2016

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

Carolyn Keane
The University of Notre Dame Australia

Chapter 6: Conclusions and Recommendations

Train people well enough so they can leave,

treat them well enough so they don't want to

-Richard Branson-

6.1 Introduction

This study has produced new and informative knowledge and understanding of nurse education service models in acute care metropolitan hospitals across Australia. The three phases of the study have identified the different types of nurse education service models being used in healthcare organisations across the country and discovering nurse educators' views about these different service models and the future priorities for nurse education services. This final chapter summarises the most significant findings generated and discusses the importance of these findings for clinical practice, education, research and healthcare organisations.

6.2 Nurse Education Service Model Findings

This study has investigated nurse education service models in acute care metropolitan hospitals across Australia. Phase one involved conducting face-to-face interviews with senior nurse educators and focus groups with junior nurse educators at a major teaching hospital in Perth, W.A., to gain baseline qualitative data about the nurse education service model used at that organisation. Phase two of the study consisted of conducting face-to-face interviews with the coordinators of nurse education services at both public and private acute care metropolitan hospitals in W.A. (six hospitals) and focus groups with senior and junior nurse educators to gain rich qualitative data about the nurse education service models used at these organisations. Phase three of the study consisted of a national survey of nurse educators in acute care metropolitan hospitals

across Australia. The survey was generated from the findings from phases one and two. The survey was administered using SurveyMonkey. Sixty-five hospitals, employing 1500 nurse educators, were considered eligible for inclusion in the study. Data were analysed using descriptive statistics. Nurse educators' views regarding the future of nurse education services were also examined throughout the three phases.

Previous to this study, no research on nurse education service models had been conducted within Australia. The little international evidence that was available was dated and lacked methodological rigour, making the findings difficult to generalise. This study has generated new knowledge by identifying the types of nurse education service models currently in use across Australia, with the dominant model being a combination model. This combination nurse education service model was the dominant model used in the majority of states across Australia, across the public healthcare sector and in a variety of hospital sizes. However, the majority of nurse educators in this study reported that the centralised nurse education service model was the best model when compared to the combination and decentralised models and recommended its implementation across the healthcare system.

6.2.1 New Knowledge Generated by This Study

This study has provided new knowledge around the delivery of nurse education services within healthcare organisations. The reasons that nurse educators gave for the adoption of the different types of nurse education service models within hospitals were:

- historical reasons
- their perceived level of effectiveness
- meeting the needs of the individual clinical areas
- meeting the needs of the organisation as a whole.

These factors have not been previously identified.

Nurse educators' views of the different nurse education service models' functions, characteristics and effectiveness across the organisation were also identified, with

nurse educators identifying significant advantages of a centralised model over a decentralised or combination model, even though the predominant model being used in their hospitals was the combination model. The advantages of the centralised model as identified by nurse educators were:

- 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 by senior educators
- supports more consistency of training across the organisation
- has more coordinators as members of the executive/high-level committees.

Nurse educators viewed that an ideal service model must deliver a service that:

- is closely aligned with clinical practice
- has clear nurse educator role definition
- has close links with unit nurse managers
- is well resourced
- has a training framework for education service delivery.

These features were all found to be present in the centralised nurse education service model.

Nurse educators' views regarding the future priorities for nurse education services were identified, with nurse educators recommending the following future changes to service delivery:

- working towards set education quality standards
- increased use of technology
- more flexible teaching modalities
- strong evidence of education outcomes.

The implications of this new knowledge for clinical practice, education, research and healthcare organisations are described below.

6.3 Clinical Practice Implications

As a result of the new knowledge gained from this study, clinical practice implications have emerged. Supporting clinical staff with an effective nurse education service is essential to support safe patient care. This study has highlighted the importance of:

- clear nurse educator role definition
- close links with unit nurse managers
- junior educators not being used to fill staffing deficits.

The study has found that the above aspects of a nurse education service model are essential to ensure the establishment and maintenance of an effective and responsive education service to support clinicians in their practice.

