Collaborating with practitioners in teaching and research: a model for developing the role of the nurse lecturer in practice areas

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INTRODUCTION

There has been a continuing debate regarding the role of nurse educators in practice areas (Lee 1996). This issue has resurfaced with the advent of the Project 2000 (United Kingdom Central Council for Nursing, Midwifery and Health Visiting, UKCC 1986) programmes and the integration of nurse education into higher education. There is an expectation that nurse lecturers will maintain a link with practice (Department of Health 1989, UKCC 1994) although the exact nature of this link is not clear.

The integration of nurse education with higher education in the United Kingdom, has highlighted an uncertainty over the clinical role of nurse lecturers. Although benefits have been identified from lecturers maintaining strong links with clinical practice, the evidence suggests that nurse lecturer participation in practice areas is limited. This paper reports a strategy for developing the clinical role of the nurse lecturer through collaborating with practitioners in teaching and research. An action research project designed to implement and evaluate a teaching programme for pre-registration nursing students was developed. The research aimed to evaluate the programme and identify the benefits for students, practitioners and the nurse lecturer in collaborating in teaching on the programme. Ethical approval was granted from the local research ethics committee. Data were collected in three ways: questionnaires to 17 students; focused interviews with nine practitioners; and analysis of the reflective diary kept by the lecturer. Findings identified the success of the teaching programme and also revealed substantial benefits for students, practitioners and the lecturer. Selected findings are used to demonstrate how the liaison, teaching, clinical practice and research elements of the nurse lecturer’s clinical role could be developed. The project was small scale and grounded within a specific context and thus may not be applicable to other settings. However, it is suggested that collaboration between nurse educationalists and practitioners in this way offers a potential model for developing the clinical role of the nurse lecturer.

Keywords: nurse lecturer, clinical role, action research, health care, practitioner, collaboration, nursing, clinical education
However, there is now evidence that nurse lecturers are not teaching in clinical areas and do not participate in ‘hands on’ clinical practice (Crotty 1993, Baillie 1994, Clifford 1995, Kirk et al. 1996, Philips et al. 1996). It remains a fundamental issue of concern, that in a practice discipline, up to half the curriculum content may be delivered by those who have little or no contact with clinical practice. Additionally, practitioners in clinical areas are increasingly being expected to fulfil their role of supporting and teaching students against a background of increasing patient throughput and workload (Philips et al. 1996).

Currently, there is a need to develop and evaluate strategies that facilitate a meaningful role for nurse lecturers (who are not employed as lecturer/practitioners) in practice areas. This process, however, is hampered by a lack of consensus as to what nurse lecturers should be aiming to achieve (Elkan & Robinson 1995, Davies et al. 1996, Lee 1996). Fulfilling a limited liaison role leaves the nurse lecturer and nurse education open to accusations of lacking in clinical credibility and competence. However, expecting all nurse lecturers in the current context to spend significant periods of time practising in clinical areas would mean considerable commitment and motivation at both organizational and individual levels (Rodgers 1986). The problem is further compounded by a dearth of empirical evidence that lecturers’ participation in clinical practice has a demonstrable effect on student learning outcomes (Kramer et al. 1986, Rodgers 1986, Just et al. 1989).

Following a discussion of background factors, this paper aims to report a strategy for developing the clinical role of the nurse lecturer through collaboration with practitioners in teaching and research. An account is provided of an action research project, involving collaboration between a lecturer and practitioners in the implementation of a teaching programme for pre-registration nursing students. Selected findings will be used to discuss how the clinical role of the nurse lecturer in practice areas could be developed.

