

The nurse educator role in Australian hospitals: implications for health policy

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Abstract

To date, the nurse educator role in the Australian hospital setting has been poorly described. Current pressures for health care reform have prompted reviews of nursing roles. This paper discusses the literature pertaining to the nurse educator role within the context of the Australian health care environment and current health care policy. Building on this synthesis, barriers and facilitators impacting on the nurse educator role are identified and strategic directions for policy, role clarification and advanced practice role development are highlighted. Further research identifying the impact of the hospital based nurse educator on patient outcomes and professional nursing practice are proposed.

Review

Background

Australia has a world class health system nonetheless a significant reform agenda has been articulated by the National Health and Hospitals Reform Commission to address present and emerging challenges (Australian Government National Health and Hospitals Reform Commission, 2009). These include health expenditure, service demands, inequities in health care access and outcomes, workforce shortages and the quality and safety of patient care (Australian Government National Health and Hospitals Reform Commission, 2009). The role that nurses play in the health reform agenda is indisputable, (Needleman, Buerhas, Mattke, Stewart, & Zelevinsky, 2002) as is the premise that nursing education is the foundation for nurses to provide, safe quality care (Conway & Elwin, 2007). The hospital based nurse educator, the focus of this discussion, is integral to addressing the Commission's initiatives of strengthening and developing a skilled and competent health workforce (Australian Government National Health and Hospitals Reform Commission, 2009). Nurse educators in the acute care setting are pivotal in supporting nurses to integrate their learning and clinical practice (Bartle, 2000; Campbell, 2003; Conway & Elwin, 2007; Mateo & Fahje, 1998).

In Australia the nurse educator role, qualifications and scope of practice varies considerably to that of nurse educators internationally and is dependent to some extent upon the context within which the educator is employed (Conway & Elwin, 2007).

For the purposes of this paper, a nurse educator is defined as a registered nurse, who provides education to undergraduate and postgraduate students and staff within a hospital setting. The role of nurse educators in hospitals is varied and complex– some have primary responsibility for organisation wide programs, such as preceptor training, whilst others work within a specialty such as cardiac nursing providing specialty education (Conway & Elwin, 2007). Role descriptions for educators within individual hospitals may require nurse educators to have a tertiary qualification in education and or a specialty qualification at a University or College (a tertiary institution that provides certificate or diploma courses) level. However, this is not a universal requirement nor mandated by the registering authority for nurses.

Conway & Elwin argue that the hospital based nurse educator role is unclear and poorly described, and that there is a blurring across various categories of nurses providing education in practice environments. Whilst these anomalies continue, role description and enactment may be adversely impacted (Conway & Elwin, 2007; Dubois & Singh, 2009). In turn the success of education and training initiatives with nurses within the reform agenda may also be effected (Conway & Elwin, 2007). In the context of these issues and a concern regarding the sustainability of nurse educator positions (positions not directly responsible for patient care) it is timely to consider the role and contribution of the hospital based nurse educator for health care policy (Conway & Elwin, 2007).

This paper presents an overview of the Australian Health Care System, population demographics informing health policy, health funding and the health workforce. The paper then focuses on the literature regarding the nurse educator role in Australian

hospitals and the influence of the above drivers, health care reform and policy developments on role enactment. Building on this synthesis, the barriers and facilitators impacting on the nurse educator role are identified and strategic directions for policy, role clarification and advanced practice role development are highlighted. Further research identifying the impact of the nurse educator role on patient outcomes and professional nursing practice are proposed.

The Australian health care system

In Australia, health care is provided by both government and private sectors within a diverse range of settings in cities, suburban, rural and remote regions (Illiffe & Kearney, 2007). Commonwealth, State and Territory governments assume various roles in the provision of health care. The Commonwealth government assumes broad leadership and funding roles whilst the planning and delivery of public health services is the domain of State and Territory governments. The public hospital system provides the majority of acute health care services to Australian citizens and permanent residents over an extensive geographic area and is managed by State governments across Australia. Nurse educators work within both the public and private health care systems.

