



## The effectiveness of the lecturer practitioner role in clinical practice: An Irish perspective

Brendan J. Noonan \*, Mary Hughes, Claire C. Hayes, Irene Hartigan, Liz O'Connell, Ann Cummins, Patricia Fehin

Catherine McAuley School of Nursing and Midwifery, Brookfield Health Sciences Complex, University College Cork, Cork, Ireland

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### SUMMARY

**Background:** Demands within academia such as teaching, publishing, research activity and generating grant income can make it difficult for nurse educators to protect time for clinical practice. In an effort to overcome this problem lecturer practitioner posts have been introduced with designated responsibilities in both clinical and educational settings.

**Methods:** Using a mixed method descriptive methodology student nurses and registered nurses completed a modified questionnaire to examine the impact of lecturer practitioners (LPs) in clinical practice. Focus groups were also conducted with lecturer practitioners themselves.

**Results:** The results identified that by having a clinical remit, LPs forged good relationships with student nurses and registered nurses in clinical practice, who considered the LP as being a learning resource with realistic expectations of the clinical environment.

**Discussion:** The results provide further evidence to support the continuation of nurse educators in clinical practice for their own development, their students and registered nurses.

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### Introduction

Traditionally Irish nurse educators had a clinical tutor role, whereby they supported students in the clinical area. This role was phased out following the publication of *The Report of the Commission on Nursing (1998)* when undergraduate nurse education moved into third level and the nurse educators became more removed from clinical practice. Due to the demands within academia of teaching, publishing, research activity, and grant income, protecting time for clinical practice has been found to be very problematic for nurse educators (Barrett, 2007; Topping, 2004; Ferguson et al., 2003). The consequences of which is the distancing of nurse educators from clinical practice. Carlisle et al. (1997) found that over 80% of nurse lecturers wanted to increase their clinical role.

The challenge of ensuring a clinical remit for nurse lecturers has resulted in the development of positions with formal responsibilities in both third level education and clinical practice namely the Lecturer Practitioner (LP) (Barrett, 2007). In the UK in 1980's LP's were introduced as joint appointments to assist organisations to develop creative ways of expanding and sharing specific nursing and midwifery knowledge and skills. Roles undertaken by LPs were complex and multifaceted but context specific (Fairbrother and

Ford, 1998). Seven such positions were created between University College Cork and the associated Health Service Provider (HSP) sites in 2005. The LP's are educated to master's level and have experience at registered nurse/midwife, clinical nurse/midwife specialist and clinical nurse/midwifery manager grade. They are paid and employed by the university and operate on a 50:50 basis; spending half their time in a lecturer capacity in the School of Nursing and Midwifery and the remainder of their time in a supernumerary capacity on designated units within four participating HSP sites. Their main role in the clinical practice setting is to provide practice support and practice skills support to undergraduate BSc., student nurses but they also support registered nurses to this end. In light of this new role in the Irish setting, it is of benefit to return to the literature to see how the LP role has been evaluated in other countries, and see if there is evidence to support such a dual role for nurse educators.

### Literature review

A review of the literature was undertaken to examine the effectiveness of the role of the LP from an international perspective. Ramage (2004) highlights the need for educators to maintain professional competence in professions that have defined roles for practice based teaching. The reason why practice-based educators within various fields of nursing are so highly valued is well documented. It has been widely identified that LPs are a valuable

\* Corresponding author. Tel.: +353 21 4901621; fax: +353 21 4901493.  
E-mail address: [b.noonan@ucc.ie](mailto:b.noonan@ucc.ie) (B.J. Noonan).

learning resource within the clinical area. The literature reviewed can be categorised according to two main facets: the impact of the LP role and the scope of the role of the LP in clinical practice.

#### *Impact of the role of lecturer practitioners*

The development of the LP role kept experienced, senior nurses at the bedside where their experience was seen as being fundamental to role credibility and effectiveness (Leigh et al., 2005). By maintaining their professional expertise, LPs were found to be flexible and maintained a credible status with students, and were generally rated highly (Fairbrother and Mathers, 2004). LPs also assisted preceptors and students to reflect on the situation, be patient centred and holistic, rather than merely teaching skills according to Carson and Carnwell (2007). LPs were motivated and were found to enjoy their teaching (Fairbrother and Mathers, 2004; Richardson and Turnock, 2003).

