Current educational reforms in nursing in the United Kingdom and their impact on the role of nursing lecturers in practice: a case study approach

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This paper explores major developments in nurse education in the UK in the last 5 years and examines their impact on the role of nursing lecturers in practice. It builds upon the findings of an earlier study that described significant changes in the UK in the role and work of nurse teachers resulting from Project 2000 initiatives (Camiah 1996).

The aims of the study were two-fold:
- To examine major developments in educational provision in nursing in the UK in the last 5 years and their impact on the role and work of nursing lecturers in practice
- To define an effective model of the nurse teacher’s clinical role to reflect the change to a higher educational environment.

Attention is also focused on the perceived aspects of the nurse teachers’ clinical work that appeared most promising (i.e. which would better enable nursing students to benefit most from their clinical learning experience); and perceived factors that appeared to obstruct the work of nursing lecturers in practice.

Relevant literature

The last 5 years have seen an unprecedented change in the education and training of nurses in the UK. In essence, it can be argued that until the
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The introduction and implementation of Project 2000 courses, nurse education in the UK was organized along an apprenticeship model of education and training and was characterized by what might be described as a traditional educational philosophy, embodying conventional teaching methods and learning styles. This approach had been severely criticized by a number of writers on several counts (Committee on Nursing 1972, Sims & House 1976, Fretwell 1982, Gott 1984, UKCC 1989). They argued that traditional educational philosophy and approaches to educational organization management were no longer appropriate or effective since they allowed the theoretical content and components of teaching to take the form of blocks of study unrelated to the concurrent clinical experience. Secondly, they enabled service needs to take priority over the educational needs of students.

Other factors reported as to why traditional nurse education was failing to prepare students to meet effectively the changing health care needs of society included a failure on the part of nurse teachers to stimulate originality and creativity in students, and a failure to provide them with adequate clinical supervision. As argued by a number of writers (Wong 1979, Gott 1984, Elliot 1993) there has been for several decades a perceived discrepancy between what is taught in schools and what is practised in the clinical settings. For example, Wong (1979) noted an inability on the part of students to transfer classroom learning to clinical practice.

In the wake of such empirical and other evidence, it has been suggested that, instead, what nursing education required was a reorganization of educational philosophy and a restructuring of nursing schools with close collaborative links with higher education institutions and the development of problem-solving skills, since this would:

- Raise educational standards in nursing
- Help to bring the realities of nursing practice into the classroom
- Encourage in students critical and analytical thinking, to enable them to question and improve outdated practice.

Previous investigations (Robinson 1985, Vaughan 1989, Marriot 1991) into the work of nurse teachers in practice reveal that the clinical teacher role was an inefficient and expensive way of supporting students in practice. They reported that far from resolving the problem of the theory-practice gap, the creation of the clinical teacher position, for various reasons, actually served to compound it. Such criticisms, amongst many other factors, eventually led to the discontinuation of this post in the 1980s.

Other studies into the clinical activities of nurse teachers (Jones 1985, Reid 1985) suggested that there were a number of mitigating factors against nurse teachers fulfilling a clinical teaching role. These included, for example, a perceived lack of clinical skills, poor working relationships with service colleagues, and insufficient time being spent on the wards.

Reid (1985) highlighted that students were failing to receive adequate clinical supervision and instruction and that facilities for ward teaching were poor. She argued that more teaching could be undertaken effectively in the clinical settings rather than in the classroom. Jones (1985) noted that only 10% of the time nurse teachers spent in the clinical areas was used for clinical teaching. She showed that the work of nurse teachers in practice was obstructed by a number of factors, including time constraints and lack of peer support. Other studies (Sims & House 1976) reported that nurse teachers were adapting a generic role, teaching a wide range of subject areas and supervising students across a number of settings, for which they were inadequately prepared. Most recent studies (Croity 1993, Jowett et al 1994, Luker et al 1994, Clifford 1995, Camiah 1996) have highlighted the complex demands put upon nurse teachers and the issues facing them at work. Jowett et al (1994) noted, for example, that nurse teachers had difficulty in meeting the clinical demands of their role: a view supported by an earlier study (Payne et al 1991).