BACKGROUND

In the United Kingdom (UK), the integration of nurse education into institutions of higher education during the late 1980s and 1990s highlighted a period of uncertainty over the clinical role of nurse educators. Interesting comparisons can be drawn with the North American experience. For example, Broussard et al. (1996) offer a historical overview of the faculty (clinical) practice debate in the United States of America. They identify the integration of nurse education into higher education as being the significant point at which the clinical practice element of the nurse lecturer role was lost. At that point, the focus was on developing the skills needed to survive in academia. These included the pursuit of doctoral studies by individuals and learning the skills of research and publishing to compete in the same arena as other disciplines. In this context, clinical practice for nurse lecturers was not regarded as a particularly valuable activity, especially as it was not taken into consideration for tenure and promotion (Herr 1989, Steele 1991, Burke 1993). With the benefit of hindsight, authors such as Mauksch (1980 p. 22) referred to this period as ‘the darkest era in American nursing’.

The problems generated by this situation were addressed in the late 1970s and early 1980s by statements of action that aimed to reaffirm the centrality of practice to the educators of practitioners (Cave 1994). Then, as now, there was a powerful and convincing lobby in nurse education arguing for nurse lecturers’ active participation in clinical practice (Rolfe 1996a). The benefits of lecturers’ participation in clinical (faculty) practice began to appear in the North American literature in the 1980s, echoed in the British literature of the 1980s and 1990s. Benefits have been identified for the lecturer in terms of increased job satisfaction and maintaining clinical competence and credibility (Just et al. 1989, Burke 1993, Baillie 1994, Castledine 1994, Fawcett & McQueen 1994). Benefits are also identified for students. The teaching they receive should be up to date and focused on the realities of practice, allowing them to learn from appropriate role models (D’A Slevin 1993, Algase 1986, Kramer et al. 1986, Costello 1989). Clifford (1993) further suggests that maintaining a link between teaching and practice allows nurse lecturers and nurse education to make a unique contribution to higher education. The uniqueness of this contribution should be in their expertise and knowledge of nursing practice, which other university academics do not possess.

The North American experience may serve therefore to highlight the potential dangers if a gap between education and practice is allowed to develop. Indeed, Algase (1986) is emphatic that such a separation is potentially very damaging.

Separated from the real world concerns of practitioners, academics risk becoming out of touch with the most glaring gaps in the knowledge base for nursing. Their questions become increasingly irrelevant, sterile and esoteric; their sense of professional direction diminishes (Algase 1986 p. 75).

Algase (1986) argues therefore, that to develop nursing as a discipline and a profession, there is a need for nurse educators to remain focused on the realities of practice. However, it appears that British nurse lecturers are moving further away from the clinical practice aspects of their role.

MODELS OF CLINICAL ROLE ACTIVITIES

It is possible to identify four key elements of the clinical role of nurse lecturers. These are liaison, teaching, clinical
practice and research. These may be incorporated into three main models of the nurse lecturer’s clinical role. The first focuses on liaison, although this is ill-defined (Lee 1996). Here, lecturers should aim to visit practice areas regularly, to support students and practitioners and monitor the clinical learning environment (Fawcett & McQueen 1994, Cahill 1997). The second model focuses on the lecturer as practitioner and teacher in practice areas. This implies that lecturers spend regular periods of time practising as a first level nurse and are actively involved in the clinical teaching of students. It is this which appears to pose considerable difficulties currently for nurse lecturers who are not designated as lecturer/practitioners. Studies report that although considered desirable by some, it is proving extremely difficult to fulfil (Kirk et al. 1996, Clifford 1992). The explanations for this state of affairs are complex, with lack of time being cited as a key factor. Other reasons include, the complexity of the nurse lecturer role (Davies et al. 1996) and the need to become academically credible (Love 1996). Additionally Carlisle et al. (1997), Davies et al. (1996), Crotty (1993) and Crotty & Butterworth (1992) indicate that nurse lecturers do not see these elements as being part of their role.

An appreciation and recognition of these difficulties lead to the third model, that of nurse lecturer as ‘consultant’ and researcher. This holds that it is unrealistic to expect lecturers to be ‘experts’ in teaching, research and clinical practice. Indeed Osborne (1991), contends that nurse lecturers should not attempt to strive for this role. Rolfe (1996a) concurs, indicating that the nurse lecturer’s area of expertise is now in teaching and research not in clinical practice. As lecturers are developing expertise in the research arena they could make a useful contribution to the development of nursing practice as a whole through offering these skills.

