Collegian (2016) 23, 329—340

Available online at www.sciencedirect.com

ScienceDirect

journal homepage: www.elsevier.com/locate/coll

Understanding Nurse Consultant role engagement in metropolitan and rural contexts

Michelle Giles, RN, CM, BBus MIS, PhD[a,*], Vicki Parker, RN, PhD[b], Rebecca Mitchell, PhD[c]

[a] Clinical Nurse Consultant Research, Hunter New England Local Health District, University of New England, James Fletcher Campus, 72 Watt Street , Newcastle, NSW 2300, Australia
[b] School of Health, University of New England, Hunter New England Local Health District, Australia
[c] School of Business and Law, University of Newcastle Australia

Received 3 August 2015; received in revised form 19 March 2016; accepted 1 April 2016

KEYWORDS
Advanced nursing practice;
Nurse Consultant;
Role ambiguity

Summary
Background: Role ambiguity is known to impact negatively on role effectiveness. Nurse Consultants (NCs) are clinical leaders in Australia and similar roles exist internationally. Factors that lead to role ambiguity for NCs include dynamic and complex health care contexts and roles. To reduce ambiguity there is an urgent need to demonstrate NCs' contribution to health care outcomes.
Aim: This paper reports findings of a study exploring the role, scope and level of engagement of the NC across metropolitan and rural context in New South Wales, Australia.
Design: This study used a cross sectional sequential mixed method design examining the complex and multifaceted nature of the NC's work.
Method: NCs were recruited across rural and metropolitan services in a large local health district in New South Wales, Australia. Phase one used a validated questionnaire to gather work engagement and activity data, phase two involved interviews with NCs and others stakeholders. Phase one findings are presented in this paper.
Results: Work engagement patterns were influenced by role grade (1, 2 or 3), higher grades engaging at higher levels across domains and health sectors. NCs in rural locations had greater emphasis on education, clinical leadership and clinical consultancy and significantly more direct patient contact in their roles.

* Corresponding author. Tel.: +62 2 49246702.
E-mail addresses: michelle.giles@hnehealth.nsw.gov.au (M. Giles), Vicki.parker@hnehealth.nsw.gov.au (V. Parker), Rebecca.mitchell@newcastle.edu.au (R. Mitchell).

http://dx.doi.org/10.1016/j.colegn.2016.04.002

Conclusion: NCs engage consistently across domains of practice, contributing across multiple health sectors with flexibility to fulfilling health service needs. Findings highlight the relevance of the role in meeting dynamic workplace needs for high level nursing expertise and inform role application, implementation and workforce planning initiatives.

1. Introduction

As senior expert clinicians, Nurse Consultants (NCs) significantly impact on clinical, service outcomes. However, the extent and value of this role is not well reported. This is largely due to the inability to ''delineate distinct areas of work that everyone is able to recognize as NC's work'' (Dean, 2011, p. 1). Health organizations have become so complex that understanding how they do their business is an increasing challenge (Pslek & Wilson, 2001; Weberg, 2012). This increasing complexity calls for more complex roles with multiple layers that are required to change, evolve according to the needs of the organization (Kerr, 1978). The NC role, due to its dynamic, multifaceted, highly flexible, boundary spanning nature has absorbed some of that complexity (Cashin et al., 2014; Giles, Mitchell, & Parker, 2015; Lamont, Brunero, Lyons, Foster, & Perry, 2014). For individuals, the increasing complexity associated with the role can lead to unclear or ambiguous role definitions and unclear accountabilities (Birkinshaw & Heywood, 2010). Role ambiguity, defined as a ''disconnect between information available to an individual, the information that is required for effective role performance'' (Kahn, Wolfe, Quinn, Snoek, & Rosenthal, 1964, p. 73) is identified as a major issue in much of the literature related to NC type roles (Chang, Gardner, Duffield, & Ramus, 2010; Chiarella, Harford, & Lau, 2007; Drennan & Goodman, 2011; Duffield et al., 2011; Gardner, Chang, & Duffield, 2007; Lloyd Jones, 2005). This has led to a decline in these advanced practice nurse (APN) roles internationally (Dean, 2011; Ellis & Morrison, 2010) and in Australia (Baldwin et al., 2013; Bloomer & Cross, 2010; Duffield, Gardner, Chang, & Catling-Paull, 2009).

It is imperative that the NC role and its impact are clearly identified and recognized as a valuable resource and service asset integral to future health service delivery models (Bloomer & Cross, 2010; Franks, 2014). This will only occur through close examination of the scope and characteristics of the role so that impact and value are more visible and can be differentiated from other roles. Identifying practice patterns is important when considering the introduction and development of APN roles (De Geest et al., 2008) and examining scope of role engagement will assist in identifying where the role can and will have impact (Gerrish et al., 2011; King & King, 1990). There is little research that examines in depth the work NCs do or the contribution they make to service delivery. This paper reports finding from a study examining how the NC role is enacted and integrated into health organizations and service delivery models in NSW, Australia

1.1. Background

Health care environments are experiencing substantial reform in the midst of scarce health funding (AIHW, 2012; HWA, 2013; IMF, 2012). This has led to initiatives that have seen senior nursing roles in transition, with the creation of different roles with an emphasis on service replacement, gap filling and expanded scope of practice (Lowe, Plummer, O'Brien, & Boyd, 2012). However, the NC role is decreasing internationally (Dean, 2011; Ellis & Morrison, 2010) and in Australia (Baldwin et al., 2013; Duffield et al., 2009) despite the recognized value of these roles (Franks & Howarth, 2012; Gerrish, McDonnell, & Kennedy, 2013; McSherry, Mudd, & Campbell, 2007; Newhouse et al., 2011; Woodward, Webb, & Prowse, 2005). The NC role is recognized particularly in supporting and advancing the practice of other healthcare professionals, connecting and integrating care across services and strategic leadership of change and innovation in practice (Berwick, 2011; Dowling, Beauchesne, Farrelly, & Murphy, 2013; Franks & Howarth, 2012; Hutchinson, East, Stasa, & Jackson, 2014; Jokiniemi, Pietila, Kylma, & Haatainen, 2012).

The NC role aligns across OECD countries, in that it comprises several key attributes: clinical expertise, leadership, autonomy and role development (Dowling et al., 2013; Guest et al., 2001, 2004; Jokiniemi et al., 2012). The role is described and appropriated through domains of practice similarly in the UK, Australia and Canada. In Australia these domains are; Clinical Service and Consultancy, Clinical Leadership, Research, Education and Clinical Services Planning and Management (NSW Department of Health, 2005). The Australian NC position is typically graded (grade 1, 2 or 3) to reflect complexity in levels of engagement within each domain of practice, a grade three requirement is for State and National participation and activities, requiring high level expertise in all five practice domains (NSW Department of Health, 2005).

Role ambiguity has been repeatedly identified as one of the most prominent factors hindering the NC's effectiveness in practice and the progression of APN roles internationally (Chang et al., 2010; Chiarella et al., 2007; Dowling et al., 2013; Drennan & Goodman, 2011; Duffield et al., 2011; Gardner et al., 2007; Lloyd Jones, 2005). This has contributed to inconsistent implementation of the NC role (Duffield et al., 2009; Hutchinson et al., 2014; Jokiniemi et al., 2012; Pulcini, Jelic, Gul, & Loke, 2010) because of lack of clarity regarding core role characteristics and differentiation from other senior nursing roles (Baldwin et al., 2013; Duffield et al., 2009; Gardner et al., 2007; Lowe et al.,