This study demonstrated that, contrary to current practice, a centralised nurse education service model can maintain the visibility of nurse educators within clinical areas and support the development of specialist knowledge and skills, ensuring that the needs of individual clinical areas are met. It was also found to allow for more continuous awareness of learning deficits at the ward level than a decentralised or combination nurse education service model, enabling greater currency and receptiveness to clinicians' needs.

6.3.1 Recommendations for Clinical Practice

Following the findings of this study, the researcher recommends that nurse education services, irrespective of the service model they are using, ensure that they have a service closely aligned with clinical practice, clear nurse educator role definition, close links with unit nurse managers, adequate resourcing and a training framework for education service delivery.

6.4 Education Implications

The implications of this study for nurse education service providers within healthcare organisations are significant. Education service providers in Australia can now make a more informed decision when considering a model for their nurse education service by being aware of the frequency of models in use across the different states, different hospital sizes and in the private and public sectors.

This study has informed coordinators of nurse education services that a centralised model can deliver significant advantages over a decentralised or combination model in supporting the delivery of an effective nurse education service. For example, a centralised model can:

- Maintain more involvement of senior educators in the selection and education of junior educators.
- Require educators to undertake less duties outside their role.
- Make educators feel less isolated.
- Allow more autonomy.
- Offer more support for junior educators by senior educators.

These findings highlight the support that a centralised nurse education service model gives to nurse education as a speciality within the hospital. For nurses moving from clinical practice into education, it allows a clear career pathway for nurses to progress into this specialty field by providing support from educators and clear reporting lines from junior educators through senior educators to the coordinator of the education service.

6.4.1 Recommendations for Education

The results of this study recommend that, when deciding on a model by which to deliver their nurse education service, nursing executive teams consider implementing a centralised service model to take advantage of the benefits of this model over a decentralised or combination model.

6.5 Research Implications

This study has met its aim which was to investigate nurse education service models in acute care metropolitan hospitals across Australia and develop recommendations for future service delivery. The study has addressed the research questions as outlined in Chapter One by:

1. Identifying the nurse education service model used at Hospital One in Perth, W.A.
2. Identifying the nurse education service models used in other acute care metropolitan hospitals across W.A.
3. Identifying the nurse education service models used in acute care metropolitan hospitals across Australia.
4. Identifying the perceived factors that influence which nurse education service model is used at different acute care metropolitan hospital sites.
5. Identifying the views of nurse educators about the different nurse education service models used in acute care metropolitan hospitals across Australia.
6. Identifying the views of nurse educators about future nursing education priorities and services.

This study has investigated the many factors that affect the functioning of nurse education services within healthcare facilities as outlined as a conceptual model in Figure 2.1. These include historical influences, the nurse educator role, financial implications, the organisation and individual registration needs, and the service model in use (Haggard, 2006b). The consistent findings across the phases demonstrated how historical influences have affected the mode in use, the support that the centralised service model offers to clarify and support the nurse educator role. The study findings also demonstrated how the centralised model, in undertaking more responsibilities than the other models, best supports the needs of the organisation and the individual. This study has undertaken a research project into nurse education service models across Australia by capturing the views of nurse educators working within these models, but more research studies in this area are needed

6.5.1 Recommendations for Research

The researcher recommends that further research be undertaken investigating different aspects of nurse education service models. These studies could use the following approaches:

- Examine the views of nurse unit managers, the nursing executive and nurses delivering patient care—Using a qualitative approach to investigate the experiences of other members of the healthcare team who interact with the nurse education service may highlight new aspects of importance not yet uncovered and allow for comparison with the findings from this study.
- Investigate the efficiency and outcomes of the different service models—A mixed methods approach to evaluate the measurable outcomes and calculate the effectiveness of the different service models would provide further qualitative and quantitative data regarding the most effective service model.
- Identify the costs of operating the different service models—A quantitative approach to directly measure the costs associated with the delivery of the nurse education service by the different service models would add valuable findings to this area of research by identifying which model is the most expensive.
- Isolate the effect on patient care and patient outcomes—A mixed methods study evaluating the impact on patient care and outcomes of the nurse education service being delivered by the different service models would supply valuable evidence regarding a preferred model.