This paper therefore will discuss the development of a model in which the liaison, teaching, practice and research elements of the role are utilized.

RESEARCH DESIGN

Research aims

The catalyst for developing the clinical role of the nurse lecturer was through collaborating with practitioners on an action research project. The initial aim of the project was to improve the educational experience of pre-registration nursing students through the implementation of a teaching programme taught by both the lecturer (FM) and the practitioners. As the project continued, a secondary aim developed. This was to identify the benefits (if any) for students, practitioners and the lecturer from participating in this teaching programme.

The context

The project was conducted in the gynaecological unit of a District General Hospital in the UK over a period of 21 months between 1996 and 1998. Nine practitioners and the nurse lecturer attached to their unit implemented a teaching programme for pre-registration nursing students. Over this period, Project 2000 students from the Common Foundation and Adult Branch Programmes on clinical placement in the unit attended the programme.

Action research

The origins of action research are attributed to Kurt Lewin (Adelman 1993, Hart & Bond 1995). The essentials of the ‘Lewian’ approach to action research emphasize the active participation of the group in the identification of problems, developing strategies, implementing them and evaluating the consequences. However, there are difficulties in clearly defining action research (Holter & Schwartz-Barcott 1993, Sparrow & Robinson 1994, Hart & Bond 1995, Hart 1996, Hyrkas 1997) and such difficulties were evident in this project. Given the difficulties in achieving consensus on a definition, the research approach sought to fulfil the three minimal requirements for action research as described by Grundy (1982) (Box 1).

Action research is also considered to be dynamic and flexible. It is often represented as a series of overlapping cycles of planning, acting, observing and reflecting by the participants (Grundy 1982). In this project, there were three overlapping cycles (Figure 1).

Box 1 Minimal requirements for action research.

(a) The project takes as its subject matter a social practice, regarding it as a strategic action susceptible to improvement.

(b) The project proceeds through a spiral of cycles of planning, acting, observing and reflecting, with each of these activities being systematically and self-critically implemented and interrelated.

(c) The project involves those responsible for the practice in each of the moments of the activity, widening participation in the project gradually to include others affected by the practice and maintaining collaborative control of the process.

Cycle one

Cycle one began with the identification of two key problems. Students appeared to have very little theoretical knowledge of gynaecological nursing and the practitioners themselves felt they were unfamiliar with the pre-registration curriculum. After discussion it was suggested that a useful strategy would be to re-introduce formal teaching sessions. There is obviously nothing new in offering ward-based tutorials to students. However, previously such tutorials tended to be taught either by lecturing staff or by clinical staff alone. Now, each session was to be taught jointly by the lecturer and one of the practitioners. It was recognized that the practitioners and the lecturer had differing but complementary strengths, which could usefully be combined for the benefit of students (Rolfe 1996a).

The teaching programme
A teaching programme was devised of weekly 1-hour tutorials. The content of the programme was built around relevant themes such as pregnancy loss, fertility and surgical intervention. A reflective practice framework was utilized (Johns 1994), where the students were asked to bring a ‘critical incident’ (Box 2) pertinent to the chosen theme to be analysed (Smith & Russell 1991). This is a familiar learning strategy used by students on this programme throughout their curriculum. It was felt to be advantageous that analysis of critical incidents could now take place in context within the practice area (Jarvis 1992, Prowse 1996, Rolfe 1996a). Further, this analysis would be facilitated not only by a lecturer, but also by ‘expert’ practitioners immersed in the reality of practice. The aims of the teaching programme were to help students to integrate the theoretical components of the curriculum, through reflecting on practice and identifying the knowledge and action an ‘expert’ nurse may use (Benner 1984).

