurred due to workforce shortages and the need to have nurses available to care for the ill. This shortage became apparent after the Second World War, which meant that there was a need to establish formalised training programs in the 1950s to upskill women in the vocation of nursing. The position of EN (originally called Nurse's Aide) was introduced during the 1960s to improve the supply of nursing related services and to reduce costs within the health care system (Brown et al., 2015; Jacob et al., 2013). Before this, the nursing care of the patient was managed solely by the registered nurse. It was EN training that focused on patient care, and this was provided under the direct supervision of the registered nurse. The EN did not administer medications or intravenous infusions in the 1960s. Their training was predominantly task focused and limited to basic patient care,

assisting with activities of daily living and monitoring health status (Jacob et al., 2013; Josey, 1979), and in recent years advanced skills and roles for the ENs have begun to emerge (McKenna et al., 2019). In 1994, the Australian Nurses Federation State Branches formed a national network to create an organisation that could promote, educate, and value the contribution of the EN at a national level (National Enrolled Nurses Association (NENA, 2015). It was at this time that the EN became an integral part of the health care system in Australia (Brown, 1994; Brown et al., 2015; McKenna et al., 2019).

The inclusion of both registered and enrolled nurses as part of the health care system alleviated the pressure on the recruitment of nurses into Australia (Brown, 1994; Jacob et al., 2013). Resulting changes in the health care system created pressure on recruitment (Buchan et al., 2003). As a result of this need to fill an employment gap, ENs were given more nursing duties, including extended tasks, and more responsibilities with patient care (Chandler, 2003; King et al., 2013; McKenna et al., 2019. As the role of the EN continued to evolve, particularly in aged care, the number of unlicensed health care workers began to increase (King et al., 2013). This increase was related to social, economic, technological influences, and political imperatives of both government and industry and a decline in the number of

regulated nurses seeking employment in aged care (Bellchambers & McMillan, 2007; Chandler, 2003).

To assist with the continued shortage of nurses in Australia, government decisions were made that enabled some international nurses to gain visa entry and work in Australia. This shift in government strategy also enabled internationally qualified nurses who did not meet Australian education standards to enter educational programs of study in nursing in Australia. The Internationally Qualified Nurse (IQN) is a nurse who graduated from a nursing program outside of Australia (WHO, 2009). Depending on the country of the initial study and the program of study undertaken, the IQN must complete either the final two years of university study or all three years of a Bachelor of Nursing program from an Australian higher education provider. Both the EN and the IQN across Australian universities are usually awarded first year credits on entering a Bachelor of Nursing program and are required to study the remaining two years of the program (Craft et al., 2017; Cubit & Leeson, 2009; Hutchinson et al., 2011).

2.3 Review of the Literature

The preliminary literature review outlines key areas of the study, including, regulatory roles, training, the scope of practice, and transition. The title of nurse carries different meanings depending on the global and historical context. However, a nurse is

defined by the International Council of Nurses ([ICN] 1987) as "a person who has completed a program of basic, generalized nursing education and is authorized by the appropriate regulatory authority to practice nursing in his/her country" (p.9). In Canada, nursing is a profession that includes three regulated nursing groups: Registered Nurse (RN), Licenced Practical Nurse (LPN), and Registered Practical Nurse (RPN). In the UK, the Matron (a title reintroduced by the British National Health Service after a period of abeyance), Sister, and Staff Nurse have definitive roles and responsibilities as nurses. In Australia, the Registered Nurse (RN), and the Enrolled Nurse (EN) make up the two levels of nurses registered to practise. Australia recognises Internationally Qualified Nurses and Midwives (IQNM), and together with the Nursing and Midwifery Board of Australia (NMBA), in partnership with the Australian Health Practitioner Regulation Agency (AHPRA), are responsible for assessing registration applications to ensure equivalence of education and qualifications for registration in Australia.

The Internationally Qualified Nurse (IQN) is a nurse who graduated from a nursing program outside of Australia (WHO, 2009). Depending on the country of the initial study and the program of study undertaken, the IQN must complete either the final two years of university study or all three years of a Bachelor of Nursing program from an Australian higher education provider.

Both the EN and the IQN across Australian universities are usually awarded first year credits on entering a Bachelor of Nursing program and are required to study the remaining two years of the program (Craft et al., 2017; Cubit & Leeson, 2009; Hutchinson et al., 2011).

There are many positive incentives for becoming an RN that are identified in the scholarly literature (Christensen & Craft, 2021). Chandler (2003) and Christensen & Craft (2021), suggest that economic and financial reasons are important motivators for role progression and that the RN has greater autonomy over their work and can progress their careers. This goal is important for the ENs who want to pursue positions in management, leadership, and education (Faithful-Byrne et al., 2016; Nadya & Cheri, 2008; Phillips et al., 2013).

Despite these benefits, for some students, the process of transition from EN/IQN to RN may create cognitive dissonance. A literature review of qualitative studies, and the resultant thematic analysis outcomes, revealed themes of negative motivators such as feelings of role strain (Dearnley, 2006), exploitation (Anthonie & Van der Heever, 2015; Mackenzie, 1997), and role confusion (Jacob et al., 2013). Following their employment as registered nurses, graduate nurses who were interviewed realised that the values systems that operated in their places of employment were often different from their own (Beggs et al., 2022; Klistoff &

Rochester, 2004). Additionally, there is a mismatch for some ENs between their personal ideals of the RN role, and the reality of the scope of practice of an RN (Chandler, 2003; Eagar et al., 2010; Klistoff & Rochester, 2004). The implications for practice from an EN to an RN, are not clearly identified by the EN.

The transition experiences of graduated registered nurses were explored by Hutchinson et al. (2011) who used a qualitative approach and employed Lizzio's model of the Five Senses of Success as a framework for face-to-face focus group interviews. Their findings were that the EN grappled with dissonance, issues of academic and clinical competence, and the academic learning environment. The findings from Hutchinson et al. (2011) illuminated the importance of tailoring engagement and orientation programs to the specific needs of these students. Cubit and Lopez (2011) used focus group interviews and identified that RNs who had previous experience as an EN were concerned that they would not receive the same support as a new graduate nurse because of their previous health care/nursing experience. The impact on these experienced ENs made them reluctant to voluntarily admit their nursing experience.

2.4 Narrative Review Search Strategy

An initial review of the literature was undertaken prior to beginning the study. In grounded theory research, a more formal review of the literature is delayed so that the researcher is not

exposed to existing knowledge and outcomes of the topic until after the core categories are identified (Birks & Mills, 2015). This preliminary review of the literature sought to discover an emergence of concepts, problems, and interpretations of the experiences of an Enrolled or Internationally Qualified Nurse, as they make their decision to become a Registered Nurse, and the transitions experiences of studying a Bachelor of Nursing.

Search terms used were "Enrolled Nurse" OR "Licenced Practical Nurse" OR "Endorsed Enrolled Nurse", There is also a Licensed Vocational Nurse. These search terms were then combined with the Boolean Operators "AND" and "OR" "Tertiary" OR "University" OR "Undergraduate" AND "Transition" AND "Grounded Theory" OR "Methodology". The following limits were added to the search: English language, journal article, and research article.

Based on advice from a specialist research librarian, the following databases were selected because of their relevance to the topic: Academic Search Complete and Academic Search Ultimate. These databases then had more than 13,200 publications consisting of peer-reviewed full-text journals, conference papers, and government reports. These databases are multidisciplinary and include Allied Health, Health, Law, Biomedicine, and Women's Health. The Cumulative Index to Nursing and Allied Health (CINAHL) was also included because it has the most

comprehensive full-text collection of Nursing and Allied Health journals that date from 1981. Education Research Complete and Education Resource Information Centre (ERIC) were included in the database search as these provide access to education literature and resources for higher education and education specialities such as multilingual education, health education, and testing, and they consist of more than 1.3 million records and 2100 journals, which are current and complete with full texts. Health Source: Nursing / Academic Edition was included in the database search as this provides scholarly full text journals focusing on medical disciplines and features Australian Health Framework Systems (AHFS) drugs and data sheets. This search strategy initially identified 152 articles which allowed the development of a comprehensive review of the relevant scholarly literature available. Furthermore, discarding any article that was not in English, and not pertinent to the study resulted in 25 articles. A further review was undertaken to identify "Grounded Theory" and "methodology" with 12 articles being identified. Supplemented backward chaining was utilised to identify further articles and texts from reference lists of accepted articles. Seven additional articles and one full text thesis matching the inclusion criteria were identified and reviewed, bringing the initial total to 20.

Leading from the review of the literature, three areas were identified, the first area is the nursing standards of practice and

nursing competencies within a scope of practice. Following this is an explanation of the frustrations that ENs and IQNs experience as they navigate through tertiary education. Finally, an exploration of transition experiences has been documented.

2.5 Development of EN Standards of Nursing Practice

The development and application of standards of nursing practice are crucial in protecting the public and achieving quality nursing practice outcomes for patients, governments, employers, and education. The determination of a nurse's capacity to practise is competency-based, these standards are the minimum requirements of a nurse, and these have been developed as codes of practice (ICN, 2013). The regulatory category of Enrolled Nurse (EN) was introduced in the 1960s in Australia as a certificate qualification designed to quickly, and cost effectively train practical nurses for employment, especially in rural areas where there were shortages of registered nurses (Logan et al., 2017). Hutchinson et al. (2011), used focus group interviews and invited all second-year students who were ENs to participate in their study, which was conducted at an Australian university. The participants reported their frustrations with the EN scope of practice, and they felt the RNs had clearly delineated role boundaries, and this was a major incentive to undertake the BN. Logan and colleagues (2017) noted that those EN graduates who subsequently entered tertiary programs lacked the broad underpinning theoretical and critical

components that are characteristic of tertiary education and struggled during baccalaureate studies. As a result, educational support in foundational skills is often required.

Exploring the transition experiences of newly graduated RNs is personal and professional, and at times, confronting. Cubit and Lopez (2011) explored the transition experiences of graduated RNs who were former ENs, highlighting their concerns that "they would not receive the same support as a new graduate nurse because of their previous experience" (p. 206). This group of participants were from an Australian university, and the interviews were conducted using focus groups.

This group of previous ENs and now newly graduated nurses, discussed how they transitioned into the new role as a registered nurse. The data analysis produced by Cubit and Lopez (2011), from the newly graduated nurses discusses three main categories of concern: stepping out of a comfort zone, being taken advantage of, and needing as much support as others. Stepping out from their previous role and start thinking about the scope of the registered nurse, and learning how to delegate to other enrolled nurses, who they would have worked alongside as enrolled nurses was difficult. Being taken advantage of by ward managers, who assumed the newly graduate nurse would be more confident and able to hit the floor running because of their previous EN experience was a big presumption.

The final category is needing support as much as others, however, existing ward nurses who knew the new graduate nurse as an enrolled nurse, again had a presumptuous approach and left the graduate to manage by themselves. The common statement made by this group was they wanted everyone to forget they used to be enrolled nurses and to consider them newly graduated RN. These findings are supported by other researchers, who address nurse education in the biosciences of the undergraduate student, and how these graduates transition through their studies (Craft et al., 2017; Hylton, 2005; Irvine et al., 2019; Logan et al., 2017).

Brown et al. (2015) commented that the Australian workforce and the transitioning experiences of ENs to RNs suggest that individual learning needs and support during this transition are assessed and evaluated, before embarking on their study. While these authors note differences in the transition from EN to RN, their recommendations suggest more research into the transition, support, and assessment of newly graduated RNs, regardless of previous experience.

2.6 Development of IQN Standards of Practice

Internationally Qualified Nurses (IQNs) are required to have their education and qualifications assessed by the Australian Health Practitioner Regulation Agency (AHPRA) prior to registration and employment as nurses in Australia. While some IQNs are considered to have equivalent credentials and receive registration

without further study or supervised practice, many must take bridge programs, undergo a period of supervised practice, or undertake the final two years of BN study at an Australian university (AHPRA, 2021).

According to Ng Chok et al. (2018), many migrant nurses face personal and professional challenges. According to Ng Chok et al. (2018), skilled nurse migrants travel to other countries seeking employment opportunities. In Australia IQNs are a significant workforce resource as they supplement a shortage of domestic nurses and support a forecasted ageing population. IQNs migrate for many reasons, these include economic, political, and societal considerations (Yeates, 2010). However, these nurses often experience challenging factors which include but are not limited to the pre-migration process, with recruiting agencies not being completely honest in terms of salary, job commitments, and the country's cultural environment (van Rooyen et al., 2010). Furthermore living, and working in English language, social and economic stress, emotional turmoil of feeling and being treated as an 'outsider' and finding strategies to resolve new meanings and the reality of recruitment and working conditions exist (Furnham, 2010; Kingma, 2007; Ng Chok et al., 2018). Despite these challenges, the IQN BN students referred to in this study are only required to complete the final two years of a three-year BN degree.

2.7 Nursing Education in Australia: up to the Present

The educational background of nurses in Australia has evolved over the past 50 years, and these changes have informed the formation of the professional identity of nurses. During the past 50 years, there has been a shift in the way nursing education has been delivered, from an apprenticeship-style hospital-based training to the introduction of a more theoretical and evidence-based curriculum in university undergraduate programs, and by 1993, all registered nursing students in Australia were entering the profession via the university education pathway (Davis & Staaf, 2015). These changes are attributed to a changing demographic, the acuity and complexity of patient care, the economic and financial impacts on health and health budgets, and finally the scope of practice for nurses (Bellchambers & McMillan, 2007; Chandler, 2003; Eagar et al., 2010). As the aged care sector has continued to grow with demands for personal care and support, the number of unlicensed healthcare workers has also increased to cover the shortfalls in the availability of registered nurses (Draper et al., 2014; Furnham, 2010; Ng Chok et al., 2018).

2.8 Professional Regulatory Practice of Nurses

In Australia, the Australian Nursing and Midwifery Accreditation Council (ANMAC) governs the registration of RNs, ENs, and IQNs, and outlines the legislative registration requirements for all nurses, (ANMAC, 2017; AHPRA, 2017). Linked

inherently with the regulations governing the registration of a nurse in Australia are guiding practice standards, developed, and approved by the Nursing and Midwifery Board of Australia (NMBA); these regulations are inclusive of professional indemnity insurance arrangements, criminal history, English language skills, continuing professional development and recency of practice. To effectively understand the transition process, the literature surrounding the regulatory processes governing nursing is needed. This literature seeks to gain a depth of understanding as to why it was important for the progression of ENs in Bachelor studies. These parameters of regulation and governance of nursing in Australia must be articulated to further understand the complexities arising for the individual EN and IQN in their decision-making processes. This literature review outlines the reciprocal recognition processes and the complexities and nuances in compliance with the essential registration requirements for the EN in Australia. This highlights the essential requirements from the governing body for quality assurance in nursing education, through the Australian Health Practitioners Regulation Authority (AHPRA, 2021).

The Standards of nursing practice aim to protect the public and achieve quality nursing practise outcomes (ICN, 2013), and they also articulate the specific role of the RN and EN/IQN in practice. The RN practises independently and interdependently, assuming accountability and responsibility for their own actions and

those of the EN (ANMAC, 2017). Cashin et al. (2017) explain that these standards represent the professional, educational, government, and public level of quality attainment of the actual practice that can be expected from these nurses. The work of nurses and nursing is a plethora of professional competencies, codes of practice, and regulations. The implications for nursing practice for the RN and EN/IQN are that while standards provide a way of managing professional uncertainty, nurses need to accommodate the complexities of health care, patient safety, and workforce demands across legislative, economic, professional, social, and educational spectrums (Cashin et al., 2017). This is particularly evident over the past decade, where regulation is essential to ensure the competencies of a global migrating health and nursing workforce (Cashin et al., 2017).

One of the significant differences in the scope of practice for the RN is that of delegation of care. Although nurses are accountable for their own practice, this delegation is a primary responsibility of the RN, and the accountability for practice decisions is an expectation of RN practice (AHPRA, 2017; ANMAC, 2017). Cashin et al. (2017) add that, as part of the mandate to ensure contemporary relevant Standards, nurses, and midwives must follow the Code of Ethics, to fulfill the requirements of the NMBA and to work in Australia, and that nurses and midwives, must be registered with the NMBA, and meet the professional

standard to practice in Australia. To fulfill the professional standards, practice, and behaviours of nurses and midwives, must follow these Code of Conduct, Standards for practice, and Code of Ethics. The RN and the EN share the same Code of Ethics and Code of Conduct, however, they each have a Standard for practice. On an annual basis, including a registration fee, the RN and EN must renew their registration. The application for renewal is a process and a successful application is dependent on fulfilling the registration requirements, and approval must be achieved to continue in the nursing role.

The Standards provide a functional approach with the minimum level of performance required within each clinical role; nurses must be competent and capable to perform activities or functions in care (Cashin et al., 2017). The term extended scope of practice refers to the changes in the workforce, and economic restrictions, which is highlighted by Jacob et al. (2013), who explains that as the shortage of registered nurses within the workforce, the enrolled nurse practise has extended into domains that have been traditionally those of the RN. Furthermore, Hoodless and Bourke (2009), explain the positive incentives for an EN, particularly in Australian rural health, which includes greater job satisfaction, by being able to support workforce flexibility and respond to the shortage of RNs, and that by adding the administration of medication to the EN scope of practise, more

holistic care for the patient, leadership opportunities, and more responsibility with decision making opportunities provided a higher level of job satisfaction. EN practise has been extended in Australia, and now includes the administration of medication up to and Schedule 4 (S4D) drugs by any route (ANMAC, 2017; AHPRA, 2017; McKenna et al., 2019). The professional Code of Practice includes four key domains of practice for the RN including professional practice; critical thinking and analysis; provision and coordination of care; and collaborative and therapeutic practice. For the EN and IQN, this Code of Practice outlines the scope of practice of the EN in three key domains. These domains include professional and collaborative practice, provision of care, and reflective and analytical practice (ANMAC, 2017; AHPRA, 2017). The implications for practice for the RN and the EN identify the significant difference in the scope of practice, furthermore, there are processes in place should a nurse work outside their scope of practice.

The registration requirements as EN or RN are very clear, including the educational pathway, a different scope of practice, and adherence to codes of conduct and ethics. Brown (1994) and Ralph et al., (2013) suggest that although registration of qualifications differs, the role of the EN began to erode in the 1980s in Australia, a process most obvious with the employment of unlicenced health care workers, particularly in residential aged care

facilities. These unlicenced healthcare workers perform activities that are fundamentally basic nursing care, which is within the scope of the EN. Yet, organisations employ unlicenced healthcare workers because they are cheaper and provide the most basic of care (Brown, 1994; Dearnley, 2006; Draper et al., 2014; Josey, 1979; Mackenzie, 1997; McKenna et al., 2019; Nayda & Cheri, 2008). It has become evident that some organisations will seek healthcare workers who are not required to be registered with NMBA, and who are employed to provide basic care.

The decision for an EN or IQN to become an RN is influenced by factors such as familial, financial, personal, or transitioning into academia (Christensen & Craft, 2021). The authors also note that preparing for tertiary admission processes can take up to 12 months, and the consideration of meeting diverse responsibilities such as childcare, and financial commitments, is both an accomplishment and a satisfaction.

Drury et al. (2008), discuss the transition of ENs during their undergraduate nursing studies, the authors believe this is an expected part of life, to achieve and successfully grow. Students participating in university study have already undergone and will continue to experience transition, an example of this may be the formation of new behaviours, relationships, and self-concepts (Drury et al., 2008).

This transition period requires academic change, along with social and psychological adjustment, these students fear failing, isolation, and alienation, and above all have low levels of confidence while undertaking tertiary study (Drury et al., 2008). Regardless of when this decision is made, a process of transition commences. To effectively understand the transition process, the literature surrounding the regulatory processes governing nursing was needed. This literature sought to gain a depth of understanding as to why it was important for the progression of ENs in the study. These parameters of regulation and governance of nursing in Australia must be articulated to further understand the complexities arising for the individual EN in their decision-making processes. Despite pressures to achieve the RN qualification, the EN faces many hurdles in the transition process. Dearnley (2006), Leon et al. (2019), and Paech (2002) explains that the EN is simultaneously experienced and yet a novice registered nurse, and feelings of the EN as that of being exploited and undervalued, and much less valued economic commodity. In the study by Paech (2002), the EN participants felt like second-class citizens as students, and they had to adjust to their new nursing identities. Jacob et at. (2013) and Ralph et al. (2013) outline a role delineation, and that some nursing tasks are performed by both ENs and RNs. However, the differences in EN and RN roles change in relation to more complex situations, for

example, clinical reasoning, management of patient care, ethical decision making, and problem solving, which are the higher levels of nursing practice, and which are essential for registered nurse practice, evaluation of care, clinical leadership, and accountability in care practice decisions. Over the past few decades, ENs have experienced situations where they have been positioned to work outside of their scope of practice and receive no formal recognition (Burston & Tuckett, 2013).

It is well documented that the career pathway for the enrolled nurse to become registered nurse has been available in the UK and Australia for some time (Birks et al., 2010; Hoare et al., 2012; Kenny & Duckett, 2005). However, access to conversion courses is extremely difficult, particularly with a need for individuals to work full time, as well as being able to assume student status (Christensen & Craft, 2021). This has been made more difficult because of the limitations of education facilities to offer conversion courses, and the expensive requirements of the teacher to enrolled nurse student ratio (Brown, 1994; Cubit & Leeson, 2009; Dearnley, 2005; Paech, 2002). Despite the benefits and the demand for conversion courses, there are not many of these courses available in Australia.

Changing from one nursing role to another creates the need to learn new tasks and adapt and conform to the expectations of that new role (Cubit & Lopez, 2012). Ralph et al. (2013) explains

that ENs realised that they did not know as much about nursing as they thought they did, and they had become very aware of the need to be dedicated to completing the BN course. Ralph et al. (2013) undertook an exploration and analysis of the literature on the nursing profession in Australia over the past 100 years. These authors explain that their review of the literature focuses on identifying and exploring emerging themes associated with the transition through the process of undertaking baccalaureate studies in nursing. One of the themes that emerged from the literature review was that ENs are uniquely positioned at the beginning of their nursing degree, they possess a positive, realistic attitude toward nursing and new knowledge (Ralph et al., 2013). However, the ENs quickly realised that they did not know or understand as much about nursing as they thought. This awareness required dedication to study to complete the course (Ralph et al., 2013; Logan et al., 2017). These students acknowledged that they had been unprepared for the higher level of education and that it is markedly different from their previous learning experiences. In the literature analysis, one other theme emerged, and this was in the ENs' realisation that they were unprepared for the study, they questioned the relevance of assessments because they felt that writing an academic paper would not make them a better nurse. The situation was more complex, as the EN students, who predominantly are educated in technical and further education

(TAFE) lacked computer literacy and had poor academic writing experience. Therefore, the ENs entering a BN program were unprepared for the work and the relevance of course content, and the upskilling necessary to adapt to academic standards and technological challenges associated with nurse education at a tertiary level (Ralph et al. 2013). Compounding their feelings of not being prepared was their lack of computer literacy and poor academic writing styles. The ENs in the study by Ralph et al. (2013) claimed that they wanted to forget that they used to be.

2.9 Summary of the Literature Review

The process of reviewing the literature and detailing a historical account of nursing in Australia revealed that there is no record of the EN/IQN transition to the RN process in Australia. While transition and bridging components to baccalaureate programs exist internationally, particularly in North America, there is no equivalent for these programs available in Australia. The history of nursing in Australia does however illuminate enduringly salient issues including changes in professional expectations and identity over time.

The literature review has highlighted a range of discussions that all conclude that there is a transition process for the EN and IQN from the decision to their degree process. There are many challenges from financial, to adjustment to study, clinical placement hours, and role change; however specific support

models are more broadly discussed. Learning more about the basic social process that these students journey in and through in their decision-making process, from entering the degree program to graduation, will enable greater understanding from a tertiary education perspective of specific times where support is most needed. Targeted strategies for ENs and IQNs progression, and targeted support and programs at identified timeframes, may decrease EN and IQN attrition from degree programs and increase EN and IQN satisfiers.

2.10 The Purpose of Understanding History

It became apparent during the preparatory work for this thesis that nursing, and nursing education have undergone many changes and transitions that are reflections of the history of health care in Australia from colonial times until the present. The historical account provides context to the education, systems, and processes nurses undertake to register and practice in Australia. While the historical context is not central to the main thesis, it is an essential adjunct to understanding the current categories of nurses in Australia and their evolving education requirements. The historical relevance of this study for the EN, IQN, and RN, is the explanation of the different roles, and scope of practice, with a why and how these different roles evolved.