Demographics

The ageing population, escalating health care costs and health workforce shortages will significantly impact the health status of Australian society during the next half century (Senate Community Affairs Committee, 2007). The Australian Institute of Health & Welfare's 2008 report on the health of Australians for example, identified

over 1 million people requiring daily assistance with self care, mobility, and communicating as a consequence of severe disability (Australian Institute of Health & Welfare., 2008). The report also identifies the major causes of death, namely cancer, cardiovascular and respiratory diseases (Australian Institute of Health & Welfare., 2008). Although Australia is considered to be a socially and economically prosperous nation, characterised by quality health care and access to education and employment opportunities, disparities for these socioeconomic indicators for health are evident within specific population groups including rural and Aboriginal and Torres Strait Islander communities (Australian Institute of Health & Welfare., 2008). Aboriginal and Torres Strait islander health is worse than that of non-indigenous Australians (Australian Institute of Health and Welfare, 2009). They have higher levels of kidney disease and diabetes than non-indigenous Australians and high admission rates to acute care hospitals (Australian Institute of Health and Welfare, 2009). Unlike non-indigenous Australians only 3.1% of the indigenous population is aged over 65 years but they have a young population with 37.2% aged less than fifteen years (Australian Institute of Health and Welfare, 2009). Providing care to a culturally diverse society comprising, a young indigenous population and an ageing non-indigenous population, all with specific complex care needs coupled with diminishing workforce participation may negatively impact capability to meet health care service demands (Conway, 2007). If these needs are to be addressed, nurse educators need to be conversant with changing population demographics and informed of the specific health needs, service delivery models and specialty nursing practices required so that they may provide relevant and timely education and support to nurses working in hospitals serving these communities (Conway & Elwin, 2007; Dubois & Singh, 2009). These challenges are not unique to the Australian system but in order to

achieve health reforms, they must be considered within the local policy environment and health system funding.

Health Funding

Although the focus of care is increasingly moving to the community, hospitals remain an important focus of care and are associated with significant costs. Australia supports a system of universal health care coverage i.e. employees pay a tax levy to support government funding of public health care. In turn all Australians are entitled to receive free public hospital care. This funding is administered through a complex and layered system of Commonwealth, State and local governments and public and private providers. At each level of government there are both health care providers who are government employees and private providers and there is a coexistence of private insurance, co-payment (where private health insurance pays part of the service costs and the patient pays the remainder) and universal coverage. Funding for the health workforce, including nurse educator positions is provided through the levels of government described above (Davidson, Driscoll, Clark, Newton, & Stewart, 2008). Importantly, the Federal Government has recently committed \$157 million for clinical teaching and education infrastructure to develop an educated and competent workforce to facilitate the delivery of safe patient care.

Registered nurses seeking a career as a nurse educator are able to access funding for courses in education or a clinical specialty. This funding is provided by the Commonwealth and State Governments and professional organisations. Nurse educators are also eligible to apply for scholarships through these competitive funding sources (National Nursing and Nursing Education Taskforce, 2005). However further

research is required to identify whether or not nurse educators are aware of and utilise this funding to undertake postgraduate study. It is equally important to know their uptake of scholarships for both professional and continuing education and whether or not sufficient scholarships are available (National Nursing and Nursing Education Taskforce, 2005).

Changing Models of Care – Interprofessional learning and practice

Care environments are constantly changing in response to decreasing lengths of stay, fewer acute care beds, increased patient acuity and associated co-morbidities coupled with an unprecedented growth in day only surgery (Davidson et al., 2001). As the demand for health services changes (Aitken, Faulkner, Buchnall, & Parker, 2001) changes in care provision, including nursing and interdisciplinary models of care have also occurred (Senate Community Affairs Committee, 2007). Nurses need to have an understanding of these models of care and their appropriateness given the changing contexts of their work as cited above but also in light of the divergent skill mix of staff providing care within the multidisciplinary team (NSW Health, 2006). It is within this context that nurses and other health care workers in hospitals may be supported by the nurse educator, through fostering interdisciplinary collaboration, clinical leadership, knowledge and skill development and in turn influencing patient safety and outcomes (Conway & Elwin, 2007).