In contrast to the student perspective Registered Nurses (RNs) considered the LP as an advisor rather than a facilitator, encouraging a culture of enquiry (Hancock et al., 2007). The importance of the LP role in nursing has been highlighted by Dearnun (2000) who maintains that the LP is dynamic and responsive to change, can influence practice and act as a professional role model for other nurses. LPs were seen to affect RNs decision to work in a particular unit, as their presence was perceived as encouraging a culture of autonomy and independent working in a caring environment (Dearnun, 2000). As testament to this Richardson and Turnock (2003) found that the removal of the LP role was considered by RNs as a negative step. RNs were concerned that removal of the LP would result in deterioration in the quality of care for patients, and reduction in RN morale, motivation and support; especially for newly qualified nurses (Richardson and Turnock, 2003).

It is acknowledged that in pre-registration education there is an emphasis on practice skills and practice support (Williamson, 2004). Students have identified with the LP as a coach and a resource to go to if they needed information (Hancock et al., 2007). LPs were found to boost the confidence of undergraduate nursing students as they influenced their training by linking what they had done in the university to that on the ward (Sheppard et al., 1999; McCrea et al., 1998). Students view LPs as having greater clinical credibility in assisting them to link theory to practice (Fisher, 2005). Students have identified LPs as more successful in bridging the theory–practice gap than senior lecturers (Driver and Campbell, 2000).

The theory–practice gap continues to receive much consideration in the literature. It is both a physical and a conceptual separation of what is taught in academia and what is practiced in the clinical area (Williamson, 2004; Driver and Campbell, 2000). It is argued that LPs can influence training through curriculum planning and linking activities between the two sites (McCrea et al., 1998). It is also argued that the LP is ideally situated to inform higher education and health service policy (Hancock et al., 2007; Fairbrother and Mathers, 2004). The contribution LPs make to practice development has been highlighted in facilitating the introduction of evidence based practice initiatives (Leigh et al., 2005).

#### *Scope of the role of the lecturer practitioner*

The role of the LP in the studies reviewed varied considerably based on the requirements of the placement area and the personnel LPs were supporting. Some LPs acted as clinical facilitators for qualified nurses in specialist areas e.g. intensive care units while other LPs supported undergraduate student nurses primarily. Their roles and functions varied and may have had an impact on the data generated in the studies reviewed. Some LPs were joint appointments where they were employed and paid 50:50 by the university

and the trust. They had clinical managerial function as well as an education support function in the clinical area. It is recognised that it is a balancing act, where negotiation of multiple roles is required (Ramage, 2004; Fairbrother and Mathers, 2004). Some would go as far as to say it requires a super-human effort to perform in the dual role of the LP, and there are issues around sustainability and constraints on professional development (Calpin-Davies, 2001). This may explain the difficulty found with the role in that the LP is seen as having the best of both worlds and the worst of both worlds. The contribution LPs make to practice development has also been accredited.

#### *Conclusion*

Lecture Practitioners have been found to be effective in negotiating multiple roles in order to support learners in the clinical and academic setting. In light of this and the difference in the role of the LPs employed in the Irish context an evaluation of the role was carried out to explore if LPs have a meaningful role in supporting undergraduate student nurses and registered nurses in the clinical area and how the LPs themselves evaluated the effectiveness of their role.

#### *Methods*

The employment of the LP in Ireland is a new departure in Irish nurse education and this study sought to identify the effectiveness of this role in practice, three years on. The aim of this study was to evaluate the clinical impact of the LP. Specific objectives were to ascertain students, staff nurses and LPs perspectives on the impact and scope of this role in clinical practice.