A failure on the part of nurse teachers to seal the so-called theory-practice gap has led to several writers arguing the case for joint appointments (Howden 1985, Lathlean 1994). As Lathlean (1994) suggested, this position represents, in various permutations, an attempt to combine sapiential with positional and executive authority. She argued that such a position has many positive aspects in finding an effective match between what is taught in schools and what is practised in the clinical environment. Whilst some writers will agree with her views, others would argue that the role of the nurse...
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teacher should be that of an expert teacher who
gives support to both students and staff in the
clinical areas (Forrest et al 1996).

With the design and implementation of Project
2000 courses underway and with new patterns of
educational organization and management
emerging, nursing schools were likely to adopt a
more adult learning-oriented educational
philosophy. Nursing lecturers would also be
expected to meet the competing demands of
academic and professional practice and become
more credible in practice.

As already stated, definitions and working
models would need to explore and aim to resolve
the competing demands of academic and
professional practice, and to enable the
teacher/lecturer to operate in a way that is
'scholarly in practice' (NHS Executive 1994). This
view has stimulated various debates which raise
additional issues such as:

• How do nursing lecturers aim to resolve the
  competing demands of academic and
  professional practice?
• What do nursing lecturers do and how do they
  manage their time in practice?
• Should nursing lecturers take on a dual role? If
  so, which model of practice should they adopt
to reflect the change to a higher educational
  environment?

Previous research, therefore, highlights the
need for nurse teachers to re-examine the way
they work. A paper on the developments of
current educational provision in nursing and their
impact on the clinical role of nursing lecturers was
thus considered useful and relevant to nurse
teachers, policymakers and in the wider context to
the nursing profession as a whole.

Background information

A brief account of the traditional pre-registration
training programme and pattern of education and
training is provided first, as this forms the basis
for subsequent discussion. It also throws light on
the changes currently expected in nursing schools
in the UK.

Pre-registration programme

Pre-registration training traditionally has been
offered at two levels. The first, level 1, was
available in four specific branches: general
(adult); mental health; mental handicap; and sick
children nursing. Each branch lasted
approximately 3 years and 9 weeks, within which
a minimum of 30 weeks of theoretical work was
prescribed. Students gained most of their
theoretical input in classroom situations and their
practical experience in a hospital environment.
Usually, each programme would be organized in
5–6 blocks of study, within which 6–8 weeks
would be allocated as a preparatory module
before students were allocated to practice, where
they functioned as full-time employees.

Following successful completion of a 3-year
course of study, students were eligible to enter on
the appropriate part of the Register for Nurses.

The second, level 2, was offered to students
with less academic ability in three specific
branches: general (adult); mental health; and
mental handicap nursing. By the time Project 2000
courses were approved, most nursing schools had
more or less phased out the level 2 nursing
programme.

Based upon the above evidence, it can be
argued that the traditional pattern of education
and training allowed service needs to take
priority over the educational needs of students
on the pre-registration training programme. It
also inhibited students from widening their
clinical experience outside the scope of hospital
settings.

Traditional pattern of educational
organization and management

Figure 1 illustrates the traditional educational
structure and line management of a nursing
school (nursing college) in the UK. Usually a
nursing college would operate on two or three
sites and would be headed by a director of nurse
education, supported by a team of senior teachers
and teachers as shown above. Each teacher,
supported by a senior teacher, would usually take
on the role and responsibilities of managing a
specific cohort of students on a rota system. The
teacher would see to most of the teaching and
clinical supervision of students in his or her
group. Occasionally, she or he could be assisted
by a colleague with similar interest and expertise.

Based on the above, it can be said that
conventional educational organization and
management of pre-registration nursing
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Fig. 1 Traditional educational structure and line management of a nursing school in the UK.

programmes encouraged nurse teachers to be generic, rather than specialist and credible in a designated area of practice. It can also be argued that nurse teachers were encouraged to function in isolation as opposed to working in teams.


