



UNIVERSITY
OF WOLLONGONG
AUSTRALIA

University of Wollongong
Research Online

Faculty of Science, Medicine and Health - Papers

Faculty of Science, Medicine and Health

2017

Determining the key drivers and mitigating factors that influence the role of the Nurse and/or Midwife Consultant: a cross-sectional survey

Ritin S. Fernandez

University of Wollongong, St George Hospital, ritin@uow.edu.au

Suzanne Sheppard-Law

University of Technology Sydney

Vicki Manning

St. George Hospital

Publication Details

Fernandez, R. S., Sheppard-Law, S. & Manning, V. (2017). Determining the key drivers and mitigating factors that influence the role of the Nurse and/or Midwife Consultant: a cross-sectional survey. *Contemporary Nurse, Online First* 1-11.

Research Online is the open access institutional repository for the University of Wollongong. For further information contact the UOW Library:
research-pubs@uow.edu.au

Determining the key drivers and mitigating factors that influence the role of the Nurse and/or Midwife Consultant: a cross-sectional survey

Abstract

Background: Globally, many nurses and midwives are working at an advanced practice level. The role of a Nurse and/or Midwife Consultant encompasses a diverse and complex interaction between five specified domains namely Clinical Service and Consultancy, Clinical Leadership, Research, Education, and Clinical Services Planning and Management.

Objective: The objective of this replication study was to identify the key drivers and mitigating factors that impact the role of Australian Nurse and/or Midwife Consultants.

Design: Cross-sectional survey.

Methods: The study was conducted in a large metropolitan health district in Sydney, Australia. Participants for this study consisted of all Nurse and/or Midwife Consultants working within a health district in New South Wales (NSW). Data were collected by an anonymous online survey. Key drivers and mitigating factors perceived to influence their role were identified using previously implemented instruments. Data were analysed using SPSS version 21.

Results: Responses were obtained from 122 Nurse and/or Midwife Consultants. The number of years of experience as a Nurse and/or Midwife Consultant ranged from 6 months to 25.5 years. Personal attributes which included personal motivation and own communication skills were identified as key drivers to role performance with a mean score of 7.7 ± 0.6 . Other key drivers included peer support, organisational culture, personal attributes, professional learning, Nurse and/or Midwife Consultant experience, and collaborative relationships. Of the 14 mitigating factors to the role, the most common factors were lack of resources to set up and develop the role (2.6 ± 0.9), lack of secretarial support (2.6 ± 1.1), lack of managerial support (2.45 ± 1.1), and lack of understanding of the role by other health professionals (2.40 ± 0.8).

Conclusions: Understanding the key drivers and mitigating factors that influence the role of the Nurse and/or Midwife Consultant is important for healthcare managers. Given the changing landscape of nursing and midwifery practice, organisational strategies to provide ongoing support to address the mitigating factors are urgently needed. It is pivotal that nursing management implement strategies to empower Nurse and/or Midwife Consultants to perform and reach their potential to deliver advanced nursing care.

Disciplines

Medicine and Health Sciences | Social and Behavioral Sciences

Publication Details

Fernandez, R. S., Sheppard-Law, S. & Manning, V. (2017). Determining the key drivers and mitigating factors that influence the role of the Nurse and/or Midwife Consultant: a cross-sectional survey. *Contemporary Nurse*, Online First 1-11.

Publisher: Taylor & Francis & Informa UK Limited, trading as Taylor & Francis Group

Journal: *Contemporary Nurse*

DOI: 10.1080/10376178.2017.1338525

**Determining the key drivers and mitigating factors that influence the role of the Nurse
and or Midwife Consultant: A cross-sectional survey**

Ritin S. Fernandez PhD, RN MN (Corresponding Author)

Professor

School of Nursing and Midwifery - *University of Wollongong*

St George Hospital Australia

Suzanne Sheppard-Law BN, MPH(Research), PhD candidate

Clinical Nurse Consultant (Research)

Centre for Research in Nursing and Health

St George Hospital, Australia

Vicki Manning

Director of Nursing & Midwifery Services

St George Hospital, Australia

Email: ritin.fernandez@uow.edu.au, ritin@uow.edu.au

Keywords:

Clinical Nurse Specialist, Consultant, Surveys and Questionnaires, Cross-Sectional Studies

Determining the key drivers and mitigating factors that influence the role of the Nurse and or Midwife Consultant: A cross-sectional survey

Abstract

Background: Globally many nurses and midwives are working at an advanced practice level.