Australia's Health Workforce

Nurses in Australia (including nurse educators) comprise 52% of the health workforce, whilst doctors, allied health and other staff comprise the remainder (Productivity Commission., 2005). Our health workforce is also ageing with 29.8% of registered nurses aged over fifty years (Productivity Commission., 2005). Illife (2007)

forecasts that 50% of the health workforce may retire in the next 10 – 20 years . This cohort will include significant numbers of nurse educators with specialist qualifications, knowledge and skills. Whilst the government has sought to increase undergraduate places to address workforce shortages, in part through international undergraduate students and graduates, Illife (2007) argues that the impact of these efforts are marred by an apparent failure to develop a national methodological response to workforce planning and hence a shortfall in the number of graduate nurses available. In response to these shortfalls, a workforce comprising increasingly divergent skills and experience has emerged and is expanding through the initiation of health worker education courses at the college level (Conway, 2007). Whilst a divergent workforce may provide short term relief to staffing deficits, the potential however also exists for the varying knowledge, skills and expertise of these workers to negatively impact, quality patient outcomes (Daly, Macleod Clark J., Lancaster, Bednash, & Orchard, 2008; Sheilds & Watson, 2008). These shifts in workforce composition and experience influence the registered nurse role as the scope of practice for nurses and other health workers changes (Conway, 2007). Consequently, the registered nurse may be responsible for delegating and supervising care rather than being the direct care provider (Conway, 2007). These changes in delegation of care may impact on the quality of care provided. Dubois and Singh identify that some attempts to address workforce shortages, are focussed on staff types, as opposed to the staff member's skills and their ability to apply these in providing care (Dubois & Singh, 2009). Importantly, the health care system's ability to provide safe and effective care is reliant upon a sufficient and skilled workforce working within service models that optimise staff performance (Dubois & Singh, 2009; Dussault & Dubois, 2003).

Interface between Nursing and Health Workforce Development

The Australian Commonwealth Government has established the National Health and Hospitals Reform Commission to address health system challenges impacting care delivery and outcomes (Australian Government National Health and Hospitals Reform Commission, 2009; National Health & Hospitals Reform Commission., 2008). However the impact nurses have on health care delivery and patient outcomes is dependent upon health policy mandating education requirements for nurse education and nursing professional roles within diverse contexts of practice. The requirement for a national unified focus on the interface between nursing, health and workforce development and modifying the strata and educational requirements of health care workers significantly impacts nursing roles, future care delivery and outcomes (Heath, 2002; National Nursing and Nursing Education Taskforce., 2006) . Health policy reflecting educational strategies universities may employ to facilitate knowledge and skill transfer underpinned by competency development and professional values is required (Daly et al., 2008; Heath, 2002; Henderson & Winch, 2008; National Nursing and Nursing Education Taskforce., 2006) .

The pivotal role of nurse educators in the health workforce

Nursing roles are influenced by health system reform, legislation, as it applies to the regulation of the nursing, and health workforce and health care delivery (Henderson & Winch, 2008). Other factors influencing nursing roles are economic and social determinants, professional practice issues, knowledge development, consumers and workforce supply and demand (Henderson & Winch, 2008). Hospital based nurse educators in Australia primarily work within the clinical practice setting (Conway &

Elwin, 2007). In comparison, nurse educators in America and the United Kingdom may work both within academia and the clinical environment (Conway & Elwin, 2007). The Federal Government's recent commitment of additional infrastructure funding is timely as the professional development of nurses and maintaining practice standards is contingent upon the nurse educator role – particularly in the hospital setting where the nurse educator as a clinical leader is responsible for managing and facilitating clinical education and competency (Conway & Elwin, 2007; Mateo & Fahje, 1998).