The main developments seen or expected of the pre-registration nursing programme, Project 2000, were: changes in educational philosophy; course organization and management to include joint course planning, implementation and development; continuous assessment strategy; and changes in student status. As stated in the United Kingdom Central Council for Nursing, Midwifery & Health Visiting (1989) document, 'Project 2000’s educational approach reflects an intention to influence the status of nurse education through the reframing of nursing curricula and the reorganisation of nursing knowledge. The Project 2000 curriculum must be a theory and practice programme embedded in health and not illness, providing the student with experience of a range of settings and a variety of care groups.'

The aim of current educational provisions was to produce nurses who would have achieved specific levels of competence in nine defined areas as defined in Rule 18(1) of the Nurses, Midwives and Health Visitors Act.

In essence, it can be argued that developments currently taking place in the organization of nurse education in the UK are likely to create a considerable challenge for nurse teachers in responding to an emerging role that reflects a changing health care environment in future. It thus seems likely that in future, nurse teachers would have to review their organization of nursing courses and work activities in practice.

The study

Case study approach

In order to research these issues in greater depth, a case study approach using qualitative techniques was adopted. The aim was to involve a leading Project 2000 scheme in the initiative to tap into its main strands of experience, expectations and practice. The criteria for the selection of the scheme were:

- Differences in educational philosophy and practice between participating institutions
- Size of school and student intake
- Nature of links with higher educational establishments
- Organization of supervision of practice
- Physical location, e.g. the number of sites on which a school operates
- Assessment strategies and examination procedures.

Sampling

Research participants from the programme were purposively selected from education, service, and students in training. A total of 41 informants was involved. Educational staff comprised essentially senior teachers and teachers. The service staff were a diverse mixture of ward sisters, senior nurses and hospital administrators. Student groups included those in their second and third years only. The criteria for selection were primarily that participants had experience of the subject under investigation and an ability to articulate that experience. The key informants and sample size are shown in Table 1.

Methods of data collection

Data were collected over a longitudinal period of 2-5 years through documentary sources, in-depth
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**Table 1** Key informants and sample size

<table>
<thead>
<tr>
<th>Educational staff (n = 15)</th>
<th>Service staff (n = 14)</th>
<th>Students (n = 12)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dean</td>
<td>Senior nurses 4</td>
<td>Second year 6</td>
</tr>
<tr>
<td>Heads</td>
<td>Charge nurses 8</td>
<td>Third year 6</td>
</tr>
<tr>
<td>Principal lecturers</td>
<td>Hospital administrators 2</td>
<td></td>
</tr>
<tr>
<td>Senior lecturers</td>
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</table>

Interviews and observations of the student–teacher interaction. It was necessary at the start of the project to hold a full steering group meeting to enable the researcher to discuss the details of the project design with members and to elicit suggestions from them concerning the precise nature of the survey sample as well as any other help or advice they may have to help ensure the success of the research as a whole. However, a more specific objective of that meeting was to agree the pilot study. This was essential in order to test out some of the methodological considerations before embarking on the full study.

A pilot study was undertaken with two key informants who were able to comment upon the research questions and interview format. This exercise was found useful as it showed that there was no need to modify the questioning frame or protocol.

**Interviews with senior staff**

Initially, meetings were held with school heads and the Dean in order to discuss the school’s philosophy and strategy as well as more specifically gaining insight into their views into the future development of the nurse teacher’s role in practice. They were also asked to nominate tutorial staff and senior health professionals whose skills they rated highly for in-depth interviews, given that they meet informally to discuss individuals’ performances. The aim was to distinguish clearly between highly skilled and more mainstream performers and to focus directly on the perceptions of the former.