From this historical understanding, nursing identity and education progressed to what currently exists. There are currently two levels of registered nurses in Australia, the Enrolled Nurse, and the Registered Nurse, and both levels are registered by the national regulatory body, AHPRA. Understanding the requirements of each of these levels of nursing is important, as it demonstrates the scope of practice for Australian nurses. Historically, it articulates changes to nursing education and identity.

The decision to become a nurse is personal, based on culture, education, and self-motivation (Eley et al., 2012). The professional identity of the contemporary nurse is shaped by the cultural and historical underpinnings of nursing in Australia (Eley et al., 2012). This context is shaped by key events in Australia's short history, and cultural expectations and norms with rhetoric and stereotypical representations that exist in the media and social environment (Thurgood, 2008). To understand how nursing training and nursing care evolved and therefore understand the forces shaping nurses' identity, it is important to consider the historical context of nursing education in Australia. According to Thurgood (2008) studying the past contributes greatly to an understanding of contemporary issues.

The convicts on the First Fleet in 1788 arrived after an eight-month-long journey that left them sick with scurvy and dysentery and requiring medical aid. The long journey of 11 ships that set sail

from Portsmouth, England on 13 May 1781, was bound for a virtually unknown shore halfway around the world (Gergis, Brohan, and Allan, 2010). At the end of this eight-month journey, riddled with death, and disease, the denizens of the fleet arrived in Botany Bay on the 19th of January 1788 (Gergis et al., 2010).

Up until 1790, reformed convict women provided care for the 'sick', unfortunately, they lacked any nursing skills and paid little attention to their personal hygiene (Thurgood, 2008). These women were 'frowsy' in the parlance of the time and problematic, they paid no attention to their appearance and smelled of stale beer and tobacco and they would fight among themselves and steal from other convicts (Thurgood, 2008).

A long period elapses until a professional footing was achieved after 1868, when, at the request of Henry Parkes, the premier of New South Wales (NSW), approached Florence Nightingale to supply nurses to the colony. Nightingale agreed and sent her trained nurses to the Sydney Infirmary (Bessant & Bessant, 1991). These trained nurses were selected for key positions and influenced many decisions regarding the control of public hospitals (Russell, 1990). These nurses remained in hospitals to educate and train nurses so that the cycle of trained nurses would continue, following Nightingale's ethos.

The impact of global events, such as the Boer, First, and Second World Wars on nursing training and education standards and how these events commenced a trajectory for the development of the professional identity of a nurse in Australia (Godden, 2001). The desire to be a nurse; or to be seen as a carer, as well as the pathway to nursing education, was not recognised in early historical beginnings.

The history of health services commences with the invasion of Indigenous people by white people, specifically the arrival of the First Fleet in 1788. The Fleet comprised men and women, who, under the bloody criminal law of the time, had been transported to a penal colony away from overcrowded English gaols (Jenks, 1896).

Initially, people who cared for the European sick came from these convict ships. Mein Smith (2019) suggests that although expelling convicts was a priority for the British colonisation of Australia, convict port towns were strategically located for shipping capabilities. This suggests that people assigned to ephemeral settlements were displaced and separated from their social, cultural, and spatial surroundings (Garner, 2010; Katz, 2017), where tremendous uncertainty lay ahead.

The journey length of eight months, overcrowding, and poor sanitation resulted in disease, death, and the need for care on

arrival at the colony. Housing consisted of tents sorted into "women's tents', 'men's tents', marquees for the officers, and field tents for the sailors and convicts. Shortly after the arrival of Governor Lachlan Macquarie in 1810, an absolute necessity arose to build a hospital. In 1814 the building was completed, at Sydney Cove, and the need for nursing staff that had training in the principles and practice of nursing was a priority.

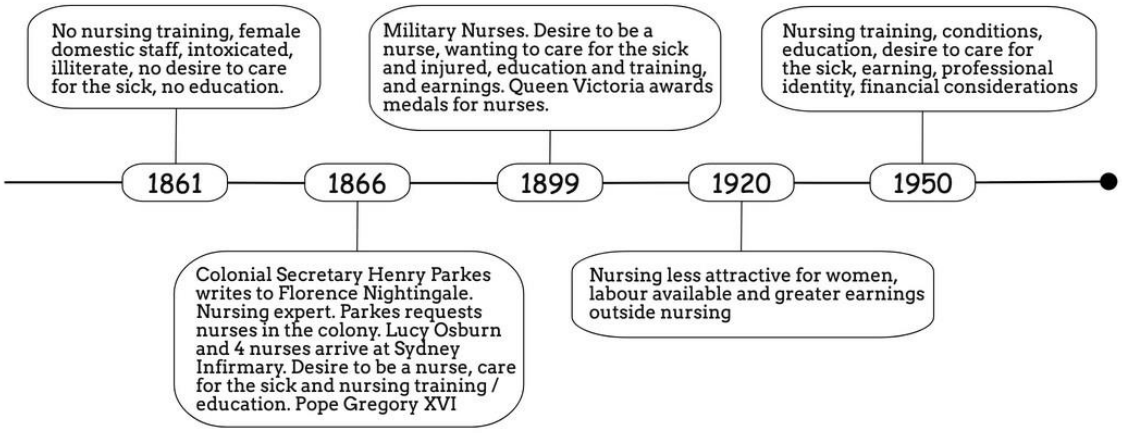
The colony of New South Wales (NSW) in 1795 urgently needed supplies of medicines, utensils, and other necessities to care for the sick (Borland, 1996b). Many births and deaths were reported, however, these occurred often without medical intervention and without the authorities being informed (Borland, 1996a). The 1891 NSW census tabulated 3035 men and 971 women, including civil and military personnel, settlers holding land, free persons, and convicts (NSW State Archives and Records, 1891).

The census of 1891 tabulated the occupations in the colony, among the 'free' women and female convicts, 22 nurses were working in Sydney and two midwives established work in Parramatta (NSW State Archives and Records, 1891). Borland (1996b) records the first institutional nurses were reformed convict women who were not known for their nursing skills or attention to hygiene. The consequences among these women of poor literacy, fighting, petty theft, and foul language, resulted in a poor standard

of care. This led to the recruitment of trained nurses from England, and a turning point and recognition for nurses as providing quality nursing care (Egenes, 2018).

The discernment of the historical timeline of nursing education in Australia became more tangible in 1861. From this time the composition and factors contributing to the recruitment, education, and succession of nursing as a profession has evolved from 1861 – 1950 highlighted in Figure 1.

Figure 1. Timeline of nursing education 1861 - 1950



Before 1861, no recognised system for general nurse training in the colonies existed, nursing vacancies were filled with elderly, illiterate, and often intoxicated, female domestic staff who had no training or desire to care for the sick (Russell, 1990). This nursing identity was viewed as an illiterate and unskilled worker.

In response to the dissatisfaction with the standards of nursing care in public hospitals, Colonial Secretary Henry Parkes wrote to Florence Nightingale in 1866 with a request for trained nurses to attend the Sydney Infirmary (Schultz, 1991). Florence

Nightingale was, at this time, widely regarded as the greatest living authority on nursing matters in the British Empire. Nightingale had improved the standards of hospital administration, nursing training, and the reporting and statistical analysis of health care figures, and she mandated the selection of a better type of woman employed to provide care. Florence Nightingale did not believe that every woman makes a good nurse and that the very elements of nursing are all unknown (Nightingale, 2010). On a practical level, she urged that bad sanitary, bad architectural, and bad administrative arrangements make it almost impossible to nurse.

The training school for nurses was established in London at St Thomas's Hospital; these first students formed a pioneer group that shared Nightingale nursing globally. This nursing training had a profound effect on patient care in areas of health matters, public hospitals, and hygiene. It has been said that Florence Nightingale was the most influential of nurse reformers (Russell, 1990). The conditions imposed on the training program ensured nurses worked under the direction of the Nightingale Fund for three years post training (Egenes, 2018). Succession planning commenced with trained nurses and then training others. The 'train the trainer' concept exists in contemporary practise such as manual handling and infection control. The emphasis was placed on the proper education of the nurse, rather than on the needs of the hospital (Egenes, 2018). This was Nightingale's strategy, ensuring her

selected trained nurses were employed in key positions. The beginnings of nursing standards of practise and a vocation meant a skill set arose, that also included clinical experiences in a hospital ward (Egenes, 2018).

According to Egenes (2018), Nightingale's success in inculcating nursing standards is attributable to various social and political influences, as she used her wealthy family status, her knowledge of statistics from her father's tutelage, and careful documentation of care to advance standards. Nightingale's leadership formed a basis for interventions and education-based training that led to the foundations of modern evidence-based practice. In 1866, Lucy Osburn, and four trained nurses commenced at the Sydney Infirmary (Russell, 1990). Osburn was appointed matron and reported to Nightingale in England. As time passed, there were many situations where Matron Osburn would report on the comfort and welfare of the patients. Lucy Osburn was placed in charge of the newly trained nurses; they had been selected by the Nightingale Fund and approved by Nightingale, therefore, the NSW government paid for their passage and salaries (Godden, 2001). The expectation from Nightingale was that these nurses would provide care and train staff. The nursing staff were expected to reform nursing at the Sydney Infirmary, and as trained staff, they provided nurses trained in the Nightingale method to

hospitals throughout the colonies, including Tasmania, South Australia, and Victoria (Godden, 2001).

Nightingale wanted her nurses to impress Henry Parkes, as it was the colonial contributions that set up the Nightingale Fund in response to her nursing role in the Crimean War (Godden, 2001). On one occasion, Matron Osburn was called upon to speak at a select Committee of the New South Wales Government to discuss the matter of the buildings that had been promised to the new nurses; these buildings were old and dilapidated, and they served as both the nurse's residence and hospital. The buildings were ridden with lice, bugs, and vermin, and the open sewerage ran through the floors and was believed to be causing infections (Godden, 2001). In her report, she identified poor ventilation, and old rotten floors, and commented on the poorly plastered walls that were infested with vermin, a kitchen that was in bad repair and ill-equipped, and no laundry facilities (Godden, 2001).

This Select Committee was the first occasion a nurse was called upon to testify in the matter of management of building requirements. This representation highlights the progression of nursing in Australia at a time of high need yet low recognition (Florence Nightingale Foundation, 2000). Nightingale believed that the matron was a highly skilled nurse and assumed the role of leader and mentor (Russell, 1990). This was another step in the

establishment of a nursing identity and earning respect as a female worker in the health setting.

Women with the desire to care for the sick, willing to train to be a nurse, and establish leadership and skilled roles, increased the status of professional nursing. A pamphlet prepared by Florence Nightingale on the 'Method of Improving the Nursing Service of Hospitals', particularly the section headed 'The Relations of Hospital Management to Efficient Nursing"' was read aloud, by the panel on the commission (Russell, 1990). According to Nightingale's principles, a probationer nurse was a junior nurse, and they were invited to 'train' at the hospitals. They would enter a probationary period of two months, and if they were suitable, they were expected to serve as a junior nurse for two years. The title of probationer nurse was twofold (Godden 2001). It was intended to stress their status was not permanent, and for the duration of their training, and acknowledge they could be dismissed at any time (Godden, 2001).

Nurses of St. John's House and the English Protestant Sisterhood founded in 1848 were expected to pay £15 for a training program that was two years in length. The Nightingale probationer nurses were paid in the first and second years respectively, which entitled them to free board, lodging, uniforms, and medical attendance (Egenes, 2018). In return, they were provided with training and instruction in nursing. Upon successful

completion of their training, they would receive a Certificate of Proficiency, a Certificate (with limitations), or a Diploma. The decision of the level of stature was based on the competencies achieved and was entirely decided by where the nurse had trained. The structure of nursing became apparent where hierarchy and decisions were based on the level of training achieved.

Coinciding with the arrival and impact of the Nightingale nurses, a Catholic bishop Dr. John Polding identified the need for a community of nuns to undertake charity work in the diocese to care for the poor, the sick, and children (Dunstan, 1954; Schultz, 1991). These Catholic Sisters of Charity had no formal nursing training. They were educated women from affluent families, who had the desire to care for the poor and sick. Five Sisters of Charity arrived in Sydney in 1838 to attend to the sick and poor in their homes, inmates of the jail, and patients in general hospitals. Their first convent in Australia was a small cottage at Parramatta, where the sisters continued to observe their vows, poverty, chastity, obedience, and devotion to the poor (Dunstan, 1954).

A novice, joining the Sisters of Charity provided a dowry of £800 upon entering the convent for the institute to be financially self-sufficient to serve the poor for free. The Sisters 'and Nightingale's nurses' heroism was acknowledged by Pope Gregory XVI during the cholera epidemics (O'Sullivan, 2011), where 41% of British troops died, not from the injuries they incurred in battle, but

from disease. He offered praise and recognition for the care provided by nurses, and the influence of infection control practices from Nightingale's travels, observations of nursing care in hospitals abroad, and her practical experiences in nursing, her knowledge was far greater than that of the medical workers at the time (Egenes, 2018).

The Sisters of Charity were instrumental in building St Vincent's Hospital in Sydney, for which the only criteria for admission were sickness and poverty. There are some analogues between the Catholic sisters and the Nightingale nurses. Both were imported to the colony, bringing with them a cultural and organisational ethos and both reported to a female leader back in a mother country. The Sisters would report to the foundress of the Sisters of Charity, Mother Mary Aikenhead in Ireland, and the Catholic Church's hierarchy, regarding the poor living conditions and the sickness they observed. As the Nightingale system had a controlling intellect back home, the nursing nuns likewise took inspiration from the Mother Country. The Sisters of Charity visited the Female Factory, which was a building for women and young girls, who, according to Dunstan (1954) were the lowest of the low.

Many donations of buildings were offered to the Sisters of Charity, from wealthy Catholic settlers. Unfortunately, these were usually run-down dilapidated old buildings with no resources, (Schultz, 1991). The sisters received little funds for the cost of

living or provisions for the poor and sick. They provided an opportunity for a shift in nursing identity with the advent of a two-tiered health system that caters to public and private health care. The education of nurses and the contemporary role of the nurse is not dissimilar in both systems.

In the May of 1899, 26 civilian nurses were sworn into the New South Wales (NSW) Army Corps as members of the Army Nursing Service Reserve (Reid, 1999). In October of that year, a lady superintendent and two sisters of the New South Wales Army Nursing Reserve who had volunteered for active service, were part of the contingent that was sent to South Africa, to care for the sick and wounded troops.

The contribution of nurses from the Australian colonies during the South African crisis is well documented, leaving little doubt the authorities felt that a nursing service was an essential part of the defence force (Schultz, 1991). The 1st of July 1902 is recorded as the beginning of the Australian Army Nursing Service (AANS). During the First World War volunteer nurses of the AANS, were deployed overseas as an integral part of the medical units of the first Australian Imperial Force (AIF). The rise in the profile of nursing as a profession is inherent in these humble beginnings with the recognition of nurses in military services. Queen Victoria, in 1883, declared that a Royal Red Cross would be the chosen decoration for nurses in the services (Schultz, 1991). The first two

nurses awarded the Royal Red Cross were Florence Nightingale and Sister Mary Aloysius, for their service in Crimea. In the Second World War, volunteers from Australian nurses and members of the AANS, and AANSs were joined by two nursing services, the Royal Australian Air Force Nursing Service (RAAFNS) and the Royal Australian Naval Nursing Service (RANNS). In 1949 the AANS became the Royal Australian Army Nursing Service (RAANS), and in 1951 the RAANS merged with the Royal Australian Army Nursing Corps (RAANC) which remains today (Schultz, 1991). This sense of duty remains an integral component of nursing identity in the contemporary workplace irrespective of military or health service employment. Structure, governance, and political respect followed.

In World War One, Australian nurses worked in the British army such as Queen Alexandra's Imperial Military Nursing Service (QAIMNS), while others joined unofficial units such as the Australian Voluntary Hospital in France, and the Scottish Women's Hospital Association. During World War Two the AANS was supported by a new female military unit that grew out of the Voluntary Aid Detachment the Australian Army Medical Women's Service (AAMWS) (Schultz, 1991).

Voluntary Aid Detachments (VADs) were established in Australia, during World War Two by members of the Australian Red Cross and the Order of St John (Davis & Staaf, 2015). Lady Superintendent Nellie Gould offered an opportunity for civilian

nurses to expand their experiences, and to enhance the development of Australian nurses, focusing on professional identity and learning experiences. Throughout the 1890s Superintendent Gould worked towards increasing professionalism and professional status, through the control of training schools, nursing registration, and as a foundational author for professional organisations and journals. Gould was instrumental in establishing the Australian Trained Nurses Association (ATNA) in 1899 (Borland,1996b), and initiated the publishing of the ATNA journal in 1903. The growth of nursing organisations reflected the need to improve the status of trained nurses, as increased assertiveness and autonomy were professional traits that began to contrast with the historical subservient attitudes instilled in their predecessors (Borland, 1996b). Following the Second World War, VADs were employed as nurses to fill staffing shortages that existed in Australian hospitals (Borland, 1996b).

At the time of the First World War, volunteer nurses from New South Wales were not made welcome by the British medical authorities. The Australian nurses demonstrated a high level of professionalism, commitment, and dedication to their role of caring for the sick and injured (Reid, 1999). Degeling et al. (2000), outline how power, status, and autonomy in nursing along with the changes in the social, economic, and historical processes have shaped and altered the 'health' of organisations. Nursing is

commonly depicted in the practical feminine, moral, and subsidiary characteristics of the role (Degeling et al., 2000), which originated from the historical traditional female-dominated untrained, subservient workforce.

This tiered hierarchical governance structure continues in contemporary nursing education with a diploma and bachelor's degree qualifications. This aligns with National Accreditation and Registration Standards that link theory, simulation, and practical learning through clinical placement experience (Australian Nursing and Midwifery Accreditation Council (ANMAC) 2019). Continued education prepares nurses for research and policy development, which in turn leads to changes in attitudes, the application of knowledge, confidence, increased job satisfaction (Reid, 1999), and the ability to challenge and make critical decisions. Nightingale believed nurses have a significant impact on the drivers and stakeholders of health rather than handmaidens of care.

Nightingale established that the matron's duty involved the coordination and management of the hospital (Nightingale, 2010). Subservience towards matronly leadership ensured complete control over the nurses, nursing departments, servants, and everything connected with the wards. Before Nightingale's reforms, the matron played a minor role in the control of hospital nurses, being more akin to a housekeeper or chatelaine than a coordinator, manager, or later titled director of nursing (Russell, 1990). Russell

(1990) explains that when nursing training was introduced to NSW, the Nightingale system was the most advanced scheme, and the quality of nursing services was strong. The strength of nursing further progressed the hierarchical structure with the matron at the apex, still clear and visible in contemporary practice.

The apprenticeship model was maintained as the core education in nursing training. Degeling et al. (2000), state that "conventional models of nursing depict nurses as disciplined, altruistic auxiliaries who, under the direction of a hospital-based nursing hierarchy, support medicine in applying its knowledge and expertise" (p.121). Degeling et al. (2000) suggest that important changes in processes have underpinned the patriarchal character in its relationship with medicine and after the war, this voluntary service continued in hospitals throughout Australia. Nursing Aide Schools were established in Victoria, which became an established part of a nursing school (Davis & Staaf, 2015). Degeling et al. (2000) note that England and Australia established formal legislative registration of nurses by the 1920s.

By the 1950s, nursing and education had changed little since the First World War in many Australian hospitals, as salaries and working conditions were appalling (Russell, 1990). Staff accommodation was often unhygienic, with three or four women sharing one single room with inadequate ventilation, insufficient sanitary and bathing requirements, and insufficient facilities for

study, sport, and health exercises (Bessant & Bessant, 1991). Substandard conditions were related to social expectations, in an echo of the prevailing types which Nightingale had endeavoured to challenge; in the 1920s and 1930s nursing was regarded as a suitable vocation for a middle-class girl, however, by the end of the Second World War, it had become the least attractive career path for girls of the same class (Bessant & Bessant, 1991). Foreshadowing issues of the current day, this was the beginning of recruitment concerns. For many years after the Second World War, there was a general shortage of labour, and female employees were able to pick and choose jobs (Russell, 1990).

In 1915 the salary of a first-year nurse was £15, a second-year nurse would receive £20, and a fourth-year nurse would receive £30. A registered nurse would receive no more than £100 annually. Russell (1990) compares these with the salary of a dressmaker, who would receive £68, and a forewoman in a laundry would receive £100. Trainee nurses received free board and lodging, and uniforms or a uniform allowance; however, the rate of pay did not change for many years. Nurses then and now do not necessarily nurse for financial gains, and it became clear that recruitment strategies needed to be considered to draw women into the profession (Russell, 1990).

The origins of nursing in Australia are born from the Nightingale era commencing with illiterate workers at a time of

prevailing need and developing into an educated, competency based skilled employees in the 1960s. As a young country the historical underpinnings appear clear in the development of professional identity in practice in nursing. Professional identity is shaped by the historical events in Australia's short history that is inclusive of war, drought, the establishment of a colony, and disease arising from long, unhygienic trips from England to Australia. The evolution of nursing education is apparent with roots tied to the mother land of England and the education scope established by Florence Nightingale and her trainers. The leadership is clear from Lucy Osburn and it is this turning point that shares the initial development of nursing standards and recognition as a leader in health.

The emergence of a nursing professional identity is clear from the historical context, with social and psychological changes from stereotypical connotations to an evolving professional practice with education, leadership, and quality of care at the heart of the role. The historical lens has provided the political, environmental, and social setting for a change. This change has shaped the landscape of the professional nurse including education, clinical inclusion, and the regulation of professional practice standards.

In Australia by the 1960s, general nursing training, patterned on Nightingale's model, remained well established and available in all Australian states. Specialised or separate certificates became

available in specialties such as psychiatry, geriatrics, mental retardation, midwifery, and mothercraft nursing (Russell, 1990). The minimum age entry requirements had changed, for general nurse training from 18 years in 1953 to 17 years by 1960. During the same timeframe, the hours and rates of pay had improved slightly. There were three eight-hour shifts over the 24 hours of the day with many organisations continuing this pattern of work today. Nurses were no longer required to work broken shifts, and there was an opportunity to have one full day and a one-half day off per week (Russell, 1990). Nurses could work consecutively for 22 days per month, with a likelihood of no day off during this time.

The general requirement (an unwritten rule) was the nurse was expected to commence duty early and would not be permitted to leave until the work for that shift had been completed (Russell, 1990). The weekly wage remained less than the basic labourer wage, and the wage of a registered nurse was no better than that of a shop assistant where qualifications to work were not required. The justification for the poor wages was the provision of board and lodging, regardless of any restrictions or limitations (Russell, 1990). Trainee nurses were expected to live in the nurse's home, or quarters, with the exception of male trainees because there were no separate facilities available. This was one of the principles enunciated by Florence Nightingale. It was believed, at the time, that the poor standard of remuneration, working long hours, and

being appointed to different shifts, would discourage the trainees to seek alternative accommodation outside the nursing quarters.

The conditions relating to nursing provided a contextual perspective of the role as one of subservient and non-professional with respect to role, function, and conditions. This was further coupled with strict regulations relating to uniforms, behaviour, and conduct.

Nursing appearance, being professional, well-groomed, and displaying good behaviour are the qualities that Florence Nightingale wanted in her nurses (Florence Nightingale Foundation, 2000). The nursing uniform, like other uniforms from a religious habit to a military uniform, is an outward signifier of many things, including vocation and professionalism, an esprit de corps, and intangible things such as standards. The nursing uniform from the cap and cape down to the stockings and sensible shoes was for many decades a signifier of these principles and ideals, as well as emphasising nursing as a largely female profession with origins in the sartorial and social expectations of the nineteenth century. It has been well documented that some early uniforms were impractical and see-through and that over time this had to change (Anderson, 2018). This is further compounded by rhetoric and stereotypical connotations relating to uniforms and flirting behaviours. Hence the establishment of regulations, standards, and professional guidelines.

Strict regulations and professional behaviour were expected of trainee nurses that made the vocation of nursing akin to the training for a religious vocation in atmosphere and rigour. Nurses were expected to be subservient; this was demonstrated by standing with their hands behind their backs and feet together when speaking to any senior nurse, furthermore, they were expected to allow senior nursing staff or doctors to precede them, and any contact between a junior nurse and a doctor was mediated by a sister or matron. Trainee nurses requested permission to leave at the end of the shift (Russell, 1990). One of the roles of the senior nurse was to enforce strict uniform compliance. This senior nurse would inspect the correct wearing of a petticoat by lifting the uniform; if said petticoat was not worn, the nurse would be sent back to the nurse's quarters to put one on. Anderson (2018) writes that health facilities invariably developed their own unique work uniform policies, where the norm existed with stiff, starch white dresses, wide belts, and a sharply folded long rectangular cap that was pinned to the nurse's hair in the style of a veil.

