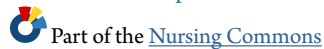

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**An Investigation of Nurse Education Service
Models in Acute Care Metropolitan Hospitals
across Australia**

Carolyn Keane

20132784

**A thesis submitted in fulfilment of the requirements for the
degree of Doctor of Nursing**

**School of Nursing and Midwifery
The University of Notre Dame, Australia**

2016

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List of Abbreviations

ABF	Activity Based Funding
A.C.T.	Australian Capital Territory
AHPRA	Australian Health Practitioner Regulation Agency
ANTS	Australian Nurse Teachers' Society
FTE	Full-time Equivalent
HREC	Human Research Ethics Committee
NSQHSS	National Safety and Quality Health Service Standards
N.S.W.	New South Wales
N.T.	Northern Territory
Qld	Queensland
S.A.	South Australia
SDE	Staff Development Educator
SDN	Staff Development Nurse
SMHS	South Metropolitan Health Service
SPSS	Statistical Package for the Social Sciences
TAFE	Technical and Further Education
Tas.	Tasmania
UK	United Kingdom
US	United States
Vic.	Victoria
W.A.	Western Australia
WHO	World Health Organization

Declaration of Authorship

This thesis is the candidate's own work and contains no material that has been accepted for the award of any degree or diploma in any other institution.

To the best of the candidate's knowledge, the thesis contains no material previously published or written by another person, except where due reference is made in the text of the thesis.

Carolyn Keane

April 2016

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Abstract

The provision of continuing professional development for nurses is necessary to support the delivery of safe patient care. Nurse education departments need to function as effectively and efficiently as possible, producing measurable outcomes to justify their cost in regard to the organisation's financial bottom line. In reviewing the literature, three recognised models of nurse education services within hospitals were identified. These are described as centralised, decentralised and combination models. All of these models have advantages and disadvantages that can affect service delivery, quality of service and cost.

The purpose of this study was to investigate the different nurse education service models in use, to evaluate the efficiency and effectiveness of the different model types with a view to making 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 in acute care metropolitan hospitals in W.A. Phase three of the study consisted of a national survey of nurse educators in acute care metropolitan hospitals across Australia.

The results indicated that in comparing the centralised, combination and decentralised models, the type of model in use did not appear to affect the educators, visibility in clinical areas or the development of specialist knowledge and skills.

However, significant results indicated that a centralised model:

- has more senior educators involved in the selection and education of junior educators
- requires educators to undertake less duties outside their role
- gives educators a more organisational-wide view
- makes educators feel less isolated
- allows for more continuous awareness of learning deficits at ward level

- uses less junior educators to fill staffing deficits
- allows more autonomy
- is more supportive of junior educators
- supports more consistency of training across the organisation
- has more coordinators as members of the executive or high-level committees.

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. The centralised nurse education service model encompasses the features of an ideal service model and was the model recommended by nurse educators across Australia.