Permission was obtained to use Richardson and Turnock's (2003) questionnaire developed to evaluate critical care LPs. This tool was then adapted through consultation with all LPs in this study so that it could be used across diverse clinical areas, to reflect how their appointments were operationalised. Furthermore, as the principal clinical remit of LPs in this study was student education, student questions were added to obtain their opinions. This questionnaire consisted of four sections similar to the original questionnaire. Section "Introduction" included items on the impact of LPs on student and staff competence; application of knowledge; development of existing and new skills; quality of care; teaching activity; support and career guidance. Items related to staff recruitment; staff retention and staff confidence were removed as they were not considered to be within the clinical role of LPs. Items in Section "Introduction" were rated on a five point scale that ranged from no effect to very effective. Section "Literature Review" assessed scope of the LP role using statements that respondents either agreed or disagreed with. Items included availability; responsiveness to student and staff needs, the item relating to value for money was omitted as LP were employees of the university not the health service providers (HSP). Section "Methods" was limited to one open question "Do you think the role of the LP can be improved?" as all other questions on the original questionnaire were deemed inappropriate given that LPs were not employees of the HSP. Section "Results" collected demographic details that were also modified to reflect the target sample. This adapted questionnaire was piloted with RNs ( $n = 3$ ) and student nurses ( $n = 3$ ) and no amendments were deemed necessary.

Ethical approval was obtained from the Clinical Research Ethics Committees. Permission to conduct the study was also granted from the various Directors of Nursing and the Head of the School of Nursing and Midwifery. All student nurses ( $n = 211$ ) who had worked with a LP within the previous 12 months were purposively sampled. A list of student nurses names, postal and e-mail addresses were obtained from the School of Nursing and Midwifery

Allocations Officer. Their names were cross matched to ensure that students who may have worked with more than one LP were only sent one questionnaire. Students were invited to participate electronically and an information sheet and the questionnaire were attached. A hard copy of the questionnaire and information sheet, with a self addressed return envelope, were also sent to their homes, in case students did not access their e-mail during the data collection period. Students were advised to complete either the electronic or the hard copy, not both. Return of the completed electronic or postal questionnaire implied consent.

All RNs ( $n = 134$ ) who had worked with a LP for more than 24 h were also invited to participate. Clinical Nurse Managers (CNMs) of ten clinical areas where LPs worked were informed about the study and given an opportunity to ask questions. Envelopes individually labelled for each RN were placed in the clinical areas. Each contained an invitation to participate, an explanation about the study and the questionnaire. A locked post box for return of completed questionnaires was placed in each participating clinical area; RN return of the questionnaire implied consent. Posters were placed on the notice board of the participating clinical areas to bring the study to their attention and to act as a reminder to return the questionnaire.

In addition to questionnaire distribution, data was also collected through a focus group held with all seven LPs assigned to ten clinical areas across three HSPs sites. The purpose of the focus group was to identify LP's perspectives on the impact and scope of their roles. An experienced, independent researcher with expertise in higher education asked LP's to describe the impact of their role, if any, for staff, for students and to elaborate how they would envisage the role developing. The focus group lasted two hours and was conducted in the university during the data collection period. Each LP was provided with the opportunity to respond to each question and field notes were taken.

Postal boxes were removed from the wards after 2 weeks, 66% ( $n = 88$ ) of staff and 36.6% ( $n = 78$ ) of students completed the questionnaires. Descriptive statistics were used to analyse the questionnaire data using SPSS® version 12 (SPSS, Inc.). Content analysis was used to analyse the qualitative statements in the questionnaires and the field notes recorded during the focus group.

## Results

Analysis of the study's results from students, staff nurses and LPs perspectives will be presented under two headings: the impact of the LP role in clinical practice; the scope of the LP role in clinical practice.

### *The impact of the LP role in clinical practice*

From the student nurses' perspective LPs were found to be very effective in assisting them to develop existing skills (61.1%). However, only 19.8% of RNs identified LPs as being very effective in assisting RNs develop existing skills.

Students (57.5%) also identified LPs as very effective in assisting student nurses develop new skills. While, 17.7% of RNs felt that LPs were very effective in assisting RNs develop new skills.

Qualitative comments relating to skills development in the clinical area included:

"LPs give good guidance during clinical skills and procedures and take time out to do it at a suitable pace" (Student).

"The LP is an excellent source of information and support" (RN).

"I feel that the perception of the role of the lecturer practitioner is that of one of support and education for students. . .whereas in practice the lecturer practitioner is an excellent support and resource to qualified staff. I for one did not realise that this is an integral part of her role" (RN).

While the majority of qualitative comments on skills development were positive it was interesting to note that one student commented that 'it can sometimes be intimidating when working with LPs'.