Hill (2018) notes a time when staff would wear different colour dresses and caps to indicate their place in the hierarchical position within the nursing team. Hill (2018) continues to explain that nurses retained a sense of pride, and duty each time they put on their uniform. This was the beginning of a professional identity and could also be linked to a desire to become a nurse.

Russell (1990) and Jinks et al. (2014) suggest that trainees may have been dissatisfied with the conditions, personal unsuitability, not passing an examination, and the inability of a nurse to marry and remain in the profession. Another major problem was the lack of those perceived to be suitable recruits for general nurse training, a factor attributed to the unsatisfactory working conditions, and the need for trainees to routinely perform non-nursing duties.

White (1985) explains that the nursing and midwifery workforce is the consideration of both the commonwealth and state governments, and it is the states' and territories' responsibility for the recruitment and retention of nurses. The extension of the secondary education program from five to six years, parental ambitions for their daughters to marry, and the poor reputation that nurses held in society created hesitancy in entering the profession (White, 1985).

Further negative perceptions revolved around the perceived poor education standards of recruits, which then resulted in a low examination pass rate. White (1985) suggests that from 1948 to 1985, education requirements of nurse training in the United Kingdom were centred around the recruitment strategy of the National Health Service (NHS). For many years this service was not concerned about improving the quality of nurse training but recruiting high numbers of trainee nurses. This led to a lower

standard of entry and consequently, the qualifying standards (to become a nurse) were diminished. Another consequence of the education level being low was that many tutors expressed concerns about the training level of students, and the final examination for state registration had to be altered so that the students could pass their nursing training (basic scientific knowledge was lacking) (White, 1985). In some cases, unsuccessful students would be offered a lower-level nursing role, for example, an Assistant in Nursing (AIN) or Enrolled Nurse (EN). Black et al. (2023) explains that, in Australia in the 1960s, general nursing training was conducted in tertiary hospitals, and nurses who were unsuccessful in becoming registered nurse, would be offered an opportunity to sit an exam at the tertiary hospital. For many trainees, this opportunity enabled them to continue working as a nurse in the health care setting.

The position of EN (originally called Nurse's Aide) was introduced during the 1960s to improve the supply of nursing-related services (Russell, 1990). The wage of the registered nurse, although less than the basic wage, had an impact on the cost of health, increasing health care costs and adding pressure on the government for better health funding. The nurses who did not complete the full training were recognised as having basic nursing skills, which could be beneficial, and cost effective in the delivery of nursing care (Jacob et al., 2013). This supply of cheap nursing

labour was provided by the large numbers of immigrants arriving in Australia and refugees from global unrest (Jacob et al., 2013). These nurses were task focused, and consequentially received remuneration in accordance with their job description (Jacob et al., 2013). This system was successful for many years until these ENs or AINs wanted to upskill and become registered nurses. Upskilling was available to those nurses if they returned to study (Black et al., 2023).

By June 1953, there were 16 nursing aide training schools in Australia, and 220 nursing aides had been employed in hospitals (Russell, 1990). The problem the state of Victoria faced at this time, was only a small proportion of middle-class girls wanted to enter nursing, especially when there were many other alternatives. In the 1930s and early 1940s, the birth rate was low. This meant that by the 1960s women available for nursing were also low, patient care had become more complex and a shortage of nurses in the workforce existed. This combined with poor recruitment and high attrition rates resulted in a shortage of trainee nurses in public hospitals, and this, in turn, led to the closure of hospital wards as nurses were not prepared to continue to work overtime without remuneration. The nurses' 'voices' had not been previously heard and conditions of employment had not altered over many decades, a contributing factor to the attrition of nurses (Holland, 2013; Lim et al., 2010; Stanley, H; White, 1985). It is estimated that by 2025

there will be up to 27% fewer nurses than what is required, and researchers are suggesting that burnout is strongly linked to organisational and occupational turnover (Holland, 2013).

According to the Commonwealth of Australia (2014) and the Australian Institute of Health and Welfare (AIWH, 2015), there is a severe shortage of RNs globally that will see a deficit of more than 100,000 nurses by 2025, with the situation more acute in long-term care settings, (Commonwealth of Australia, 2014; Australian Government Department of Health, 2019). While these projections are not new, COVID-19 has taken its toll on nurses, and many are opting for early retirement or transition to alternative career pathways (Acardi et al., 2021; Hass et al., 2020).

The preparatory pathways and professional transition options for ENs and IQNs is now recognised. ENs and IQNs can be prepared for RN practice in as little as two years of university study in Australia. Additionally, these two cohorts have health care experience, and most are seasoned professionals who can "hit the ground running" upon graduation. ENs or IQNs entering a Bachelor of Nursing Program, are provided with special consideration for study as previous skill and knowledge are recognised with Australian universities offering these students incentives to complete a two-year degree (Black et al., 2023). Unfortunately, many ENs and IQNs struggle, with processes in academia, especially during their first year of study at university (Ralph et al.,

2013). To facilitate EN and IQN transition to RNs, nursing educators and other student support staff need to better understand their needs and concerns.

Nurses collectively began to campaign for defined hours and regulated working conditions. The commencement of professional associations rather than trade unions occurred in the quest to raise the status of the profession (Doiron et al., 2008; Strachan, 1997). Russell (1990) explains that the New South Wales Nurses' Registration Board (NSWNRB) received many complaints from nurses about the long working hours, poor wages, and poor living conditions. A general meeting of nurses was called to discuss the issues and the lack of support from existing associations (Doiron et al., 2008; Strachan, 1997). This provided the impetus for a formalised approach to nursing professional matters in NSW and resulted in the New South Wales Nurses Association (NSWNA) formation to empower the voice of nurses.

EN training focuses on direct patient care with care provided under the direct supervision of the RN. Jacob, et al. (2013) and Josey, (1979) add that EN training is task-focused and limited to basic patient care, assisting with activities of daily living and monitoring an individual's health status. Endacott et al. (2018) discusses the perceptions of the RN and EN and what they believe is their scope of practice. In the study by Endacott et al. (2018), 62% of the registered nurse respondents, claimed that the ENs

were working outside their scope of practise. They reported that the ENs attended meetings and ward rounds, as well as clinical handover, care planning, and clinical pathways. The ENs perceived they operated equally as RNs, and they disagreed that they practised more in the role of health care workers (Brown et al., 2015). Endacott et al. (2018) mention that it could be argued that although the tasks of the RN and EN are similar, there are knowledge gaps for the EN in the areas of assessment, evaluation, and decision-making.

The NMBA clearly states that the EN is an associate to the RN and must work either directly or indirectly with the supervision of the RN, the EN in turn has the responsibility and accountability for their actions, the EN is accountable to the RN and their delegated activities (NMBA, 2002). A critical review of contemporary RN education suggests a move away from competency-based education and teaching to a more holistic means of developing learners' professional attitudes (Aggar et al., 2021; Casin et al., 2017).

There are many areas cognisant of the historical perspectives of the nurse in Australia. Professionally from a historical perspective, it can be argued that ENs require educational changes like the RN because of the increased focus on patient quality and safety and the increase in patient co-morbidities (Dalton et al., 2015). ENs are expected to respond to emergent patient situations

and recognise and manage a deteriorating patient, as part of their training and daily work pattern (Wilkinson et al., 2018). In the early 1990s, the availability of RNs and ENs temporarily alleviated the pressure on the international recruitment of nurses into Australia (Brown, 1994; Jacob et al., 2013) However, the demand for nurses in hospitals, nursing homes, and private care continued to increase. Strategies were implemented to improve home-based recruitment and improve retention of nurses in the workforce (Jacob et al., 2013). These strategies included incentives for the return of non-practicing nurses to the workforce, flexibility in working hours and improved working conditions, and part-time career opportunities (Jacob et al., 2013).

One of the implications of the introduction of tertiary education as a replacement for the hospital-based trainee nurse programs was that trainee nurses were considered as part of the workforce, as they were renumerated for their work (Black et al., 2023). A scheme discussed by Russell (1990) was a federal government proposal to promote overseas RNs to work in the Australian outback, and a group of 150 Asian women were sponsored to come to NSW to undertake the nursing course. Unfortunately, this was of limited value, because these women had to return to their country upon successful completion of the course. Consequently, this initiative did not overcome the supply of RNs or

alleviate any pressure in the system. As predicted, this was not a viable long-term solution (Russell, 1990).

International recruitment and subsequent migration of Internationally Qualified Nurses (IQNs) in the early 1970s became a solution to nursing shortages in Australia (Buchan et al., 2003). It is reported that Filipino/a nurses perceived Australia as a popular country to seek work as they saw an improvement in pay, career prospects, and greater job security. Opportunities for advanced education and individual freedom were also noted as attractions for Filipino/a nurse's seeking employment in Australia (Buchan et al., 2003). Other nurses sought employment and immigration to Australia from the Caribbean nations, Ghana, and South Africa (Buchan et al., 2003). This trend in employment opportunities created a need to set standards for English language competency, and a need to review international nursing qualifications to determine the similarity in training between nurses entering Australia and those completing nursing education courses in Australia (Buchan et al., 2003). Further refinement and developments within regulatory organisations occurred State by State to set governance and registration standards for RNs from international destinations. This varied from full registration or equivalence to the need to undertake further study.

The Australian Government, and nursing registration authorities, initiated policies for the recruitment and employment of

internationally educated nurses. These policies included bridging programs and the assessment of nursing skills or qualifications from exporter countries (Buchan et al., 2003). These policy implications observed the beginnings of a process to register or suitably assess applicants for nursing registration in Australia. This process proved to be lengthy and time-consuming and resulted in the credentials of nurses from some nationalities not being recognised in Australia (Buchan et al., 2003). For internationally qualified nurses in this category of assessment, the need for registration was sought; however, the time and cost implications resulted in a re-training program (Buchan et al., 2003). All applications were screened by the Australian Nursing Council (ANC). Nurses from Canada, Hong Kong, Ireland, Singapore, South Africa, the United Kingdom, the United States of America, Zimbabwe, and the Netherlands, had mutually recognised qualifications that met the requirement for registration without having to undertake a competency-based assessment program (ANMAC, 2017). Approximately 4000-5000 nurses annually enter Australia (Buchan et al., 2003) with many arriving from countries other than those with reciprocal registration. For many, there is a requirement to complete further education and training in Australia before being eligible for registration (Buchan et al., 2003).

Nursing education is scaffolded to the level of registration of the nurse. The RN is required to complete either a Bachelor of

Health Science (Nursing) or a Bachelor of Nursing program, in a tertiary setting. Historically, the requirement for a university degree is the most conspicuous change from earlier professional expectations iterated in this paper (ANMAC, 2017). Students undertake programs within the Vocational Training sector through the TAFE or private education provider systems (ANMAC, 2017) to become an EN. Clinical placement is required to be completed by all students regardless of registration. Clinical placement hours are dependent on the level of nursing course enrolled; however, a minimum standard is expected by the Australian Nursing and Midwifery Board (ANMAC, 2017). The hours students spend in a clinical setting on placement can vary in time from 800-1100 supernumerary clinical placement hours under a variety of clinical supervision models (Cooper et al., 2020; Turner et al., 2006).

The Australian Nursing and Midwifery Council (ANMC) was established in 1992 to work collaboratively with state and territory nursing and midwifery regulatory authorities, (NMRAs), to develop nursing and midwifery Standards for Australian health care requirements (Ralph et al., 2015). Over time, ANMC contributed to national standards and accreditation frameworks; policy advice and stakeholder negotiation, and statutory nursing and midwifery regulation development, refinement, and inclusion in national health laws from a governance perspective has occurred (Ralph et al., 2015). The primary function of the accreditation authority is to

ensure that programs leading to the registration of nurses in Australia meet the Nursing and Midwifery Board of Australia's approved standards for accreditation (ANMAC, 2011). This is now mandated in legislation.

Standardisation of 85 health profession boards, operating under 66 Acts of Parliaments were restructured under one registering authority the Australian Health Practitioner Regulation Agency (AHPRA), and one national board. This is the first time that nursing is represented equally with medical and allied health profession through a national registration standard. The NMBA represents each of the nine professional signatories to the National and Accreditation Scheme (NRAS). Under the NRAS, ANMAC became responsible for the accreditation of up to 480 nursing programs of study across 160 education providers and distributed over two education sectors including tertiary and vocational education and training (TAFE) (Ralph et al., 2015). These baseline standards form the premise for nursing curricula and the assessment of students and the ongoing nursing performance of new graduates and skilled nurses (Wilkinson et al., 2018).

The professional identity of nurses, from uniforms and deportment to training and responsibilities, has evolved. Historically, there has been a shift in the way nursing education has been delivered from an apprenticeship-style hospital-based training to the introduction of a more theoretical and evidence-

based curriculum in university undergraduate programs (Davis & Staaf, 2015). By 1993, all registered nursing students in Australia were entering the profession via the university education pathway (Davis & Staaf, 2015). All education programs are now overseen through a centralised regulatory governance structure bound by legislative obligations.

Both the role of the RN and the EN and IQN has evolved over the past 50 years in response to changing demographics, acuity of care, health economics, and an evolving change in scope of practice.

The professional identity of the nurse in the Australian context is shaped by the underpinnings of, initially, low role identity, a need to prove worth, and the evolution of a national accreditation system to increase the scope and profile of the professional nurse. In many aspects this evolution has shared great historical achievements; however, it is also seen in the context of a subservient approach to a medicalised health care system. The emergence of a nursing professional identity is clear from the historical context, with social and psychological changes from stereotypical connotations to an evolving professional education practise

2.13 Summary of Chapter 2

Chapter two presented the literature review and the introduction of professional regulatory roles and training of nurses as well as the scope of practice is important to understand. It became apparent that the historical background and the identity of nurses changed and evolved to inform the present. The literature review provides information about the standard, scope of practice, and transition of ENs and IQNs to Bachelor of Nursing study. The results from the literature review indicate that there are few studies addressing the process of transitioning from EN to RN in Australia and that many students engaged in a study to become an RN require focused support.

CHAPTER 3: GROUNDED THEORY METHODOLOGY AND RESEARCH METHOD

3.1 Introduction

Chapter three presents how the investigators embarked on a grounded theory research thesis. The study sought to discover a substantive theory for nurses entering tertiary nursing education settings. The theory that emerges comes inductively from and is literally grounded in the data (Bryant & Charmaz, 2010; Urquhart, 2012). In this chapter, the methodology is explored to provide evidence that ground theory is the correct selection of research methodology for this study. Grounded theory methodology links my framework to the theory of basic social processes and patterns that ENs and IQNs experience as they transition to university. Sections 3.1; and 3.2 describe the process of transition in the Australian context, and the generation of a mid-range substantive theory, using Barney Glaser and Anslem Strauss's classic grounded theory methodology. The mid-range theory explains the phenomena of decision making, which is rooted in the disciplines of psychology and sociology using an enquiry approach.

The classic grounded theory research method outlined by Glaser and Strauss (1967) is reviewed in Sections 3.3 and 3.4. Sections 3.5, 3.6, and 3.7, highlight grounded theory analysis, data collection, and the use of comparative data analysis to generate an accurate, auditable, and authentic theory from collated datasets. I

have provided a personal statement in section 3.8, as a means of demonstrating a bracketing exercise to ameliorate any bias.

Sections 3.9; 3.10; 3.11, provide an explanation of the study design, including the two phases of the study, and the evidence of ethical approval. The recruitment process, data collection, comparative analysis, and the generation of the theory of Repatterning are presented in sections 3.12, 3.13, 3.14, 3.15, and 3.16.

3.2 Introducing Grounded Theory

Grounded theorists use the literature review to establish a purpose, background, and study significance. According to Wuest and Merritt-Gray (2001), a grounded theory method is a research approach guided by the requirements of theory development. Grounded theorists resist an extensive review of the literature until data collection and analysis by the researcher uncover the main process that explains how participants interpret the problem. According to Artinian (1986; 2009) and Glaser and Strauss (1967), the emerging theory is grounded in empirical data. Charmaz (2005) suggests that the researcher commences a grounded theory study with theoretical knowledge with interest in the substantive area, and the researcher brings questions to the data, advances personal values, and experiences, and prioritises any conclusions that have been developed.

Morse (2001) argues that experienced researchers already possess a vast amount of knowledge that needs to be bracketed, or set aside, at the commencement of the study so as not to bias data collection. In this study, bracketing is evidenced by my personal statement.

At the onset of the study, in adherence to the grounded theory methodology, a simple narrative review of the relevant literature was undertaken. The results from the literature review indicated that there are few studies concerning the process of transitioning from EN or IQN to RN. This gap in substantive knowledge is the foundational premise underpinning the need for this grounded theory research study. A secondary, focused review of the literature was undertaken after the substantive theory emerged, to situate the study within the literature, and seek congruence and support for findings, or highlight areas of divergence.

Methodological discussions about the timing of grounded theory data collection are useful for defending methodological decisions. Glaser (2000) noted that all "data remain reconstructions" (p.514) and "all is data" (Glaser, 2000, p. 140). In his own research, Glaser includes not only the data derived from interviews, records, or observation field notes, but also data concerning context and conditions associated with the data. He includes the theoretical memos and theoretical musings of the

researcher that were created and refined during the process of constant comparative analysis and progressive theoretical abstraction of the data into concepts, constructs, and categories.

The preliminary literature review identified three key areas of interest. The first was the shift in regulatory nursing roles that includes legislation regarding ENs/IQNs; the second was a shift from the apprentice style hospital training to current tertiary education for nurses; and finally, the need to understand the process of transition for the ENs/IQNs who decide to pursue further education is outlined. This third area is the focus of this research project.

This grounded theory study identifies the process of transition ENs and IQNs undergo in an Australian context. It is expected that the outcomes of the research could influence education academic policy, enlighten academic processes relating to credit transfers, and provide research surrounding the EN transition explanatory processes to regulatory authorities such as AHPRA. The research also offers insight to EN and IQN students on what is a 'normal' expected process of transition that enables personal adaptive strategies to be implemented. The research offers professional pedagogical knowledge to academics on curriculum development and management of tertiary-based courses for EN and IQN students.

Grounded theory is the qualitative methodological approach I chose to conduct this study. I sought to understand the processes that EN/IQN BN students underwent as they transitioned from deciding to become, through their BN study and into their initial period of work as an RN after graduation. Grounded theory research is designed to generate middle range theory inductively from participant data and is situated within the philosophies of critical realism and symbolic interactionism which reflect my own ontological and epistemological beliefs. The grounded theory approach espoused by Glaser (1978) provides a full explanatory middle range theory as the goal of this research study.

3.3 Grounded Theory Methodology

Theories differ and this is largely dependent on a level of use and abstraction, the commonly used theories in nursing are grand, middle-range, and practice, according to Polit and Beck (2012). A grand theory describes and explains large segments of the human experience addressing the nature, goals, and distinct differences between nursing and medicine. A middle-range theory attempts to explain a phenomenon such as decision making, stress, or comfort. These theories are more specific and have fewer concepts than a grand theory, and the final theory of practice is highly specific, narrow, and has an action orientation (Polit & Beck, 2012).

3.3.1 Glaser and Strauss

Glaser and Strauss (1967) identified two forms of theory generated using the grounded theory method: substantive and formal theory. Both are middle range theories, which means they fall between the "minor working hypotheses" of everyday life and the "all inclusive" grand theories (Glaser & Strauss, 1967). Both consist of conceptual categories, which are linked by hypotheses to provide generalised relations within the categories. Formal or conceptual inquiry addresses sociological phenomena, such as stigma, that transcend a single, substantive area of inquiry. For example, stigma may occur over a variety of social phenomena such as mental illness, developmental challenges, advanced age, and physical disabilities. Thus, the development of a formal theory that addresses the process of stigma, across its many occurrences, is possible. Substantive theories, according to Glaser and Strauss (1967) address a single focus, such as in this case: the transition to RN by the EN/IQN.

Glaser and Strauss (1967) initially developed the grounded theory methodology at a point in time when the perceived view of constructivism was emerging. They combined the elements of post-positivism and constructivism to create grounded theory as a middle range theory development methodology. While Glaser tends to dismiss the debate between paradigms as irrelevant, Charmaz (2005) highly recommends that in our current understanding of

paradigms grounded theory be a constructivist method. This means, the interpretation and the meaning of the shared experiences of the researcher and the participant are constructed differently but are still connected (Polit & Beck, 2012).

The grounded theory methodology has been used extensively to answer questions that arise in nursing and many of its chief proponents are experienced Registered nurses and researchers (Birks & Mills, 2015). The grounded theory method has well developed data collection methods, analytical strategies, and processes, and has the goal of creating substantive middle range theory with the ability to explain and predict social processes that are of interest to nurses and educators (Birks & Mills, 2015). The substantive theory provides a framework for understanding, guiding decision-making, and acting (Birks & Mills, 2015). One of the main reasons for using grounded theory is because the methodology explores the processes and patterns people go through to understand change (Glaser, 1967). The use of the grounded theory methodology allowed me to create a substantive theory to describe, explain and predict the transition of EN/IQN BN students as they progressed in their education to become an RN.

A substantive theory, which includes categories, stages, and turning points, has the potential to predict how other individuals may react to situations (Charmaz, 2014; Chun et al., 2019). A substantive theory of EN/IQN transition could be used by university

academics to better support EN/IQN students and tailor curriculum and subsequent support strategies. The theory may also impact policy development, practice, and further research.

When a researcher wishes to explore complex processes as they naturally occur, such as the experience of the EN/IQN from pre-entry to university to one year after graduation, a qualitative approach is the most appropriate to explore diverse experiences to discover common patterns of experience and behaviour (Chenitz & Swanson, 1986). The grounded theory methodology is useful for exploring social and psychological processes that occur over time as individuals strive to make sense of change (Chenitz & Swanson, 1986). Chenitz and Swanson (1986) explain that grounded theory explains basic patterns common in the social lives of people. Therefore, grounded theory has been chosen for this study, because the EN and IQN are traversing through diverse experiences, and they have similar social patterns, as mature age students balancing study with life commitments.

3.3.2 Symbolic interactionism

The grounded theory method is rooted in the disciplines of psychology and sociology and is derived from symbolic interactionism, an inquiry approach explicated by Blumer (1967). Symbolic interactionism, according to Blumer (1967) uses three premises, the first is that humans act towards things, such as

physical objects, other human beings, the activities of others, and those situations that a person encounters every day. The second premise is that the meaning of these activities is derived from or arises out of the social interaction that the person experiences. The third premise is how meanings that arise are managed through an interpretative process used by each person to make sense of them. Clearly, symbolic interactionism is the distinctive character of this interaction as it takes place between human beings and aligns well with the methodology and practical approach in this research (Blumer 1967).

The goal of Symbolic Interactionism is to develop theories of action to describe, understand, explain, and predict social behaviour and processes (Denzin& Lincoln, 1994). The epistemological aims of symbolic interaction inquiry are to explore truths and meanings in a social context.

In symbolic interaction, the participant is the expert in the substantive area (Blumer, 1967). In this study the experience of the EN and IQN enrolled in BN education, as part of their transition to RN roles are the key informants in this study with support staff and faculty offering their perspectives and insights as well. Additionally, critical realism informed my use of grounded theory as the constructed midrange theory emerges as the core category from the participants' and staff data, as well as from my own

interpretation of data patterns as they developed into categories and relationships.

3.3.3 Grounded theory approaches

Grounded theory research is designed and developed for the explicit purpose of identifying patterns of behaviour and interpreting meaning from the processes created by participants as they undergo a social phenomenon (Glaser & Strauss, 1967). Part of the process of concurrent data collection and analysis is the use of constant comparison of codes to codes, or codes to categories. Birks and Mills (2015), explain that this term is a process that continues until the grounded theory is fully integrated. Birks and Mills (2015), continue to explain that constant comparison of the incident with the incident in the data leads to the generation of codes, and these codes are compared with other codes, or groups of codes, these groups are collapsed into categories, with which future codes are then compared. It is the constant comparison of the different conceptual levels of data analysis that drives theoretical sampling and the ongoing generation of data. The entire process of participant selection, data collection, and data analysis are guided by the emerging theory in a process of theoretical sensitivity.