The role of a Nurse and/or Midwife Consultant encompasses a diverse and complex interaction between five specified domains namely Clinical Service and Consultancy, Clinical Leadership, Research, Education, and Clinical Services Planning and Management.

Objective: The objective of this replication study was to identify the key drivers and mitigating factors that impact on the role of Australian Nurse and/or Midwife Consultants.

Design Cross- sectional survey

Method: The study was conducted in a large metropolitan health district in Sydney Australia. Participants for this study consisted of all Nurse and/or Midwife Consultants working within a health district in New South Wales (NSW). Data were collected using an anonymous online survey. Key drivers and mitigating factors perceived to influence their role were identified using previously implemented instruments. Data were analysed using SPSS version 21.

Results: Responses were obtained from 122 Nurse and/or Midwife Consultants. The number of years of experience as a Nurse and/or Midwife Consultant ranged from six months to 25.5 years. Personal attributes which included personal motivation and own communication skills were identified as key drivers to role performance with a mean score of 7.7 ± 0.6 . Other key drivers included peer support, organisational culture, personal attributes, professional learning, Nurse and/or Midwife Consultant experience and collaborative relationships. Of the 14 mitigating factors to the role, the most common factors were lack of resources to set up and develop the role (2.6 ± 0.9) and lack of secretarial support (2.6 ± 1.1), lack of

managerial support (2.45 ± 1.1) and lack of understanding of the role by other health professionals (2.40 ± 0.8).

Conclusions: Understanding the key drivers and mitigating factors that influence the role of the Nurse and/or Midwife Consultant is important for health care managers. Given the changing landscape of nursing and midwifery practice, organisational strategies to provide ongoing support to address the mitigating factors are urgently needed. It is pivotal that nursing management implement strategies to empower Nurse and/or Midwife Consultants to perform and reach their potential to deliver advanced nursing care.

Impact statement For the Australian Nurse and/or Midwife Consultants to continue to be a significant health care provider it is imperative that the key drivers and mitigators to the role are urgently addressed.

INTRODUCTION

Significant transformations in health care have resulted in changes in nursing and midwifery practice with globally many nurses and midwives working at an advanced practice level (Atsalos et al., 2014, Delamaire, & Lafortune, 2010, Duffield et al., 2009, Hutchinson et al., 2014, Jokiniemi et al., 2012, Lowe et al., 2012). Advanced practice nurses in the UK and USA include Clinical Nurse Specialists and **Advanced Nurse Practitioners** (Jokiniemi et al., 2012, Karnick, 2011) and in Australia include Clinical Nurse Consultants, Clinical Midwifery Consultants (Chiarella et al., 2007, O'Baugh et al., 2007) and Nurse Practitioners (Gardner, 2004). The role of the Clinical Nurse Specialists in the UK and USA is similar to the role of Clinical Nurse Consultants and Clinical Midwifery Consultants in Australia, however, these roles are significantly different to that of a Nurse Practitioner. The focus of this paper is only on Clinical Nurse Consultants and Clinical Midwifery Consultants therefore from henceforth they will be referred to as Nurse and/or Midwife Consultants.

Numerous studies have investigated the effect of the appointment of a Nurse and/or Midwife Consultant on patient and health services outcomes (Chan et al., 2014, Duane et al., 2013, Franks, 2014, James, & McPhail, 2008, Mason, 2009, O'Connor, & Chapman, 2008).