Assuring Workforce Competency

Clinical governance and risk management initiatives require health employers to ensure that their employees are appropriately trained, skilled and competent to provide safe care within their scope of practice thereby diminishing the risk of harm or injury to the patient. For hospitalised patients, reported rates of between 5-15% of adverse events, with 37-52% of these preventable, highlights the need for professional competence to quell further escalation of these statistics (Aiken, Clarke, Sloane, Siber, & Sloane, 2003; Tourangeau, Cranley, & Jeffs, 2006). Nurse sensitive outcomes are inextricably linked to patient mortality in the hospital setting and are influenced by communication, professional relationships, staffing, education, experience and professional support (Tourangeau et al., 2006). Further evidence of this is provided by Aiken's finding that patient mortality rates may decline when care is provided by registered nurses holding undergraduate degrees (Aiken et al., 2003).

In the Australian context, the government has focussed some attention on employee competence to ensure optimal health care provision. The Garling Inquiry into New

South Wales (NSW) Acute Care Hospitals (2008) for example has identified the importance of new graduates being supervised and supported by appropriately qualified and experienced staff. Further this report has recommended the consistent teaching of basic skills and competencies to all health professionals throughout their transition to graduate practice (Garling, 2008). This initiative requires interprofessional learning and practice to improve team work and patient centred care that is focussed on effective communication and familiarity with evidence based practice (Garling, 2008). The NSW State Government (2009) has subsequently announced a \$25 million transition to work program for health professionals (NSW Minister for Health, March 30, 2009). However, it isn't clear who will provide these services, although nurse educators may have the skills and expertise required as they have managed and conducted effective new graduate transition to work programs for some years (Conway & Elwin, 2007).

Factors enhancing and constraining nurse educator role development in Australia

Sustaining and continually developing a sufficient nurse educator workforce who are highly motivated, competent, and capable of supporting nurses working in hospitals within service models that facilitate their optimal performance is essential (Dubois & Singh, 2009; Illiffe, 2007). However, the hospital based nurse educator faces significant challenges regarding their role, education, identity and validation of their practice.

Factors enhancing and constraining nurse educator practice are summarised in Table 1.

Barriers to the Nurse Educator role

- ***Role ambiguity/ conflict***

Landmark reports suggest that health human resources are underutilised (Oelke et al., 2008; Royal College of Nursing Australia., 2008) although factors enhancing and constraining role optimisation are not well understood (Oelke et al., 2008). Ensuring that nurses work to their full scope of practice has been identified as a critical factor in workforce retention and is an important strategy in addressing workforce shortages (Oelke et al., 2008). The concepts of ‘nursing scope of practice’ and ‘role enactment’ and the ‘professional practice environment’ are used widely within the literature though they are not clearly defined (Oelke et al., 2008) in the context of the nurse educator role. In recent years, the Australian nursing profession has been restructured, however there has been minimal acknowledgement of the impact of these changes and the associated potential for role ambiguity and conflict within nursing (Conway, 2007). The impact of these changes on the nurse educator role has been significant and the role has been eroded.

A report by Conway & Elwin identified the pivotal role nurse educators assume supporting the integration of theory and clinical practice. They identified nurse educators to be expert nurses working within their clinical speciality but also acknowledged the diversity of role descriptions and boundaries within hospital, states and across the country (Conway & Elwin, 2007). Together with variances in nomenclature, not only within Australia but internationally, the clarity of the nurse educator position and role enactment is further blurred and misunderstood (Conway & Elwin, 2007). Nurse education is no longer the exclusive mandate of the nurse educator as other specialist nursing roles have emerged assuming responsibility for learning & teaching and independently engaging nurses in education in the clinical