3.4 The Historical Foundations of Grounded Theory

Grounded theory was initially developed by two American sociologists, Dr. Barney Glaser, and Dr. Anselm Strauss. Their initial work emerged from a research collaboration when Strauss obtained funding for a four-year research study to explore the process of dying. They studied the interactions between medical staff and terminally ill patients in a hospice setting. The grounded theory method of research has been used in thousands of studies across many disciplines, including nursing as a favoured approach to exploring social interactions (Glaser & Strauss, 1967). Several of the leading proponents of the grounded theory method are nurses: Kathy Charmaz, Juliet Corbin, Phyllis Stern, Kristen Swanson, Barbara Artinian, and Janice Morse. In Australia, Melanie Birks and Jane Mills are strong nursing leaders in grounded theory methodology. Grounded theory is well established in nursing and suitable for this study.

3.5 Schools of Grounded Theory

Glaser and Strauss (1967) identified two forms of theory generated using the grounded theory method: substantive and formal theory. Both are middle range theories, which means they fall between the "minor working hypotheses" of everyday life and the "all inclusive" grand theories (Glaser & Strauss, 1967, p.33). Both consist of conceptual categories, which are linked by hypotheses to provide generalised relations within the categories.

Glaser and Strauss (1967) initially developed the grounded theory method at a point in time when the perceived view and constructivism was emerging. Glaser and Strauss (1967) combined the elements of post-positivism and constructivism to create grounded theory as a middle range theory development methodology. While Glaser tends to dismiss the debate between paradigms as irrelevant, Charmaz (2005) highly recommends that in the current understanding of paradigms grounded theory be a constructivist method.

The grounded theory method has well developed data collection methods, analytical strategies, and processes, and has the goal of creating a substantive middle range theory with the ability to explain and predict social processes that are of interest to nurses and educators. Methodological discussions about the timing of grounded theory data collection are useful for defending methodological decisions. Glaser (2000) noted that all "data remain reconstructions" (p.514) and "all is data" (Glaser, 2000, p. 140). In his own research Glaser includes not only the data derived from interviews, records, or observation field notes, but also data concerning context and conditions associated with the data. He includes the theoretical memos and theoretical musings of the researcher that were created and refined during the process of constant comparative analysis and progressive theoretical abstraction of the data into concepts, constructs, and categories.

3.6 Grounded Theory Analysis

According to Glaser and Strauss (1967), the data source must be relevant to the emerging theory. Because grounded theory focuses on patterns or typologies of actions and their meaning for the participants within the social phenomenon, the method of data collection sources and techniques are focused on eliciting this data (Morse, 2001). Repeated in-depth face-to-face interviews and observations of the participants are strategies that are whilst included in the doctoral phase of my research. However, in the initial phase of the study, participants were asked broad questions reflecting on the area of interest in a single interview. Morse (2001) suggests interviewing participants who may have already resolved the barriers or challenges to the study area, as a starting point that may extend existing knowledge to the researcher to gain an overall impression of the salient problems and processes involved in the social process.

Eliciting data using text is the notion that Charmaz (2005) discusses when the research participants write the data, and Glaser (1978) suggests "all is data". Asking participants to record work history, keep personal diaries, perhaps write daily logs, or answer written questions all generate elicited texts. Charmaz (2006) continues by describing thoughts, feelings, and concerns of the thinking, and provides structures and cultural values that influence the person. Within the social psychological level, contrasts between

the written work and interviews and the story shared by EN/IQN participants are further ascertained as it specifically relates to the journey of transition from EN/IQN to RN.

The method of constant comparative analysis is used in grounded theory and makes it possible to progressively explore the data as the theory becomes clearer (Artinian, 1986; 2009). Constant comparative analysis is an inductive and deductive approach in which both current and previous data are continuously reviewed and explored. Glaser and Strauss (1967), Charmaz (2005), and Creswell (2013) concur that constant comparative analysis ensures an emergent fit and the possibility of theory development, and external integration with previous findings, as the study progresses. Data and codes and categories shift between inductive and abductive approaches during categorising and coding of data which allows the researcher to determine if there is a fit with concepts from the literature and the new data. Decisions using constant comparative data rely on a combination of inductive and abductive ideas Birks and Mills (2015). These authors, explain that inductive thoughts are a type of reasoning that starts with studying a range of individual cases and extrapolates patterns from them to form a conceptual category. They continue by defining that abduction is a type of reasoning that begins by examining data and after scrutinising this data, entertains all possible explanations for the observed data. This then forms hypotheses to confirm or

disconfirm until the researcher arrives at the most plausible interpretation of the data. It is this combination of inductive and abductive thought that a conceptual framework emerges (Birks & Mills, 2015). While the grounded theory approach can be used to refine, confirm, or extend an established theory that has been developed by someone else, this is not the aim of this project, given that there is no existing formal or substantive theory in this area.

3.7 Rigour, Trustworthiness, and Credibility in Grounded Theory

Rigour in grounded theory is dependent on establishing methodological congruence between the study purpose and the philosophic position of the researcher. Of further importance is to ensure maintenance of to maintain excellent and demonstrable data management, analytical consistency, and theoretical development through computer applications and memos to ensure audibility, accuracy, and authenticity of data. Managing collected data by categories, concepts, and sub-concepts can be done through the use of a computer-generated software program, NVIVO. This program facilitates the identification of patterns and exploration of hunches in determining the most salient problem faced by the participants. This will be used for data analysis in this project.

It is crucial to avoid bias in a grounded theory study by using reflexivity to explicate the background, experiences, and biases of the investigator and to be able to distinguish their perspectives from those of the study participants, and to bracket them during data analysis. Cutcliffe and McKenna (2004) argue against reflective techniques such as memos and journal writing, positing that they are poor-quality assurance measures for expert researchers, whereas other researchers highly recommend these techniques (Birks & Mills, 2015). Charmaz and Thornberg (2021), believe that memo writing is the intermediate step between coding and writing the paper. They also agree that early memos may include discussions of grounded theorist's codes, and analytic and methodological questions, and the as you proceed with the research, then memos become more definitive and analytical, which in turn builds quality into your research.

3.8 Generating Theory

The most common theories used in nursing research are grand, middle-range, and practice, according to Polit and Beck (2012). Grand theories describe and explain the human experience, where nature, goals, and nursing practice are used. Whereas middle-range theories, attempt to explain a phenomenon that is more specific than grand theory. Lastly, the theory of practice is highly specific and requires action (Polit & Beck, 2012). Glaser and Strauss (1967) identified two forms of theory generated

using the grounded theory method: substantive and formal theory. Both are middle range theories, which means they fall between the "minor working hypotheses" of everyday life and the "all inclusive" grand theories (Glaser & Strauss, 1967, p.33). social processes that are of interest to nurses and educators.

Substantive theories, according to Glaser and Strauss (1967) address a single focus, such as in this case: the transition to RN by EN/IQN-BN students. This theory has the potential to predict how other individuals may react to situations and could be used by university academics to better support students and tailor curriculum and subsequent support strategies. The theory may also have the potential to impact policy development, practice, and inform further research. For this reason, the grounded theory method was chosen to study the transition EN/IQN nurses experience to becoming RNs in Australia (Artinian, 1986).

3.9 Methods

Qualitative research using small groups has been used by many authors to collect data in health studies (Cubit & Lopez, 2011; Dearnely, 2006; Kilstoff & Rochester, 2004). The Glaserian grounded theory method has been used to explore the social and psychological processes that occur over time. This links with my research and the transition of the ENs and IQNs, as an EN/IQN, makes sense of changes to their practice.

The grounded theory approach was chosen to explore the diverse experiences of participants and to discover the patterns of behaviour of the process of transition of the EN/IQN from pre-entry to university to one year after graduation. The grounded theory method enables participants to share their whole story through iterations of their experiences and the social processes involved in Bachelor of Nursing (BN) studies.

3.10 Study Design

The research design comprised two phases. In Phase 1, I asked registered nurses who had been ENs/IQNs prior to university BN studies to reflect on their journeys to becoming RNs. They were asked to recall details from making the decision to become an RN, to applying for a BN program, attending university, and then beginning work as an RN.

In Phase 2, I used a prospective approach to data collection. The currently enrolled EN/IQN BN students were interviewed as the process of education and transition occurred, to discover and confirm the challenges and social processes they encountered as they unfolded over time during their program. The substantive middle range theory of Repatterning emerged during Phase 1 of the research and was densified and confirmed in Phase 2. This cohort of participants was inclusive of ENs and IQNs from universities across Australia.

3.11 Ethical Considerations

Research proposals for the safety and protection of human participants require the calculation of the risk-benefit ratio. Houghton et al. (2010) describe how ethical challenges may have implications for qualitative research. According to Archbold (1986), this is particularly difficult in qualitative research, due to the researcher developing and modifying the focus of the research through evolving categories, concepts, and patterns. Houghton et al. (2010) explain the ratio between risk and benefit, confidentiality, and the dual role of the nurse-researcher. Archbold (1986) further suggests that informed consent in qualitative research is problematic as the researcher cannot know all the project content because it changes with ongoing data analysis and the need for iterative interviews with participants. Another problem identified is that the researcher does not want to influence the participants behaviour or responses (Houghton et al., 2010). It is also important to ensure ongoing verbal assent from those participants interviewed and observed on more than one occasion, as is common in grounded theory. A consequence of data analysis in grounded theory includes the ability to re-interview participants to densify the data.

The ethics application was developed to ensure participant groups agreed to be interviewed for the research study. The ethics application was approved by UniSQ, file number H17RE240 (2017).

Consent forms were signed, and participants had the ability to withdraw from the interview at any time, however, the data collected remained in the possession of the research team, private and confidential. Only the researcher knew the identity of the participants, and the data was maintained and stored as per the university policy. Ethics approval was received and amended as needed. One of the changes that was made, after the data analysis, was the use of social media, to invite another group of participants, to densify the substantive theory. Ethics has informed the design and delivery of the research, safeguarding participant's consent to agree in participating in the research. Progress reports were completed annually.

3.12 Recruitment of Participants

As noted in Chapter 5, the participants in both phases of the study responded to an advertisement on social media inviting them to become involved in the study. The advertisement was posted on the University of Southern Queensland student platform, Study Desk, and shared by alumni and faculty and school outreach. Following initial recruitment, networking, and subsequent snowballing provided further participant volunteers and faculty and extended the reach to other potential participants who were within their social or professional circles. A brief overview of the study aims was provided at this time. The Inclusion Criteria for Phase 1 (Retrospective) and Phase 2 (Prospective) included the following:

- EN or IQN currently enrolled in or graduates of a BN program. (Phase 1 and 2).
- EN or IQN current or past who is considering enrolling in the BN program. (Phase 1 and 2).
- EN or IQN who left before graduation from a BN program. (Phase 1)
- Academic and professional staff members from a university who taught or provided support to EN/IQN students in a BN program. (Phase 1 and 2).

Participants in the study signed a written consent and agreed to engage in one or more face-to-face, Zoom (teleconferencing), or telephone interviews. Interviews averaged 45-60 minutes. These interviews were recorded and then transcribed verbatim, by a privately employed transcriptionist who could only identify the participant by a code that was assigned. Participants who were recruited who had completed the BN program and had been working as an RN for at least 12 months were identified as 'R' (Retrospective), as these participants had graduated and were now RNs. The next group of participants were identified as "P" (Prospective), as these participants were in the process of becoming an RN. The final group of participants were identified as "S" (Staff), as it is this group that supported the students in Phase 1 (Retrospective) and Phase 2 (Prospective). University staff supported the Retrospective participants, and they were supporting

the Prospective participants, in this study. These coded participant numbers are used throughout the articles and the thesis discussion.

3.13 Phase 1 – Graduate Nurses' Study (Retrospective)

In Phase 1, I interviewed nine graduated participants, who were all now working as an RN. I asked them to tell me about their decision to become an RN in Australia and the process they underwent in becoming an RN. Two of the participants were male, and seven were female. All these participants were fluent in English, and the interviews were conducted in English. These students had successfully navigated through their Bachelor of Nursing Program and had completed their first year, after graduation, as an RN. From the commencement of data collection, information was systematically transcribed, analysed, and compared using line-by-line comparisons with previously collected participant data, to achieve deep and meaningful understanding (Artinian, 1986). During this iterative analytical process, ideas were recorded, then theoretical memos were written collated, and later coded.

The Interview Questions asked in Phase 1 (Retrospective) and Phase 2 (Prospective) were:

- Can you tell me about your decision to become a nurse?

- Can you describe your education and training as an EN/IQN?
- Can you tell me what motivated you to become an RN?
- Can you tell me what was difficult or challenging about moving from EN/IQN?

Early interviews provided an initial, yet incomplete, framework of structures, processes, and interactional issues faced by the participants. Context and conditions were noted, then additional data was collected from new participants based on the gaps and questions identified by the researcher. Further interview data were collected, and the beginnings of patterns began to emerge from the data analysis. I also wanted to hear the story of staff members who engaged with these students. At the end of Phase 1 (graduated participants), a total of six faculty members agreed to be interviewed to explain their involvement with the students to their success. In this group, there were teaching staff, library support officers, student representative officers, and other professional staff.

The method of constant comparative analysis used in the grounded theory approach made it possible to progressively explore the data as the theory became clearer (Artinian, 1986; Birks & Mills, 2015). This procedure was used to develop and refine the relevant categories, and it was from this that the data from Phase 1 and Phase 2 was constantly compared. The early data that

was collected from Phase 1, elicited the categories so that commonalities and variations could be determined. In Phase 2, the data collection continued, this was constantly compared and analysed, and it was used to densify the emerging theory.

While the grounded theory approach can be used to refine, confirm, or extend an established theory that has been developed by someone else (Artinian, 1986; Birks & Mills, 2015), the aim of this study was to present a middle-range substantive theory on transition experiences for the IQN and the EN in becoming an RN. It became apparent that there were no studies in the decision-making processes for an EN or IQN in becoming an RN from time of decision to enter study to graduation. The data collection and analysis provided the emerging theory.

3.14 Phase 2 – EN/IQN Students in BN Study

In the second phase of the research, (Prospective), I wanted to hear the stories of students who had not yet completed their Bachelor of Nursing Program and were still in the process of navigating their studies to become an RN. As in the first phase, the participants who were included in this study were already EN or an IQNs and had decided to become an RN. All nineteen (19) participants in this group were women. This group was inclusive of local university students and open to any student at an Australian university.

I began asking this group similar questions to the Phase 1 students. However, I often shared relevant illustrations of the emerging stages and categories of Repatterning to help focus on these areas, and to densify the categories and stages by combining insights from new participant data with the understanding gained from previous interviews. This sought to see whether the second cohort of participants had similar experiences and perceptions or whether they could offer additional data to substantiate or modify the emerging theory. This method was an extension of the process of data collection combined with constant comparative analysis which Glaser (1976) proposed to densify and develop the substantive theory until all categories, phases, and turning points were discovered.

3.15 Data Collection: Phases 1 and 2

All initial interviews commenced with an introduction and orientation to the purpose of the research. Six open ended questions were used to explore participants' decisions to enter nursing, their reasons for pursuing BN studies, their reflections on their studies, and their transitions during the study and as they transition into the role of RN. Academic and professional staff interviews were conducted with an introductory orientation phase that outlined the purpose of the study and their engagement with students. Six alternative open-ended questions were used to explore the teaching and support needs of EN/IQN students

throughout their study and transition phase. I wanted to hear the narratives from the staff who teach and support both the Retrospective and Prospective students.

Interview questions for teaching and supporting staff:

- What is your role with nursing students?
- Have you seen turning points, both negative and positive with nursing students as they traverse the degree?
- Have you noticed that nursing students struggle with navigating through their studies?
- What advice would you provide to a Prospective nursing student?

During the interviews, I documented observations of behaviour of the participants, including tone of voice. The diverse data collection approaches proved to be effective in capturing emergent patterns of behaviour.

3.16 Data Collection Approaches

It was noted during the development phase of the research that the methodology warranted further discussion in relation to the collection of both prospective and retrospective data sets. A review of the literature and the types of studies that concur with this approach was conducted.

Memories and reflective narratives change over time, which is especially true of important, painful, or embarrassing times in

our lives. Over time we may make ourselves the hero of the piece, the hapless victim, or as often as not, we will add an amusing twist to what was originally a hurtful process (being heartbroken, losing a job, being bullied, struggling to pass a course) to make the memory of the process more palatable in the telling and to protect ourselves from the strong emotions that occurred at the time. Fields of study, including memory theory itself, education, and the study of research methodologies note the limitations of recall. Retrospective data is recognised as episodic or partial (Liddicoat & Krasny, 2014). Recalled events are likely to present simplified visions that have been rendered more coherent than they were (Mayer, 2007).

Our intention in exploring the use of recalled data is not to determine whether the use of remembered events, feelings, and processes is more or less accurate than concurrent accounts, but simply to determine whether there are differences between data collected in these different timeframes that require understanding and consideration when conducting grounded theory research. We embarked on a grounded theory project to discover a substantive theory in nursing education. A review of the literature revealed that these data collection strategies have been used in published grounded theory studies and are widely used however there is little discussion as to the time considerations from a prospective or

retrospective perspective (Beck, 1993; Bryant & Charmaz, 2010; Corbin & Strauss, 1998; Glaser, 1999; Urquhart, 2012).

Grounded theory methodology is rooted in Symbolic Interactionism (SI) (Blumer, 1967; Glaser & Strauss, 1967), and the examination of participant observations over time to understand the process that participants engage with themselves and others in their social group to understand meaning and change (Jeon, 2004; Partington, 2000). The importance of any data collected in grounded theory research lies in the ability of the researcher to use that data in combination with other data to uncover theoretical patterns and meanings that are used to create midrange theory. In other words, there is not definitive end point as: “There is always more data to keep correcting the categories with more relevant properties" (Glaser, 2000, p.145).

There are substantial areas of research interest where only recalled data is available or feasible to obtain. The literature shares several exemplary case studies of this approach. One such study is provided by Polaschek et al. (2001), who used a grounded theory research approach to collect and analyse data to develop a six-phase preliminary model of the rape process by child sex offenders. The findings from the research suggested that men who have committed sexual offences observe that there are similarities and differences between those who sexually abuse children and those who rape adults (Polaschek et al., 2001). The participants in this

study were 24 men currently serving a prison sentence for sexual violation of a person older than 16 years, who provided detailed retrospective descriptions of their thoughts, emotions, and behaviors prior to and during their most recent rape. Ethically and feasibly this study could only have been undertaken using recalled data. Investigators produced a preliminary model, the Rape Model, which contained the following six phases: background factors to the offense, goal formation, approach behaviours, offense preparation, the offense, and the post offense behaviours (Polaschek et al., 2001). The data relied on retrospective self-reporting, with some of these events up to five years old. Polaschek et al. (2001), suggest that retrospective distortion may be intentional or unintentional, and may be a pervasive problem in this type of research.

Another study, this case of a natural disaster where a 7.9 magnitude Great Wenchuan Earthquake occurred in Western China in 2008, causing around 68, 858 deaths, 18,618 people missing and a further 374, 000 injuries, formed the background of the study by Li et al. (2015). The authors explain that nurses have a critical role in disaster relief, often working on the front line of care, and are often the largest group of health professionals required in disasters. The participants all worked as clinicians at the time of their dispatch to the disaster areas, their selection was based on their operating theatre experiences and their willingness to save

lives (Li et al., 2015). The findings highlight that although these nurses wanted to be strong for their patients, themselves, and others in this terrifying environment, it quickly became apparent that they were ill prepared in terms of the supplies they took with them. They had an expectation that clean drinking water, food, and sufficient medical equipment would be available in these disaster areas. Additionally, in disaster situations, nurses with a lot of experience prepare better than those with little experience, therefore, when selecting nurses for disaster relief, priority should be given to those with rich nursing experience (Li et al., 2015). The authors advocated follow up studies to confirm the preparedness of nurses in disaster work, which also needed to include attention to the mental health needs of nurses who work in challenging, often terrifying conditions after or during natural disasters.

Further instances from the health context expand on these points. In the grounded theory study by Kraijo et al. (2015), participants noted that they would have liked to have continued to care for their partner who was suffering from dementia at home for a longer period. However, they felt that they had been pressured to accept an aged care placement or lose the offered space. In this study design a "real-time" group might have been able to identify supports that could have prevented premature placement. Alternatively, it is possible that recall of perceived capacity to continue home care and the regret reported by the caregiver may

only occur after fatigue and isolation of 24 hour a day caregiving at home have been resolved by the placement of their relative who was living with dementia.

Reflective recalled data has been meaningfully obtained in research contexts requiring sensitivity and dealing with traumatic and controversial issues. Yates (2018) used recalled data to investigate sibling incest among children. In this study, the sexual behaviours of children, their siblings, and their parents were interviewed and asked to recall situations that had occurred between their siblings. These children were described as bullies and their behaviour was bullying. Physically abusive behaviours were not labelled as sexual abusers, because they showed remorse for their actions. The paper identified that recall changes and the age of the child impact what is seen as abuse or experimental. The paper highlights that the siblings are better together, regardless of what the sexual behaviour entailed or how it was labelled (Yates, 2018). A meaningful example of a grounded theory study using data recall was conducted by Davies et al. (2004). They described the core process of "Living in the dragon's shadow" for fathers of a child who underwent a life-threatening illness and subsequently died by suicide. They chose to interview fathers who had met and resolved this profound process of loss and justified this approach noting that the magnitude of the experience was unlikely to be easily forgotten and there were time and funding limitations that

made this a more feasible approach than collecting data collection during the unfolding process. This is a powerful study that presents a substantive middle range theory that has fit and grab. "Battling the dragon", which is a metaphor for the illness, was used to describe the core process that transcended all stages of the illness and dying process from diagnosis to death. Clearly, it is possible to not only produce conceptual descriptions and models using recalled data and grounded theory approaches, but also to create powerful, substantive middle range theory. These are compelling examples demonstrating the value of using data shared by participants as they process a deep and profound social process with family members or other members of their social group. Beck (1993) used a classic grounded theory approach that included 18 months of participant observation coupled with in-depth interviews to uncover the core process of 'loss of control' Beck (1993) developed the four-phase substantive theory of 'Teetering on the edge' to explain the process women used to resolve their fears and anxieties and regain control.

Iverson et al. (2012) described the experiences and concerns of surrogate decision makers (SDMs) of critically ill partners that were raw and graphic as they evolved during the illness. The participants frequently felt overwhelmed and underprepared for their responsibilities. While there were concerns by the investigators about burdening SDMs who were already fatigued

with research processes, the data was extremely valuable for uncovering patterns and similarities of stressors common to the participants.

Duff (2002) used interviews, participant observations, chart reviews, and conversations at the bedside to understand the concerns of family members who had a close relative who had suffered a severe traumatic brain injury (TBI), from injury to one-year post injury, to develop a four phase substantial middle range theory: *Negotiating Uncertainty* that has fit and works to provide an explanatory and predictive value for health professionals and family members who are caring for an individual who is recovering from a TBI.

In summary, these examples clearly describe the process of collecting data with an iterative analysis of topics of a deeply private and confidential nature. The confidential feelings align with the methodology and the gaining of substantive insight from participants actively engaged in the situation.

Dillon and Underwood (2012), in their grounded theory study of the transition between school levels for children living with autism, chose to interview a group of parents before and during the transition to high school and another group of parents more than one-year post-transition to high school. With group 1 (unfolding data), Dillon and Underwood (2012) conducted

interviews and focus groups prior to transition, after one term, and following the first year in high school. Group 2 participants, whose children were more than 1year post-transition to high school, were interviewed once. While the study by Dillon and Underwood (2012) had a credible strategy for eliciting both the components of the process as they unfolded as well as confirmatory data regarding the *fit*, *grab,* and *work* of the emerging analytic theory. This method aligns with the use of using both retrospective and prospective data collection means to be most advantageous in capturing the whole experience of the participants. Exploring a grounded theory research study is aimed at developing a substantive middle range theory that has *fit* with the real world of nursing practice; is *relevant* and *modifiable*; and is required to that *work* across educational settings (Glaser & Strauss, 1967). However, the need sometimes arises to explicate the data collection process and the transformative process that occurs as data was interpreted and reinterpreted and as the timeframe contexts change. Interviewing participants who have already completed and resolved the process of interest can be done to give the researchers an overall impression of the salient concerns of the participants (Morse, 2001). However, reflection on past events and feelings is an interpretative lens, and key aspects may be lost or discounted once the concerns have been resolved. Therefore, conducting research that uses both recalled and 'real-time"

timeframes for data collection to investigate the transition process to RN practice that Enrolled, and Internationally Qualified Nurses (ENs/IQNs) undergo when studying a Bachelor of Nursing program becomes important to understanding the transition experience of the students.

