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Title:

**Exploring the Challenges and Successes of the Lecturer Practitioner Role Using a
Stakeholder Evaluation Approach**

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SUMMARY

Rationale

Plans for NHS reform include strategies to reduce the gap between theory and the realities of clinical practice, with the aim of improving patient care. The role of the Lecturer Practitioner (LPs) as educators for nurses who "bridge" the theory-practice gap forms a central part of this strategy. Given the amount of investment in the role and its potential, this study sought to evaluate the impact of the LP role within the education and practice setting from the perspective of key stakeholders.

Methodology

The study, which included five LPs from a range of backgrounds, followed the principles of stakeholder evaluation. Each LP and their line manager identified six informants who were familiar with the LP's role. The total sample consisted of 36 participants. Semi-structured interviews were used to gain the perceptions of stakeholders about the LP role. The emerging themes were then discussed, consensus reached, and a collaborative project report produced.

Findings

The findings were derived from the perceptions of the stakeholders. Minimally interpretive analysis of the data resulted in identification of five themes:

- General Overview of LP's Individual Qualities

- Preconceived notions of the post

- Reality of the post

- Areas of concern

- Developing the role

Conclusions

The findings indicated that the LP role provides a credible and valuable link between theory and practice and, as such, is an important contribution to the modernisation agenda of the NHS. It was apparent, however, that there are a number of areas in which developments are needed, and that organisational and individual actions are necessary in order to achieve the most from these posts.

INTRODUCTION

Modernisation and the National Health Service

Since the early 1990s there has been a plethora of government policies and strategies aimed at modernising Britain's National Health Service (NHS). Amidst these plans for reform, there are policies that specifically address nurse education and its relationship with higher education and with service providers (Leigh et al, 2002). Concern was raised over the apparently widening theory-practice gap in nurse education as a result of the move to Higher Education (Malik 1993). It was acknowledged that the new systems of nurse education did not necessarily lead to competence in practice, and that this was exacerbated by the limited resources of clinical staff to guide novices through the complexities of clinical practice (French 1996).

The role of lecturer-practitioners (LPs), which emerged as a consequence of, and from within these processes of parliamentary, professional and educational change, is directed, ultimately, towards developing a more modern and responsive NHS. LPs are educators who "bridge" the perceived theory-practice gap. While early LP roles emphasised the support of students in practice (Vaughan 1987), this has been broadened to include the development of appropriate clinical skills for newly qualified nurses and involvement in academic teaching (DoH 1999, UKCC 1999, Redwood et al. 2002), with the ultimate aim of improving patient care. By virtue of the nature of their unique joint role, they work clinically and academically to promote the application of best evidence into practice. Arguably, this gives them the credibility that was felt to be absent from the traditional educator roles (Elcock 1998).

Theory-Practice Gap

There is a plethora of literature pertaining to the theory-practice gap within nursing and nurse education, which highlights the persistence of theoretical teaching, of "knowing that", the practical requirements of "know how", and the disparity between the two. Lathlean (1992) and Cave (1994) discuss the geographical and intellectual distances between service provision and education, with educators far removed from practice and students ill-equipped for practice (Williamson & Webb 2000). Some argue that, given the differing values between the two, such separation is inevitable (Williamson & Webb 2000). Others, who believe that 'know how' and 'knowing that' cannot exist independently, and are integrated through practice, see joint LP appointments as the way to reduce this gap (Rhead & Strange 1996).

Joint Appointments

Williamson and Webb (2004) however, suggest that some organisations do not see bridging the theory-practice gap as a primary role of LPs. As a result, many face conflicting demands from within and between service and educational institutions about the focus of their role, as well as the lack of career structure and of professional and personal support. The literature indicates that the LP role involves a dual function - lecturing and practising and a dual / joint appointment (Williamson & Webb 2000, 2001). With this comes an inherent difficulty of serving two masters and the expectation that the LP will meet the requirements of both, while simultaneously developing and maintaining the two roles at a credible level (Burke 1993, Rhead & Strange 1996). There is the potential that, without the necessary support strategies and realistic and clear expectations in place, the post could be ineffective in both education and practice (Rhead and Strange 1996).