practice environment (Conway, 2007; Conway & Elwin, 2007). Conway & Elwin observed that role identity and successful role enactment may become eroded and blurred in a health system characterised by constant change and overlap between other roles supporting learning. Scott argues that the enabling of health professionals may enhance their productivity. We concur that this premise may also apply to nurse educators and their practice. While the nurse educator role remains poorly defined, the threat of intra-professional discord including professional isolation and a lack of supportive relationships remains (Conway & Elwin, 2007). Unless resolved, the role may continue to be undervalued and negatively effect role enactment, job satisfaction and staff retention (Conway & Elwin, 2007). Enabling nurse educators to articulate their role and scope of practice is important if they are to facilitate the empowerment of other nurses and health workers to develop skill proficiency and champion their development of critical thinking and reasoning skills within a supported clinical learning environment (National League of Nursing., 2005). The advancement of nurse education practice is also contingent upon the clarification of role boundaries and careful description of the role (Conway & Elwin, 2007).

- ***Lack of education and training opportunities***

Registered nurse practice in Australia is governed by competency standards developed by the Australian Nursing and Midwifery Council (Australian Nursing and Midwifery Council.). The attainment of core knowledge, skills and competence is equally important for the nurse educator to perform their role. The nursing profession in Australia does not mandate the educational preparation required for nurse educators, nor does any specific regulatory authority mandate requirements. Essential criteria for the role, including educational attainment, vary between hospitals and states (Conway & Elwin, 2007). Increasing numbers of newly qualified registered

nurses entering the workforce requiring clinical education, support and mentoring, has led to the recruitment of nurse educators who have a diverse range of clinical skills and professional qualifications (Conway & Elwin, 2007). Over many years, debate as to whether or not clinical competence alone is a sufficient attribute for the nurse educator to perform successfully versus their credibility as an effective educator has occurred (Cole et al., 2004; Conway & Elwin, 2007; Mateo & Fahje, 1998). Nurses in the professional practice environment need to be effectively supported to become life long learners. They require the opportunity to learn in an educational environment where engaging learning experiences are provided and supported by nurse educators with expertise and knowledge in adult education. To perform successfully in their role nurse educators also require clinical leadership, critical thinking, reflection and effective communication skills and knowledge of and commitment to learning and teaching processes (Conway & Elwin, 2007; Mateo & Fahje, 1998; Ramage, 2004). The knowledge and expertise nurse educators acquire through educational preparation and experience are instrumental in designing and facilitating learning experiences and evaluating learner outcomes (National League of Nursing., 2003). Existing variations in the nurse educator role, together with variances in clinical competence and qualifications may complicate nurse educator preparation and subsequent role development. Support for study leave and fee registration is instrumental in participation rates in initial and continuing professional education and scholarship (National Nursing and Nursing Education Taskforce, 2005).

- ***Global shortage of qualified nurses***

The global shortage of nurses will continue, particularly as many skilled nurses and nurse educators retire over the next decade. However, the development of a nurse education career pathway may enhance nurse educator recruitment and job

satisfaction, as has occurred for other nursing roles. Recruitment and retention to the role may be further enhanced through improved working conditions such as flexible career pathways facilitating nurse educators to work both within academia and hospitals. This may also diminish the divide between academia and hospitals, theory and practice, enhancing cooperative working partnerships, collegiality and scholarship and importantly curriculum innovation and enactment.

Facilitators to the Nurse Educator role

- ***Australian National Health Priorities***

In response to the World Health Organization's global health strategy, seven key health issues that contribute to the burden of illness and injury in Australia have been identified (Begg et al., 2007). These issues are cancer control, cardiovascular health, diabetes, injury prevention and control, mental health, arthritis and musculoskeletal disorder and asthma (Begg et al., 2007). The influence of nursing interventions on quality of life, hospital readmission rates and consumer compliance in the management of chronic and complex disease is evident in the nursing discourse (Davidson et al., 2001). Nurse educators working in speciality areas are ideally positioned to work with nurse managers identifying and supporting the implementation of appropriate models of care, enhancing clinical decision making by informing practice and intra-professional and inter-professional collaboration, to support professional nursing practice and patient centred care (Australian Government National Health and Hospitals Reform Commission, 2009).