Using prospective data during the EN/IQN study as the students "lived" the experiences, it was clear that there were many common concerns and strong emotions that were described that were not discussed by the participants who were using recalled data. Perhaps, like pregnancy and childbirth, negative details and concerns are happily forgotten after the event and the unpleasant memories fade (Walker et al., 2003).

3.1 Comparative Analysis

Constant comparative analysis is an inductive and deductive approach in which both current and previous data are continuously reviewed and explored. Glaser and Strauss (1967), Charmaz (2005), and Creswell (2013) concur that constant comparative analysis ensures an emergent fit and the possibility of theory development, and external integration with previous findings, as the study progresses. Data, codes, and categories shift between inductive and deductive approaches during categorising and coding of data which allows the researcher to determine if there is a fit with concepts from the literature and the new data.

Context and conditions were noted, then additional data was collected from new participants based on the gaps and questions identified by the researcher. Further interview data was collected, and the beginnings of patterns were analysed. Patterns emerged from the data analysis. Managing collected data by categories, concepts, and sub-concepts was done through the computer-generated software program, NVIVO, to identify patterns and explore hunches to determine the most salient problem faced by the participants.

Data analysis occurred through constant comparative analysis that commenced during the transcription of the interviews by the first author. Transcribed interviews were entered into NVIVO version 12®. Line-by-line coding was completed by the first author and confirmed by the second and third authors. Data analysis continued as patterns began to emerge, and the initial organisation of data ensued. Questions for subsequent interviews provided a deeper understanding of the transition processes and an iterative process continued until data saturation was achieved.

As higher-level analysis progressed, theoretical coding connected concepts, categories, and their properties to conceptualise the relationship of each substantive code. Glaser's 6 Cs were used to explore the dimensions and properties of the coded categories (Glaser, 1978). The 6 Cs include context, causes, contingencies, consequences, co-variances, and conditions under

which these concepts and categories occurred as participants prepared to study, entered, and engaged in the program and then transitioned to working in practice as RNs. Early interviews and initial coding were conducted concurrently, and initial nodes and codes were used to guide subsequent interviews. The iterative process gained clarification and densified nodes and categories. The same six questions were used for all the initial interviews. Subsequent interviews were informed by questions generated based on the emerging theory and these were used for clarification, to develop a deeper understanding, and to densify the unfolding patterns and categories.

3.2 Chapter Summary

Chapter three presented grounded theory as a suitable methodology for this research. Classic grounded theory was used to explain a phenomenon, in this case, decision making and the patterns or typologies of actions and their meaning with a cohort of ENs and IQNs. A constant comparative analysis was used progressively to explore the data and my theory became clear. The chapter detailed the study design and the two phases of the study, and there is evidence to support that ethical approval was gained.

CHAPTER 4: FINDINGS

4.1 Introduction

Chapter 4 shares the results from the interview process with retrospective and prospective students that entered the Bachelor of Nursing program in Australia as either an EN or IQN. Demographic data is shared (Section 4.2) alongside results from Phase 1 of the study (Section 4.3). In section 4.5, the inclusion of prospective results is shared, and final concluding thoughts are identified in Sections 4.6 and 4.7.

4.2 Demographics

Participants in phase 1, the Retrospective interviews included two male and seven female participants who were either former ENs or IQNs. Each was interviewed with most participants interviewed two or three times following the theoretical evolution needs of the research. This sampling technique is consistent with Sandelowski's (1995) recommendation of 25-50 interviews or observations, which are generally required to achieve data saturation in grounded theory research. Seven of the nine participants were married women with one or more dependents; eight were the first in the family to attend university. The participants were all proficient in English and all interviews were conducted in English. All participants were RNs who had successfully met the AHPRA registration requirements. This sample

is like a study by Cubit and Lopez (2011) who also interviewed one male and seven female nurses. The disproportionate number of male RNs is reflective of the distribution of men and women in the nursing profession. The NMBA (2019) report on registrant data highlights the number of male 12% (37,280) to female nurses 88% (263, 784) in Australia.

In the second phase of the study, the Prospective interviews included nine female participants who are traversing through the BNSG from other Australian Universities. All participants were female, with seven participants married, and two were the first in the family to university. All participants were proficient in English, and hence the interviews were conducted in English. Eight staff members were interviewed as the EN/IQN progressed through their study. The cohort of staff consisted of librarians, student support staff, staff mentors, and international support team staff members. All staff were engaged with ENs/IQNs at one or more points of time in their study progression.

4.3 Initial Coded Nodes

Initial line-by-line coding was completed and descriptively named *nodes* were developed. As line-by-line data analysis continued subsequent data was entered within these coded categories (Charmaz & Thornberg, 2021). An iterative process of constant comparative analysis continued and open-ended questions

that reflected on some of the emerging nodes were included in ongoing interviews to increase the depth of the data collected and to allow re-coding as became theoretically necessary. Open coding generated 41 coded categories called *nodes*. The initial interviews generated the most *nodes*. New nodes were developed or revised across all interviews to ensure all data applicable to the category was included and that all categories were clearly and meaningfully described and illustrated with verbatim participant data.

I used the process of *bracketing* to capture and make explicit beliefs and values, as well as preconceptions, assumptions, and presuppositions about transitioning from EN/IQN to RN. I was fully cognisant of having engaged in BN studies as an EN many years before and sought to hear from participants about their experience. My story was journaled to capture my experience separately to participants as the research progressed.

According to Charmaz (2005), coding is the first step in interpreting the data. In the first stage of the open coding process 41 coded categories called *nodes* were generated. Memos were recorded in a separate notebook, and these were added to the NVIVO® version 12 project files at the end of each interview review. The first interviews generated the most *nodes.* New nodes were developed or revised in an iterative ongoing process from the first interview to the last to ensure all data applicable to the

category was included and that the categories were as clearly and meaningfully described as possible.

During initial coding, the goal was to remain open to all possibilities. Later, the focus was on using all data to pinpoint and develop the salient categories of the process (Charmaz, 2005; Charmaz & Thornberg, 2021). Glaser (1978) notes that data is coded to all categories to which they conceptually relate, by analysing verbal responses, meanings, uniformities, and patterns. Coding began with the initial participant and continued until no further categories emerged and the interview process was complete.

The coding of data into Phase 2 of the research indicated several new nodes that were included in the emerging theory. Phase 2 participants were more cognisant of the issues of work, and life balance, and the pressures of working in a diverse and fluid clinical environment.

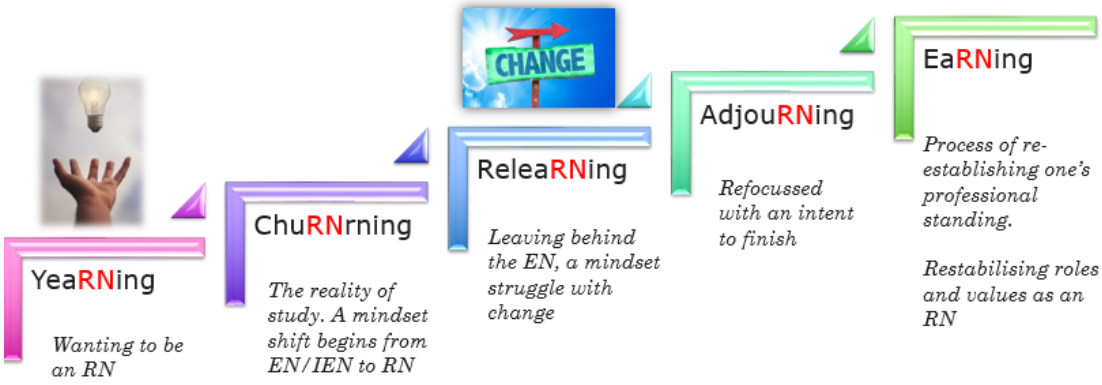
Nodes were analysed until a juncture was reached and the iterative data analysis process revealed an emerging basic social process that the EN and IQN travel in their journey from decision to undertake a study to post graduation as an RN. At the end of the simultaneous and iterative data analysis process, in both Phase 1 and Phase 2, a basic social process (BSP) resolved and explained the process that the EN and IQN traverse in their pursuit of becoming an RN, gaining their degree qualifications, and

commencing their registration process. The initial substantive theory of Repatterning was confirmed and densified through interviews with 19 additional participants from the primary university site and from other Australian universities, who recounted their journeys of moving from an EN and an IQN to become an RN as their educational process unfolded in real time.

Repatterning is the process of integrating a new understanding of *nursing* as a Registered Nurse in Australia, based on assimilating new learning and a new scope of practice, with specific reference to the EN and IQN cohort. The BSP of Repatterning was inductively explored to create a mid-range theory of RN transition for the EN and the IQN.

Five stages: Yearning, Churning, Relearning, Adjourning, and Earning emerged from the BSP of Repatterning. In addition to the five stages, there are 19 substantive categories that occur, from before the decision has been made by participants to engage with university studies, until one year after graduation; both the EN and the IQN must work through each phase for them to transition into their new role as an RN in Australia. Figure 2 shares the five phases of Repatterning with a short summary to describe each phase.

Figure 2. The Five Phases of RepatteRNing



RepatteRNing emerged as the core category that explained the process that participants engage in and around which the categories and conceptual elements coalesced to create a common theoretical narrative. *RepatteRNing* is the substantive middle range theory that explains the process of reintegrating a new understanding of *nursing* as a Registered Nurse in Australia, based on assimilating new learning and a new scope of practice with previous knowledge and practice, for the ENs and IQNs who pursued BN education. *RepatteRNing* contextualises and integrates five overlapping stages: *YeaRNing, ChuRNing, ReleaRNing, AdjouRNing,* and *EaRNing* which inductively emerged from the exhaustive, iterative, and constant comparative analysis of participant data.

The following table outlines the five stages and 19 subcategories of *Repatterning*, with a brief verbatim participant comment that illustrates the participants' narratives in Table 1.

	Stages of RepatteRNing				
Sub-ategory	**YeaRNing**	**ChuRNing**	**ReleaRNing**	**AdjouRNing**	**EaRNing**
1	It's not fair *(Same job, less money)*	It's not fair *(Not acknowledged for my education and experience)*	It's hard to leave the comfort of established role *(Stuck in the EN/IQN role)*	It's almost over *(Confident to get a job as an RN)*	It's finding the job *(Hoping on getting a grad program)*
2	It's the same work (*we give the same care*)	It's actually *not* the same work. *(sicker patients)*	It's lots of new work *(more study, more responsibility)*	It's a wonderful thing *Planning on going on a cruise, a new car...)*	It's gaining respect. Again *(Still treat me like an EN)*
3	It's possible *(family/ employer support/ having the confidence)*	It's not what I expected *(I know how to bathe a patient, I wasn't here to learn that! Want advanced skills)*	It's one step forward and two steps back *(just head down, trying to keep focused…life balance)*		It's settling (*pinching myself every day, never thought I was smart enough)*
4	It's time *(Now certain what I want to do)*	It's having to change *(I need to forget being an EN/IQN)*	It's getting better (*feeling of… I know this!)*	It's leaping tall buildings … Superman!! *(I can do anything)*	It's becoming an expert… again *(expert EN, to novice RN…to expert RN)*

Table 1: Basic Social Process of RepatteRNing with Phases and Subcategories practice.

4.3.1 Yearning

RepatteRNing commences with **Yearning,** which has four sub-categories: *It's not fair, It's the same work, It's possible and*

It's time. In this stage the EN/IQN participants believed their existing knowledge and skills were like Australian RNs, and they voiced a feeling of unfairness that they were treated and paid differently. However, by the end of this stage, the ENs had decided to pursue BN studies.

Table 2 Participant comments for the category of Yearning

YEARNING *Wanting to be an RN*	*It's not fair*	*There were RNs doing the same job as we were, and getting paid a lot more than we were, so I suppose it was a little bit unfair* (Participant R6) *I guess …where I work [there is a] stigma [if] you are an EN …there is that culture in that workplace that you are [only] an EN (*Participant R1).
	It's the same work	*There are quite a few reasons… I have worked in the same ward, the same hospital, for probably 15 or so years, and we were given a lot more responsibility because they knew us quite well, small ward, small workforce* (Participant R6).
	It's possible	*So, there is a bit of background to it, back when I left school, I wanted to be a paramedic, and I went and sat the entrance exam, and I didn't hear back from them so, shattered my confidence and I gave up that sort of idea that I was smart enough do that sort of work* (Participant R 3)
	It's time	*But now, now I have come…to a point where I am really certain on what I want to do* (Participant R4

The first two categories in Yearning are: *It's not fair and It's the same work.* These categories reflect the perception of EN and IQN participants, which was fuelled by ENs prior experiences and feelings of heavy and repetitive workloads, lesser pay, and lack of professional mobility, and of being tied to a sense of lower status

than the RNs they worked alongside. For IQNs frequently were working as Assistants in Nursing (AINs) and were frustrated at their limited scope of practice. The participants visualised the tasks and skills of the RN as being the same as their current role and reflected on their past experiences as many are RNs in their country of origin.

Category three in Yearning was the more positive belief that *It's possible:* that studies would be successful; and the contemplation of a future post-graduation that included greater job opportunities. *It's possible* to be an RN contingent on feeling confident to risk their financial, professional, and reputational status by returning to study. However, some participants were motivated more by circumstances in their lives such as layoffs or redundancies, to seek higher credentials. Contextually it was important to see the possibilities of change.

The final category in Yearning was when the participants arrived at the turning point at the end of the stage of *It's time.* Participants felt ready to make the decision to go back to school to become an RN in Australi*a.* The consequence of *It's time for these participants was that they* applied to one or more universities, met the entrance requirements for acceptance into the Bachelor of Nursing program, and subsequently enrolled. There was a lot of heterogeneity in the experience of IQNs as they prepared to enter university studies. Many had "so many hoops to jump through"

including visas, credential assessment, and English language proficiency testing. However, some IQNs found it quite straightforward.

While the path to enrolment was often easier for the ENs, they were not always supported by their managers or institutions to continue their nursing careers as RNs. One participant was begged *not* to enrol in the BNSG program because she was such an "exceptional Enrolled Nurse". The consequence of statements such as these were that some participants felt torn about whether to pursue BN studies or remain in comfortable roles that they had mastered.

4.3.2 Churning

The second stage in Repatterning is Churning. The conceptual description of Churning is an evolving process that starts when the participants begin attending their scheduled classes. The EN and IQN students struggle with the requirements of academic writing, working as a student within a group, attending timetabled classes, and beginning to make new friends or peer networks with other students. *It's not fair* remained a refrain across both the stages of Yearning and Churning. For students in Phase 2 of the study, the COVID-19 pandemic added another layer of uncertainty and stress to this stage. Additionally, students had many more of their learning

experiences at a distance and online, with fewer opportunities to interact with peers and teachers. Clinical placements were also altered, cancelled, or delayed (Participant P4). Churning is captured by participant reflection in Table 3.

Table 3 Student reflections in the Category of Churning

CHURNING *the reality of study together with leaving behind the EN/IQN mindset and struggle with change save*	*It's not fair*	*I mean you can know it all in your head and you can read all about it, but you don't know until you are actually doing it. So, I did, do feel disadvantaged in that regard, not [being] given credit* (Participant R1).
	It's not the same work	*I wanted to learn more about medication, I worked in mainly a surgical ward, so a lot of the medical stuff was new to me, and I [was] interested in learning about stuff that I wanted, that I hadn't done in my previous career. They were things I wanted to upskill on* (Participant R1).
	It's not what I expected	*I found that difficult, because I knew how to bathe and shower people, I wasn't there to learn that I was there to upskill* (Participant R4).
	It's having to change	*My best piece of advice to them is just forget what you did. I say just clean your slate, and start from one, because that was my problem. …But this is a new place, new management, and a new way of adapting patient needs.* (Participant R7).

The experience of *It's not fair* was evidenced by resentment and frustration at a perceived inequitable system of credit and exemption. Some participants felt disappointed that they had more than 10 years of experience in nursing and were awarded the same credits as newly graduated ENs.

The change in scope of practice from being an expert EN/IQN to becoming a novice student and maintaining a positive professional self-image despite a return to learning was at times challenging. Confidence in nursing knowledge and skill was shaken with the acknowledgment of how much more there was still to learn. Students expressed their concerns about not being prepared, and some gaps, especially for the international students, related to university preparation and not understanding course progression.

> *I think like a week or two [of preparation study] at the minimum, just a little writing... assignment. We'll see if you're up to scratch. This is what you kind of missed in the first year, or this is what it's going to be like here. Because going into a second year after missing a first year, especially with assignment writing, exam taking, things that I've never done before, they're a little bit daunting. I don't know the process. Lecturers don't know that I don't know the process, so they're maybe expecting this level, but I'm only going to be able to hit this level.*
>
> (Participant P5)

The category of Churning: *It's not the same work* that reflects the realisation of the change in scope of practice to become an RN. The context for this was the focus on developing clinical reasoning skills, doing advanced health assessments, delegating

roles and work assignments, and working collaboratively within a multi-disciplinary team as the RN.

Until this point, ENs/IQNs said they felt there was often no difference in their roles. The third category of Churning: *'It's not what I expected*' emerged. Participants had expected to just "prove" what good nurses they already were and "upskill". Participants really had not anticipated such a different scope of practice, the depth of knowledge that was expected, and a focus on "knowledge work" rather than psychomotor skills, such as dressing or measuring blood pressure. Participants noted they struggled to:

- make sense of a curriculum that included developing a professional identity,
- learn leadership skills and delegation,
- become involved in policy work,
- study research and enact evidence-informed practice,
- understand global and community health, and
- perform advanced health assessment, and use knowledge from the sciences and the humanities, critical thinking, and clinical decision-making

IQN students found the Australian health care system confusing and outside their cultural experiences, especially with clinical placements in Aged Care facilities as the IQNs came from cultures where older people remained within family care.

I found that difficult, because I knew how to bath and shower people, I wasn't there to learn that I was there to upskill (Participant R4).

Participants who were successful in their BN studies eventually overcame their cognitive dissonance regarding preconceived notions of RN scope and BN studies and their idealization of university study and adjusted their thinking to focus less on the past and more on the present realities. The final category in Churning was '*It's having to change'.*

My best piece of advice to them is just forget what you did. I say just clean your slate, and start from one, because that was my problem. …But this is a new place, new management, and a new way of adapting patient needs. So that was just something that I just had to learn very quickly. Just leave everything behind and start over. Which I took couple months to figure [out] (Participant R7).

The struggle with having to make changes to their scope of practice led participants to feel conflicted, uncomfortable, anxious, or confused. Conflicting views and behaviours characterize the experience of cognitive dissonance. Participants believed that they already were proficient nurses and finding out they had gaps in

their knowledge and were being required to change resulted in the uncomfortable stage of Churning.

Additionally, some of the IQN students found the Australian health care system confusing and beyond their cultural experiences of care. This was especially true for clinical placements in Aged Care facilities, as many IQN students came from cultures where older people were valued, cared for, and remained at home within their families.

COVID-19 resulted in increased Churning for prospective students. The participants had enrolled in an on-campus course with expectations of the face-to-face teacher, peer, and colleague contact. At the commencement of the semester, the students attended timetabled tutorial classes and were beginning to meet peers, and like-minded people and roam through the campus absorbing the atmosphere of the university. However, this changed in week five of the semester, because of the directives not only from the university but from government, political, and health organisations. All teaching pivoted to the online space. The final category in Churning was *'It's having to change'.*

> *So that was just something that I just had to learn very quickly. Just leave everything behind and start over. Which I took couple months to figure [out]*
>
> (Participant R7).

4.3.3 Relearning

The third stage in the process of *RepatteRNing* is Relearning. There was a realisation that while it was hard to give up a known role as an EN/IQN, there were new patterns of thinking and ways of doing things that needed to be embraced within the RN role and scope of practice. It was especially difficult for those participants who were working part-time as ENs or Assistants in Nursing (AIN) during their BN studies. These students were constantly role switching, which again brought out the experience of cognitive dissonance. There are four categories to Relearning: *It's hard to leave, It's lots of new work, It's one step forward and two steps back, It's getting better.* Table 4 shares the category in Relearning with direct student experiences.

Table 4. Student experiences of the category of Relearning

RELEARNING. *New patterns of thinking and ways of doing things that needed to be embraced within the RN role and scope of practice*	*It's hard to leave*	*and I quickly learnt that... by getting in and helping others learn, I wasn't getting anywhere, I was sort of stuck in that EN [role], sort of teaching... and not [being] a [BN] student* (Participant R1) *...because I remember we did our first placement and the educator said, "don't sort of get in that headspace where you know everything, why are you here?" ...and they do get people who get a bit cocky and then stuff something up because you're going from an EN to an RN and it's totally different. (Participant P8).*

	It's a lot of new work	*I already know this, but it is more in-depth, I can see now what the medications do (Participant P7)*
	It's one step forward, two steps back	*Sometimes the literature doesn't really explain what we do in real life.* (Participant R1). *It was like going back to the beginning. (Participant P15)*
	It's getting better	*Initially when I started studying, there is unfortunately a culture of I know it, I do this all the time, why do I need to do this, and I think I moved through that reasonably well, after a couple of units in the second year, it all consolidated all of my learning, in my professional life and I realised how little I used assessment* (Participant P4).

The most difficult transitions for the EN students during Relearning were to develop more independent decision making, assume greater responsibility and accountability, and lead others. To make good decisions, stronger knowledge of pathophysiology, pharmacology, communication theory, leadership theory, and a broader understanding of the health care system were all parts of the BN program participants highlighted as being new to them. For example, EN/IQN students were asked to analyse interdisciplinary roles and team functioning scenarios and to advocate for patients. They were also required to work with families and communities, not just individuals, and to plan discharges and policy changes related to creating healthy communities.

The turning point for participants was feeling that they were able to reconcile past and present learning. It is now 'two steps forward and one step back: it's getting better'. Within this category of Relearning students felt more confident in applying new knowledge, or more in-depth knowledge, in clinical situations as part of more advanced clinical reasoning and use of best practice guidelines and skills. Many of the participants commented that they had to report to the RN if there was an abnormal or a change in the patient's condition, they would do this on clinical placement and in their own work practices.

Category three of Relearning: *Its one step forward, two steps back* emerged as participants felt confident during their clinical placements as aspects of transferability were apparent in areas of existing knowledge and skills. However, in the simulated laboratories having to make explicit care decisions and sometimes discovering their ways of performing skills were no longer considered best practice was confronting.

I think some of the teachers' practice is out of date…. Sometimes the literature doesn't really explain what we do in real life. (Participant R1).

However, EN and IQN students realised that they were going to *be* the RN who would soon be receiving this report. Students were also becoming more comfortable with the expectations of the university processes, procedures, and academic life. Good marks,

feedback, and filling in gaps with new skills and knowledge all contributed to the feeling: *It's getting better.*

4.3.4 Adjourning

Adjourning is the fourth stage in Repatterning and here the focus is on finishing university studies and moving on. The conceptual definition is that it is preparing to graduate from the BN program and relinquish the student role. There are three discernible categories during Adjourning: *It's almost over, It's a wonderful thing, and It's leaping tall buildings…Superman!* Table 5 shares the category of Adjourning with direct student experiences.

Table 5. Student experiences of the category of Adjourning

ADJOURNING *focus on finishing studies and getting ready to leave the university*	*It's almost over usually*	*It has changed my life …To be an RN, I do feel like I have more of a career pathway, as an EN, you can get to advanced skills, … whereas as an RN, I can become a CN, team leader, a NUM, like there is a whole career path further for me I think it's just the goal, … I am pinching myself every day, I still have one subject to go, but here I am at 47 years of age, and I never thought I would complete university, I never thought I was smart enough to do anything…..(Participant R3)*

	It's a wonderful thing	*It has changed my life …To be an RN, I do feel like I have more of a career pathway, as an EN, you can get to advanced skills, … whereas as an RN, I can become a CN, team leader, a NUM, like there is a whole career path further for me I think it's just the goal, … I am pinching myself every day, I still have one subject to go, but here I am at 47 years of age, and I never thought I would complete university, I never thought I was smart enough to do anything….. The world just opened, like I feel like I am 20, I know I have another 20-25 years left in me to work. It's just exciting, just a real goal and accomplishment* (Participant R3). *My confidence, I just feel on top of the world, like I got a grad program… which was my dream, like I didn't have that confidence when I finished my ENs to go an apply for a job… And so, this year, like I was scared but …., I'm just going to do it. And so, I got the grad program, and I got a lot of confidence* (Participant R1).
	It's leaping tall buildings … Superman!!	*I've come to a point where… I am really certain on what I want to do, I want to go into critical care areas, I've already set myself a career path getting certificates, and going to do my masters, I already applied* (Participant R4)

It's almost over usually coincided with their third year of the BN program. There was an expedient approach to getting things finished, with much less time wasted either on extraneous work or grumbling. There is usually the notion of "just putting my head down and getting it done".