RNs identified LPs as being effective in assisting both newly appointed RNs (44.4%) and newly qualified RNs (42.7%) to become competent practitioners. The need to support newly qualified RNs in the clinical area on a more sustained basis was commented by RNs in the qualitative statements:

"It would be great if they could spend more time on the wards to guide newly qualified staff" (RN)

"The newly qualified staff nurse definitely needs more support and the extension of the role of the LP would certainly help this" (RN)

In terms of clinical teaching, LPs were identified as very effective in one to one teaching at the bedside by students (52.6%). LPs were also perceived as very effective in facilitating unit based teaching sessions by both students (47.1%) and RNs (42.2%).

With regards to the focus group findings LPs regarded themselves as a resource for RNs as well as students. LPs reported that they initiated journal clubs and provided educational resources for RNs on the various clinical areas. Their comments indicated that they were regularly approached by RNs and students for career advice and interview preparation.

However, while LPs were perceived by some students (47.1%) as very effective in the provision of career guidance, 26% of RNs identified LPs as very effective in providing them with career guidance.

In their comments, LPs stated that they viewed their role as 'supporting preceptors to support students'. Statistical results support this finding with 64.4% of students and 70.7% of RNs agreeing that LPs were seen to be effective in supporting preceptors.

The majority of RNs and student nurses also agreed that LPs act as a link between the college and the hospital (See Table 1).

### *The scope of the LP role in clinical practice*

Results indicated that LPs are considered a member of the nursing team when in clinical practice (See Table 1). Qualitative statements that support these results included:

**Table 1**  
Example of the impact and scope of the LP role in clinical practice.

	Agree (%)	Disagree (%)	Donot know (%)	Total
	<i>LPs act as a link between the college and the hospital</i>			
Students	37 (75.5)	6 (12.2)	6 (12.2)	$N = 49$
RN	71(82.6)	6 (7.0)	9 (10.5)	$N = 86$
	<i>LPs are considered a member of the nursing team when in clinical practice</i>			
Students	38 (77.6)	6 (12.2)	5 (10.2)	$N = 49$
RN	76 (88.4)	10 (11.6)	0 (0)	$N = 86$

“It is good to see a familiar face that is aware of our abilities and knowledge as students” (Student)

“Our LP is a great benefit to students, she is enthusiastic about her clinical work, and it’s infectious as it has a positive effect on staff and students” (RN)

“Found to be a valuable member of staff” (RN)

Within the focus group, all LPs agreed that they considered themselves as having a very good relationship with students. Similarly, they agreed that in general, RNs were ‘delighted’ to have a LP on their ward. They reported having positive relationships with RNs which were apparent in the invitations they received to join various policy groups and practice development steering groups. Despite this, 60.4% of students and 58.1% of RNs agreed that LPs did not spend enough time on the ward. One student believed that there ‘should be more LPs in order to be effective’.

RNs (87.8%) and students (89.7%) agreed that LPs responded to the needs of individual students. Students and RNs also provided qualitative comments to support this result:

“I feel that a lecturer on the ground is in touch with the day to day pressures of the ward setting for both students and staff” (RN)

“They [LPs] know where we [students] are at and are in the best position to advise on areas of learning that may be achieved and areas of learning that may be more advanced” (Student).

In the focus group LPs believed that they were “less idealistic and more realistic in teaching than fellow lecturers”. They indicated that it can work both ways, as LPs, they can bring back to the university their experience from the hospitals and changes that are occurring in clinical practice. Indeed, some LPs referred to the post of LP as the ‘ideal job’, for those who love nursing and love teaching. They referred to the post as a ‘win/win/win’ situation for students, the university and the clinical sites. However, they also felt that it could be a ‘lose/lose/lose’ situation for the LP. They regarded themselves as being constantly on the go. They all agreed that the post is very demanding in terms of expectations and time commitment. They referred to the high burnout rate of LPs in other countries and they anticipate that the same burnout will be evident in Ireland in the years ahead.

## Discussion

From a student perspective, the LP created a greater impact consolidating their existing skills rather than teaching them new ones. LPs were viewed as staff members with more time to teach than other staff member which is in keeping with Hancock et al. (2007) who described the LP as a coach. When in clinical practice, each LP is allocated a patient caseload at the beginning of each shift which is an integral part of LPs clinical remit. A unique aspect of all LPs in this paper is the fact that they have one employer, the university, unlike other studies where LPs are jointly appointed between universities and HSPs. This allows for greater flexibility in the clinical setting. For example, LPs can dictate the number of patients they are allocated depending on the needs of students on any given day. Should a student require additional support, LPs can request fewer patients. This allows for nursing care to be undertaken at a slower pace, which facilitates greater time for student participation, questioning and discussion about various aspects of clinical practice implemented throughout the day. Students valued time that LPs spent with them and by having a clinical remit LPs can consolidate students learning. Moreover, spending time together fosters good interpersonal relationships to support as well as to teach students.

