Nurse Education Today 34 (2014) 6–10

Contents lists available at ScienceDirect

Nurse Education Today

journal homepage: www.elsevier.com/nedt

Review

A case for collaborative networks for clinical nurse educators

Kate Coates *, Kimberly Fraser [1]

University of Alberta, Faculty of Nursing, Level 3, Edmonton Clinic Health Academy, 11405 87 Ave., Edmonton, Alberta T6G 1C9, Canada

ARTICLE INFO

Article history:
Accepted 4 April 2013

Keywords:
Clinical Nurse Educator
Staff Development Educator
Network/Networking
Academic Partnerships
Intersectoral Partnerships
Academic Nurse Educator

SUMMARY

Clinical Nurse Educators (CNEs) are a unique subspecialty of nurse educators whose primary purpose is to support the ongoing educational needs of clinical nurses. The role has been described as both isolating and overwhelming. In this paper, we first review the current context for CNEs, specifically, the lack of role clarity and explore some reasons for job dissatisfaction. We then propose collaborative networks as a strategy to address these concerns. The potential benefits of these networks include opportunities for: role clarity, decreased isolation, shared finite resources, reduced duplication of work, ongoing professional development, and mentorship.

Additionally, we propose enhanced, intersectoral collaborations with Academic Nurse Educators, those nurses employed at academic institutions to educate nursing students. These networks could improve research capacity and knowledge translation to the frontlines of care delivery, professional growth, and responsible use of resources in both sectors.

Introduction

The role of the Clinical Nurse Educator (CNE), whose primary role is to support the ongoing educational needs of nursing staff, is extensive and challenging. Often a CNE works independently, and the role can feel isolating and overwhelming (Manning and Neville, 2009; McKinley, 2008). Balancing multiple priorities, meeting the needs of frontline staff and the expectations of their superiors, along with their own intrinsic pressures can lead to role confusion, frustration, and job dissatisfaction (Manning and Neville, 2009). Reducing the feelings of frustration and isolation could lead to increased job satisfaction and ultimately retention (Manning and Neville, 2009; MacPhee et al., 2009).

Currently there are few organizations that provide networking opportunities specifically for CNEs. We propose that creating and strengthening networks between CNEs, within and beyond their institutions, could offer support to individual CNEs and help firmly establish this as a unique, subspecialty group of Nurse Educators. Collaborative networks may promote increased sharing of ideas, learning, and experiences, and increased partnerships for opportunities and interest in research (McKinley, 2008; Mathews, 2003).

Often CNEs are considered under the title Nurse Educator, which implies both clinical and Academic Nurse Educators (ANE). ANEs are nurses who are employed by academic institutions to educate nursing students such as instructors and professors. Our second, related, proposal is that of enhanced, deliberate intersectoral collaborations between CNEs and ANEs. Collaborations between CNEs and ANEs have many potential benefits for both sectors. These may include: improved staff nurse and student nurse experiences, greater research presence in clinical settings, enhanced efficiency in the utilization of finite human and fiscal resources, and increased interest in the pursuit of academic faculty positions (Beres, 2006; Pollard et al., 2007; Mathews, 2003; Horns et al., 2007).

In order to understand the value of networks for CNEs, it is important that we first explore the underlying context and potential causes of job dissatisfaction in this group. We conducted a comprehensive review of the current literature done in CINAHL and PubMed using the following key words: Clinical Nurse Educator, Staff Development Educator, Network/Networking, Retention, Job satisfaction/dissatisfaction, Academic Partnerships, and Intersectoral Partnership.

First, we explore the issues of role clarity and job dissatisfaction within the current context. We then propose the creation and strengthening of collaborative networks for CNEs to help address these concerns. The proposed networks would provide opportunities for the development of role clarity and decreased isolation, as well as shared resources, increased interest and capacity in research utilization, and enhanced professional development for CNEs.

Role Clarity

Multiple Titles

The first challenge we identified in understanding role clarity for CNEs is the variability in job title. Although most commonly referred to as CNEs, they are also referred to in the literature as Staff Development Educators or Practice Educators. Additionally, some institutions

* Corresponding author. Tel.: +1 780 492 4506.
E-mail addresses: kscoates@ualberta.ca (K. Coates), Kimberly.fraser@ualberta.ca (K. Fraser).
[1] Tel.: +1 780 492 7283; fax: +1 780 492 2551.

0260-6917/$ – see front matter © 2013 Elsevier Ltd. All rights reserved.
http://dx.doi.org/10.1016/j.nedt.2013.04.003

alter the title, and subsequently the role, to Clinical Educator. This broadens the target recipient of education to other members of the healthcare team. The variability in title, and therefore potential variability in role expectations, should be streamlined to ensure both CNEs and those with whom they work understand the role.

