

Doctorate Studies

An investigation of nurse education service models in acute care metropolitan hospitals across Australia



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ABSTRACT

This paper outlines a study that was undertaken to investigate the different nurse education service models being utilised in acute care metropolitan hospitals across Australia with a view to make recommendations for future nurse education service delivery within healthcare organisations.

This research study used a mixed methods approach comprising three phases. Phase one involved interviews and focus groups with nurse educators at one tertiary teaching hospital in Perth, Western Australia (WA). Phase two involved focus groups and interviews with nurse educators and coordinators of nurse education services in acute care metropolitan hospitals in W.A. Phase three of the study consisted of the development of a survey tool from the findings of the previous phases and a national survey of nurse educators in acute care metropolitan hospitals across Australia.

The findings of this study demonstrate that a centralised nurse education service model undertakes more functions than, and delivers significant advantages over, the decentralised and combination models.

1. Introduction

The provision of continuing professional development is necessary to support nursing staff in the delivery of safe patient care and to ensure that they remain current with the rapidly changing healthcare environment (International Council of Nurses, 2015). Employing healthcare organisations have a responsibility to provide a range of professional development activities to nurses to enable them to participate in continuing professional development and lifelong learning opportunities (Australian Nursing and Midwifery Federation, 2013). Nurse education units within hospitals are essential in supporting these requirements and can offer a range of services focussing on education, clinical support and professional development (Narayanasamy and Narayanasamy, 2007).

1.1. Background/literature

It is predicted that in the next 50 years Australia will experience significant nursing workforce shortages (Health Workforce Australia, 2012). In 2013, Health Workforce Australia (HWA) undertook a review of health workforce programs to try and support the development of an increased number of practitioners to meet their forecast of critical

nursing workforce shortages by 2025. Requirements identified were the need to enhance nursing workforce retention by offering nurses the opportunity to upskill and take on more senior and diverse roles. To assist with the retention of nurses in the nursing profession and to support the large number of new nurses that will be needed, the provision of ongoing quality education and training is essential. This training must address the professional requirements for the job by developing nurses' knowledge and skills to support the delivery of quality patient care, while also supporting the development of management and leadership skills. This will allow for the promotion of nurses' personal and professional growth and support their progression into senior roles (Darbyshire et al., 2005).

Global health trends such as the rise in chronic conditions, the growing threat of communicable diseases and the increasingly complex and varied healthcare environment mean that effective continuing education is vital to enable healthcare professionals to respond appropriately to the needs of contemporary health services (Clark et al., 2015; World Health Organization (WHO), 2013).

The importance of continuing education has been highlighted recently in Australia, with the implementation of the National Safety and Quality Health Service Standards (NSQHSS). In recent years, the need to ensure the safety and quality of patient care has prompted the

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government to implement the NSQHSS across the Australian health system. These standards outline a number of requirements for organisations across 10 clinical areas of practice, including ongoing education and training for clinical staff (Australian Commission on Safety and Quality in Healthcare [ACSQHC], 2012).

The requirement for continuing education is also embedded within nurses' professional competency standards and performance appraisal processes. The Nursing and Midwifery Board of Australia has developed the National Continuing Professional Development Registration Standard and the Registered and Enrolled Nurse Competency Standards to assist nurses in systematically evaluating their practice to identify learning and development needs and to demonstrate their continued competence to practice. The board sets standards for participation in continuing professional development and performance evaluation (Nursing and Midwifery Board of Australia, 2006, 2010, 2016).

Continuing nurse education is required now more than ever. However, it can often be difficult for nurse education departments to justify their existence when their activity and outcomes can be difficult to quantify. It is imperative that the nurse education department function as effectively and efficiently as possible and can produce measurable outcomes for the organisation to justify its cost in regard to the organisation's financial bottom line (Lindy and Reiter, 2006).

Most hospitals provide some form of nurse education service. These services can be delivered within the organisation in a number of ways. In reviewing the literature, only a limited number of articles which are dated have been published focussing on the structure or model of the nurse education service. These articles identify three models for the delivery of nurse education services which include the centralised, decentralised and combination model. In discussing the advantages and disadvantages of each model, it is important to remember that centralisation and decentralisation are opposite points on a single continuum, with the advantages of one often being the disadvantages of the other. All of these models have advantages and disadvantages that can affect service delivery, quality of service and cost (Haggard, 2006a).