6.6 Organisational Implications

The implications of this study for healthcare organisations are significant. In comparing the scope of functions and roles undertaken by nurse education services across Australia, services with a centralised model were found to deliver the most varied functions and roles across the organisation, with many of them supporting the core business of the organisation, such as service redesign.

For nursing executive members involved in the development of the organisation's nurse education service model, a centralised nurse education model gives educators a

more organisational-wide view, supports more consistency of training across the organisation and has more coordinators as members of the executive or high-level committees than does a decentralised or combination nurse education service model. Thus, a centralised nursing model, more so than the other model types, enables a comprehensive, consistent approach across the organisation, supporting the organisation's core goals.

This study has highlighted that a centralised nurse education service model is seen as the most advantageous model by nurse educators, but organisations are also obliged to consider the cost implications of employing a centralised model. Hospitals must ensure their nurse education service is working efficiently within its allocated budget. The centralised service model allows for the central purchasing of equipment for use across the site, instead of each area purchasing training equipment individually. In addition, a centralised model supports consistency in training, reducing repetition. It is expected that the centralised nurse education service model would also be the most cost-effective among the three model types; however, this needs to be tested further.

6.6.1 Recommendations for Healthcare Organisations

The researcher recommends that nurse education services that are currently using a decentralised or combination service model consider changing their model to a centralised model. One way this could be done is by moving the reporting lines of all nurse educators within the organisation to report to a central education service, as depicted in Figures 6.1 and 6.2.