**Observation of the student–teacher interaction**

With the full agreement and cooperation of the nurse teachers concerned, the researcher observed the activities of those previously interviewed. This was useful in evaluating the extent to which the views expressed during interviews were demonstrated in practice. As this research did not involve patients as human subjects, ethical clearance was considered unnecessary. However, all participants gave their informed consent to the study and secondly, measures needed to protect their anonymity were strictly observed.

**Educational focus groups**

Two focus groups, each consisting of five nursing lecturers, were convened. Lecturers were asked first to write down in ranking order of priority three main answers to each research question. Next, they were asked to read out their answers, and these were then used as a basis for discussion. This was considered useful in allowing teachers with different specialities the opportunity to discuss and express opinions on common issues.

**Data analysis**

The methods of analysis employed in this study were adapted from those developed by Carney (1972) for content analysis and those which are generally employed by qualitative researchers for thematic analysis (Lofland 1971, Bogdan & Biklen 1982). In addition, strategies suggested by Morgan (1988) for the conduct of focus groups and the analysis of this form of data were also used. All interviews were transcribed by the investigator using models highlighted by Coulthard (1978). Based on the transcription, broad categories were identified from the data.

The final stage of analysis consisted of a comparison between the categories generated from the original content analysis and the focus group data. Whenever any potential discrepancies were noted, the raw data were re-examined for contextual indicators (i.e. responses elicited from the focus group interaction dynamics) that could help to confirm or explain the discrepancies. In this way, it was possible to check for the possibility of group censoring or conforming which may have influenced the data collected (Carey & Smith 1994).
Results

The changing organization of nurse education in the UK

Changes in educational organization and management

The results from each of the data sources indicate a significant shift of emphasis and in perspectives from the traditional approach to educational organization and management of the pre-registration nursing programme. Analysis of the data revealed the emergence of a different pattern of educational structure and organization management, as shown in Figure 2.

The new organization was seen to run along higher educational lines following its merger in 1991 with an institution of higher education. It was headed by a newly appointed Dean, supported by two heads of nursing departments. Each head had his or her own team comprising several lecturers, each specializing in a specific subject area of nursing. This reflects the shift of emphasis and in perspectives from the conventional educational approach to nurse education.

Changes in educational philosophy

The results also showed a difference in educational perspectives and philosophy. For example, the new school was noted to share the educational philosophy and goals of Project 2000, of providing a broad knowledge base for students and producing reflective, analytical nurses who are able to practise in a variety of settings. Other changes noted were the introduction and implementation of a modular scheme of training to include a credit accumulation transfer rating scheme; use of a continuous assessment strategy and learning contracts; and shared learning experiences within the common foundation and branch programmes of a newly validated pre-registration nursing programme.

Impact of current educational reforms on the work of nurse teachers in practice

When asked what impact the current changes had on the clinical work of nursing lecturers, responses were mainly about the following: professional development; educational organization and management; and links with the service sector.

Professional development

This involves activities that include wider educational opportunities and professional development for staff. Under this heading, responses were mainly about the need for nursing lecturers to be credible in a specialist area of theory and practice, participate widely in the development of practice staff in their teaching role with students, and update the students on current educational developments. A total of 36 respondents (13 educational, 12 service and 11 students) believed that nursing lecturers also ought to have at least a relevant degree; a view that had been widely aired by professional bodies like the English National Board for Nursing, Midwifery & Health Visiting. Comments included:

Current educational reforms require nurse tutors to be pro-active and acquire higher professional and academic qualifications as they need to be credible in the eyes of practitioners, students and other college staff; if they are not they will lose people's respect and trust.

A few responses were attributed to the need for nursing lecturers to continually take part in staff development and scholarly activities,
review their job specifications in line with lecturers in higher education and compete with other disciplines in terms of resource allocation.

Educational organization and management

This involves activities that include a clinical style of management and modes of study. Responses were mainly about teaching staff having to review their clinical management styles and skills development, develop a more cohesive and effective team of subject specialists, move towards a more progressive approach to teaching and learning, and work alongside more experienced teachers and researchers of nursing. A total of 12 educational and 10 service staff agreed that with conventional educational organization and management, some nurse teachers were prevented from developing their full potential as effective clinical educationalists. Comments included:

Previous educational management was so rigid and hierarchal that you had to be cautious about what you had to say in case you upset someone within the hierarchy ...

