

The nurse educator role in the acute care setting in Australia: important but poorly described

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KEY WORDS

nurse educator, clinical nurse educator, hospital based educator

ABSTRACT

Objective

The purpose of this paper is to describe the nurse educator role in the acute care setting in Australia.

Method

A literature review using Ganong's (1987) method of analysis was undertaken. Computerised databases were searched for articles published in English between 2000 and 2008 using the key words: 'education', 'nursing', 'nurse-educator', 'teaching methods', 'clinical', 'outcomes health care' and 'Australia'. Information was summarised to identify issues impacting on the nurse educator role using a standardised data extraction tool.

Results

The search strategies generated 152 articles and reports. The review identified that the nurse educator role is fundamental in supporting clinical practice and integral to developing a skilled and competent health workforce.

Conclusion

Confusion in nursing roles and role ambiguity contribute to the challenges for nurse educators in acute care. The absence of a national, standardised approach to role description and scope of practice in Australia may adversely impact role enactment. Further discussion and debate of the nurse educator role in Australia is warranted.

INTRODUCTION

The Australian health care system has experienced significant change in recent years and faces considerable challenges in continuing to provide world class health care services. In response to these challenges, the National Health and Hospitals Reform Commission (NHHRC) has identified a challenging reform agenda (National Health and Hospitals Reform Commission 2009). Issues addressed by the NHHRC include reviewing health service demand and expenditure, increasing the emphasis on patient care safety and quality, addressing inequities in health care access and outcomes and examining workforce models (National Health and Hospitals Reform Commission 2009). As nurses' play a major role in health care delivery in primary, secondary and tertiary care nurses' contribution in achieving health reform is indisputable (Needleman et al 2002). Ensuring that nurses have the appropriate skills, knowledge, competencies and professional values to achieve reform objectives is contingent upon their engagement in evidence-based education strategies.

Historically, nurse educators have played a critical role in the professional development of nurses and maintaining and advancing nursing practice standards (Conway and Elwin 2007). Their role in contemporary service models is less well defined (Conway and Elwin 2007). The nurse educator role in Australia has evolved over time and changed significantly following the transfer of nurse education from hospitals to universities (Conway and Elwin 2007). Prior to the introduction of baccalaureate nursing programs, acute care nurse educators assumed overall responsibility for student nurses as well as providing continuing and professional education of registered nurses.

A nurse educator is defined as a registered nurse who assesses, plans, implements and evaluates nursing education and professional development programs (Australian Nursing Federation 2009). They are also responsible for advancing practice development and student support rather than having complete responsibility for nurse education as in the academy

(Conway and Elwin 2007). To date their roles, scope of practice and contribution to patient outcomes is unclear (Conway and Elwin 2007). This lack of clarity is compounded by increasing scrutiny of positions not directly responsible for patient care. Therefore it is timely to consider the role and contribution of the nurse educator to patient care outcomes and the professional development of nursing (Conway and Elwin 2007).

This paper reports on an integrative literature review of the nurse educator role with a focus on the role in acute care hospitals within the Australian health care system. It is argued that the nurse educator role is critical to the continuing professional development of the nursing and broader health workforce and influences the delivery of safe, quality patient care. The integrative review has allowed the summary and synthesis of these issues and identification of challenges to role enactment and advancement.

The Australian health care system

Australia supports a system of universal health care coverage and although there is an increasing emphasis on community-based care, acute hospitals still remain an important focus of care. Nurse educators work within acute care hospitals in public and private sectors within cities, suburban, rural and remote regions across Australia. Multidimensional system, provider and patient factors have significantly impacted professional practice and patient outcomes in recent years prompting service and system reviews at State and Federal government levels. Several reviews have debated health care relating to expenditure, service demands, inequities in health care access and outcomes, workforce shortages, patient care quality and safety and the lack of integration across State and Federal systems (National Health and Hospitals Reform Commission 2009). The Australian health care system services a culturally diverse society with significant complex care needs including Aboriginal and Torres Strait Islanders (Australian Institute of Health and Welfare 2009). Nurse educators work in acute care facilities within these communities across Australia.

Workforce Challenges

Landmark nursing workforce reports have identified the requirement for a national focus on the interface between nursing, health and workforce development (Heath 2000; National Nursing and Nursing Education Taskforce 2006). This includes modification to the profile and educational preparation of future health care workers to meet service and consumer demands for care (National Nursing and Nursing education Taskforce 2006). These issues have driven modification of skill mix in nursing in Australia (Conway and Elwin 2007).