The LP Role

Redwood et al (2001) and, more recently, Williamson (2004) comprehensively reviewed the literature including research addressing early LP models, role evaluation, reasons for development of the role, and the effectiveness and value of the role. Their findings indicate that LPs have an important role to play in bridging theory and practice and in addressing the mis-match between what is taught in the classroom and what is experienced in practice. There is also consensus that they have an important role to play in facilitating the practitioners' decision-making in ways that make it congruent with best evidence, and that this in turn enhances patient care.

Elcock (1998) describes the need for LPs to be supernumerary to staff numbers and managers' commitments, and for a clear perception of the role between service and education managers. The qualities a LP should possess include being an expert practitioner with excellent interpersonal skills and a graduate, ideally with a master's degree in nursing or related subject. As a change agent, the LP should have both a teaching role and involvement in curriculum planning. Elcock (1998) goes on to outline suggested outcomes for the LP role, namely enhanced patient care and stronger links between service and education. McGee (1998) described the benefits of the LP role as facilitating staff development, which may influence the service as a whole, integrating communication and interpretation of research, the application of research findings in clinical practice and conducting research. Williamson and Webb (2001) found that managers referred to LP roles as being effective in providing a link between the university and the NHS, as well as in relation to the development of clinical staff. They also noted the importance of clinical competence and credibility of the post-holders as well as effective teaching, communication, interpersonal skills and flexibility.

The importance of trust and credibility of the LP as a professional is highlighted by Redwood et al (2001) with particular regard to the promotion of research and evidence-based practice. Wright (2001) describes how LPs contribute to evidence-based health care by identifying ways in which practice can be developed in line with relevant evidence (i) by enabling practitioners to access research and (ii) by establishing multi-professional practice forums. The LP becomes a 'research interpreter', a proposition which is supported by the work of Thompson et al. (2001) who suggest that the medium through which research evidence finds its way into practice is more likely to be a trusted and credible person, rather than text-based electronic resources.

Redwood et al. (2002 p.16) state that "..the value of the role has not been convincingly demonstrated." There is a dearth of empirical evidence that looks at the effectiveness of the LP role, and, as a result, both LPs and their managers may face problems in identifying the best way to develop such posts. There is a clear need to evaluate the impact and remit of the role. Despite this however, the literature tends to focus almost exclusively on conceptual analyses, discussions around the role or personal accounts of individuals' experiences (Richardson & Turnock 2003, Williamson 2004), there is little evaluative research about the role and its impact.

METHODOLOGY

Study Aims

Given recent considerable investment at national and local level, it seemed timely to undertake a local evaluative study of the LP role. The specific aim of the study was to provide description and generate theory about the role in the education and practice setting from the perspective of the key informants: namely employers, colleagues and students.

One of the limitations of traditional approaches to the evaluation of a role or service is the assumption that it is possible to achieve valid findings from data gained from one perspective (Cheetham et al. 1992). Evaluations conducted in this way exclude many people involved in a service or role and, therefore, their sense of ownership of the evaluation, particularly in relation to the outcome(s), is limited. An alternative approach involves stakeholders. In specific terms, stakeholders are consulted on the nature of evaluation questions, sample, definitions of successful outcomes and measurement(s) of effectiveness (Fink 1993).

This approach has been described using one of two terms, pluralistic evaluation (Smith and Cantley 1985) and stakeholder evaluation (Ovretveit 1998). The term stakeholder evaluation will be used throughout this report as it involved a small number of key stakeholder groups in its design, conduct and interpretation. The key stakeholders were identified by the LPs and their relevant line managers and comprised of managers, practitioners, colleagues and students.

Whilst the evaluation followed the principles of stakeholder evaluation, a series of case studies was also developed by collecting information on individual LPs. Each case was designed on common principles that enabled similar aspects of the role to be explored, but which also enabled an examination of specific roles of each LP.

Approval was obtained from the Local Research Ethics Committee (LREC) and the Trust's Scientific Review Committee.

Sample

The evaluation team purposively selected five LPs from a range of backgrounds and with differing lengths of practice and educational experience. Subsequently, a collaborative purposive sampling technique was used for each case. Each LP, their line manager and allocated evaluator identified six participants, excluding service users, who were able to provide detailed, objective and relevant information that would inform the evaluation's aims. The total sample consisted of 36 participants and included students, registered nurses, doctors, managers and lecturers.