4.3.5 Earning

Earning is the final stage in *Repatterning* and encompasses finding that first job as an RN and receiving a higher salary. This category also encompassed establishing one's professional credibility as an RN by consolidating new roles and values and being a proficient health professional with an expanded set of skills, knowledge, and a broader scope of practice. The contrary case that sometimes occurred happened most often to new graduate RNs who went back to work in the same hospital and even the same unit where they had been employed as an EN. In these cases, most participants decided to change employers. The student experience of the category of Earning is shared in Table 6.

Table 6. Student experiences in the category of Earning

EARNING *the process of establishing a new professional standing and assuming the roles and values of an RN in their first job post-graduation*	*It's finding the job*	*I already have a job! Everywhere needs nurses...Never out of work....*(Participant P15). *Well, I was fortunate to be reemployed into the same ward that I had worked in for some years, I had been there for 20 odd years…the dynamics of the staff, took a bit of getting used to from both sides, and of what their expectations were and what mine were. Some people didn't want to let me do stuff, you know that I was a RN, some people expected me to be able to do a lot more, than, to have a lot more responsibility than I felt ready, you know I was just a RN, so it was a combination of things*. (Participant R6) *[Contrary case}: They just treated me the same, not giving me care plans to do, and not even giving the dangerous drug keys. I just couldn't stay.* (Participant R1

	It's gaining respect	*In Australia, like I say, career progression, there is so much ... that I must discover, I am very proud of the way that nurses are treated here, I think that is one difference, nurses are treated with utmost respect, by patients. With all our campaigns for zero tolerance for violence, that is not always the same everywhere else in the country, So I think that's great about Australia. Pay is good, employment prospects, great people, I have never felt otherwise, very welcomed. (*Participant R7) *"but I feel with having the degree, there is less room to be judged on, you know you're just an EN, and that is ingrained in nursing culture, for sure, and I think, or I hope that might give me a little bit more leverage. (Participant R1).*
	It's settling in	*"I have been an enrolled nurse for 10 years, and I have done as much as I can in my scope, in my profession. (Participant R4).*
	It's becoming expert…again	*I'd come to the tearoom and everyone would stop talking and you know they were talking about you. (Participant R9)*

Earning has four subcategories: *It's finding the job, It's gaining respect, It's settling* and *It's becoming an expert…again*.

Newly graduated RNs who were previously ENs/IQNs had very mixed experiences with employers and colleagues. Some participants had anticipated that they might not be treated the same as newly graduated nurses and that they would be given

more responsibility than other new graduate nurses because of their previous experience as an EN/IQN. Newly graduated RNs who had been ENs/IQNs wanted to be considered novice RNs, regardless of their ability and confidence to provide nursing care to patients in a variety of health care situations. For those newly graduated RNs who were returning to their previous employer in this new role, many were concerned that EN colleagues might be jealous of their accomplishments and experience a change in their

4.4 Findings Phase 2

Phase 2 of the research engaged with academic support staff and ENs/IQNs from other Australian Universities that had now graduated and were working as RNs. Confirmation of the categories was attained through in-depth interviews with participants. Greater insight and reflective thoughts were gathered from participants that added further insight into the categories of Repatterning. Confirmation and depth of analysis was gained with further refinement of definitions and understanding for each of the categories.

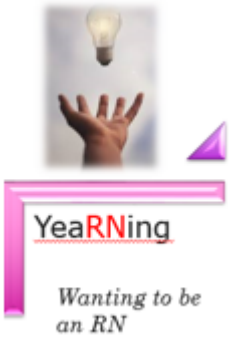
	Phase 2				
Sub-category	**Yearning**	**Churning**	**Relearning**	**Adjourning**	**Earning**
1	Education systems *University, TAFE, College,*	COVID *(e.g., Impact on study mode)*	Changing *(e.g., Stuck in the EN/IQN role, having to change ways, family, I already know this)*	More confident *(e.g., I can do that, I can show you how to do this)*	Respect *(e.g., age, lower level, hierarchies)*
2	Influencing factors: *Family, age,*	EN Entitled *Not acknowledged for credit/ god like*	Expectations (*e.g., academic, skill, role model, preparation*	Already doing it *(e.g., a bit stale with what I am doing it, self-awareness)* Financial (*e.g., opportunities, career choices, workplace)*	The job (*e.g., grad. Programs, application for the job, moving on)*
3	Repeating subjects. *(e.g., courses, international students)*	Frustrations *(e.g., not fair, expectations, experts!)*	New knowledge (*e.g., repeating subjects, medication, and culture, learning all over again)*		What's next *(e.g., Research, study, leadership,)*
4	Online *(e.g., courses, international students)*	Repeating subjects (*e.g., an overlap, same more depth, know how too)*	Scope of Practice and Repetition. (e.g., *bragging, level of who to report too, command!)*	Leadership (*e.g., self-awareness, peers, respect, responsible*	
5	Routes to nursing *(It's time, opportunities)*	Workload (*e.g., heavy patients, ADL's*)	Nurse experience (e.g., different settings, choices)		It's becoming an expert… again

Table 7: Results of Phase 2.

4.4.1 Phase 2 Yearning

Results indicated a shift in focus from preparation and transition to one of education, confidence, respect, and leadership appeared. These results are shared in table 8, confirming each of the stages in the mid-range theory of repatterning.

Table 8: Phase 2 Yearning.

	*Education systems*	*I didn't know if the wrong way was. My home country did things differently. Titles of nurses were different, I had a college certificate, I knew the basic training, now it is more depth of the same information. It was like going back to the beginning. 500 people in a class. First language. Face to face classes. Half theory and the other have practice. Full or parttime study. Family responsibilities. Exemptions and credit for prior learning. Qualifications. the fact that I'd had experience before I'd come across was both an advantage and a hindrance. I really had to get used to the terminology*
	Influencing factors	*I mean, I like money. It was a motivator, but it wasn't one of the main ones, I think. I felt like I could get a job anywhere, it was just the type of job that I would be doing. I realised throughout my ENs that RNs have a lot more opportunities, job opportunities.*
	Repeating subjects	*Just the scope, like the depth of knowledge. So, it's very hard to kind of differentiate. But with enrolled nursing for me, I've noticed that, okay, this is what's presenting. What does that mean for the body? And then with registered nursing it's the same thing but then a step further, as in okay, but what are the further complications? Think that little bit deeper. I do have pre-skills*

	Online	*I needed the face-to-face teaching. I was expecting to have 500 other students in the class.*
	Routes to nursing	*Education pathway. Already doing it. Needed it have my nursing registration. I wanted two careers. Doing my Diploma first. No work for EN's. Always wanted to be a nurse.*

In Phase 2 there were five categories to Yearning: *Education systems, influencing factors, repeating subjects, online, and routes to nursing* that were further explored with participant. The category of Yearning included an area of *education systems*. The perception of the EN/IQN participants, was fuelled by their experiences of different education requirements, students who are enrolled in a Bachelor of Nursing program, bring with them individual experiences from what and how they were taught, the expectations from the tertiary setting, or a Vocational Training Sector (TAFE), and college.

> *I feel like some weeks I'm like, this information, I know all this. And then other weeks I'm like, oh, I didn't know that, but it makes sense if you think about it. But before I started, I was like, it's going to be completely different to the ENs. It's going to be this and that. And then it kind of, yeah, was the complete opposite. And I was like, oh, okay (*participant P1)

Well, I think really my initial plan was always to be an RN. And I think because I hadn't studied at uni before, I wasn't sure if I could manage that. So, I thought, well, I'll do my ENs first, see how I go. And then my idea was to work as an EN while I was then studying to be an RN. (Participant P2)

At the beginning of this phase students wanted to become an RN, they brought with them knowledge and experiences, and professional identity.

A second category of Yearning appeared: i*nfluencing factors.* Here EN and IQN students identified their influence from families, friends, colleagues, and parents or grandparents in their decision to become an RN. Financial incentives were a consideration; however, it was more to do with career development and employment opportunities. Glaser (1959) would suggest that the elements of this phase of Yearning would be referred to as the contingencies, where finding the right program and being satisfied with clinical placement, the support from family, friends, and co-workers, and the co-variances such as gender, age, qualifications, and cultural background would be inclusive.

A third category of Yearning appeared with the term *repeating subjects* shared by EN and IQN participants. Many of the interview participants spoke about the course content. A belief

from participants that they already know or are already doing the skill was shared.

And then you come into the labs, exactly like you just said. And people like me make you do the same types of things. And so, you think, I know how to do this. I know what to do.
(Participant P5)

The fourth category of Yearning uses the term *online:* one of the unpredictable situations that occurred for these students was a change in the mode of teaching because of the global pandemic; COVID-19. The participants had enrolled in an on-campus course with expectations of the face-to-face teacher, peer, and colleague contact. At the commencement of the semester, the students attended timetabled tutorial classes and were beginning to meet peers, and like-minded people and roam through the campus absorbing the atmosphere of the university. However, this changed in week five of the semester, because of the directives not only from the university but from government, political, and health organisations. All teaching was to be reverted to the online space.

Many students were able to adjust to these new directives, we did not have a choice, however, some students, particularly international students were severely impacted by these decisions. One major visa requirement for these students was that they had to attend on-campus tutorials, lectures, and laboratory skill sessions. Two students felt that they had become overwhelmed

and that COVID had ruined everything with a specific comment by Participant R4: *Covid came in and destroyed everything ….*

Other students enjoyed the option of attending online tutorials and course forums. Students spoke about the flexibility of course content and resources, they were better able to manage their family commitments and responsibilities as well as fitting work around scheduled classes. This category shared a mixed response with students.

The fifth and final category of Yearning considers the *routes to nursing:* in this phase, something happened that caused them to continue with further studies to become RNs. For one student it was because of her very personal experience that was shared through the interview.

> *So, I never thought I'd be a nurse, like ever. My grandma told me I'd make a great nurse. And like my whole life I'm like, "Never. Why would you even do that?" Like, "What a terrible thing to do," because my grandad was in and out of hospital, so I got to see the bad sides of it…And he was like dying in my arms, so I managed to help him with no knowledge of nursing at all. So, I thought to myself, well, what if I can get knowledge? How much more could I help? So, when I came back, I looked into nursing, and I didn't think I could go from EN to RN straight away.* (Participant P6)

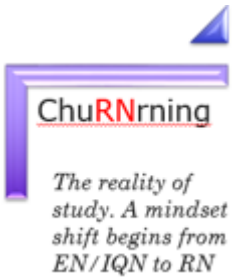
From the analysis of the students interviewed there is a Yearning to become an RN, the participants had experienced a reason or cause for them to become RNs, some students felt that they had not been respected and their professional identity had been challenged and many of them were confident or not confident in doing the right thing with their scope of practice.

4.4.2 Phase 2 Churning

The second phase of Repatterning is Churning. The conceptual description of Churning is the evolving process and coming to terms with the expectations of university policies, processes, and procedures. There are five categories in Churning: *COVID-19, EN Entitled, Frustrations, Repeating subjects, and Workload.* Assignments and assessments differ in each course. Students struggled to understand the grades and grading processes. Many International Students did not understand the concept of successful completion of a course.

The first category of Churning is *COVID-19;* here the students felt that the impact of changing from face -to- face on campus to totally online was difficult and they had not been prepared for this, for this was yet another change they had to work through and is highlighted in Table 9.

Table 9 shares the extended student experience of Churning.

	*COVID-19*	*Lost jobs. Destroyed everything. Uncertainty and drawing the line in the sane. Staff shortages. Missing support from the university.*
	EN Entitled	*Placement warnings, not to be cocky. Doing the heavy workload. Just stay as an EN. Reporting to the RN. It's how we did it in my home country. Know the Australian Health Care System. God like. Status.*
	Frustrations	*Being able to manage patient situations. Intuition. Age. Terminology. Jumping through hoops. Negative perceptions of EN's from EN's. Wanted to give up. Just a nurse. Experience not recognised or acknowledged.*
	Repeating subjects	*I found that difficult, because I knew how to bath and shower people, I wasn't there to learn that, I was there to upskill* (Participant 4, December 2017). *I had to repeat Mental Health. Overlap content. Already doing it. Law and Ethics.*
	Workload	*Heavy workload and RN's not doing ADL's. Staff shortages. Hit the ground running. International Students. Patient staff ratio. Pre-requisites courses. Paid during training. Can and can't do it.*

The second category of Churning is *EN Entitled*: the EN participants had received warnings from staff in facilities because the students were progressing in their nursing careers. One

participant was begged not to enrol in the Bachelor of Nursing program because she was such an "exceptional Enrolled Nurse", the consequence of statements such as these pose confusion, dissonance, and feelings of pending failure.

> *because I remember we did our first placement and the educator said, "don't sort of get in that headspace where you know everything, why are you here?" and they do get people who get a bit cocky and then stuff something up because you're going from an EN to an RN and it's totally different. (Participant P8)*

> *It was to do with that "churning", to do with that we're teaching you stuff that you already know so these guys were getting frustrated because "you're wasting my time. I already know this. I want to know how to become a Registered Nurse*". (Participant P17)

The third category of Churning is *frustrations:* here the participants were becoming frustrated with the negative perceptions of ENs and IQNs, many times, this occurred when there was a communication breakdown in medical terminology, Australian slang (meaning colloquial language), and knowledge.

> *she said, "you need to go give this Lasix" and I was like "what's Lasix?" and she said, "you don't know what Lasix is?" and it was in that really derogatory*

manner. Now I'm in my thirties at this point so I'm thinking "hang on a minute. I'm not stupid. I'm asking you a question. What is Lasix?" and she said "well, it's Frusemide" and I said "well, that's how I know the drug. I know it as the drug name" but Australia's very brand driven so it took a while to get used to that, to the difference in the terminology and that was coming from an English-speaking country to another English-speaking country. So, they both speak the same language – they don't. (Participant P7)

And so, I remember saying to them "but I've done this in the UK numerous times. In actual fact, they're actually a lot easier to do than a urethral catheter, so I mean if you want, I don't mind and I'm quite happy to do it" and honestly it was like I'd just, you know, really given her the worst news possible.

(Participant P7)

The tearoom and everyone would stop talking and you knew they were talking about you

(Participant P8)

The fourth category of Churning is *repeating subjects*: this category is very similar to the participants who were interviewed in the retrospective phase of this study. Students had expected to show how well experienced in psychomotor skills and academic

knowledge, they were. They believed that because they had been taught things once, then they had become the expert in this, or that because they were already doing the 'skill' they were the experts.

> *I feel like compared to my colleagues, like the other students. There are some things that I'm further ahead in understanding. And then at the same time, there are some things I'm a little behind because we weren't taught the same way.* (Participant P5).

The International students spoke about how they perceive domestic students, interestingly, these students assumed that the domestic students expected them to know the answers, and consequently the international students did not ask questions in the classroom, for fear that they would be ridiculed by the domestic students.

The fifth and final category of Churning is *workload*: in this commentary, students were coming to the realisation of workloads and the difference in the scope of practice of the RN. Students wanted to remove themselves from a system where the hierarchy of the RNs did not undertake Activities of Daily Living (ADL), and it was the ENs who predominantly undertook this role. The international students struggle with workload and clinical placement practices. In some cultural settings, it is not the responsibility of the RNs to perform basic nursing care.

4.4.3 Phase 2 Relearning

In the third phase of the process of Repatterning is Relearning. This is the realisation that previous ways of learning, doing, and thinking there is a need to embrace the scope of practice for the RN. Unfortunately, these students are constantly switching roles. There are five categories in Relearning: *Changing, Expectations, New knowledge, Knowing scope of practice, Nursing experience, and Repeating subjects.* Table 10 shares these experiences.

Table 10: The process of Relearning.

	*Changing*	*Graduate programs. Experience. Time. Home country. Language. Family / husband/ children. Terminology. Career development. Quality of life. Visa. Clinical placements.*
	Expectations	*Writing in academia. Content. Good marks. Long term investment. Learn to be submissive. Fear of being shot down. Fear. Age. Running out of time. More responsibility. Teachers. Trust. You should know. Cleaning up vomit. Nervous. Self-confidence. International students. Health Care System. Poor understanding. No car. Missing orientation.*

	New knowledge	*Learning everything. Expanding knowledge. Contextualised work and study. More depth. Age.*
	Nursing experience	*Hands on stuff. Basic training. Age. Experience. English language. Accountability. No work for EN's. Internationally educated. Clinical placements.*
	Scope of practice	*Reporting to the RN. Restrictions as an EN. Role play. Placement policies. Depth of knowledge. More opportunities. Decision making. Cultural considerations. Home country.*

The most difficult transition for the EN/IQN is during the Relearning phase, where the reality of change occurs. Family, age, and home country are highlighted in this phase. Students in this category are looking at graduate programs, placements, and sponsorship. Students are looking forward to opportunities that await them upon completion of the BNSG program, students are looking to the "Golden Ticket" as one participant phrased it.

> *I think my Registration – I think it's because it's Commonwealth linked. Basically, I mean I didn't even have to do English – what is it – the IELTS where you have to prove you know the English language. I didn't even have to*

do that. It was a little bit like a Golden Ticket, and it was just like you got off the plane, and you go and do

(Participant P5)

The second category in Relearning is *expectations*: it is in this category that students are becoming comfortable with the expectations of the university process, procedures, and academia. Good marks, feedback, and gaps, in skill, knowledge, and application became apparent. Students express their concerns about not being prepared for the new role of the RN, and gaps appear with the international students and preparation for course progression.

I think like a week or two at the minimum, just a little write us a quick assignment. We'll see if you're up to scratch. These are the things we focus on. This is what you kind of missed in the first year, or this is what it's going to be like here. Because going into a second year after missing a first year, especially with assignment writing, exam taking, things that I've never done before, they're a little bit daunting. I don't know the process. Lecturers don't know that I don't know the process, so they're maybe expecting this level, but I'm only going to be able to hit this level. But that's kind of life, isn't it? (Participant P5)

The third category of Relearning is *new knowledge. W*hat emerged in this category was the feeling of confidence in the in-depth knowledge and the ability to apply this to clinical placements, the participants began to develop clinical reasoning and best practice skills.

The fourth category of Relearning is *nursing experience*, this category emerged as the participants would share their nursing experiences and it had become clear that the age of the student has a significant impact on their studies. One participant expressed that her time was running out, and she had doubts that she would complete the degree, unfortunately for this person, she had made the decision not to continue with her studies. There was a male student, an IQN, who was a single parent and he also decided not to continue with his studies, as it had become an overwhelming responsibility to work and to study. He was already employed as an Assistant in Nursing and could no longer afford the time and finances to support him becoming an RN.

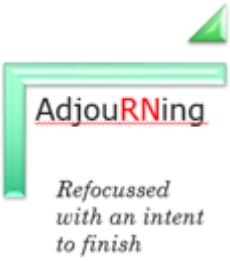
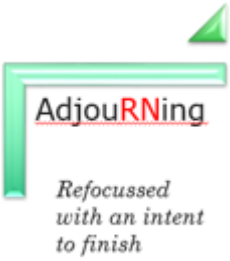
The fifth and final category of Relearning is *knowing scope of practice.* The participants were very aware of their scope of practice in the EN or IQN role, and statements such as knowing the repercussions for doing the wrong thing are very clear. What also emerged in this category was the awareness of accountability and responsibility. The participants felt that they could no longer just report to the RN, they were becoming the RN, so that sense of

becoming an RN was met with some degree of nervousness. It was, however, around this time that the participants had developed strategies to manage role switching, juggling work, family, and their commitment to study.

4.4.4 Phase 2 Adjourning

Adjourning is the fourth phase in Repatterning, and it is in this phase the focus was on successful completion and looking forward to graduation. This phase has four sub-categories: *More confident in the role, already doing it, Financial and Leadership.* Table 11 shares the extended student experiences of Adjourning.

Table 11. The extended student experience of Adjourning

	*More confident in the role*	*I know I can do that. Learning more. I am surviving. Help more people. Really nervous for no one to fall back on. How I was treated.*
	Already doing it!	*Already doing it. More opportunities. Passion. Heavy workload. Patient nurse ratio. Fast track.*
	*Financial*	*Earn a bit extra. Longevity. Different things. A motivator. Income. Family. Age. Not a motivator. Education investment.*
	Leadership	*Planting the seed. I take responsibility. Delegation. Critical thinking on practice. Health Care Systems. Self-awareness.*

The participants in this phase were excited about seeing the light at the end of the tunnel. Being *more confident in the role* for some, meant, that they had more in-depth knowledge and that they had successfully completed the previous courses. Students had more self-awareness of what they needed to do to be the RN, and they also knew or realised that there was a lot of support from teachers, learning support, and university expectations. One participant felt confident to demonstrate a skill and confidently discussed critical thinking.

Already doing it suggests that, as one participant stated, they had become a bit stale, doing the same thing and not feeling challenged where she was working. Again, participants commented that they had to repeat similar content in courses, however, they came to the realisation that they had a better understanding at a much higher level of education. What also emerged in this sub-category, was the participants intuition. Many of the participants commented that they had to report to the RN if there was an abnormality or a change in the patient's condition, they would do this on clinical placement and in their own work practices. However, what was also discovered, was that they were going to become the RNs who would soon be receiving this report, and it

was their clinical decision making or critical thinking that would have an impact on the patients' outcomes.

The third sub-category in Adjourning is the *financial* considerations. Not all participants felt that financial remuneration was their main motivator, although it was seen to be beneficial. The participants who realised that the RN had a higher level of pay, also had a much higher level of accountability and responsibility, and the new title of Registered Nurse is drawing closer.

The fourth and final sub-category in Adjourning is that of *leadership* where the participants began to understand the concepts of delegation, which is a new and different role to come to terms with.

4.4.5 Phase 2 Earning

Earning is the final phase of Repatterning, this encompasses *finding a job, respect, what's next? and from expert to novice.* This phase is reached towards the completion of the degree, when applications for graduate programs occurred, establishing, or re-establishing professional roles and values, professional credibility, and being a proficient health professional with an expanded set of skills, knowledge, and scope of practice. Earning and the extended categories expressed by students are shared in Table 12.

Table 12. Extended student experiences of Earning

	*It's finding the job*	*I have a plan to be an RN. I already have a job. Everywhere needs nurses. Never out of work. Speciality areas. Training. Hit the ground running. Home country. Culture. Age. Family. Work and study.*
	*Respect* *What's Next* *From expert to novice*	*Seen at a higher level. Growth. Family. Friends. Teamwork. Career. Sisterhood. Rite of passage.* *Research. Diversity. Choices. No experience. Overseas. Confidence.* *Finding my feet again.*

The first subcategory of Earning is *It's finding the job.* In this phase, the participants expressed their concerns about finding that job. Many of the participants who were ENs or IQNs came to the degree because of not being able to secure a nursing job, and this was one of the motivators for some. Others who were gainfully employed have intended to return to this employer as an RN. If you remember my earlier story about my personal experience with returning to my employer after completing my degree, it took me a

long time to develop my professional identity as an RN. I had worked in the same hospital for many years as an EN, and it wasn't until I left there that my professional identity as an RN began to be established.

Many of the participants shared similar feelings as myself, it was comfortable, close by, new to my job (as an EN) and I had made many friends, and I did not want to leave. However, the only way I was going to more accountable and responsible was to leave here and find employment in a different hospital in the same speciality area.

The second sub-category in Earning is *respect. In* this phase the participants were looking forward to their new tile and role, however, with this new status came new beginnings. The students felt they were well respected by family, friends, and colleagues, but the uncertainty of a new environment, new teams, new policies and procedures, and the same hierarchies needed to be understood. One participant spoke about one of her colleagues who really discouraged her from getting a degree because she was the best EN on the roster.

In the Retrospective interviews, the participants had successfully completed and graduated with their degrees and were now RNs with at least 12 months of experience behind them, so they had successfully navigated through this final phase in their professional nursing careers. Because these participants had not

completed their degrees, they still needed to master the final phase of the transition to becoming an RN. The feelings were strong with the confidence in new knowledge, new skills, and self-awareness, however, ending a role where they were the expert, now they are coming into the new role of a novice nurse. Only one participant looked at the *what's next?* in this final stage, and research and diversity was highlighted. Other participants were looking forward to choices, perhaps working overseas and securing a graduate position.