Evidence obtained from a systematic review of the literature indicates that Nurse and/or Midwife Consultant led services had a significant positive impact on physical and psychological outcomes for patients. (Kennedy et al., 2012) These outcomes included reduction in anxiety, improved quality of life, improved understanding and confidence (Marshall et al. 2005), patients feeling prepared for treatment (James & McPhail 2008) and being satisfied with care. (Kennedy et al., 2012) In addition, reduced mortality (Priestley et

al. 2004), waiting times (Currie et al. 2004) and improved service utilization (Ryan et al. 2007, Ryan et al. 2008) has been reported following the implementation of the Nurse and/or Midwife Consultant role. Increased access to qualified clinicians, greater clinical and professional leadership and cost-effective care for many patients and their families are additional benefits associated with the implementation of the Nurse and/or Midwife Consultant role (Begley et al., 2013, Duffield et al., 2011, Reinhard, & Hassmiller, 2012).

In Australia, the Nurse Consultant role was first introduced in 1986 (Elliott et al., 1992, O'Baugh et al., 2007) in the state of New South Wales. The key attributes of the role of the Australian Nurse Consultant is embedded in five domains of function (NSW Health, 2011) and aligns with descriptions of the advanced practice nurse role in other countries (Hutchinson et al., 2014, Jokiniemi et al., 2012). These domains include clinical service and consultancy, clinical leadership, research, education, and clinical services planning and management (NSW Health, 2011). The role of the Nurse and/or Midwife Consultant encompasses a diverse and complex interaction between the five specified domains (NSW Health, 2011), the role remains unique to each nursing speciality as well as the institution (Bloomer, & Cross, 2011). Overall, the role of the Nurse and/or Midwife Consultant involves facilitating quality outcomes for patients, mentoring nurses, implementing best practice and leading innovative changes for the healthcare system. For a large proportion of Nurse and/or Midwife Consultants, the roles have continued to evolve and develop as practice and service delivery has changed.

Although CNCs have a complex work portfolio, the criteria for appointment to the position focuses largely on clinical experience with little attention given to educational requirements. The current criteria for educational requirements for a CNC require having an approved post

registration nursing or midwifery qualifications relevant to the field. (NSW Health, 2015)

Hence, many CNCs undertake postgraduate certificate course and very few are Masters prepared.

This diversity in roles and the services provided poses numerous challenges for the Nurse and/or Midwife Consultant. A major challenge that Nurse and/or Midwife Consultants face relates to role clarity with many health professionals including nurses being unfamiliar with the role. (Chiarella et al., 2007, Foster, & Flanders, 2014). Other barriers to performing the role included lack of resources, (Chiarella et al., 2007), lack of mentorship and succession planning (Walsh et al., 2015).

Despite the barriers Nurse and/or Midwife Consultants maintain the commitment and persistence to enable and sustain their role. Clinical experience, personal motivation and their own communication skills were identified as enablers to the role (Chiarella et al., 2007). In addition, acceptance of the role by medical staff, support from Nursing Unit Managers, nurse managers, nursing and multidisciplinary colleagues were also identified as enablers to the role. A more recent study (Walsh et al., 2015) also indicated that the Nurse and/or Midwife Consultants' clinical knowledge and personal qualities of providing clinical leadership were major enablers to their role.

To date the majority of the literature on Australian Nurse and/or Midwife Consultants involves those working in both metropolitan and rural health areas. However, clinical practice in a metropolitan and rural setting is markedly different, as the metropolitan health services are better resourced and have more support structures (Newhouse et al., 2011, Wakerman, 2008) Hence, nurses working in the rural setting require a greater diversity in skills compared to their metropolitan counterparts in order to work in a less resourced environment. Given

these variations, it is plausible that the factors perceived to influence the role of Nurse and/or Midwife Consultants is different within these two settings. The aim of this replication study was to identify the key drivers and mitigating factors that impact on the role of Nurse and/or Midwife Consultants within a metropolitan health district in Australia in order to develop strategies to support them in their role.