Data Collection

To promote a degree of consistency, whilst allowing opportunity to explore specific themes for each case, semi-structured interviews were used to collect data. The evaluation team developed a common guide for all interviews, which ensured that certain common areas were explored in all interviews (see Appendix 1). The interview structure was also personalised for each LP, with an evaluator team member, the individual LP and their line manager meeting to agree additional topics for discussion.

Data Analysis

Individual interviews were tape recorded and transcribed verbatim. Interview transcripts were returned to interviewees for confirmation and verification of content. Each evaluator analysed the data collected for each case following the principles of minimally interpretive analysis as described by Miles & Huberman (1994). This evaluator produced a report for each case, which was then discussed with the LP. The evaluation team then performed an analysis of all individual case reports and produced a project report, which reflected the overall findings.

FINDINGS

In keeping with the requirements of the research, the findings have been divided into a number of areas indicated by the headings below. These findings are derived from the perceptions of the stakeholders involved. Analysis of the data has resulted in identification of five themes:

- General Overview of LP's Individual Qualities

- Preconceived notions of the post

- Reality of the post

- Areas of concern

- Developing the role

General Overview of LP's Individual Qualities

The interviewees identified a range of qualities, which they associated with the post holder rather than the post *per se.*

> *Most specialist roles within any Trust or within any organisation the success is down to the individual isn't it, it's not the role that produces the outcome, it's the individual that's performing that role.*

> *When one is looking for any development, you must first consider the role and then you marry the right person for that role.*

> *She has taken the challenge and has grown and matured through the challenges …learning to deal with resistance, with challenge and being articulate in a controlled and constructive fashion. I've seen her grow over the 18 months she's been in post.*

General Qualities

These qualities included comments about their general abilities, which included honesty, trustworthiness, openness, approachability and professionalism.

> *She is very conscientious and she's just very honest and trustworthy which are fundamental things.*

> *She is able to operate both at the level of working within individual practitioners but also in terms of broader influence of what happens in the organisation and the policy type stuff, she is very comfortable with that as well.*

Relationships

The LPs' colleagues spoke of their ability to develop and maintain good working relationships with their education and clinical colleagues. For some, this was related to whether they were regarded as an 'insider' or 'outsider.'

> *Because she knows everybody it makes her job easy because if she wants to do something, she'll know exactly where to go to, she doesn't have to go through me or go and seek help, she'll know exactly where to go and who to see and what to do because she knows the Trust and the unit very well.*

> *The role has enabled her to access different resources, not so much between medical staff and nursing staff in the unit but the ancillary or the paramedic people*

we have, pharmacy, dieticians etc, other medical specialities like microbiology she's

been able to pull all those together better than we've been able to do before.

Credibility

The LPs' ability to relate their own experience to the theory and practice of clinical work meant that they were valued and seen as clinically and academically credible:

I know that she holds great store by her clinical practice, she enjoys it, she really

wants to do well out in the clinical areas and to encourage other people to do well.

She also has made this role in education, she's embraced that and she's linked the

two together I think extremely well and she's developed in that area. I don't think

that everyone could have done that.

He is much more up to date than a lot of people.

He'll go through like, this is the theory, this is what it says, this is why we are doing it

…this happened to me, this is how I applied it even though it didn't work… if we did

it this way it would have worked better….

Preconceived Notions of the Role

Three main areas relating to role expectations were identified throughout the interviews. All respondents noted that the role was not clearly defined at the outset and as a result had varying expectations or responses to it. The role was viewed in contrast to that of university lecturers and LPs were seen as being in the 'real world'.

Initial Expectations of and Responses to the LP Role

While some participants had preconceived notions about the remit of the role, others demonstrated a lack of knowledge and understanding about it:

I thought it would be concerned with the applied knowledge more than anything, so I felt it would be informal and formal teaching settings on the unit as opposed to outside of it… a lot of guidance on hand, practical skills, that's what I was expecting.

I thought it would be a role that's split. Obviously the practitioner part where they work on the unit and having a caseload and know the staff and the area that you work in and also the lecturer part where they teach on the unit and work with members of staff and help them out on an individual basis or as a group.

Bridging the gap between theory and practice and being someone to support between the university and the hospital as a link.

When they said lecturer practitioner I felt that she would be doing most of the teaching and the educational issues within the unit.