This first cycle then, involved the recognition of problems and the application of a strategy to solve them. This involved the introduction of a change (the teaching programme) into the unit. Students were asked to complete an evaluation of the programme and the ‘teachers’ kept written accounts of their impressions of

Figure 1 The action research cycles.
The implementation of the strategy and reflection upon it, appeared to reveal not only tangible benefits for students but also for the practitioners and the lecturer. A decision was made to develop the project by identifying what these benefits could be. The aim of the project at this stage became to identify the benefits (if any) for practitioners, students and the lecturer in participating in this teaching programme.

The second cycle now focused on achieving that aim. The principles of participation and collaboration (Grundy 1982) were further extended by establishing a research team. This consisted of the lecturer and five practitioners from the unit. One purpose of this team was to make decisions regarding the conduct and process of the research. Ethical considerations including anonymity, confidentiality and consent were further discussed and measures agreed acceptable to the team. Permission was obtained from the relevant authorities, including the local research ethics committee. As the teaching programme ran, data continued to be collected from students, practitioners and the lecturer.

Cycle three

In light of the data from the second cycle, the teaching programme was further modified to accommodate suggestions from practitioners and students. The practitioner data also revealed the need for in-service sessions on reflective practice and these were arranged. A decision was also made to begin to disseminate these findings and this was achieved through presentations to clinical colleagues. Ethical issues relating to ownership of the research (Denscombe 1998) were discussed at this point.

Data collection and analysis

Thus, data were collected from the three main groups, 17 students, nine practitioners and the lecturer. Student data were collected using a specifically designed questionnaire consisting of open and closed questions which was developed, pre-tested, piloted and modified during cycle one. Frequency counts of responses to the closed questions were undertaken.

After discussion within the research team it was decided during cycle two, to formalize the collection of data from the practitioners. This was achieved through focused interviews (Holloway & Wheeler 1996, Parahoo 1997) with the nine trained staff who had taught on the programme. The interviewing, transcription and analysis was conducted by the lecturer. Analysis of these interview transcripts and the student free text comments sought to identify key themes and categories (Lincoln & Guba 1985,
Denscombe 1998). An illustration of these from the practitioner interviews is provided in Box 3.

The lecturer kept a reflective diary of the teaching sessions and the research process over the three cycles (Hart & Bond 1995). This included comments and observation from all participants in the research, including outside observers. These data were categorized using the four key elements of the nurse lecturer role (liaison, teaching, practice and research) identified from the literature.

The total period of data collection extended over a period of 21 months as the teaching programme continued to run. More formal 3-monthly meetings of the research team were now instigated during cycle two to discuss and monitor the progress of the research. These provided further opportunity for reflection and discussion, allowing modification and change as appropriate. This process of reflecting on action fulfils the second requirement for action research as identified by Grundy (1982).

**Validation**

Waterman (1998) identifies that there is little in the literature that relates specifically to issues of validation in action research. However, the issue of vested interest as a threat to validity is highlighted by Waterman (1998) and Fraser (1997). This was recognized as being of significance in this project as the lecturer collected and analysed the data. Measures suggested by McTaggart (1994) to validate findings in action research were therefore employed. These encompass measures considered useful to ascertain validity and reliability in qualitative research (Kirk & Miller 1986, Silverman 1993).

The first involves ‘triangulation of observations and interpretations’ (McTaggart 1994 p. 327). Data were collected from different sources (students, practitioners, lecturer and outside observers) using different methods (questionnaire, interviews, diary). These were cross checked to identify any discrepancies in accounts. The outside observer was a social scientist who sat in on the teaching sessions and offered observation and interpretation of them. The transcripts and provisional categorization of the practitioner interviews were also given to an ‘expert witness’ for verification.

Secondly, McTaggart (1994) suggests participant confirmation. The data obtained from the student questionnaire was confirmed through group discussions with the students. The transcripts and provisional categorization from the practitioner interviews were returned to the practitioners for verification. No changes were suggested.

Finally McTaggart (1994 p. 327) suggests ‘testing the coherence of presented arguments’. The beginning of dissemination of findings to clinical colleagues was part of this process.