METHOD

The study was conducted at a metropolitan local health district in Sydney, Australia. The local health district comprises nine hospitals. Discussions regarding the project were undertaken with members of the District Nursing Executive. All Nurse and/or Midwife Consultants working within the Local Health District were eligible to participate in the study. Those Nurse and/or Midwife Consultants on leave during the period of the study were excluded from the study. New Nurse and/or Midwife Consultants and those acting in the position were also excluded if they had been in the position for less than six months full time equivalent. The six month time period was selected, given that the role of the Nurse and/or Midwife Consultant is complex and it would take approximately six months for a new nurse to be able understand and perform in the role and hence identify the key drivers and mitigating factors to their role. Approval to conduct the study was obtained from the local Health District Human Research Ethics Committee.

Data relating to demographic characteristics, (Table 1) key drivers and mitigating factors to role performance were collected using an anonymous self-administered on line survey.

Key drivers (14 items) and mitigating factors (16 items) were identified using a previously implemented instrument (Chiarella et al., 2007, National Council for the Professional Development of Nursing and Midwifery, 2004). Reliability and validity of this instrument has not been previously undertaken. As part of this study, the 14 items relating to the key drivers

were structured using factor analysis into six factors. (Table 2) The six factors included peer support (3 items, example: 'Support from other Nurse Consultants'), organisational culture (3 items, example: 'Support from management'), personal attributes (2 items, example: 'Personal motivation'), professional learning (2 items, example: 'Academic qualifications'), CNC experience (2 items, example: 'Own understanding of the role') and collaborative relationships (2 items, example: 'Acceptance of role by medical staff'). The Cronbach's alpha for the six factors ranged from 0.44-0.71 of these factors is presented in Table 2 (Lance et al., 2006).

Mitigating factors (16 items) (Figure 1) impacting on the role were obtained from previously conducted surveys (Chiarella et al., 2007, National Council for the Professional Development of Nursing and Midwifery, 2004). Examples of mitigating factors were "lack of support from other Nurse Consultants", "lack of understanding of the Nurse Consultant role by registered nurses". For both the key drivers and the mitigating factors, respondents had to score each item on a 0-4 scale with 0 equating to no opinion, 1 strongly disagree and 4 strongly agree. For key drivers higher score meant that it was a higher enabler and for mitigating factors higher score meant greater barrier to the role.

The online survey was anonymous and participation in the study was voluntary. The online survey was open for four weeks. As response rates to surveys involving nurses are, at best, moderate (Stokke et al., 2014) the following response aiding strategies were used. Firstly, an introductory email was sent to all Nurse and/or Midwife Consultants one week prior to the study to promote awareness of the upcoming study. This email was sent by the Directors of Nursing and Midwifery Services of the participating hospitals within the Local Health District. One week following the introductory email the online survey using survey monkey was sent to all Nurse and/or Midwife Consultants. As one of the investigators was the

Director of Nursing and Midwifery of a participating hospital, the Nurse and/or Midwife Consultants were reassured that the Director would not have access to any of their responses. All Nurse and/or Midwife Consultants were emailed two weeks following the distribution of the survey as a reminder for completion of the survey. Completion of the questionnaire was considered as implied consent. All electronic data was stored on a password protected database on the hospital network. Only de-identified data were provided to the researchers. De-identification was undertaken by an assistant not involved in the data analysis.

All data from survey monkey were imported into SPSS Version 21 for analysis. Frequencies and percentages, means and standard deviations as appropriate were determined to assess the characteristics of the participants. Key drivers and mitigating factors were assessed using mean and standard deviations.

RESULTS

One hundred and twenty two Nurse and/or Midwife Consultants (110 females and 12 males) responded to the online survey. The majority of the respondents (64%; n= 88) were aged between 40 and 60 years. (Table 1) More than half (59 %; n= 72) had a Master's degree or greater and 78 % (n=96) had their highest qualification in a nursing or midwifery related field. The number of years of experience as a Nurse and/or Midwife Consultant ranged from six months to 25.5 years and nearly three quarters worked on a full time basis.