Identified as equally significant was a need for an ‘organization solution’ that would enable nurse teachers to rethink their role in terms of how the role is constructed and developed and how individual nurse teachers work. However, there were some differences in views expressed regarding the future development of the role and work of nurse teachers in practice. For example, two educational heads and about a third of the lecturers and students supported the view that nurse teachers should be involved in ‘hands-on care’ activities, whilst the rest argued that the role should be that of an expert teacher who gives advice and support to students and staff in practice. Despite differences in views, both groups agreed that clinical teaching is central to the development of student nurses.

Factors facilitating nursing lecturers’ involvement in practice

Link teacher role

In response to the question of which aspects of the nurse teacher’s clinical work appeared particularly significant, the most cited responses concerned a link teacher role: a role where nurse teachers were employed and accountable to the educational sector, but were expected to link with clinical practice with a view to:

- Supporting, guiding and facilitating students’ learning
- Carrying out educational audits and monitoring the clinical learning environment
- Assisting qualified staff with update sessions on continuous assessment and learning contracts
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- Participating in joint school/clinical meetings
- Spending more time working alongside students in practice.

A total of 10 educational staff and half the service respondents agreed that the link teacher role would better enable nursing lecturers to remain up-to-date on the realities of practice and at the same time gain a better insight into the skills and competence held by students. One interviewee remarked:

Given that student nurses are now super-numerary and given the amount of time students spend in practice settings; it is vital for nursing lecturers to be seen to be working closely with their service colleagues in order to provide the type of support students require. It is also important for nursing lecturers to spend more time in practice. It appears to me that a number of lecturers are reluctant to spend time in practice; tutors must be seen to work alongside students to be credible.

Comments on the major aspects of the link teacher role that were perceived as most important were for nursing lecturers to:

- Support students to integrate theory and practice
- Spend more time on clinical teaching and supervision of practice
- Provide pastoral care and psychological support to students and their mentors
- Keep nurse practitioners updated on current educational reforms, e.g. developments in course planning and development
- Prepare staff for educational audits, continuous assessment and mentorships
- Monitor the clinical learning environment
- Support staff in creating an effective environment for learning.

Also viewed as important was the need for clinical practice to be educationally led as opposed to being service-driven. As one commented:

If students are not properly guided or frequently seen by nursing lecturers in practice, it's very tempting for service staff to make use of them as a labour force, particularly when staff are short.

Areas of disagreement included the nature and extent of clinical work to be carried out by nursing lecturers. Many respondents believed that nursing lecturers would be better left to facilitate students' learning and support qualified staff in keeping up-to-date with current educational developments as opposed to carrying out ward-based hands-on work. Thus:

If we want nursing lecturers to have parity or the same rights and privileges as those of other academic disciplines then we should expect them to act as teachers and facilitators of learning as opposed to merely working alongside students and other practitioners giving 'hands on' care.

This suggests that perhaps nursing lecturers should be better left to act as a valuable resource to students and staff, for example, assisting the staff with expertise, knowledge and skills of research and teaching that would help them in improving the quality of nursing care delivered. In contrast, a minority of respondents felt that hands-on care actually gives nursing lecturers more credibility. Despite some disagreement over what nursing lecturers should or should not do, the majority agreed that collaborative work is useful. Comments included:

The opportunity for lecturers to participate within a clearly defined set of parameters; for example, to analytically explore the rationale and value of such participation and to ensure that their involvement in practice complements and not interferes with practice and practitioners. Collaborative work appears to be the most appropriate vehicle.

As identified in professional guidelines (UKCC 1993), most respondents considered it reasonable that 20% of nursing lecturers' time should be spent in practice. There was also general agreement that realistic demands should be made on lecturers' time and that no individual should look after more than three clinical areas.