### FINDINGS

Data from all three perspectives revealed benefits from participation in the teaching programme. A brief overview of the findings from student and practitioner perspectives will be presented, followed by a discussion focusing on the findings from the lecturer’s perspective.

#### The student perspective

The students responded very positively to the programme. All 17 felt its aims had been achieved. They felt that the sessions helped them to link theory with practice and improved their learning and understanding of gynaecological nursing. Students, particularly those on the Common Foundation Programme appeared to have particular difficulty in making sense of the theory taught in college and relating it to practice (Davies et al. 1996, Hislop et al. 1996, Philips et al. 1996). The lecturer’s role now was to assist the students to identify the theoretical components of the curriculum which could be applied to practice. Additionally,
students differentiated between the different contributions which the lecturer and the practitioner made. In the students’ view, the practitioners had the ‘practical’-based knowledge and the lecturer had the research, ‘college’-based knowledge:

The nurse is helpful as they have expert knowledge in their field. Lecturer can help reflect back to college, e.g. sociological and psychological aspects. (Student comment)

However, students commented that the combination of the two was instrumental in helping them to link theory with practice:

You can get the best of both worlds — clinical and college experience merging. (Student comment)

Hislop et al. (1996) further suggest that when practice and theory are closely related in terms of time, then students will learn. In this project the students brought incidents for discussion that had happened very recently. It was a useful exercise therefore to analyse these incidents and then to identify areas of the curriculum that could be explored in order to provide further insights. As one student commented: ‘at last — theory and practice meet!’

The practitioners’ perspective

Jarvis & Gibson (1997) comment that the practitioner-teacher has an important role to play in the education of students. However, there is very little in the literature on practitioners’ views of their teaching role. The analysis of the data obtained from the practitioner interviews identified their views regarding the programme and their role. Practitioners were unanimous that teaching in more formal sessions was part of their role as a registered nurse. They felt very positive about the sessions, and a number of benefits to themselves as practitioners emerged. Teaching boosted their confidence and gave them the opportunity to demonstrate their knowledge to students, offering another dimension to their professional role. The sessions also helped them to think about, and review, their practice. Analysing critical incidents, reflecting on their practice, and discussing various strategies with students and the lecturer facilitated this process (Jarvis 1992, Durgahee 1998).

Another theme that emerged from the transcripts was the practitioners’ perception of the role of the lecturer in the programme. Several identified, as Davies et al. (1996) and Ferguson & Jinks (1994) discuss, that they felt there was a gap between practice and the theory that students obtained in the college:

I think it’s important that we as nurses get together with you as lecturers and we give the students something that they really need, because there’s a big, there is a big gap and I think this is one way of getting round it, integrating the practice and the theory.

Whilst Ferguson & Jinks (1994) identify that practitioners may not always have teaching skills, Philips et al. (1996) also comment on the need for practitioners to consolidate the skills needed for this role. This collaborative teaching approach offers a partial solution to these concerns. Part of the lecturer’s role as an experienced teacher was to guide and facilitate the sessions and to keep them focused. The lecturer therefore, was also used as a teaching role model for the practitioners:

I prefer it when you are there, because you’re a teacher, you’ve got all the skills and also you’re up to date with the current things that they are learning in college at the moment.

The lecturers’ perspective

Liaison

The presence of a lecturer in the clinical area carrying out an effective liaison role has been considered important by several authors (Philips et al. 1996, Cahill 1997, Wills 1997). Potentially, such a role can assist practitioners in the development of their teaching role and ensure a favourable clinical learning environment for students. It is also considered important that students have a named individual with whom they can discuss their progress whilst on clinical placement and who can act as a mediator between the student and the practice area (Wills 1997). It takes time to establish good working relationships with practitioners and this can be difficult to achieve by sporadic visits of limited contact time. The data revealed that the implementation of the teaching programme with weekly time-tabled visits meant that the liaison aspect of the nurse lecturer role could be fulfilled. It allowed all students and key members of the unit team to meet with the lecturer on a regular basis. The nurse lecturer was therefore visible, could quickly identify potential problems and be utilized as a resource person by students and staff alike.