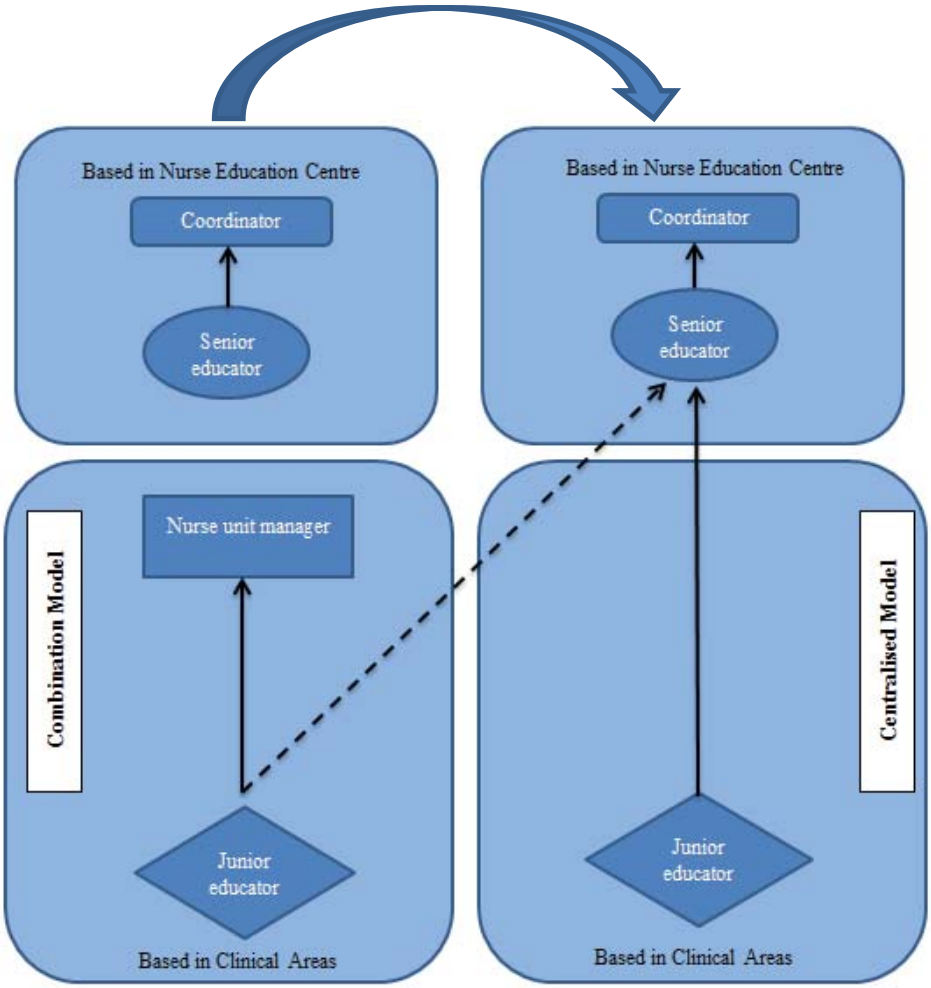

Figure 6.1. Converting a Combination Nurse Education Service Model to a Centralised Model

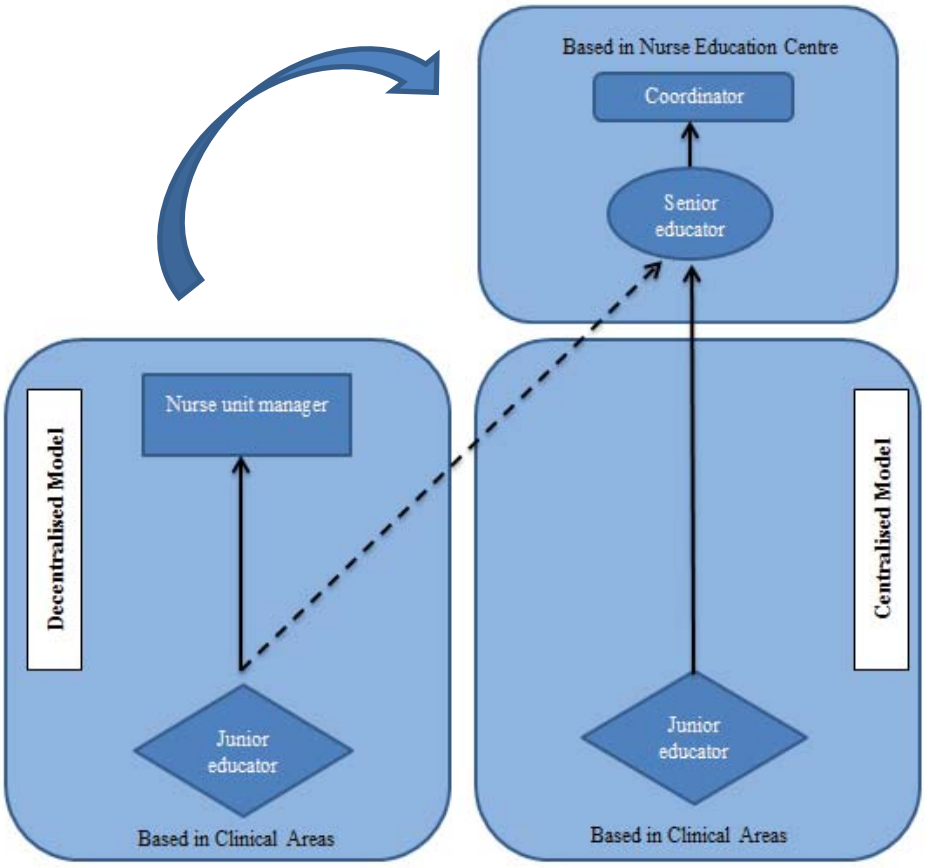

Figure 6.2. Converting a Decentralised Nurse Education Service Model to a Centralised Model

6.7 Summary

This mixed methods research study investigated nurse education service models across Australia. Its findings provided new information on the nurse education service models in use across Australia, their effectiveness and nurse educators' views on future nurse education service priorities. As outlined in the introduction, continuing nurse education is essential to support the delivery of safe patient care and to support the development of specialist clinical knowledge and skills. Further research in this area would be beneficial in verifying the findings of this study and more deeply investigating the different nurse education service models.

Education is the passport to the future,
for tomorrow belongs to those who prepare for it today
-Malcolm X-