I think some people felt a little threatened by it because there's always this issue of once you've been in teaching for a while are you still clinically credible, were we all going to be replaced? …. so semi disquiet among some members of staff.

Apart from thinking that she would be working clinically with people and support people we didn't really have an idea what kind of role it would be.

It was a completely new concept to me and to probably 99% of the staff on the unit.

Role Defined By Local Need

Some were clear about the role and this seemed to be related, at least to some extent, to local need:

Firstly to achieve the competencies that were required on the new unit in view of having recruited nearly 55 new nurses. Secondly to function very much in a coaching capacity, sort of expert in action and working very much on an individual basis with nurses on the unit and of course the practice theory gap and for me personally I thought it would be excellent to have an in house person, somebody who was going to be working very closely with the university.

We were building the service at the time … lots of people being employed, so it was a big period of change but what I expected was because we had a large recruitment of staff that the practitioner lecturer would address the education needs of going from 30 odd trained staff up to near on 100 trained staff, which is a big jump.

Lecturer Practitioner Role V's University Lecturer Role

The LP role was viewed in contrast to that of the university lecturer:

..Lots of them (university lecturers) don't seem to have practised for 20 years and their previous experiences are not relevant to the individual's placement area.

… academic institutions are disconnected from clinical practice and so my personal expectation would be that she could inform both ways. .. she could inform the university of our needs and also she could inform us of academic requirements at the university.

The LP role was viewed as being introduced to:

Apply what you are learning to things that have happened, they present the reality.

What I expected was someone to say yes, there is the research, but in my experience this works or this doesn't. Somebody that lives in the real world.

Reality of the Role

The role of the lecturer practitioner emerged as diverse and multifaceted. Their role as a credible and valuable link between theory and practice, which included the university and clinical areas, was highlighted by all involved in the study. Once established, the post was viewed as positively influencing practice development in terms of supporting evidence based practice. There was an overriding sense that the role of the LP provided a link between theory and practice.

Her role is being involved in the clinical side and at the same time bringing an innovative approach and being able to develop and stress the evidence based

approach and everything that goes from the educational background of developing nurse-led clinics and roles.

I think you've got to sort of start by just introducing a culture of enquiry and certainly the practitioner lecturer role has facilitated that.

He's still at the local university and he's the person who's going to be most up to date. I look to him for advice on courses, the best sort of training, the most useful training for me, and he has come up with some brilliant ideas that I would never have thought of, because he knows from his past experience as well as having knowledge of the course.

Value for Junior & Student Nurses

The LPs' value as a resource for learning and contact with the university was particularly apparent for junior staff and students:

He's a great resource, he's able to go and ask someone, he's got that contact. It's a bit of a shock when you qualify, so I think the lecturer practitioners prepare you for that.

If I have any queries or anything, I know he's there. We know we can go to him if we need him.

Value for Senior Nurses

The impact of the LP role on senior staff appeared less significant. In these cases they were considered as an advisor rather than facilitator:

I think that's really how I see him, in an advisory role.

… we all see her as, I'm not being derogatory, the person who oversees the students.. who organizes when they're here and who's coming and how many. More than providing a link with the university.

Areas of Concern

The concerns of the LP's colleagues in regard to the role focused on its duality and scope. The difficulties highlighted appeared to arise by virtue of the conflicting demands of each part of the role. For some there was the sense of a lack of visibility on the part of the LP, which appeared to be the result of insufficient time in the clinical area, as a result of the demands of the (dual) role.

Duality of the Role

The duality of the role brought up issues of a lack of continuity in each of the two roles:

It's hard to know sometimes when he's representing the university and when he's working for the Trust.

There is limited time for contact in terms of personal and professional development. His time is taken by mentoring students and maintaining his clinical workload.

There are restrictions on his time because of the requirements of the university role. He's at university 2 days a week.

By the time the statutory training requirements are met as well, somebody who's only working 18 ¾ hours and has a clinical caseload – you cannot address many more issues.

Barriers

Others identified barriers to the LP achieving the full potential of the role, which emphasised an almost insurmountable gap between theory and practice and the huge remit of the role, which extended to Trust wide initiatives for many of the LPs:

I don't think anybody has (bridged the theory practice gap). I think until we can get our academic colleagues down here on the coalface and in touch with what is actually happening on the service delivery side that's going to take a while. If you ask me has she improved communication and understanding I would say yes very much so, but to having bridged the practice theory gap, I mean, no, but no one else has either

I would like to see her be able to do more direct clinical teaching within the environment but how there's only 37 ½ hours in a working week and we've got 100 staff, so it's a very, very difficult thing to achieve.