Although nurse education has been in the tertiary setting since the mid-1980s, there are calls to change the nursing workforce focus from a predominately baccalaureate preparation to one of much greater diversity through broadening the scope of practice of enrolled nurses and the creation of new categories of health workers (Daly et al 2008). Changes to the enrolled nurse role and scope of practice have been made including authorisation to administer medications (Conway and Elwin 2007). This change is coupled with the emergence of a health workforce of increasingly divergent knowledge and skills who some argue have limited educational preparation to address the population's changing health care needs (Conway and Elwin 2007; Daly et al 2008).

These trends have emerged not merely to address workforce shortages, but to attend to the increasing needs of individuals with chronic conditions and the elderly. The described role diversity within nursing and the broader health workforce mean that the educative and supportive role of the nurse educator is likely to become more critical to support knowledge, skill and clinical practice development (Conway and Elwin 2007).

The changing work environment

The role of the nurse educator in the acute care system has been eroded in a push towards more generic health professional and health worker education programs (Conway and Elwin 2007). Although this is advantageous in developing interprofessional relationships, it can be problematic as there is

potential to lose nursing identity and compromise patient safety and outcomes in the ongoing quest to address the global shortage of health care workers (Daly et al 2008). The introduction of the Health Training Package for example means that a new cadre of health workers with varied educational preparation who may provide "basic care" are evident in hospitals. The training package is a nationally recognised framework that provides pathways to a wide variety of health care work and qualification options and facilitates articulation of both regulated and unregulated workers to engage in health care provision (Conway and Elwin 2007). Whilst these initiatives may address staffing deficits in the short term, they have potential to negatively impact the achievement of safe, quality patient outcomes (Duffield 2007; Daly et al 2008). A direct consequence for the registered nurse of a more diverse health workforce is the potential for a role shift whereby the registered nurse may not be the direct care provider but be responsible for delegation and supervision of care as a consequence of the changing scope of practice of nurses and other health care workers (Conway and Elwin 2007).

The prediction that almost 60% of the current Australian nursing workforce will retire in the period 2006 – 2026, challenges the capacity of the nursing profession and the health care system to recruit and retain sufficient appropriately skilled staff, of the right skill mix, in the right geographic location to meet service demands and importantly achieve safe patient outcomes (Duffield et al 2007).

METHOD

An integrative review of the literature utilising Ganong's (1987) method of analysis was undertaken. An integrative literature review is a method for assessing information based on a question or hypothesis that guides the review, interpretation and synthesis of findings (Weaver and Olson 2006; Whittemore and Knafelz 2005; Ganong 1987). Commonly, an integrative literature review is useful to gather and integrate information to inform scholarly debate and suggest further areas for research.

The integrative review method was selected as it provides a structured approach to the identification and interpretation of themes and differences in the literature (Weaver and Olson 2006). The Cumulative Index of Nursing and Allied Health (CINAHL), Science Direct databases, and the Google search engine were employed in the literature search of Australian publications from 2000 to 2008. Search terms were 'education', 'nursing', 'nurse-educator', 'teaching methods', 'clinical', 'outcomes health care' and 'Australia'. Reference lists of retrieved articles and reports were hand-searched for any additional references. Questions guiding the review were: (1) What is the role of the nurse educator in the contemporary Australian health care system? (2) What is the impact of the nurse educator role on patient outcomes? and (3) What are the key challenges facing the nurse educator role?

Inclusion and Exclusion

Inclusion criteria required that references focus on the nurse educator role and nurse education in the Australian acute care setting and be published in English between 2000 and 2008. References not meeting these criteria were excluded.

FINDINGS

The search strategies generated 152 articles and reports. Each paper was analysed by two reviewers using the research questions as a guide. Key themes namely, role ambiguity, educational preparation for the role and career pathways, nursing workforce shortages and partnerships with academia were generated using the method of thematic analysis which draws together common issues and concerns. A feature of the review was the limited discussion of the nurse educator role. Within the literature, the term 'nurse educator role' was used generically making it difficult to differentiate between roles in the university and health care sector.

The literature is reported beneath headings corresponding to the questions that guided the review process and emergent themes that impact the nurse educator role.