Teaching

The teaching role of the nurse lecturer in clinical areas was also developed and was of crucial importance in this project. Davies et al. (1996) report a lack of teaching by lecturers in clinical areas. This may be ascribed to a belief that teaching in clinical areas is best left to practitioners. It was felt, however, that the nurse lecturer had an important role to play, namely in attempting to integrate the theoretical components of the curriculum with practice (Dale 1994, Fawcett & McQueen 1994, Camiah 1998). McCaugherty (1991) describes a similar approach to the teaching of students in clinical areas. One main difference in this
project was the involvement of practitioners as the clinical practice 'experts' in teaching.

**Practice and clinical credibility**

The issue of whether nurse lecturers should be clinically competent, academically credible, or both, remains contentious. The North American models of 'faculty practice' (Millonig 1986), represent a drive to facilitate nurse lecturers in playing a meaningful 'hands on role' in clinical areas. However, there needs to be appropriate organizational resources and incentives in place for this to happen (Rodgers 1986). The teaching strategy described here afforded an opportunity for the lecturer to maintain clinical credibility; definitions vary (Goorapah 1997), with Webster (1990) suggesting that it means keeping up to date with current nursing practice. Focusing on incidents from current practice, discussing these with practitioners and students in practice was invaluable to the lecturer. The learning process therefore was not confined to students. There were many opportunities for the lecturer to update her knowledge and to learn from practitioners and students. The analysis of the student data revealed that the high visibility of the lecturer in the practice area afforded the lecturer, at least from the students’ perspective, some clinical credibility.

It could be argued that this is no substitute for the ‘doing’ of nursing practice and this was recognized. Participation in teaching with practitioners will not allow the lecturer to become clinically competent. However, it was felt that, given the resource constraints which are currently operating, this afforded a valuable link with practice.

**Research**

Again, the debate on faculty practice in North America points the way to another dimension of the clinical role of the lecturer. One argument asserts that the aim of lecturers in practice areas should not be concerned particularly with the teaching of students or updating the lecturer's clinical skills. This would be difficult to justify either academically or economically (Algase 1986). The aim should be research, scholarship and developing the discipline of nursing. Therefore, research that originates from practice and reflects practitioners’ concerns would be considered legitimate. This project afforded opportunities to engage in collaborative research with practitioners. The role of the lecturer moved from liaison and teaching towards research, acting as facilitator and resource person in the management of the research process. Additionally, she functioned as researcher in the collection and analysis of data. The lecturer's role was also to act as a change catalyst (Gerrish 1992, Owen 1993) to enable the strategy to be implemented, evaluated and sustained.

**DISCUSSION**

The project aimed to implement and to evaluate a teaching programme for nursing students and to identify the benefits for the participants. The findings suggest that the students benefited from attending formal teaching sessions in practice areas that focused on practice and were taught by both a nurse educationalist and practitioners together (Gerrish 1992, Smith 1995). Practitioners also felt that they benefited, for example by developing their teaching role in collaboration with the lecturer. However, there are limitations to this project. Action research is necessarily small in scale and this was one group of practitioners and a lecturer working within a specific context which may not be replicable and generalizable elsewhere (Hyrkas 1997). However, Rolfe (1996b) argues that such criticisms should be challenged as action research should be viewed from outside the dominant scientific paradigm. Additionally, the role of the nurse lecturer as researcher and the issue of personal subjectivity and bias in data collection and interpretation is acknowledged (Fraser 1997, Waterman 1998). Although steps were taken to validate the findings, these may also be considered contentious (Silverman 1993). Further work is required to ascertain whether these sessions really help students to integrate theory with practice and to explore further the teaching role of practitioners. The feasibility of the proposed model for the clinical role of nurse lecturers needs to be examined in different contexts. However, the commitment to the programme in its original centre from all is on-going, with students continuing to offer positive evaluations.