Joint appointments

The results also indicated that a few respondents supported the notion of joint appointments: a post in which the role of the nursing lecturer and that of the nurse practitioner are combined. Examples include those of university lecturers and practising nurses (Ashford & Castledine 1980, Howden 1985). Respondents who supported the notion of joint
appointments believed that the approach has the advantage of formal teaching commitment and direct accountability for patient care. Comments included:

Being a lecturer/practitioner enables you to exercise better control over students’ clinical teaching as well as maintaining closer contact with your patients.

They also believed that joint appointments would allow nursing lecturers considerable autonomy and opportunity to practise professional accountability. Many saw this as a disadvantage as, they argued, it would lead to role conflict and competing and conflicting demands on nurse teachers’ time. As one respondent put it:

If nursing lecturers are not careful they will end up with having several bosses and hence different expectations and poor employee job fit. It’s like being in the shoes of the old clinical nurse teacher; we don’t want this to happen again.

Factors obstructing nursing lecturers’ involvement in practice

In response to perceived factors obstructing the work of nurse teachers in practice, responses were mainly about link activities and role conflict.

Link teacher role

Under the heading of link teacher role came responses such as unrealistic expectations, work overload and high demands placed on nursing lecturers:

I am expected to take part in curriculum innovation, teaching across departments, attend departmental meetings, write papers and spend time in practice. If you ask me how much time I spend in practice, I would say very little. It’s not because I do not want to be there, it’s because of my commitments; I can only see students or be in direct contact with them when there is a real need, for example, when students have real problems or when I have something new to tell them.

Based upon the observations of student–teacher interaction, it was noted that a majority of nursing lecturers visited their link areas for short periods only. Student contact time was noted to range from 30 minutes to 5 hours per week. Within that time, nursing lecturers were noted to spend about only 30 minutes to 2 hours on clinical teaching and student contact time; for example, hands-on care work. The bulk of the time was used for liaising with the ward staff, arranging update sessions on continuous assessment and mentorship work, and advising nurse practitioners on new educational developments taking place within the educational establishment. The evidence of the study seems to indicate that academic work was seen to take precedence over clinical work, a fact that perhaps reflects that clinical work is undervalued.

Role conflict

Role conflict and unwillingness on the part of several nurse practitioners to adapt to a changing educational philosophy were also reflected in a majority of responses. Role conflict was noted when educational heads and service colleagues had different expectations of what nursing lecturers should or should not do. For example, it was noted that educational heads expected nursing lecturers to spend the equivalent of 1 day per week on clinical teaching and direct student contact despite the competing and conflicting demands placed upon them. Similarly, a few nurse practitioners believed that nursing lecturers should take on a clinical workload: developments which were not welcomed by an overwhelming majority of nurse teachers. Also cited, though much less so, was a degree of unwillingness on the part of some practitioners to adapt to current changes expected of higher education; for example, a number of clinical staff are still reluctant to implement new policies based upon research-based evidence or adapt to new ideologies. This is illustrated in the following:

I have on several occasions pointed out to the ward manager that the ward learning environment needs improving, for example: current literature on display needs reviewing in the light of current research, care plans need re-writing to reflect the ward philosophy and holistic principles … etc. I am not getting anywhere as the staff seemed to lack interest in new innovations; I got continually told that we have been very busy and hence not been able to work on this and that.
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The study thus highlights the need for nurse practitioners and nursing lecturers to work closely together, with a view to sharing ideas, common ideologies and good practice in an attempt to avert role conflict and hence disadvantaged students.