- ***Consumer Expectations***

The relationship between nurses and health care consumers has changed in recent years as consumers become more knowledgeable regarding their health and assume

greater responsibility for managing their health issues. Importantly, consumers have also actively engaged in debate regarding the provision and management of health services and clearly articulated their views regarding quality of care and health management (Jackson & Daly, 2008). Patients are no longer passive care recipients but are actively involved in care planning (Australian Government National Health and Hospitals Reform Commission, 2009; Davidson & Elliott, in press).

Health care consumers hold nurses in high esteem (Davidson & Elliott, in press; Elliott, in press). The expectations of the profession and consumers of care generally support the tenet that nurses must be well educated to positively impact professional nursing practice and patient outcomes. In light of recent public debate in Australia regarding the professional preparation of nurses, it may be timely to reconsider the role of the nurse educator and the educational preparation required by them to perform in the role (Jackson & Daly, 2008).

- ***Policy in support of nurse educator practice***

Nurses who are cognisant of the social, economic and political factors that impact the health system can be influential in developing nursing care and practice whilst optimizing patient outcomes (Jackson & Daly, 2008). Nurse educators require these traits to assume key leadership roles collaborating with academia to develop innovative models for clinical skill development for example through simulation and targeted clinical placements for undergraduate students.

Future Directions for the Nurse Educator within the Professional Practice Environment

As health workforce reform gains momentum in Australia identifying a defined career pathway together with delineating the nurse educator role and expectations of performance are important considerations (Henderson & Winch, 2008). Importantly, as advanced practice nursing roles emerge, it is opportune for nurse educators to exercise leadership in developing a vision for an advanced practice role to further impact health workforce education and practice.

Implications for Research

The nurse educator role, as well as being poorly described, may also be underutilised. By identifying a framework and process for the development of nurse educator standards, a vision for nurse education in the Australian acute care setting will emerge, advancing nurse education, practice expectations and demonstrating performance outcomes for the role. These initiatives will not only acknowledge the contributions the nurse educator makes to health care, propelling nursing practice forward, and influencing patient outcomes, but also identify strategies to engage academia to work alongside nurse educators to support clinical education in the professional practice environment.

Further research is required to provide an understanding of the concepts of nursing 'scope of practice' and 'role enactment' and the 'professional practice environment' as they relate to nurse educators. Research is also required to determine the adequacy of the nurse educator workforce, ascertain postgraduate education required to successfully perform in the nurse educator role, and the availability and uptake of financial support to facilitate nurse educators to undertake this study. Delineation of the role and expectations of performance will likely maximise effective utilisation of nurse educator staff within the health workforce (Australian Government National

Health and Hospitals Reform Commission, 2009; Dubois & Singh, 2009; Oelke et al., 2008).

Conclusion

Australia, in parallel with other developed countries, faces health care challenges in relation to population ageing, affordability, equity as well as safety and quality in health care. Hospital based nurse educators are recognised as experts in the educational process, facilitators of learning, mentors and inspirational clinical leaders for nurse clinicians and health staff (Conway & Elwin, 2007). However, role clarity, a defined career pathway and support for professional education and development is required so that they are supported to carve a niche in the professional practice environment (Conway & Elwin, 2007). These issues emphasise the need for discussion and policy debate regarding the hospital-based nurse educator role and the need for further research. Importantly, research identifying the relationship of the nurse educator role to patient outcomes will enhance role sustainability and the recognition of nurse educators as strategic stakeholders within the health workforce.

Competing interests

The authors declare that they have no competing interests

Authors' contributions

JS was the lead writer of the manuscript. MD contributed to the manuscript review.

All authors reviewed and approved the final manuscript.

Acknowledgement:

This work was supported through a NSW Nurses and Midwives Board Scholarship.

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