Administrative support takes a lot of your time … she spends an awful lot of time

paper chasing and administrating.

Investment in the Role

Some expressed concern about ongoing commitment to the role in relation to funding.

The sad thing is that it came from money thrown at you from somewhere above with

no thought about what would happen …how you would fill the post for a year and

then what happened afterwards.

There are so many roles in there that I think you could reasonably justify 2 or 3

lecturer practitioners. I don't suppose anybody would ever fund them but certainly

the workload is there easily.

Limitations

The involvement of a small group of stakeholders is common in stakeholder evaluations and does not adversely affect the quality of the evaluation (Cheetham et al. 1992). Arguably, it is more appropriate to engage with these key stakeholders, as their acceptance of any findings will be crucial to how the evaluation's findings are acted upon. To compensate for a limited breadth of involvement in the design, the evaluation utilised a range of data sources to evaluate the value of the LP role from a range of differing perspectives. Thus, the perceived value of the LP role was ascertained by collecting data from a range of stakeholders. The different perceptions of success in the provision of the service formed a central tenet in analysis of the data collected in this evaluation.

DISCUSSION

The findings centred on the LP as an individual, preconceived notions, realities of the role, areas of concern and the future development of the role. These are discussed below.

The Lecturer Practitioners' Qualities

The professional practice of nursing demands the type of people who are able to respond to any situation, who are independent, self-directing problem solvers, not those who merely perform procedure and document outcomes (Jarvis 1986, Clarke 1999, McSherry 2002). Lecturer practitioners, in particular, need to be equipped with emotional intelligence and political acumen (Redwood et al 2002). All interviewees identified a range of LP qualities, which included those above and which they associated with the post holder rather than the post *per se.* Honesty, trustworthiness, openness, approachability and professionalism appeared central to the LPs role, and affected their relationships with their colleagues and, ultimately, the success of the role. There is limited literature relating to individual qualities, but what exists suggests that the sort of person we are may substantially influence our relationships and communication skills (Field 1987). Individuals who are assertive, who show initiative as well as good interpersonal skills and the ability to express themselves clearly and effectively are more likely to have a constructive influence (Prescott 1987).

Preconceived Notions of the Role

Colleagues interviewed appeared to be unsure about the intended role of the LP, this situation had improved after the LPs were in post, with all interviewees expressing the positive impact of the role of the LP. It may have been that clinically based staff were not included in or informed

about the development of the role before appointments were made. This has implications for future development particularly in relation to the introduction of new posts.

Reality of the Post

The LPs were viewed as being innovative, resourceful and credible, both in their academic and clinical roles. Their impact on the persistent theory practice gap was obvious. The role provided a credible and valuable link between academic and health care institutions, between educational theory and clinical practice, and between the generation and implementation of best evidence into practice.

It was apparent that the students and nurses who participated in this study faced issues in the practice area for which their, largely theory based, university education had not prepared them. Many of these were not so much to do with theories or skill development, but with the relationships, practices, attitudes and values they encountered in the clinical arena. Their experiences seemed to reflect a dichotomy between clinical and educational dimensions. Moore (1970) identifies two major components of professional expertise: (1) the substantive field of knowledge and (2) the technique of applying that knowledge. Professional work of any complexity requires the concurrent use of several different kinds of knowledge in an integrated, purposeful manner. While it often takes priority, objective and scientific knowledge is only part of that required for practice (Jarvis 1999). Eraut (1994) argues that the emphasis placed on propositional knowledge in current systems of education is to the disadvantage of professional education, since day-to-day practice, is largely 'know-how', rather than the well-structured propositional knowledge of lectures or textbooks. Knowledge of central importance to client care, as basic as working in teams and organisations, critical thinking skills (White *et al.* 1990), personal, tacit and process

knowledge and know-how (Schon 1987) are accorded low priority in higher education or omitted altogether.