Newly graduated RNs who were previously ENs/IQNs had very mixed experiences with employers and colleagues. Some participants had anticipated that they might not be treated the same as newly graduated nurses and that they would be given more responsibility than other new graduate nurses because of their previous experience as EN/IQN. Newly graduated RNs who had been an EN/IQN wanted to be considered novice RNs, regardless of their ability and confidence to provide nursing care to patients in a variety of health care situations. For those newly graduated RNs who were returning to their previous employer in this new role, many were concerned that EN colleagues might be jealous of their accomplishments and experience a change in their previous relationships.

Mixed experiences were especially true for those who were returning to previous employers and were in the position of having

to delegate and evaluate the work of their 'friends'. Other graduates found their previous employers and colleagues were slow to change their perceptions. However, they acknowledged that they had to adapt to their new role and perspectives as well. In many ways new graduates who went to new employers enjoyed new challenges and opportunities and were not hampered by previous expectations.

The category of Earning: *'It's settling'* emerged as participants felt nostalgic for the old days when they could *report* to the RN rather than *be* the RN. Some found that they settled quickly into their new roles. Others denied much change in roles and responsibilities. While a final group found themselves struggling through their first year following graduation.

As the Earning phase continued participants noted their key challenge was: *It's becoming an expert…again.* The new graduates shared their plans to work in specialty areas, such as Palliative and Intensive Care, management, and education. These specialty areas had not been available to them as an EN/IQN, and they were very excited to be moving into these more challenging areas of health care.

4.5 Conclusion

In these difficult times during the COVID-19 pandemic, the worldwide shortage of Registered Nurses has been highlighted and

keenly felt. Additional education pathways for ENs and IQNs to become Registered Nurses is an expeditious means of creating experienced nurses within two years. ENs and IQNs have been cited as under-used resources for the present and future health human resource needs. The current COVID-19 pandemic has also demonstrated the need for the continual adaptation and adjustment of nursing practice, based on reflection and the incorporation of new knowledge and skills, based on scientific discoveries in "real-time". EN/IQN BN graduates are resilient clinicians who have made it through Churning and Relearning in their BN programs, having mastered the art of *Repatterning* themselves into new roles and scopes of practice in nursing.

4.6 Chapter Summary

This chapter highlighted the findings of the results of the interviews in the two phases of the study and the presentation of the theory of RepatteRNing. The details of the stages of YeaRNing, ChuRNing, ReleaRNing, AdjouRNing and EaRNing are expanded. And the conclusion addresses the pandemic challenges for this study. The BSP of RepatteRNing was inductively explored to create a mid-range theory of RN transition for the EN and the IQN. Five stages: Yearning, Churning, Relearning, Adjourning, and Earning emerged from the BSP of Repatterning. In addition to the five stages, 19 substantive categories that occur, from before the decision has been made by participants to engage with university studies, until

one year after graduation; both the EN and the IQN must work through for them to transition into their new role as an RN in Australia. Each of the phases identified challenges and experiences that the EN/IQN confront as they progressed through their study. The five categories align to construct a middle range theory of Repatterning that captures the experience and the basic social process encompassed in the transition of students. The transition of EN and IQN is shared from the experiences of gaining their degree qualifications and commencing their registration process. Repatterning is the process of integrating a new understanding of *nursing* as a Registered Nurse in Australia, based on assimilating new learning and a new scope of practice.

CHAPTER 5: DISCUSSION

5.1 Introduction

This chapter outlines the discussion of results that have been identified in Chapter 4. An in-depth exploration of the grounded theory research process that was used to explore the transition of Enrolled Nurses (ENs) and Internationally Qualified Nurses (IQNs) during the process of becoming a Registered Nurse (RN) in Australia through a discussion of findings and their relevance to the future registered nurse is presented. The chapter includes in section 5.2 how the emerging theory was generated. This leads into sections 5.3 and 5.4, where the similarities and differences are presented. Sections 5.5, 5.6, 5.7, and 5.8 provide a discussion of the application of the trustworthiness, grab, fit, and policy that emerged from the theory. Section 5.9 provides a summary of chapter five.

5.2 The emerging theory of RepatteRNing

The emergence of a psychological and basic social process that ENs/IQNs experience as a middle range theory of Repatterning emerged. The middle range theory of Repatterning describes the basic psychosocial process of transitioning to becoming a Registered Nurse for Enrolled Nurses and Internationally Qualified Nurses in Australia. Repatterning, has five stages with 19 substantive categories that occur, from before the decision has

been made by the participant to engage with university studies, until one year after graduation. Six faculty members and staff who support student learning and student success were also asked to review the substantive theory as it evolved to determine "*fit*" "*grab*" and "*work*" From the vantage point of Repatterning it becomes possible to determine, in partnership with students, their needs, and what interventions may be required during a Bachelor of Nursing program to provide focused transition support.

The 5-stage theory of Repatterning commences with goal setting and *Yearning* to become an RN. This first subcategory of Repatterning is explained as the feelings of wanting to be an RN. The second stage of the process is described as *Churning*. Students often struggle with academic expectations and resist moving toward a new perception of their scope of practice as fledgling RN. This stage can be quickly transitioned for some individuals who are open to change; however, more typically students are challenged by new roles and responsibilities, and they resist the role transition.

In Stage 3, Relearning, there is a dawning recognition that a change of mindset is required if they are going to be successful in their program of study and make the transition to being an RN. It is at this stage that the EN/IQN commences the social and psychological change in mindset and the stage of *Relearning* commences. It is a reflective phase characterised by an awareness

that there is a great deal to learn. Towards the end of their program, as students have grown personally and professionally, they look forward to the stage of *Adjourning* and leaving the university after a period of intensive pre-graduate practice.

The final stage identified in Repatterning is *Earning*. This stage is characterised by the re-establishment of a new professional identity as a novice RN.

5.3 PHASE 1 (Retrospective) and 2 (Prospective) Similarities and Differences

In this study, we started in Phase 1 with graduated RNs who had previously been either EN or IQN. This proved to be a useful strategy, as the nurses who were interviewed had all progressed across the various stages of Repatterning and were able to recall how they had felt, the experiences they had, and the challenges and successes they experienced along the way. Phase 2 participants who were still actively involved in the process of Repatterning, could give passionate and vivid accounts of the stages they were in or had been in, but they had yet to process the entirety of the journey. By combining the two strategies, we were able to develop a very thorough account of the process of Repatterning with thick, rich descriptions for each stage and subcategory. Most of the differences we found between the Phase 1 and 2 cohorts were related to their perspective based on "looking

back" versus "being embroiled in" the process. The stages remained the same for both cohorts.

However, Phase 2 participants seemed to have had an even rougher ride during *Churning* due to the COVID -19 pandemic and having to do more of their studies online, often with delayed clinical practice and lab components. The Phase 2 participants missed being part of a cohort with peer networks and "that university experience" with peers and professors.

5.4 EN/IQN Similarities and Differences

The process of Repatterning was similar for EN/IQN students. Both groups experienced changes in roles and in making transitions with the same endpoint in mind. However, IQN students experienced more hurdles in preparing to come to the university. Many students needed assistance with their international visas, English language and literacy proficiency requirements, and university orientation before starting their BN program. This prolonged the *Yearning* phase, where the IQNs wanted to become an RN, receive a higher pay rate, and enjoy opportunities for career progression. Additionally, IQNs were more stressed about social, financial, and academic workload, clinical laboratory requirements, and clinical placement. Delays in the commencement of study due to travel and visa arrangements proved to be a significant challenge. IQN students commented that these

circumstances added another burden to their desire to become an RN.

In relation to *Churning,* both groups were frustrated with having to do laboratory skills they already knew how to do. For example, performing silks such as monitoring vital signs, attending to simple dressings, a performing and electrocardiograph (ECG). One of the differences that was observed, between the two cohorts, was their understanding of the Australian health care system. According to Aggar et al. (2020), many IQNs are unaware of the Australian health system and its complexities. This experience has been reported as an issue for international students, as it is related to enculturation, underestimation by patients and colleagues, and the lack of orientation to the new health care system and the unique culture (Joseph, Olasoji, Moss & Cross, 2022). Yet the majority of the ENs appeared to be familiar with the Australian health care system, which is probably best explained, because of their employment in the health sector. It is also because the Australian nursing workforce provides care to people from many different nationalities and cultures (Tie, Birks & Francis, 2019). In many cases, the IQN students are younger than the ENs. Whereas the ENs are mature aged students. The EN and IQN cohorts indicated they preferred to stick together within their own individual groups. For the IQN students, it was important for them to maintain their own individual groups. cultural norms,

which included gender specific roles. For example, in the laboratory, it was observed that a young female student, allowed a male student to oversee her skill performance. Here the male student instructed his female colleague to manage the necessary skills, while he observed. This is best described as how important the culture and importance of a sense of belongingness and family resembles these roles (Joseph et al., 2022).

My research found that both the EN and IQN students tended not to mix with the existing domestic students who started in Year One of the BN programs. Each of the groups tended to think that the others had it easier and that they were being judged by the other groups. Joseph et al. (2022) explains the complexity of dual cultures, with what is expected from their home country, and many significant differences in Australia are problematic. Another example of the segregation of the groups was the attitudes toward each other. It was recorded, through one of the interviews, that the IQN, believed they were discriminated against because they knew more than the ENs. One of the IQN participants clearly spoke of engagement in the classroom, where they did not ask questions because they believed they were perceived as knowing all. While this self-segregation of groups was common in the classroom and other places on campus, it has not really been addressed by the university or the faculty and school.

5.5 Trustworthiness

Repatterning explains the process of transition that the EN/IQN undertake as they study to become an RN. This research provides an explanatory theory for understanding the student experience and transition points and enables educators to offer focused support for EN/IQN students during BN programs. The substantive middle range theory of Repatterning is consistent with pre-existing literature in identifying and explaining specific areas of challenge in the transition process for EN/IQN students who are studying in BN programs. My research created a transition framework, inclusive of the basic social process, that these student traverses.

This knowledge may be used in future policy directions for higher education providers and to address the challenges that these students face in returning to university to engage in BN studies. In this study, BN students who had been EN/IQN were able to reflect on the process of transition from EN/IQN to fully qualified RNs. In the first phase of the study, graduated EN/IQN students were recruited and interviewed. In phase 2, current students were recruited and interviewed in each semester of the program.

A good middle range theory has "grab" and "fit" and it must work (Glaser & Strauss, 1967; Glaser, 1978, 2001). *Grab* is the ability that the theory has in hooking the reader into the world of

the participants and into the conceptual power of the theory. *Grab* is created by using the verbatim words of the participants and in the clear and engaging presentation of the theoretical concepts to capture the attention of the reader. The *fit* of the theory means that participants and those who work with individuals who are undergoing the substantive process recognize the stages and categories as explaining their experiences and concerns. It should also be congruent with other descriptions of the substantive area in the literature and by experts in the field. The *work* of a substantive grounded theory is that it explains how the process unfolds, the concerns of the participants, and how they are eventually resolved. To *work*, a middle range grounded theory must have both explanatory and predictive power so that it can be applied to understand and ameliorate the concerns of individuals engaged in the process (Charmaz, 2000; Charmaz & Thornberg, 2021; Jeon, 2004).

5.6 Grab

In the middle range theory of Repatterning, there are five often overlapping stages of transition. The term Repatterning was coined by one of the participants who explained that it was more than simply forgetting everything that you knew before; it was more a case of Repatterning and Relearning clinical knowledge, skills, judgments, and confidence at a higher more advanced level as she was transformed into becoming an RN enacting a full scope

of practice. The team was struck by the fact that both Repatterning and Relearning had an "RN" at the centre. As other stages were discovered, the "RN" was embedded in those phases as well. Part of *grab* is being able to easily remember the model. Hence, as the theory emerged, so did Repatterning, Yearning, Churning, Relearning, Adjourning, and Earning. Having the “RN” in the core category and in each of the stages serves as a mnemonic for the theory. It is reminiscent of Tuckman’s model of group formation: forming, storming, norming, and performing (Tuckman & Jensen, 1977).

The other key facet to *grab* is the use of verbatim quotations by the participants. In each of the five stages and subcategories, Glaser's 6 Cs are used to describe the stages and subcategories, and then they are each illustrated with one or more verbatim quotations to bring the theory to life. Glaser (1978) suggests that using coding families should result in an empirical pattern, and therefore using Glaser’s 6C’s, Causes, Context, Contingencies Consequences, Covariances, and Conditions, have been used to describe the stages and subcategories within this study. Verbatim quotations also contribute to the credibility of the theory as the reader can readily see the relationship between the participant data and the emergence of the theoretical constructs.

5.7 Fit

The theory of Repatterning began with our understanding of the participants' concerns about having to engage in Relearning. At the beginning of their journeys into BN education, most participants were simply looking for "the cherry on the top" that would make them an RN. As interviews unfolded, it became apparent that the core category was a more difficult construct than simply 'Relearning' new knowledge and skills. This research identified a transformation in understanding themselves within a new, broader scope of practice needed to be achieved; however, before that could happen EN/IQN students needed to come to the realization that it was not simply a process of knowledge "top up" or "up-skilling". Instead, they had to become critically aware of differences in scope, and more importantly, develop the self-knowledge that they were not currently just undervalued but that they lacked the more advanced practice competencies of the RN.

This realisation and acceptance of differences in knowledge, skills, and scope of practice was an incremental, often hard-fought process that spanned the Yearning, Churning, and Relearning stages of Repatterning. Repatterning was the core process that provided the overarching explanatory model for all five stages that EN/IQN students encountered as they transitioned through their BN program and started to practice as RNs. Student and graduate participants, educators, librarians, and student support staff were

all readily able to see how the middle range theory of Repatterning *fit* the realities of the student situation and were able to predict concerns, behaviours, and learning needs across their two years of study and into their first year of work.

It is also important that a substantive middle range theory such as Repatterning *fits* with and enhances other findings in the scholarly literature on the phenomenon of interest. Ralph et al. (2013) conducted a literature review on the topic of the transition from EN to RN. They noted that 'conversion' was a term coined by Hembrough and Sheehan (1989) for a limited bridge program that was offered to ENs who were being transitioned to RNs in the UK. The intent of conversion was to have only one level of nurses, the RN, in the UK. While the term 'conversion' was subsequently used by Paech (2002) and Kilstoff and Rochester (2003) to describe EN to RN transition, it is really a misnomer as a single tier nursing profession is not the impetus for ENs in Australia to study in BN programs. The decision to move from an EN or IQN to an RN is entirely voluntary by the individual.

The substantive midrange theory of Repatterning provides a framework for describing and understanding the process EN/IQN students undergo, from their decision to voluntarily engage in further studies until one year post registration as an RN in Australia. Repatterning is congruent with the work of Schlossberg (1981), who proposed a generic transition model consisting of four

phases: *preparing to move in, moving in, moving through,* and *moving out*. Schlossberg writes that people move through life continuously experiencing change. Change brings new self-awareness and transitions (Birks and Mill, 2015; Ralph et al., 2013). Changes can be perceived as positive and negative, and with each of these experiences, there is the potential for growth in self-perception, development of new networks, adaptation, and transition. Schlossberg (1981) describes many examples of human adaptation to specific life events, such as marriage, incarceration, or the loss of a job. Schlossberg believes that it is not the change that is positive or negative, but it is how that transition 'fits' with the individual situation, style, and time that determines the perception.

This transitional perception can be seen in Repatterning when a participant noted:

> *It kind of swaps and changes with my mood. At one point I sit there and I'm like, you know what? This isn't too bad. I'm surviving. I think that I will be able to pass my courses and get into the next lot. And then if I'm stressed or I'm focusing on an assignment, I'm sitting there and I'm like, I don't think I'm at this level….*
>
> (Participant P5).

These transitions did not occur in a clear linear sequence from one stage to the next. Rather progress was incremental and sometimes even regressive as students progressed through the program. *Preparing to move in* is consistent with the Yearning stage in Repatterning. Yearning is derived from a desire or feeling of having expertise as an EN/ IQN yet feeling the need to upskill to enable them to register as an RN.

Moving in is consistent with the stage of Churning, in Repatterning, where participants discover the need to establish a focused study pattern. The breadth and depth of their BN studies was greater than the upskilling they had anticipated, as well as being more concentrated in the areas of academic writing, health assessment, and critical thinking. Churning ends with the recognition that a change of mindset is required for students to progress in their studies. My research identified this was a critical turning point of personal and professional discovery.

Moving through, (Schlossberg, 1981), occurs when the individual's characteristic of 'self' is used to negotiate a transition. For example, coping strategies and resources are used to overcome obstacles. Resilience and optimism are personal attributes that are required to manage challenges. In the Relearning and Adjourning stages of Repatterning, participants draw on reserves of personal strength and learn new ways of managing to progress through their

program, while coping with other challenges in their personal and professional lives.

> *It's rewarding, if I hadn't of taken the steps that I have, I don't know where I would be right now. My marriage breaking down, I suffered a lot with depression…, and feelings of being worthless, and couldn't provide for my family, I am so glad that I had the fortitude to keep going. (*Participant R5).

The final phase of the Schlossberg (1981) model is 'preparing to move out', where students move closer to completing their journey and achieving their goals. The research identified here, as the stage for professional identity and forming professional relationships with other RNs in the workplace occurs. The research outcomes describe this in the Repatterning stage as the Earning phase. Earning encompasses not only finding a job and receiving a higher salary, but also the process of establishing one's professional credibility, professional roles, and values, and again feeling like a proficient health professional with an expanded set of skills, knowledge, and scope of practice. The participants spoke about a renewed focus following a turning point, personally and professionally.

Wall et al. (2018) used the Transition Theory by Schlossberg (1981) to guide and illustrate the experiences of ENs transitioning

to becoming RNs. They describe the phase of *preparing to move in* as a stage where students recognise their motivation and personal goals, their perceptions of success or feelings of being devalued in their role, and establish a balance between work, study, and personal responsibilities. As stated previously, preparing *to move in* is consistent with the: Yearning stage in Repatterning. *Moving in* includes orientation to new roles, routines, and relationships, unfamiliar environments, academic demands, and developing critical thinking capacity along with challenges confronted by using information technologies (IT). Meeting the demands of new learning approaches and managing the frustrations of revision and seeking a balance between personal, work, and student life is the key challenge (Wall et al., 2018). Many of these aspects concur with the middle range theory of Repatterning that has been identified in my research. Constructing the role of the RN and identifying with RN mentors as well as positively planning as a graduate RN, are the areas of discussion in my research and in the literature Repatterning identified (Wall et al., 2018), the Earning stage as difficult for some participants and yet others seemed to thrive.

A qualitative study by researchers Kenny and Duckett (2005), used online focus groups to collect data that reported on the transition process of ENs who worked in rural communities and were engaged in a program to becoming RNs. They focused

primarily on describing and understanding the decision and impetus that these ENs had for pursuing BN studies. Their findings suggest that ENs were disillusioned with their limited role as ENs and experienced role ambiguity, particularly in rural settings. Like the ENs in the Yearning stage of our study, the students listed many of the same incentives regarding career opportunities, expanded scope of practice, and additional salary. They also noted that some EN peers resented them progressing with their careers rather than fighting for an expanded scope of practice for the EN. Kenny and Duckett (2005) recommended that the government and rural employers should support program costs, computer, and online access, and adjusted work time to make returning to studies feasible for ENs in rural settings. Recommendations from our study indicate the need for preparatory support programs that specifically focus on the areas identified in the categories of Yearning and Churning.

The qualitative study by Hutchinson et al. (2011) that used Lizzio's (2006) Model of the Five Senses of Success as a framework revealed that ENs grappled with role dissonance, issues of academic and clinical competence, and they struggled with understanding the academic learning environment. Lizzio's (2006) framework noted that students needed to develop a sense of purpose, a sense of connectedness, a sense of resourcefulness, a sense of academic culture, and a sense of capability to be

successful (Hutchinson et al., 2011; Lizzio & Wilson, 2006). The framework for success was developed at Griffith University and has been adopted and adapted by universities around the world. The participants in the Hutchinson et. al., (2011) study mirrored the conceptual sub-categories of Churning in Repatterning. Aspects of Lizzio's model are incorporated into the middle range theory of Repatterning with the inclusion in our model of Yearning and Earning at either end of the transition's trajectory.

In alignment with our recommendations, Hutchinson et a. (2011) and Thalluri (2016) also noted the need to tailor engagement and orientation programs to the specific needs of these students to ameliorate the academic and professional struggles these students experience, especially at the onset of the program. Once students understand the academic process required, they are able to settle into their programs and focus on learning the content, rather than struggling with the learning. This is like the turning point in Churning in which students can see that they have gaps in knowledge, and they understand how to move forward (Hutchinson et al., 2011; Thalluri, 2016).

Cubit and Lopez (2011) conducted a qualitative study using in-depth interviews to explore the transition experiences of eight newly graduated RNs who were former ENs. These new RNs expressed concern that they would not receive the same support as other new graduate nurses because of their previous nursing

experience as ENs. They were reluctant to identify as former ENs because they were afraid, they would be given too much responsibility too quickly. For example, some were designated as Team Leaders as soon as they graduated, instead of giving them time to consolidate their RN scope of practice. They were also concerned that they would have fewer opportunities to attend workshops and specialized training. They admitted to not being fully confident in their new roles as RNs.

These concerns were like participants in the study of Repatterning during the Earning stage, who were keen to have additional career opportunities, but noted concerns about delegation, accountability, and doing a complex assessment on patients with high levels of acuity. Cubit and Lopez (2011) concluded that newly graduated nurses with experience as ENs should be treated the same as other new graduates while fostering their expanded career opportunities.

The process of transition from EN/IQN to RN appears to have created a dissonance for many nurses. Following their employment as RNs, graduate nurses realised that the values system that operated in their place of employment was different from their own (Klistoff & Rochester, 2003). The qualitative nature of the literature identifies that there appears to be a mismatch for some ENs/IQNs between personal ideals of what an RN role is perceived to be (Chandler, 2003; Cubit & Lopez, 2011; Klistoff & Rochester, 2003).

Thematic analysis from a series of qualitative studies identified that for some ENs feelings of disillusionment and role confusion exist and a need to be able to work more independently is sought (Jacob et al., 2013 Kenny & Duckett, 2005; Klistoff & Rochester, 2003; Mackenzie, 1997). The qualitative studies and the resultant thematic analysis outcomes suggest themes of negative motivators such as feelings of role strain (Dearnley, 2006), exploitation (Mackenzie, 1997), and role confusion (Jacob et al., 2013). However, there are many positive incentives to transition and become an RN; for example, Chandler (2003) suggests that economic and financial reasons are important for role progression and career development. This is important for ENs; however, there is minimal information to support this, as was mentioned in the interviews by those who want to pursue positions in management, leadership, and education (Faithful-Byrne et al., 2016; Nayda & Cheri, 2008; Phillips et al., 2013).

5.8 Policy

The middle range theory of *Repatterning* can be used by licensing and accreditation bodies as a framework by AHPRA/ANMAC for the evaluation of BN programs. Programs could be required to demonstrate a robust RPL process, including the assessment of clinical skills and attainment of entry to practice competencies prior to granting advanced standing to students entering the second or subsequent years of the BN program. This

would ensure that students did not have unattainable gaps that lead to student attrition. Additionally, students would not need to repeat areas of the curriculum in which they were already well prepared prior to starting the program.

Filling in educational gaps is especially important for Australian nursing candidates, as unlike North American nursing credentialing, attainment of licensure is not dependent on passing a comprehensive, nationalized post-BN licensing examination. In addition to student RPL assessment, BN programs wishing to grant advanced standing would develop modules or courses to address common gaps in student knowledge and skills that would need to be rectified prior to beginning the second year of the BN program. Recommendations to national regulatory and governance organisations such as ANMAC be approached by universities to create bridge/transition program resources that could be shared as open educational resources.

Given the Australian and global nurse shortage, due to an ageing population, the increase of complex and chronic disease, and nurses, who themselves are ageing create greater burdens in nursing (Roche et al., 2015). It seems ideal for ENs and IQNs students to seek a process of support to credential as RNs in a timely manner.

In another study, by Hoodless and Bourke (2009), the scope of practice for the EN, particularly in rural and remote Australia has

come under scrutiny, because of changes largely led by the aged care industry, namely with decreasing numbers of registered nurses interested in aged care, the emergence of less qualified and skilled personal care workers and the need for safe medication management. Furthermore, recruitment and retention of ENs in rural aged care is difficult. According to Hoodless and Bourke (2009), many ENs convert to becoming RNs because of their feelings of being undervalued, excluded from decision-making, role ambiguity associated with the blurring of the RN and EN roles because of the shortages of RNs, and finally disillusionment.