Key drivers

Overall the mean score for the key drivers to the role was 49.3 ± 4.5 (maximum obtainable 56). Personal attributes which included personal motivation and own communication skills were identified as the key driver to role performance with a mean score of 7.7 ± 0.6 . The

Nurse and/or Midwife Consultants' experience which included their clinical experience and own understanding of the role was the second driver to role performance with a mean score of 7.5 ± 0.7 . The mean scores were 9.3 ± 2.1 for peer support, 6.6 ± 1.1 for professional learning, 7.2 ± 0.9 for collaborative relationships and 10.2 ± 1.8 for organizational support.

(Table 2)

Mitigating factors

Lack of resources to set up and develop the Nurse and/or Midwife Consultant role (2.6 ± 0.9) and lack of secretarial support (2.6 ± 1.1) were identified as the major mitigating factors to the role. Other mitigating factors to the role included lack of continuing professional development (2.3 ± 1.0), lack of clinical support (2.2 ± 1.0) and lack of other managerial support (2.4 ± 1.1) as barriers to their role. Lack of academic qualifications was perceived as the lowest barrier to the role. (Figure 1) Analysis of the comments made by the Nurse and/or Midwife Consultants indicated that time was an important barrier to their role performance.

DISCUSSION

The Nurse and/or Midwife Consultant plays an integral part in the provision of optimal patient care. *This study was undertaken to identify the key drivers and mitigating factors to performing the role of a Nurse and/or Midwife Consultant.* Nurse and/or Midwife Consultants perceived that their personal attributes, which included their personal motivation and communication skills, were key drivers to their role. It could be postulated that making a difference to patient care, the ability to lead change and career progression could be drivers of motivation for the Nurse and/or Midwife Consultants. In addition, the ability to provide leadership skills to develop the service as well as provide clinical expertise could be a stimulus for the Nurse and/or Midwife Consultants. All Nurse and/or Midwife Consultants are required to communicate with various stakeholders, including patients and their families,

peers, medical and allied health staff and management, as part of their role. In a recent study, Nurse and/or Midwife Consultants have been reported to be the “negotiator”, “go between” or “glue in the team” and have powerful ways of working with health professionals. (Walsh et al., 2015) It is therefore recognised that they have good communication skills in order to build trust and respect, resolve differences and create an environment that stimulates innovation for improved patient outcomes.

Their clinical experience and their own understanding of the role were also reported to be key drivers of the role. This finding is not uncommon as Consultants are appointed to the role because they are recognised as leaders by their colleagues for their clinical expertise and skill (Leggat et al., 2015). A recent study (Walsh et al., 2015) indicated that the Nurse and/or Midwife Consultants are “cherry picked” for their extensive knowledge base that other staff can draw on. The importance of understanding one’s role in the workplace remains imperative as it enables them to perform the tasks and duties that are expected in order to meet the goals of the organization.

Organisational culture was reported as another key driver to their role which is in contrast to the extant literature that have reported organisational support as not inherently aligned to the role and perceived as a major performance barrier (Bloomer, & Cross, 2011, Friman et al., 2014, Trybou et al., 2014, Tuckett et al., 2014). It could be postulated that in this study, participants acknowledged that although they were limited by resources, they worked within a supportive work environment that is conducive to their practice and performance as a Nurse and/or Midwife Consultant (Jones, 2005). Given that the position is created to fulfil the organisational needs, supporting the Consultants in order to achieve their performance goals remains paramount for the organisation (Trybou et al., 2014). Positive relationships with

managers, particularly those engaged in organisational policies, can result in clarity around expectations and thus enable successful role performance.

Another key driver for to their role was peer support, including the general perception of support from other Nurse and/or Midwife Consultants, good orientation and the ability to network with nursing and midwifery colleagues. These results are in agreement with previous evidence on organisational culture. (Mohr et al., 2012, Park, & Shaw, 2013) In addition, it is well established that nurses and midwives have traditionally been supportive of each other professionally, socially, and at times emotionally (Bender, 2015, Honkavuo, & Lindström, 2014) which could be a reason why Nurse and/or Midwife Consultants identified peer support as a key driver to their role.