This paper therefore focuses on the development of a role for nurse lecturers in practice areas. The rather limited participation by nurse educationalists in practice areas in which liaison activities predominate, has difficulties. Similarly, the 'immersion in practice model' such as lecturer-practitioner roles (Elcock 1998, Fairbrother & Ford 1998) where there is a specific remit to link education and practice also has problems, not least of which is the fact that the majority of nurse educationalists are not employed as lecturer-practitioners. However, the nurse lecturer in this project shared a key aim with lecturer-practitioners in trying to help students integrate theory with practice, but there is a crucial difference and this relates to the issue of practice. Elcock (1998) suggests that a key feature of the lecturer-practitioner role is direct contact with patients. However, it is precisely this element that the majority of nurse lecturers have difficulty with and may not even see as being part of their role (Davies et al. 1996, Carlisle et al. 1997).

The recognition of these difficulties, in particular this key issue of practice, led to a search for a feasible alternative in the reality of the current context of nurse education within one UK centre. The pressures on nurse
educationalists in trying to meet teaching and research agendas have been identified (Burke 1993, Gerrish 1992). Similarly, there are pressures on practitioners in that the educational remit of their role is not their primary aim (Gerrish 1990). Given this, the need to provide a good learning environment for students is important. Thus, the development of the teaching aspect of the nurse lecturer role was a key element in this study. A collaborative approach to teaching meant that the practitioners’ unfamiliarity with the curriculum could be compensated for by the presence of the lecturer. Conversely, the lecturer’s lack of in-depth knowledge about current practice could be compensated for by the practitioner. This, as Rolfe (1996a, p. 43) suggests, could be an example of ‘an encounter between equals, between the experienced practitioner and the experienced educationalist’. For this to occur, there needs to be appropriate organizational support and recognition of the need for collaboration. In this centre, there was an on-going programme of developing and maintaining links between the university and providers of health care. Additionally, there was an expectation that lecturers should spend a proportion of their time in clinical activities.

The report ‘Integrating Theory and Practice in Nursing’, commissioned by the Chief Nursing Officer for England and Wales (1998 para. 85), highlights the continuing need for the integration of theoretical learning with practice. The report suggests that the ‘most valuable learning takes place in the real world with experts using process(es) such as reflection to integrate the relevant knowledge’. To achieve more effective integration of theory with practice, action plans were identified. Some identify the need for better collaboration between practitioners and lecturers and also highlight the need for students and experts to reflect on practice. These elements of collaboration and reflection on practice were important aspects of this teaching strategy.

Another key element was research. Action research appears to offer the potential to bring about change. In one way, the project appeared to be effective in helping to solve some problems at a local level. Additionally, it appears to offer the potential for nurse educationalists to develop their role within practice areas. Stenhouse (1975) in developing the idea of the teacher-researcher, argues that this involves a self-critical appraisal of one’s own practice (including teaching) and is essential to the development of the professional role, a view echoed by Titchen (1997).

It is possible for a nurse lecturer to fulfil liaison, teaching, practice and research roles within practice areas. In this project this was achieved through working in collaboration with practitioners. On this basis, this model reflects the view of the nurse lecturer role as espoused by Rolfe (1996a). Such a model hinges on the development of a relationship of mutual trust and respect between practitioners and educationalists.

CONCLUSION

This small study suggests a potential model that allows the nurse lecturer to play a meaningful role in practice areas. In this model, all four elements of the clinical role of the nurse lecturer were utilized. It began with developing the lecturer’s teaching role within practice. Through collaboration with practitioners in teaching, the potential was there to develop the research element of the role. Working closely with practitioners also allowed the lecturer to maintain a valuable link with practice as well as fulfilling the liaison aspect of the role. This model may be useful until a consensus is reached as to the appropriate role activities of nurse lecturers in practice areas.

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