The development of professional knowledge is dependent upon the individual making connections between classroom and clinical knowledge in the context of their work (Friere 1973). Arguably, in nursing we must differentiate between knowing how to do something and "acting knowledge". The former is simply a method of doing something, with the focus solely on the task (White 1982), the latter, goes beyond knowing 'how' to knowing 'what', 'when', 'where', by 'whom' and 'why'. The LPs were able to help reconcile the two, and in doing so enabled individuals to assimilate their clinical and educational experiences. These findings fit with the work of Eraut et al (1995) who identified the need for explicit mediation between these two components. The findings of this study also indicated that this mediating role was particularly important for students and for newly qualified nurses. This can be, at least partly explained by evidence which suggests that the first two or three years after an individual qualifies are probably the most influential in terms of the development of personalised professional practice (Eraut 1994).

The benefits demonstrated by the LPs role as mediator in the development of students and junior nurses appeared less significant in senior staff (E Grade and above). Arguably however, this occurred as a result of restrictions to the LPs workload which their limited ability to work with this group. For senior staff who interacted with the LPs these benefits were equally evident. The lack of capacity evident here has implications for the ongoing development of this group and as such needs attention.

There was evidence that the remit of the LP role was determined, at least to some extent, by local need. While this may not seem important, and indeed allowed local needs to be met, the diversity of the role has implications for role clarity and for the preparation of LPs. Regular meetings between the LP and their university and NHS Trust managers have proven helpful in reviewing the role and agreeing future goals (Williamson & Webb 2001). The authors suggest that these discussions should not be restricted to local levels, but should be guided by a national framework, similar to those for Nurse Consultants and Matrons, defining the role and remit of the LP.

Areas of Concern

Concerns were raised about the LPs ability to satisfactorily manage the various and dual demands of the post and remain effective. This was in part a manifestation of the unrealistic expectations of the role and the complex negotiations required in joint appointments, rather than of the LPs abilities. These findings reflect those in the existing literature (e.g. Williamson & Webb 2001, Nelson & McSherry 2002) and were the cause of some conflict for the LPs in situations where individuals or organisations required their input simultaneously. Questions raised, for example, about their ability to effectively fulfil the requirements of clinical mentorship and to contribute fully as members of groups or committees occurred as a result of their commitments elsewhere. It may be necessary to assess whether or not LPs should assume or delegate certain functions, or indeed if shared mentorship (for example) should be developed. While some participants suggested that more LPs should be appointed to fulfil these roles, they were aware of the lack of an established long-term investment in the current posts. In some cases, this appeared to have affected the LPs role development.

Developing The Role

The LP's colleagues identified a number of areas in which LP role development is needed. The findings indicate that local, national and individual (LP) action is necessary to achieve these. The need for more clinical 'one-to one' time with staff in own specialist area rather than a Trust-wide role was seen as both valuable and necessary. The inclusion of senior nurses (E grade nurses and above) in the LPs role including the development of education programmes for this group was highlighted as lacking and in need of attention. There was some acknowledgment that this may require others to be involved. Communication networks between the university and the clinical area need further development with the establishment of regular tri-partite meetings and recognised contact points identified as a way of achieving this. There was consensus that in order to effectively develop the role long-term investment in the LP role must be established.

CONCLUSION

The physical and often ideological separation of nurse teachers and practitioners, with one group of nurses involved in caring and another in teaching nursing has frequently been highlighted as a factor contributing to the theory practice gap. Lecturer Practitioners are ideally placed to mediate between the two and in doing so reduce this separation. While the contribution of the LP role to reducing the theory practice gap was apparent from the findings of this study, and vital, the current status of the role is far from ideal. In the majority of cases, the role is under-resourced, its remit unclear and requires the juggling of dual and often conflicting roles by the LP. Ultimately, this reduces his or her ability to mediate effectively. In order to maximise the potential of this role there is a need to establish local and national support as well as clear guidance about the remit and responsibilities of this role. It is imperative that this includes the pragmatic challenges of the

role such as joint appointments, sole mentorship, and communication at organisation and individual levels.

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Appendix 1. Generic Interview Questions

Lecturer Practitioner Evaluation: Generic Interview Questions

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- What were your expectations of the role before the LP came into post?

- To what extent has the LP fulfilled these expectations?

- What 'extras' has the LP done that you did not expect?

- What do you value from the LP?

- Is there anything that would you prefer the LP did not do?

- How would you like the role to be developed?