Nurse and/or Midwife Consultants did not rate professional learning as a key driver to their role compared to other key drivers. Education is generally viewed as critical to the development of advanced nursing and midwifery practice (American Association of Colleges of Nursing, 2006) and professional development. The value of learning is embedded within organizational strategic plans promoting and supporting increased access to education and training to empower nurses and midwives. This is reflected in the fact that approximately 60 % of the Nurse and/or Midwife Consultants had a Master's degree or higher qualification and many were studying towards the same, although it is not a requirement of the position. This result demonstrates the passion and motivation among Nurse and/or Midwife Consultants as they are often sole practitioners with limited access to relief and backfill for their positions whilst away from the workplace due to financial restraint or from a lack of suitably skilled or experienced relievers. Whilst professional learning is rated low as a driver, it may be because the practical learning and skill advancement occurs incrementally. It could be seen as an ongoing development which occurs whilst performing in the role rather than as a specific

educative experience. In addition, it could be related to the number of items in the scale that measured professional learning as a driver. Nevertheless, the reasons why Nurse and/or Midwife Consultants rated professional learning poorly is perplexing and warrants further investigation.

The slightly higher rating placed on collaborative relationships compared to own professional learning may reflect a more recent shift in the models of patient care encompassing collaboration in multidisciplinary teams of health care professionals to ensure improved patient outcomes (Epstein, 2014).

Mitigating factors

Previous research identified mitigating factors to the effective performance of the role of the Nurse and/or Midwife Consultants. These mitigating factors included lack of resources, lack of understanding of the role by registered nurses and midwives, workload and time (Chiarella et al., 2007). *Mitigating factors reported in this study are consistent with previous studies* (Chiarella et al., 2007, Tuckett et al., 2014) The role of the Nurse and/or Midwife Consultants in the clinical setting varies with the majority of the Nurse and/or Midwife Consultants focussing largely on the clinical aspect of their role while others focus on the education aspect of the role, with little attention given to the research aspect of the role (O'Baugh et al., 2007). These variations in role performance could cause confusion among registered nurses and a lack of understanding of the role of the Nurse and/or Midwife Consultant. What is interesting is that the Nurse and/or Midwife Consultants indicated that the medical and other multidisciplinary staff understand and have accepted their role, yet, registered nurses and midwives have a lack of understanding of the role of the CNC. This result calls for extended efforts to be made to improve the understanding of registered nurses and midwives about the role of the Nurse and/or Midwife Consultants.

Nurse and/or Midwife Consultants did not identify lack of academic qualifications as a barrier to the role. This result draws a parallel between the academic qualifications of the Consultants in this study and with other Australian data which reported that lack of academic qualifications was not perceived to be a barrier to the role (Chiarella et al., 2007). Reasons for lack of academic qualifications could be multiple. Firstly, although organisations provide professional development programs and opportunities for Nurse and/or Midwife Consultants, without an organisational culture which supports and endorses participation, attendance at these programs remains minimal. In addition, another reason for lack of academic qualifications could be time constraints and commitment to existing work practices which is well reported in the literature. (Walsh et al., 2015) Moreover financial restraints and or the lacked of skilled replacement to backfill the Nurse and/or Midwife Consultants could be an alternate reason as to why Consultants do not engage in higher education. (Walsh et al., 2015)

Limitations of the study

Limitations inherent in undertaking such a study need to be acknowledged. Firstly the sample for this study was obtained from only one metropolitan health district, therefore generalization of the results to rural and remote health services may not be possible. A larger study including Nurse and/or Midwife Consultants from across various health districts is warranted. A second limitation of this study was that it used a self-administered survey which is subject to social desirability bias (Van de Mortel, 2008). In addition, one of the investigators in the study was the Director of Nursing and Midwifery of one of the participating hospitals which could further cause Nurse and/or Midwife Consultants to provide socially desirable responses. This is despite every effort being made to inform the Nurse and/or Midwife Consultants that only de-identified data would be provided to the researchers. Motivation is a key determinant of performance and achievement, therefore further research evaluating the effect of motivation on Nurse and/or Midwife Consultants

achievement should be investigated. In addition, future research consisting of qualitative interviews with Nurse and/or Midwife Consultants should be under to further explore the key drivers and mitigating factors to their role.