Given the nursing shortage in Australia, as well as worldwide, it is ideal for EN/IQN students credential as RNs in as timely a manner as possible, to support health human resources needs, especially outside of the large cities. By ensuring EN/IQN students are not having to repeat elements of the program where they have already achieved mastery, it will allow for a shorter duration of education and fewer frustration for students as they progress through the BN program. Mandatory orientation, orientation to differences in expectations and level of nursing competencies, pre-program support for writing, and use of library resources are means of overcoming gaps for students who are beginning in the second or subsequent years of BN programs (Thalluri, 2016).

Strategies that reduce the amount of Churning and Relearning for students in university programs are required to

ensure clear, robust pathways between EN and IQNs, and BN programs. Even though processes with regulatory organisations exist, greater clarity and refinement require consideration. A clear understanding of intradisciplinary roles in nursing can also make differences in the roles more explicit and help ensure a more realistic understanding of "up-skilling" requirements by ENs who wish to continue to become RNs.

5.9 Chapter Summary

The discussion chapter introduced the emerging theory and provided the discussion with the differences between the retrospective and prospective participants, the EN and the IQN, and this was followed by the similarities and differences between the EN and IQN. Our study utilized both prospective and retrospective data collection sets. The analysis highlighted the importance of learnings gained in the establishment of nodes relating to experiences. The ability to reflect, hear and collate a collective analysis was evident. Our findings shared that while participants were able to vividly recall the initial phase of Yearning, the final phase of Earning, and some of their most vivid experiences and concerns, they were less forthcoming with mid-phase event recall (Churning, Relearning, and Adjourning). Subsequent data collection undertaken with the EN/IQN students who were engaged in BN studies allowed investigators to densify and better illustrate these middle phases and their sub-categories

and this resulted in several refinements and revisions to the substantive middle range theory of Repatterning.

A grounded theory needs to have Trustworthiness, Grab, and Fit, and these proponents have been addressed which is then followed by the policy. Recommendations to improve the current EN and IQN transitions process that includes consideration of the aspects of Repatterning have been highlighted.

CHAPTER 6: CONCLUSIONS

6.1 Introduction

The conclusion chapter is the collective work of the research bringing together the transition experiences of the EN and the IQN becoming RNs in Australia. Conversations held with the participants was an amazing experience for the novice researcher. Listening to the stories and anecdotes and experiences they shared identified several stages of transition as they traversed the Bachelor of Nursing program. The research was about generating a theory of transition and understanding the patterns and processes that EN and IQN nursing students go through as they transition into university and then become the RN. The research was about seeking new knowledge that could help to support EN and IQN students from their decision to undertake a study to becoming an RN.

Some of the experiences that were shared was the final decision to enrol into a BN program and become an RN, the process of enrolment is essential in preparation for entry into university. The students needed to consider their many other commitments, including family, children, finances, employment, role change, time management, and many others that have been addressed through the study.

Many students experienced the reality shock, of meeting academic requirements, and the change of mind set while in clinical placement, from that of an EN or IQN, and the associated tasks, to the role, the accountability, scope of practice and meeting nursing standards. The implication for education is described in section 6.1, implications for policy and further research are detailed in sections 6.2 and 6.3. The strengths and limitations of the study have been identified in sections 6.4 and 6.5. A chapter summary is provided in section 6.6 along with concluding thoughts.

6.2 Implications for Education

In my thesis research, I primarily explored the educational processes experienced by EN/IQN students attending two BN programs in Queensland, Australia. However, I also explored the broader literature both nationally and internationally, and my findings may have applicability to transitioning enrolled (practical) nurses and international nurses more broadly.

It is important to fully understand the foundational education EN/IQN students have upon entering a BN program. As was noted previously, current diploma courses for ENs in Australia are generally two academic years in length; however, ENs who graduated years or even decades ago will likely have completed shorter courses and post-graduation upgrading. IQN education is even more heterogenous. While core units, especially for basic

nursing skills, may be similar across EN/IQN and BN programs, the depth of knowledge, the acuity of patient populations, and leadership expectations are different (Jacob, Mckenna & D'Amore, 2016).

This recognition of nursing education experiences that these students have completed has the potential to impact career progression. There were many times through a conversation with an EN or IQN when they felt their previous knowledge was not acknowledged, the most common comments were that "I know how to do that"!

The substantive theory of Repatterning can be used with both students and faculty members to facilitate an understanding of these differences and the process of change and self-reflection that is required for students to successfully transition into their roles. Curriculum collaboration between faculty who teach in the EN programs with those in BN education could ensure that gaps and overlaps in core content are minimized.

The middle range theory of Repatterning can be used as a framework for understanding the process that EN/IQN students undergo as they progress in their BN program. Staff members at the University of Southern Queensland noted that "*the lights go on [for ENs/IQNs] ...suddenly or more often gradually, and they realize they have a lot to learn...usually by their third semester*"

(Participant R1). Before the middle range theory of Repatterning was rolled out at UniSQ, academic and support staff had noted that EN/IQN students had trouble with skills such as critical thinking and analysis, academic writing, paraphrasing, referencing, finding, and evaluating information.

Tools like Smarthinking, an online tutoring, and writing help resource, were provided to students in many programs, including the BN program. However, it is likely to be of most use if it is targeted to a timeframe that coincides with student awareness of learning deficits and willingness to change practice and seek help. During the research, a pilot study at the University of Southern Queensland (USQ), was offered to EN/IQN students. This was placed at the beginning of their studies in the second year of the BN program, where students identified the need for support. Based on our study findings, students were likely not yet aware of their learning needs and were overly confident of their abilities at that point in time, as they were just beginning their BN program. It was at this stage that students believed it was just a matter of "up-skilling" rather than needing to undergo a transformative change in practice.

While the middle range theory of Repatterning has been shared with academics, learning support staff, and librarians at UniSQ, to maximise the impact it will be shared broadly by disseminating the findings in the literature.

The willingness of students to seek and use help suggests that a targeted intervention providing support for the skills these students need and introducing them to existing support services would have a positive impact. The difficulties expressed by students with managing personal and study responsibilities and familiarising themselves with the new environment and expectations informed our decision to provide early academic skills feedback to support writing development, targeted communication, and just-in-time support to assist with immediate concerns and guide student to existing support available. This use of targeted resources for EN/IQN students' needs to be further studied in terms of the timing and usefulness of resources offered.

There are examples of transition programs at other Australian universities, such as Griffith University's Lizzio's 5 Senses of Success model for timing and targeting of resources. This model highlights the importance of tailoring engagement and orientation programs to the specific needs of this cohort. Charles Sturt University targets gaps in scientific knowledge content as a primary focus for its transition program. Transition or bridging programs for Licensed Vocation Nurses (LVN), Licensed Practical Nurses (LPN), or Registered Practical Nurses (RPN), the North American equivalent of EN/IQN students, are common. These programs run for one to two full semesters to allow RPNs or RLNs to join into the third year of a four-year Bachelor of Science in

Nursing program and they focus on academic gaps in learning at the university level (Raines & Taglaireni, 2008). Repatterning could add to these programs by preparing EN and IQN students with an explanation of the transition process students will experience from making their decision to become an RN.

A deep understanding of the Repatterning transition process that EN/IQN students undergo allows faculty and staff to understand and support students, and ideally smooth the transition process so that students spend less time in the unproductive throes of Churning and move forward to successful Relearning. Addressing this aspect of transition has the capacity to shorten the time and angst involved in getting to the stages of Adjourning and Earning. Students can also "see themselves" in the verbatim comments of the participants and perhaps vicariously learn about the transition process required to complete the BN program. Faculty members of a BN program in Ontario, Canada are currently using the substantive theory of Repatterning to plan a preparatory Bridge semester for RPN-to-BN studies. Other studies and programs exist in Canada for students entering the third year of a four-year Nursing program that seek to engage students and increase student awareness of their needs (Raines & Taglaireni, 2008).

Faculty members from both the BN and RPN programs are collaborating to "map the gaps and overlaps" to lessen the perception of incoming students of repeating things "they already

know". A common statement made by the participant, was that the BN program, course objectives, and assessments required them to do things they already know how to do. These students are already using many nursing skills in their everyday practice, and they struggle with having to Relearn basic skills they have already mastered. There are, however, gaps in the fundamental academic skills that would be addressed by academic and support staff.

6.3 Implications for Policy

The middle range theory of Repatterning that is, Yearning, Churning, Relearning, Adjourning, and Earning offer a framework for understanding the transition process specifically targeted to the EN and IQN student. This is of relevance to governance education programs and registration authorities as support practices and program enhancements can be considered. Programs could be considered that demonstrate a robust RPL process, including the assessment of clinical skills and attainment of entry to practice competencies prior to granting advanced standing to students entering the second or subsequent years of the BN program. This would ensure that students did not have unattainable gaps that lead to potential student attrition. Additionally, students would not need to repeat areas of the curriculum in which they were already well prepared prior to starting the program.

Filling in educational gaps is especially important for Australian nursing candidates, as unlike North American nursing credentialing, attainment of licensure is not dependent on passing a comprehensive, nationalised post-BN licensing examination. In addition to student RPL assessment, BN programs granting advanced standing would develop modules or courses to address common gaps in student knowledge and skills that would need to be rectified prior to beginning the second year of the BN program. Governing bodies like ANMAC/AHPRA could also work with universities to create bridge/transition program resources that could be shared as open educational resources.

6.4 Implications for Further Research

The middle range theory of Repatterning is an exploratory and interpretative study of a homogenous group of nursing students in Australia. It provides the opportunity for further research in terms of validation of the theory and concepts that emerged from our study. It would be worthwhile to use the theory of Repatterning, the Yearning, Churning, Relearning, Adjourning, and Earning stages in different educational or institutional contexts to evaluate whether it 'works' across programs and schools for students who are upgrading or upskilling their qualifications in a variety of professions.

Based on Glaser's counsel that substantive middle range theories should 'work', future research could use program outcome metrics such as attrition and student satisfaction to evaluate the effectiveness of student supports that are designed to facilitate the transition, especially during the phases of Churning and Relearning. An abridged student version of Repatterning could be used with models of professional reflection, such as Atkins and Murphy (1993), Gibbs (1998), or Johns (1995), to help develop critical reflection which would encourage EN/IQN BN students to acknowledge, describe, challenge, and reflect on feelings of frustration, and to evaluate new knowledge in more constructive and proactive ways. It would be useful to evaluate whether vicarious learning of others' explicit Repatterning processes could reduce the transitioning time spent on Churning, when the reality of study, together will leave behind the EN or IQN mindset and struggling with change becomes apparent.

6.5 Strengths

There are many strengths inherent in the conduct and outcomes of my thesis. The history of nursing in Australia provides a rich context for understanding the changes both to the profession and education for nurses in Australia. The middle range theory of Repatterning describes ENs'/IQNs' pursuit of an RN scope of practice to respond to increasing complexity, morbidity, and patient acuity; the demand for nursing skills beyond the bedside as unit

managers, case managers, care coordinators, and practice leaders; and educators.

My work demonstrates a commitment to prolonged data collection with constant comparative analysis, theoretical sampling, memoing and collaborative coding with member checking. This work led to the emergence of a substantive mid-range theory, Repatterning, with "fit", 'grab' and that 'works'.

While the tentative middle range theory of Repatterning; Yearning, Churning, Relearning, Adjourning, and Earning, emerged after the iterative interviews with nine graduates who had completed their BN program and who were working as RNs, I then interviewed current students who were 'living' the transition to refine and confirm the basic social problem and core category with rich verbatim illustrations of the stages and categories.

Theoretical saturation was confirmed after some twenty interviews were completed. I continued to conduct more interviews, as I was a novice grounded theorist and I wanted to confirm that all categories and stages were conceptually thorough and finalised and I was not hearing anything new from additional participants. It was at this time I understood data saturation, and I felt confident that the categories and stages of the research will have an impact on any student who wishes to 'upskill' in many professional programs.

I was also fortunate to have recruited participants who were passionate about furthering their nursing careers, sharing their stories, and helping me to understand their accomplishments, challenges, and concerns during their BN studies. Many student participants agreed to several interviews over time and participated in member checking as the theory of Repatterning emerged. My colleagues, both in nursing and learning support, provided invaluable support with literature searches, participant recruitment, and peer debriefing on the emerging theory of Repatterning. They were also keen to understand the process that the EN/IQN students were experiencing and on using the theory to enhance their understanding and ability to work with these students to ameliorate their student and professional transition challenges.

Finally, I was able to use a focused review of the existing scholarly literature to confirm similar findings of the core elements of the theory of Repatterning. An in-depth review of the literature helped me to situate Repatterning within educational pedagogy for nursing and strengthen its value, credibility, and trustworthiness. The middle range theory allows educators to use the theory as a framework for understanding students, designing, and evaluating curricula and student support, and to support policy decisions, and designing future research.

6.6 Limitations

The most important limitation of the study that led to the emergence of the middle range theory of Repatterning; Yearning, Churning, Relearning, Adjourning, and Earning, was the ongoing COVID-19 pandemic, which is now entering its third year. In addition to public health restrictions that have impeded in-person learning and data collection, it has also limited normal immigration processes which have impacted the number of student visas issued and reduced the number of potential IQN participants in the study. Additionally, networking by faculty members has also been limited, with online venues providing fewer opportunities to ask nursing academics from other universities to recruit EN/IQN students to participate in the study. As a result, participants in the study were recruited primarily from one regional university in Queensland. While qualitative studies never use a probability sampling frame for recruitment of participants who reflect the population, ideally, I would have liked to have participants from more universities across Australia to increase confidence in the broader applicability of the theory. Additionally, EN/IQN students who agreed to participate in the study may also be more open or more challenged by their student experiences in the BN program than their peers who did not choose to participate.

The workload of nursing faculty in pivoting to online course delivery and curriculum revisions necessitated by the pandemic has

also reduced their ability to conduct timely peer reviews of papers for nursing journals. It was decided in collaboration with my supervisory team that the three proposed papers for peer review and the completed doctoral thesis for external review would be submitted simultaneously, to forestall delays in the completion of my doctorate.

6.7 Chapter Summary

From the time the students decide to 'up-skill' to become an RN remains a transition experience where many decisions are needed, and many areas of unknown entities exist. EN and IQN students experience their first reality shock from the commencement of their studies, for some, the challenges are from the academic requirements while for others it may be the change in mindset from knowing what the task at hand requires. Tools for academic writing were available to all students, and what we have learned from this study is the timing of the use and introduction of the tools to students is most critical. We found that the students were unaware of the academic expectations and focused on navigating through the university processes and procedures. Using the middle range theory of Repatterning enables students to normalise many of the challenges and to develop coping strategies that enhance a more adaptive approach to the transition process.

6.8 Concluding Thoughts

Over the past six years, I have investigated the process that ENs/IQNs undertake as they strive to become RNs in Australia. Using the grounded theory method, I have conducted numerous interviews and observations, reflected, and coded, searched the relevant literature, completed memo extracts, and theorised until the five-stage middle range theory of RepatteRNing emerged. RepatteRNing described and explained the process of YeaRNing, ChuRNing, ReleaRNing, AdjouRNing, and EaRNing that these nurses progressed through on their way to becoming RNs in Australia. There are many opportunities for educators to partner collaboratively with students and learning support staff to make the journey a little easier and more attainable, and for students to be more reflective and self-actualisation along the way.

In these difficult times during the COVID-19 pandemic, the worldwide shortage of Registered Nurses has been highlighted and keenly felt. Additional education pathways for ENs and IQNs to become Registered Nurses is an expeditious means of creating experienced nurses within two years. ENs and IQNs have been cited as under-utilised resources for the present and future health human resource needs (Raines & Taglareni, 2008). The current pandemic has also demonstrated the need for the continual adaptation and adjustment of nursing practice based on reflection and the incorporation of new knowledge and skills, based on

scientific discoveries in “real-time”. EN/IQN BN graduates are resilient clinicians who have made it through Churning and Relearning in their BN programs having mastered the art of Repatterning themselves into new roles and scopes of practice in nursing.

As I have stated previously, I have travelled my journeys of Repatterning from EN to RN to post-graduate studies, and from bedside nurse to educator and scholar, I empathised with the EN/IQN learners, from Yearning to Earning as many of my experiences re-emerged. It is a difficult but rewarding process for those who stay in the course. As Ralph Waldo Emerson famously said, “It’s not the destination, it’s the journey”. Nursing practice is always changing, and as nurses, we are always lifelong learners, always in transition, as part of an unfolding and not always knowable process. I commend the strength and commitment of EN/IQNs who continually strive for best practice and for extending their knowledge and scope of practice rather than relying on safe familiar spaces and ways of being. I have learned so much from EN/IQN students and newly graduated RNs. Surfacing and making explicit their concerns and barriers and working with colleagues to create opportunities, possibilities, and solutions has made me a better educator and a more passionate learner as well.

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Appendix A

Dear Barbara,

The revisions outlined in your HRE Amendment have been deemed by the USQ Human Research Ethics Expedited Review process to meet the requirements of the National Statement on Ethical Conduct in Human Research (2007). Your project is now granted full ethical approval as follows.

USQ HREC ID: H17REA240 (v2)
Project title: The Transition of Endorsed Enrolled Nurses and the Internationally Educated Nurses, to Registered Nurses: From Decision to Degree
Approval date: 29/04/2019
Expiry date: 14/11/2020
Project status: Approved with conditions.

The standard conditions of this approval are:
(a) conduct the project strictly in accordance with the proposal submitted and ethics approval, including any amendments made to the proposal required by the USQ HREC, or affiliated University ethical review processes;

(b) advise the USQ HREC (via human.ethics@usq.edu.au) immediately of any complaint or other issue in relation to the conduct of this project which may warrant review of the ethical approval of the project;

(c) make submission for ethical review and approval of any amendments or revision to the approved project prior to implementing any changes;

(d) complete and submit a milestone (progress) report as requested, and at least for every year of approval; and

(e) complete and submit a milestone (final) report when the project does not commence within the first 12 months of approval, is abandoned at any stage, or is completed (whichever is sooner).

Additional conditions of this approval are:

(a) Nil.

Failure to comply with the conditions of approval or the requirements of the National Statement on Ethical Conduct in Human Research (2007) may result in withdrawal of ethical

approval for this project.

If you have any questions or concerns, please contact an Ethics Officer.

Kind regards

Human Research Ethics

University of Southern Queensland
Toowoomba – Queensland – 4350 – Australia
Phone: (07) 4631 2690
Email: human.ethics@usq.edu.au

Appendix B

Dear Barbara,

The revisions outlined in your HRE Amendment have been deemed by the USQ Human Research Ethics Expedited Review process to meet the requirements of the National Statement on Ethical Conduct in Human Research (2007). Your project is now granted full ethical approval as follows.

USQ HREC ID: H17REA240 (v3)
Project title: The Transition of Endorsed Enrolled Nurses and the Internationally Educated Nurses, to Registered Nurses: From Decision to Degree
Approval date: 08/11/2019
Expiry date: 14/11/2020
Project status: Approved with conditions.

The standard conditions of this approval are:

(a) conduct the project strictly in accordance with the proposal submitted and ethics approval, including any amendments made to the proposal required by the USQ HREC, or affiliated University ethical review processes.

(b) advise the USQ HREC (via human.ethics@usq.edu.au) immediately of any complaint or other issue in relation to the conduct of this project which may warrant review of the ethical approval of the project.

(c) make submission for ethical review and approval of any amendments or revision to the approved project prior to implementing any changes.

(d) complete and submit a milestone (progress) report as requested, and at least for every year of approval; and

(e) complete and submit a milestone (final) report when the project does not commence within the first 12 months of approval, is abandoned at any stage, or is completed (whichever is sooner).

Additional conditions of this approval are:

(a) Nil.

Failure to comply with the conditions of approval or the requirements of the National Statement on Ethical Conduct in

Human Research (2007) may result in withdrawal of ethical approval for this project.

If you have any questions or concerns, please contact an Ethics Officer.

Kind regards

Human Research Ethics

University of Southern Queensland
Toowoomba – Queensland – 4350 – Australia
Phone: (07) 4631 2690
Email: human.ethics@usq.edu.au

Appendix C

Consent Form for USQ Research Project Interview

Project Details

Title of Project: The Transition of Enrolled Nurses and the Internationally Educated Nurses, to Registered Nurses: From Decision to Degree
Human Research Ethics Approval Number: **H17REA240**

Research Team Contact Details

Principal Investigator Details
Mrs. Barbara Black
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Principal Supervisor
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Other Supervisor Details
Professor Diane Duff
Email: dduff@hhhs.ca

Dr. Melissa Taylor
Email: Melissa.Taylor@usq.edu.au
Telephone: (07) 3812 6023

Statement of Consent

By signing below, you are indicating that you:

- Have read and understood the information document regarding this project.
- Have had any questions answered to your satisfaction.
- Understand that if you have any additional questions you can contact the research team.
- Understand that the interview will be audio recorded.
- Understand that you are free to withdraw at any time, without comment or penalty.

- Understand that you can contact the University of Southern Queensland Ethics Coordinator on (07) 4631 2690 or email ethics@usq.edu.au if you do have any concern or complaint about the ethical conduct of this project.

- Are over 18 years of age?

- Agree to participate in the project.

Participant Name	
Participant Signature	
Date	

Please return this sheet to a Research Team member prior to undertaking the interview.

Appendix D

Participant Information for USQ Research Project
Interview

Participant Information for USQ Research Project
Interview

University of Southern Queensland

Consent Form for USQ Research Project Interview

Project Details

Title of Project: The Transition of Enrolled Nurses and the Internationally Educated Nurses, to Registered Nurses: From Decision to Degree
Human Research Ethics Approval Number:
H17REA240

Research Team Contact Details

Principal Investigator Details
Mrs. Barbara Black
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Other Supervisor Details
Professor Diane Duff
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Dr. Melissa Taylor
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Telephone: (07) 3812 6023

Description

Group 3: USQ Staff

This project is being undertaken for Doctorial studies.

The purpose of this study is to explore the transition process of Enrolled Nurses and Internationally Educated Nurses, to becoming Registered Nurses in Australia.

The research team requests your assistance because the researcher is seeking to uncover the thoughts, perceptions and feelings you have experienced throughout this transition.

Participation

Your participation will involve in an interview that will take approximately 30minutes of your time.

The interview will take place at a time and venue that is convenient to you.

Questions will include:

Would you explain your teaching / administration experience of the EN or IEN?
What do you think is going well?
What could improve the student experience?

This interview will be recorded by the researcher.
Your participation in this project is entirely voluntary. If you do not wish to take part you are not obliged to. If you decide to take part and later change your mind, you are free to withdraw from the project at any stage. You may also request that any data collected about you will be deleted from the database. If you do wish to withdraw from this project or withdraw data collected about you, please contact the Research Team (contact details at the top of this form).

Your decision whether you take part, do not take part, or to take part and then withdraw, will in no way impact your current or future relationship with the University of Southern Queensland.

Expected Benefits

It is expected that this project will not directly benefit you. However, it may benefit Enrolled Nurse's and Internationally Educated Nurse's students in the future.

Risks

There are no anticipated risks beyond normal day-to-day living associated with your participation in this project.

Privacy and Confidentiality

All comments and responses will be treated confidentially unless required by law.

- The researcher will have full access to the recording and will use voice to text technology to transcribe the recording.
- The transcript will be corrected and then the recording will be erased.
- The transcript will then be assigned a participant number without identifying data.
- Transcripts will be shared with supervisors for learning purposes.
- While it is ideal to have a voice recording for accuracy, at the participant request, interviews can be conducted without audio recording. In this case the investigator will keep notes.

Any data collected as a part of this project will be stored securely as per University of Southern Queensland's Research Data Management policy.
A Data Management Plan will be used to document and establish key element of research data.

Consent to Participate

We would like to ask you to sign a written consent form (enclosed) to confirm your agreement to participate in this project, and to re-use this data in future projects. Please return your signed consent form to a member of the Research Team prior to participating in your interview.

Questions or Further Information about the Project

Please refer to the Research Team Contact Details at the top of the form to have any questions answered or to request further information about this project.

Concerns or Complaints Regarding the Conduct of the Project

If you have any concerns or complaints about the ethical conduct of the project you may contact the University of Southern Queensland Ethics Coordinator on (07) 4631 2690 or email ethics@usq.edu.au. The Ethics Coordinator is not connected with the research project and can facilitate a resolution to your concern in an unbiased manner.

Thank you for taking the time to help with this research project. Please keep this sheet for your information.