The role of the nurse educator in the contemporary Australian health care system

The role of the nurse educator is multi-faceted and dependent on the context of practice and employment (Conway and Elwin 2007). Nurse educators in America and the United Kingdom may have dual roles in academia and the hospital setting (Koh 2002; Billings 2003; Conway and Elwin 2007). In contrast, nurse educators in Australia work primarily within hospitals. They are considered to be expert nurses and their role is pivotal to the integration of theory and clinical practice (Conway and Elwin 2007). This role in Australia has evolved from one where the hospital based educator had overall responsibility for the pre-registration education of nurses and professional development in a hospital based system, to providing student support and facilitation of professional education, nursing practice and organisational goals (Conway and Elwin 2007). Some educators are responsible for organisation wide programs for example preceptor programs and others work within a clinical specialty such as cardiology (Conway and Elwin 2007). It is apparent that this is a complex and varied role (Mateo and Fahje 1998; Conway and Elwin 2007).

Conway and Elwin acknowledge the diversity of nurse educator role descriptions and boundaries (Conway and Elwin 2007). Also there is a blurring across various categories of nurses providing education in hospitals (Conway and Elwin 2007). This lack of clarity may adversely impact role description and enactment (Conway and Elwin 2007; Dubois and Singh 2009). Similar issues in defining and describing the nurse educator role are also seen internationally as roles and functions blur across practice settings (Billings 2003; Gillespie and McFetridge 2006). The nurse educator practices in accordance with the competency standards for registered nurses developed by the Australian Nursing and Midwifery Council (2005). Nurse educators may also practice in accordance with the competency standards for nurse teachers (educators either working in academia or the clinical arena) developed by the Australian Nurse Teachers Society (1998).

The impact of the nurse educator role on patient outcomes

The impact of patient acuity, decreased length of stay and increased numbers of adverse events is featured prominently in the literature, yet little attention has been paid to the impact or role of nurse educators in addressing these dilemmas. An emerging body of literature has determined the importance of a well-educated nursing workforce, particularly in the acute care setting, to improve patient outcomes (Aiken et al 2003). Nurse-sensitive patient outcomes, or the nurse-led interventions that contribute to patient outcomes, are critical in determining the impact of nursing care on the patient journey (O'Brien-Pallas et al 2004; Tourangeau et al 2005; Duffield et al 2007). Changes in healthcare, decreasing length of stay, and an increasingly divergent nursing skill mix inextricably link with higher reporting of adverse patient events and outcomes (Buerhaus et al 2007; Duffield et al 2007; Rafferty et al 2007; O'Brien-Pallas et al 2004). Duffield's (2007) recent study of hospital nursing wards in NSW has demonstrated that adverse events decrease when a nurse educator is within a ward, identifying a relationship between nurse educator practice and safe patient outcomes (Duffield et al 2007).

DISCUSSION

Key challenges facing the nurse educator role

Contemporary health care mandates the continued growth and renewal of the nursing profession to address the nexus between education and practice in the clinical context. Challenges facing the nurse educator role have been minimally explored in the literature but should be considered in the context in which nurse educators' work and practice as health systems are driven by funding, policy and regulatory issues and the relationship between patient outcomes, the work environment, skill mix and workload are indisputable. Crisis management, coupled with emerging roles for alternate health workers, who may have limited educational preparation and no professional affiliations, have been identified as workplace trends in response to workforce deficits in the clinical environment

(Daly et al 2008). In the clinical practice domain, these factors may negatively impact patient care, safety and outcomes. To prevent this, recognition of changing workforce roles and associated diversity of educational attainment among health workers is necessary to lead educational change and support new service models (Conway and Elwin 2007). Nurse educators also have an intrinsic role to play in the development of nursing, education and health research and are well placed to initiate or collaborate in research focussing on clinical practice and education. Engaging in collaborative clinical and academic research partnerships may further contribute to dynamic and innovative education and teaching practices actively supporting the intensive learning required by nurses to attain expert clinical skills and competency.

At a system level, sustaining and developing a sufficient nurse educator workforce is essential to continue the development of a competent, well educated workforce – a key health reform issue. As nursing workforce shortages continue to grow and the sustainability of this position is questioned, shortages of nurse educators may also emerge. Role, identity, nurse educator education and career pathways, were identifiable themes throughout the literature reviewed. Addressing these challenges may contribute to positive role enactment and advancement and importantly sustaining this important nursing workforce role.