Implications for Nursing and Midwifery

This study has provided nursing and midwifery management with the key drivers and mitigating factors that Nurse and/or Midwife Consultants face when performing their roles. It is therefore pivotal that nursing and midwifery management develop strategies to sustain key drivers and overcome the mitigating factors to Nurse and/or Midwife Consultants practice and performance. The strategies could include the continual organisational support to Nurse and/or Midwife Consultants as it empowers them to perform and reach their potential delivering advanced nursing and midwifery practice. In addition, providing opportunities to enhance the skills of Nurse and/or Midwife Consultants in all domains of performance and proactively preparing nurses and midwives for their Consultant role through the implementation of succession planning programs can be other strategies to overcome the mitigating factors to the role. Nursing and midwifery management need to have leave relief factored into the annual budget allocation so that Nurse and/or Midwife Consultant positions, where able, can be relieved for periods of absence. Finally an annual review of the role and functions in line with organisational needs and service requirements will assist in ensuring Nurse and/or Midwife Consultants are maintaining competency and continuing professional development.

Impact statement For the Australian Nurse and/or Midwife Consultants to continue to be a significant health care provider in it is imperative that the key drivers and mitigators to the role are urgently addressed. Given the changing landscape of nursing and midwifery practice it is vital that the practical implications of this study are addressed. These include the

development of organisational strategies to provide ongoing support to overcome the mitigating factors, empowering and supporting Nurse and/or Midwife Consultants for their own professional development.

CONCLUSION

This paper adds to the body of knowledge as a number of key drivers and mitigating factors were identified by the Nurse and/or Midwife Consultants relating to their role performance. Understanding these mitigating factors and key drivers to Nurse and/or Midwife Consultants role is important for health care managers.

ACCEPTED MANUSCRIPT

References

- American Association of Colleges of Nursing, 2006. The essentials of doctoral education for advanced nursing practice.
- Atsalos, C., Biggs, K., Boensch, S., Gavegan, F.L., Heath, S., Payk, M., Trapolini, G., 2014. How clinical nurse and midwifery consultants optimise patient care in a tertiary referral hospital. *Journal of Clinical Nursing* 23 (19-20), 2874-2885.
- Begley, C., Elliott, N., Lalor, J., Coyne, I., Higgins, A., Comiskey, C.M., 2013. Differences between clinical specialist and advanced practitioner clinical practice, leadership, and research roles, responsibilities, and perceived outcomes (the SCAPE study). *Journal of Advanced Nursing* 69 (6), 1323-1337.
- Bender, M., 2015. Conceptualizing clinical nurse leader practice: an interpretive synthesis. *Journal of Nursing Management*.
- Bloomer, M.J., Cross, W.M., 2011. An exploration of the role and scope of the clinical nurse consultant (CNC) in a metropolitan health service. *Collegian* 18 (2), 61-69.
- Chan, D.S., Lee, D.T., Chair, S.Y., Fung, S.Y., Chan, E.L., Chan, C.W., 2014. A qualitative study on the roles and responsibilities of nurse consultants in Hong Kong. *International Journal of Nursing Practice* 20 (5), 475-481.
- Chiarella, M., Harford, E., Lau, C., 2007. Report on the evaluation of Nurse/Midwife Practitioner and Clinical Nurse/Midwife Consultant Roles. *Volume November*.
- Delamaire, M.-L., Lafortune, G., 2010. Nurses in advanced roles.
- Duane, F.M., Goeman, D.P., Beanland, C.J., Koch, S.H., 2013. The role of a clinical nurse consultant dementia specialist: A qualitative evaluation. *Dementia*, 1471301213498759.
- Duffield, C., Diers, D., O'Brien-Pallas, L., Aisbett, C., Roche, M., King, M., Aisbett, K., 2011. Nursing staff, nursing workload, the work environment and patient outcomes. *Applied Nursing Research* 24, 244 - 255.
- Duffield, C., Gardner, G., Chang, A., Catling-Paull, C., 2009. Advanced nursing practice: a global perspective. *Collegian* 16 (2), 55 - 62.