Discussion

The findings from this study, therefore, suggest that a majority of respondents welcome the move towards a link tutor standard: a role where nursing lecturers are expected to spend a higher proportion of their time in practice. Twenty per cent of a working week spent in practice was believed to be a reasonable amount of time to expect of nursing lecturers, provided realistic demands were made; for example, nursing lecturers should become involved with no more than three link areas. Aspects of clinical work perceived as most useful were for the link teachers to: commit themselves to clinical work and plan ahead their clinical visits; attend ward meetings; monitor the ward learning environment using agreed criteria such as the educational audit tools; update and prepare staff for educational audit; support and monitor students' progress and performance; facilitate ward teaching; and take part in ward-based assessment. Some respondents also welcomed the development of a joint nurse teacher-practitioner post. In essence, this is a post in which the roles of the nursing lecturer and the practising nurse are combined. Using the findings of the study, the author has mapped what is perceived to be the development of a useful role model for the nurse teacher in practice (Table 2, Figs 3 & 4). Such an approach is felt to be compatible with the thinking that lies behind the Project 2000 pre-registration nursing programme.

The study also highlights a number of issues that appeared to obstruct nursing lecturers' involvement in practice. These included, for example, unrealistic expectations from different parties, high expectations of link activities and clinical work, and increased pressures of work. These findings raise important questions for nurse educationalists, including the need for lecturers to resolve the conflicting demands placed upon them given the constraints of the resources available. The suggestions as perceived by most respondents were for:

- Employees and service personnel to make realistic demands on nursing lecturers' time
- Nursing lecturers to prioritize their work and plan ahead their commitments to clinical work
- Nursing lecturers to manage their time effectively, for example learning to justify their time and setting realistic targets about what needs to be done

Table 2 Mapping an effective model for the role of nursing lecturers in practice

<table>
<thead>
<tr>
<th>Aspects of clinical work viewed as most important</th>
<th>Main purpose (link teacher activities)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Forging of links and close working relationships with service colleagues</td>
<td>Prioritize work and plan educational link visits; Exchange views and share common ideologies, innovations and good practice; Plan specific learning needs and outcomes</td>
</tr>
<tr>
<td>Facilitator of teaching and learning</td>
<td>Help students integrate theory and practice; Provide psychological support and pastoral care; Keep students and staff updated on current educational changes, i.e. developments in assessment strategy</td>
</tr>
<tr>
<td>Provision of clinical teaching and supervision</td>
<td>Provide clinical teaching and supervision to link areas; Work alongside students as required; Prepare and update staff on continuous assessment of practice and mentorship</td>
</tr>
<tr>
<td>Educational audits</td>
<td>Monitor the ward teaching and learning environment; Assist staff in creating an effective learning environment; Prepare staff for educational audits and undertake audits of other units; Provide knowledge and skills that would assist staff in maintaining a high quality care service</td>
</tr>
</tbody>
</table>

Fig. 3 Ratio of theoretical/classroom:clinical/practice work expected.

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Fig. 4 Aspects of clinical work viewed as most important.

- Educational and service colleagues to share educational ideas, innovations and good educational practice
- Nursing lecturers to spend more time on clinical teaching and direct student contact.
- Nurse practitioners to enlist the support of their link tutors.

The findings also indicate that a vast majority of respondents agreed that as students are now supernumerary, they ought to be more closely supported and supervised. This suggests perhaps that nursing students require to be more closely monitored and that nursing lecturers need to spend more time with them in practice. It also indicates that perhaps nursing practice ought to be given greater priority, alongside nursing theory.

The study concludes that different models of practice to promote the clinical work of nursing lecturers are likely to emerge; for example, the link teacher role and the joint nurse teacher–practitioner post. The results point towards the development of the link teacher standard but suggest that both models should be explored. The result also indicates that as with any innovation, some people are bound to feel apprehensive about changing their way of work. This raises the argument as to whether nurse teachers should themselves create their own model for improving their work in practice or have it prescribed for them. It can be argued that whilst there may be some degree of apprehension and uncertainty about which model to adopt, what is certain is that the role of the nursing lecturer in practice must be continually explored and debated, and methods of evaluating effectiveness must be identified and implemented. The study, therefore, suggests further research into the role of the link teacher and that of the nurse teacher–practitioner needs to be undertaken.

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