Challenges

1. Role identity, ambiguity and conflict

Health workforce resources are reportedly underutilised (Oelke et al 2008; Dubois and Singh 2009). although factors influencing role optimisation are not well understood. A critical factor in addressing workforce shortages and retention is ensuring nurses work to their full scope of practice (Oelke et al 2008). Although the concepts of 'nursing scope of practice', and 'role enactment' are widely used in the literature, they are not clearly defined in terms of the nurse educator role (Oelke et al 2008). This lack of clarity has been further compounded following the restructuring of nursing in recent years and minimal

acknowledgement of the effect of these changes and the subsequent potential for role conflict and ambiguity within nursing (Conway and Elwin 2007). As other nursing specialist roles have emerged and assumed responsibility for engaging nurses in education in practice settings, nurse education is no longer the exclusive mandate of the nurse educator (Conway and Elwin 2007). Conway and Elwin (2007) acknowledge that role identity and enactment may be eroded and blurred in health environments experiencing constant change and where there is overlap between roles supporting clinical education. The described changes have significantly impacted the nurse educator role and role erosion has occurred. The threat of intra-professional discord, professional isolation and a lack of supportive relationships may remain whilst the nurse educator role remains poorly defined (Conway and Elwin 2007). Also the role may continue to be undervalued and role enactment, job satisfaction and staff retention may be negatively impacted unless role uncertainty is resolved (Conway and Elwin 2007). If nurse educators are to continue to facilitate empowerment of other nurses and health workers in developing skill proficiency, critical thinking and reasoning skills, enabling nurse educators to articulate their role and scope of practice is essential (Conway and Elwin 2007). This is important at a time when sustainability of the role is questioned (Conway and Elwin 2007) and as enabling health professionals may enhance their productivity (Scott 2009). Importantly, the advancement of nurse education practice is contingent upon clarification of role boundaries and role description (Conway and Elwin 2009). Lastly, the literature is devoid of comment regarding the interface between the various nurse educator clinical roles. A strategic, structured approach to discipline specific and interprofessional clinical education in the practice environment is required.

2. Educational preparation of the nurse educator

Registered nurses in Australia practice in accordance within competency standards developed by the Australian Nursing and Midwifery Council (2005). The nurse educator is no different from the registered

nurse, midwife or specialty nurse in requiring core knowledge, skills and competence to perform their role. It is also argued that whilst the nurse educator needs to be clinically competent, this alone is insufficient to perform successfully. The knowledge and expertise nurse educators acquire through their educational preparation and experience inform their competency when facilitating learning, designing engaging learning experiences, and evaluating learner outcomes (National League of Nursing 2003).

Educational preparation for nurse educators in Australia is not mandated by the profession or any specific regulatory authority. Role criteria and education qualifications required vary from hospital to hospital and state to state. Yet, the expectations of the profession and consumers are that nurses must be well educated to positively impact on nursing practice and patient outcomes. The ad-hoc and non-standardised educational requirements of the nurse educator role are not helpful in fostering the identity and credibility of the nurse educator. Increases in new graduate nurse numbers enter the workforce requiring clinical education, support and mentoring has resulted in nurse educators with a diverse range of skills and professional qualifications being employed (Conway and Elwin 2007). Nurses in clinical practice need to be effectively supported to develop as lifelong learners. Nurse educators are responsible for creating engaging learning environments and experiences to support this. The authors argue they require knowledge and expertise in adult education principles to inform their practice. Clinical leadership, critical thinking, reflection, communication skills and knowledge of and commitment to learning and teaching processes are also required for nurse educators to perform successfully (Conway and Elwin 2007; Illiffe 2007; Oelke et al 2008). Knowledge and expertise nurse educators gain through postgraduate study and experience is instrumental in their design and facilitation of learning experiences and evaluating learner outcomes (Royal College of Nursing 2008). Current variations in the nurse

educator role, clinical competence and qualifications may complicate nurse educator preparation and subsequent role development. Study leave and fee support however, may enhance nurse educator participation rates in initial and continuing professional education and scholarship (National Nursing and Nursing Education Taskforce 2005). In light of recent public debate regarding the professional preparation of nurses (Jackson and Daly 2008), it may be timely to reconsider the role of the nurse educator and the educational preparation required to perform in the role.