1.2. Centralised model

In a centralised nurse education service model, there is an organisational-wide approach to staff training in which a central authority or department has the responsibility of meeting staff training requirements across the whole of the organisation. In a centralised model, all education staff, even those placed within the clinical areas, report centrally to the education department and coordinator. Fig. 1 illustrates the structure of a centralised model, with the arrows representing the lines of governance from the coordinator of the service down (Cummings and McCaskey, 1992).

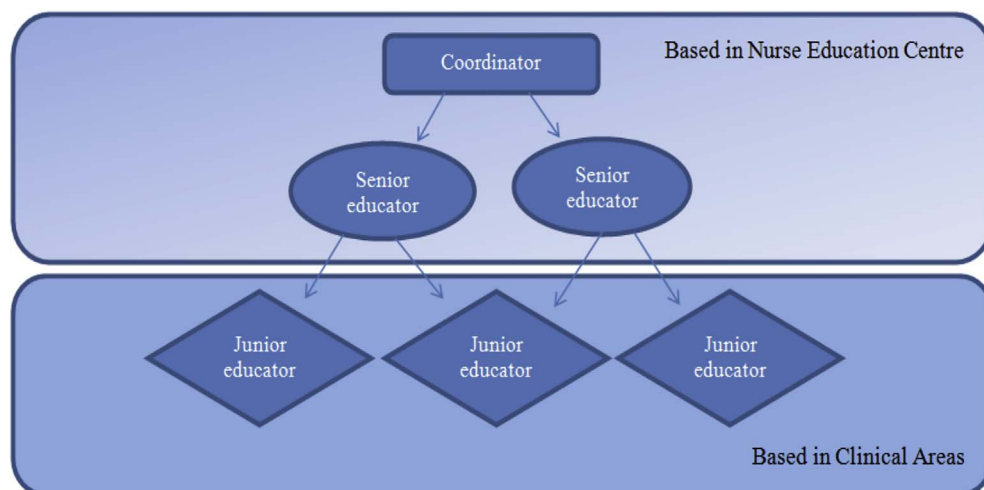


Fig. 1. Centralised nurse education model.

A centralised nurse education service allows for the service to have a clear vision and mission. The service is able to plan and develop strategic and operational plans proactively to support the needs of the organisation (Haggard, 2006b). With all of the educators reporting to one coordinator, clear evaluation of outcomes and goal achievement for the service is possible, as the service evaluates its effectiveness and impact on the organisation (Menix, 2007).

Changes affecting the entire nursing workforce can be communicated quickly using the clear reporting lines of the centralised nurse education service, and the education and training delivered implemented in a consistent manner (O'Connor, 1986).

A centralised nurse education department or service also facilitates support of education as a specialty within the organisation and provides a career pathway for nurses (Haggard, 2006a). In a centralised nurse education service, educators benefit from close collegial relationships with other educators with whom they can share and build their identity as education specialists, as well as from the leadership provided by the coordinator of the service (Gilbert and Womack, 2012).

1.3. Decentralised model

In a decentralised nurse education service model, nurse educators work within individual clinical areas and are responsible for meeting the training needs of nurses within their areas. They report directly to the nurse unit managers (Cummings and McCaskey, 1992). In this model, individual nurse educators, in collaboration with the nurse unit managers, have autonomy and authority for education within their clinical areas and do not report to an education centre. This autonomy allows each clinical area to develop its own practice. Accountability for nurse education falls to the educator for that area and the nurse unit manager. The nurse unit manager directs the nurse educator and has governance over education (see Fig. 2).

The decentralised model allows for decision making at ward level which can increase productivity and improve morale (Iqbal, 2010). In a decentralised model, nurse educators are more motivated and gain a greater satisfaction from their role, as they have the ability to more directly influence outcomes and the direction of the unit (Iqbal, 2010).

Working side-by-side with the nursing staff in a decentralised model, the educator can maintain a currency in practice that enhances their credibility with staff as they understand the day-to-day problems of practice (Horner, 1995). A decentralised service model allows the nurse educator to have a more immediate awareness of the educational needs at the local level and the flexibility to respond to them rapidly, as they do not need to liaise with the education department or have a whole organisation approach, but can work solely with the nurse unit manager in their allocated area (Horner, 1995).

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