Conversely, few RNs considered the LP very effective in either developing existing or new skills for RNs. One RNs qualitative comment suggests that there was a lack of awareness that LPs were a resource available to them. This is a limitation of the introduction of the role which primarily focused on supporting students. RNs in other studies viewed the LP in an advisor rather than a facilitator (Hancock et al., 2007). The same was true in this study, RNs valued LPs support for preceptorship and career advice. Many RNs also recognised the positive contribution of the LP in assisting newly appointed or newly qualified RNs which was also found by Richardson and Turnock (2003).

The LP has a distinct advantage to help students, as they are very aware of students’ stage in their learning and teaching and explanations can be tailored accordingly. This can also be interpreted as intimidating, however, as students may feel there are greater expectations of them when working alongside a LP. Students may perceive RNs as being less familiar with specific modular contents and the LP as knowing exactly what they should know at their stage in the undergraduate programme.

By maintaining a clinical remit, LPs have the opportunity to work on a one to one basis with students. In the academic setting, this is not practical even within small groups for example tutorials and practicals, given large student numbers and busy timetables. Working alongside a student in clinical practice provides sustained contact for a morning or a whole day which privileges LPs to gain insight into a student’s ability. Both student and RNs in this study valued this aspect of the role and strongly agreed that LPs catered to the individual needs of students. While clinical supervision is the remit of the preceptor, the LP by witnessing students’ performances is ideally placed to identify strengths and weaknesses of the undergraduate programme. This can be relayed back to academic colleagues and can serve as the basis for modification and enhancement of the programme. LPs potential to influence curriculum was also identified by McCrea et al. (1998).

The university hospital divide has been well publicised (Williamson, 2004; Driver and Campbell, 2000) as physical, in terms of remoteness of the university campus from HSP, and psychological in terms of removed from the reality of day to day pressures in the clinical environment. This study identified that by having a clinical remit the LP can go some way towards meeting this deficit. The majority of students and RNs viewed the LP as a link to the university. Furthermore this role went a long way towards removing any ‘us and them’ mentality. Both RNs and students viewed the LP as a member of their team in clinical practice. LPs were described as ‘infectious’, ‘positive’ and ‘valuable’. These findings reflect Dearmun’s (2000) sentiments and the potential for a LP to be a role model. Furthermore, just as staff in Richardson and Turnock’s (2003) study were opposed to the removal of LPs, students and RNs in this study wanted LPs to spend more time in clinical practice. These findings are a positive endorsement of the role and are testament to student and RNs acceptance of LPs clinical credibility. This can be a symbiotic relationship, in that, the LP can also benefit by maintaining clinical competence. Furthermore, by being immersed in clinical practice, the LP is in an opportune position to collaborate with health care professionals on research initiatives.

Despite clear role satisfaction demonstrated in the results, the concerns raised by LPs reflect findings in the literature surrounding the potential for role burnout (Calpin-Davies, 2001). Due regard of LPs clinical commitments, should be considered in the allocation of academic workloads, and in appraisal process for career progression.

A limitation of this study was the low student response rate. One possible explanation for this was that questionnaires were distributed during student summer holidays. Therefore while these results may not be generalisable, they do provide a valuable insight on student perspectives. Furthermore, the use of a survey for stu-

dents and RNs provides useful but surface level data. Follow up focus groups with a selection of the sample may provide greater understanding of the impact of the LP role in clinical practice. In addition, health care consumers and college lecturers' perspectives were not sought in this study and should be included in subsequent research concerning the future development of the clinical remit of the nurse educators.

### Conclusion

The results of this study demonstrate the positive benefits of maintaining a clinical remit for the nurse educator. LPs have been found to be effective in combining their dual role in order to support learners in the academic and clinical environment. However, adequate support structures are essential to ensure the longevity and sustainability of this role.

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