3. Career pathways

Various reports (Heath 2002; Garling 2008) highlight the importance of ensuring a well educated and supported health workforce. In particular, educational support for newly qualified staff entering the workplace and the need to support the continuing clinical education of nurses is noted (Heath 2002). In response, the Commonwealth government has funded the support of undergraduate education in the clinical environment and the establishment of new clinical nurse educator positions (National Nursing and Nursing Education Taskforce 2005). Australian nurse educators may come from a variety of backgrounds. They may have experience as a preceptor, mentor, or have been a clinical specialist, clinical educator or manager prior to embarking on a career as a nurse educator. Yet the literature reviewed is devoid of discussion regarding a specific career pathway for nurse educators. It is argued that a clearly articulated, industry and specialty endorsed delineation of the nurse educator role and scope of practice, supported by a flexible career pathway would significantly contribute to the further development of the specialty. A defined career pathway may enhance nurse educator recruitment, job satisfaction, and a sustainable educator workforce as has occurred for other nursing roles. A flexible pathway facilitating educators to work both within academia and hospitals may also enhance the role and diminish the divide between academia and practice. This in turn may influence cooperative working partnerships and importantly curriculum innovation between

academia and the clinical setting further impacting safe evidence based practice and patient care outcomes. Significantly, these measures may assist, nurses, academics, management and other health professionals to gain insight into this complex and challenging role.

4. Partnerships with academia

Education in the practice setting requires reform to address the educational needs of the current and future nursing workforce to optimise safe patient care outcomes (National Nursing and Nurse Education Taskforce 2006; Daly et al 2008). The blurring of nursing roles regarding responsibility for educational interventions may cause conflict rather than collegiality and collaboration in nurse education. Substantive partnerships between nurse academics and nurse educators within disparate healthcare settings are imperative to enable nurses to continue to develop their skills and expertise and contribute to quality patient outcomes (Heath 2002; National League of Nursing 2003). These partnerships may engender a positive climate influencing the development of nursing practice and influencing safe patient care and importantly, the nursing profession.

Implications for policy, practice, research

Changes to the nurse educator role over time, although minimally described in the literature, have led to a decrease in the influence that nurse educators have, not only in the acute setting but also more broadly within the nursing profession. This is a broad generalisation and does not imply that nurse educators do not have a sphere of influence in nursing practice and on curriculum advisory boards. In spite of this the nurse educator plays a critical and dynamic role in transforming clinical practice, maintaining practice standards and supporting the professional role of the nurse and advancing nursing.

The information summarised above reflects the poorly characterised description of the nurse educator role in the acute care setting in Australia. Further, the discussion of the nurse educator role is inconsistent and sporadic. Conversely, many sources attest to the

importance of education and support of practice that optimises clinical outcomes (Aiken et al 2001; Heath 2002; Daly et al 2008, Garling 2008). Several features of the practice environment, in particular, the diversification of the workforce, underscore the importance of focussing on the nurse educator role. On the basis of this review, we recommend further research is required to elucidate the nurse educator role. In addition, despite considerable discussion in the global literature regarding the link between nursing care and patient outcomes, comment focussing on the relationship between the nurse educator, nursing care and the patient, in the context of how such interactions may influence patient outcomes, is limited. Given the current focus on this issue, further research is warranted.

Nurse educators have a pivotal role to play in the clinical environment preparing registered nurses to develop competence in assuming increasingly complex and challenging clinical leadership roles within the described diverse multidisciplinary teams of today (Conway and Elwin 2007). Nurse educators can also be instrumental in facilitating workplace postgraduate clinically based courses and continuing education programs. These programs facilitate and support degree-qualified registered nurses to achieve their potential to build capacity, interprofessional partnerships, and initiate and lead unprecedented reform in health care delivery at the point of care (Thorne 2006; Conway and Elwin 2007). An important emerging element of nurse educator practice is the advancement of interprofessional capability through interprofessional learning (Walsh et al 2005). The nurse educator is well placed to assume a clinical leadership role in interprofessional education in the practice environment and developing a team approach to problem solving and effective clinical decision making within the health team.

CONCLUSION

The literature acknowledges nursing education as the foundation for nurses to build clinical competence to provide safe patient care and the nurse educator is integral to nurses achieving this goal. However,

blurring across nursing roles providing education in clinical practice and the absence of a national, standardised approach to role description and scope of practice may adversely impact role enactment. Explicit identification of the role within the health workforce and clarification of role boundaries and role description is required to advance nurse educator practice. Further research is also required to identify the influence of the nurse educator in achieving safe patient outcomes.

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