One Category for 'Nurse Educators'

In the literature, CNEs are often categorized with ANEs under the title 'Nurse Educator'. Although both roles have education as a primary area of focus, the expectations and preparation between the two roles can vary significantly. CNEs educate and support practicing nurses at the point of care. Their responsibilities commonly include staff education, policy and procedure development, and research utilization at both unit and organizational levels. Despite the research utilization and teaching obligations, few CNEs have obtained a Master's Degree or higher. In Canada, as of 2008, only 7.8% of CNEs had obtained post-baccalaureate education (Canadian Institute of Health Information, 2009). We were unable to obtain comparative international data on the educational preparation of CNEs as they were not differentiated from ANEs in workforce data in other countries.

ANEs deliver undergraduate and graduate nursing education, while balancing leadership and research demands, but may be further removed from daily clinical situations. ANEs are prepared at the Masters, Doctorate and post-Doctorate levels, which provides them with increased exposure to and experience in research practices. They may also have education in adult teaching and learning principles, which help guide them construct meaningful educational opportunities for their students.

When considering what may be relevant for 'nurse educators', it is important to recognize that they are distinct, and their foci and learning needs differ. For example, CNEs are expected to assist in the development of evidence-based policies, and, therefore, education focused on research utilization is fundamental. Comparatively, as ANEs are expected to produce research and publish their work, education focused on research process and scholarly writing for publication may be more pertinent. Assuming 'nurse educators' to be a homogeneous group could lead to ineffective attempts to support both groups.

Role Expectations

Professional development, competency maintenance, policy and procedure development, translation of research to practice, and promotion of safe, ethical care are common explicit expectations for the CNE (Brown, 2007; Milner et al., 2005; Strickland and O'Leary-Kelley, 2009). There are, however, some implicit expectations. For example, to be considered a team-player, CNEs are often expected to step in to other roles (i.e. shift supervisor, or unit manager) (MacPhee et al., 2009). This could imply that the work of a CNE is less valued or dispensable.

There may also be role confusion as some overlap exists between other nursing professionals. For example, the Clinical Nurse Specialist role has within its scope the responsibility of education. This can be interpreted as both patient and staff education. Opportunities for collaboration exist here. However, job expectations should be made clear to both groups. Having clear communication in this area could prevent the frustration that occurs with duplication of work.

The CNE role includes promoting evidence-based care while simultaneously balancing the needs of the nursing staff with the priorities of direct managers and organizations. Before research can be done to further this unique work, clarification in both title and role expectations needs to be carried out.

Job Dissatisfaction

Job dissatisfaction, a significant concern for both CNEs and organizations, can lead to burnout and role abandonment. MacPhee et al. (2009) found that of 105 CNEs surveyed, nearly half indicated they intended to leave their current role or were undecided about leaving. Their reasons included insufficient support, pursuing another position/too long in the position, and heavy workload (MacPhee et al., 2009). Minimal orientation or lack of role preparation has also been identified as a significant challenge to transitioning to the role of CNE (Manning and Neville, 2009).

Insufficient Support

CNEs often work independently in specialty areas such as burn units, intensive care areas, or pediatric units. Isolation, or a lack of sense of community, is one of the major factors contributing to burnout and disengagement in nursing (Freeney and Tiernan, 2009). Brown (2007) highlights the importance of organizational support to allow CNEs to meet with each other, at least bimonthly, to "share, discuss accomplishments, use each other's strengths, help each other teach, and have a sense of belonging" (p. 244). This can foster a sense of belonging. Support outside organizations is a strategy not often implemented to address the isolation of CNEs in specialty areas, but is one that could prove beneficial.

CNEs may feel a lack of sense of community if there is no formal group of CNEs within their organization. Beyond hospital or community organizations, few collaborative, accessible groups exist for CNE networking. In Canada, only two provinces have Nurse Educator specialty interest groups, and both require additional fees to participate. Internationally, many organizations have Nurse Educator specialty groups but most are focused on the interests of ANEs. Unfortunately, CNEs are not often supported or encouraged to access these groups, financially or, more importantly, within their identified priorities. When financial resources are scarce, attendance at educational conferences and memberships to professional interests groups are made a lesser priority. Organizational leadership need to value and encourage CNE professional development, socialization, and participation in networks in order for it to become a priority to the individual (Manning and Neville, 2009). This form of support ultimately benefits the organization by increasing CNE job satisfaction, productivity, and retention (Manning and Neville, 2009). The sharing of ideas and resources may also reduce duplication of work, which can save both time and money. A shift in priorities toward a sense of community may improve feelings of isolation in CNEs and therefore improve job satisfaction levels.

Pursuit of Another Role/Too Long in the Role

Understanding why 'pursuit of another role or too long in the role' was identified as a reason to leave may be more individual in nature, and needs further evaluation. Research into where CNEs choose to move next may answer some of these questions. Also, exploring what is meant by 'too long' or what is the incentive to transition to a new role would help understand and address this concern.

Workload

CNEs experience many barriers that can impede quality staff education. These include: limited resources, limited or no protected time for staff education, and conflict between staff's perception of learning needs and the goals of the organization (MacPhee et al., 2009). It is a challenge to help nursing staff to be currently updated in today's fast-changing healthcare system. There is little time allotted to network or participate in professional development in this working context. However, networks may prove to be beneficial in managing workload