- Elliott, D., Giles, B., deLeon, T., McGurgan, M., Smith, M., Thornton, G., 1992. Development and implementation of an instrument measuring CNCs' activities. *Australian Journal of Advanced Nursing* 10 (1), 26-34.
- Epstein, N.E., 2014. Multidisciplinary in-hospital teams improve patient outcomes: A review. *Surgical Neurology International* 5 (Suppl 7), S295.
- Foster, J., Flanders, S., 2014. Challenges in Clinical Nurse Specialist Education and Practice. *Online Journal of Issues in Nursing* 19 (2).
- Franks, H., 2014. The contribution of nurse consultants in England to the public health leadership agenda. *Journal of Clinical Nursing* 23 (23-24), 3434-3448.
- Friman, A., Wahlberg, A.C., Mattiasson, A.-C., Ebbeskog, B., 2014. District nurses' knowledge development in wound management: ongoing learning without organizational support. *Primary Health Care Research & Development* 15 (4), 386-395.
- Gardner, G., 2004. Issues in nurse practitioner developments in Australia. In: Cancer forum. pp. 132.
- Honkavuo, L., Lindström, U.Å., 2014. Nurse leaders' responsibilities in supporting nurses experiencing difficult situations in clinical nursing. *Journal of Nursing Management* 22 (1), 117-126.
- Hutchinson, M., East, L., Stasa, H., 2014. Deriving Consensus on the characteristics of advanced practice nursing: meta-summary of more than 2 decades of research. *Nursing Research* 62 (3), 116 - 128.
- James, N., McPhail, G., 2008. The success of a nurse-led, one-stop suspected prostate cancer clinic. *Cancer Nursing Practice* 7 (3), 28-32.
- Jokiniemi, K., Pietilä, A.M., Kylmä, J., Haatainen, K., 2012. Advanced nursing roles: a systematic review. *Nursing & Health Sciences* 14 (3), 421-431.
- Jones, M.L., 2005. Role development and effective practice in specialist and advanced practice roles in acute hospital settings: systematic review and meta-synthesis. *Journal of Advanced Nursing* 49(2), 191-209.
- Karnick, P., 2011. Clarifying advanced practice nursing. *Nursing Science Quarterly* 24 (3), 215.

- Kennedy, F., McDonnell, A., Gerrish, K., Howarth, A., Pollard, C., Redman, J., 2012. Evaluation of the impact of nurse consultant roles in the United Kingdom: a mixed method systematic literature review. *Journal of Advanced Nursing* 68 (4), 721-742.
- Lance, C.E., Butts, M.M., Michels, L.C., 2006. The sources of four commonly reported cutoff criteria what did they really say? *Organizational Research Methods* 9 (2), 202-220.
- Leggat, S.G., Balding, C., Schiftan, D., 2015. Developing clinical leaders: the impact of an action learning mentoring programme for advanced practice nurses. *Journal of Clinical Nursing*.
- Lowe, G., Plummer, V., O'Brien, A., Boyd, L., 2012. Time to clarify the value of advanced practice nursing roles in health care. *Journal of Advanced Nursing* 68 (3), 677 - 685.
- Mason, C., 2009. Improving services for people with alcohol-related problems. *Nursing Standard* 23 (38), 35-40.
- Mohr, D.C., Young, G.J., Burgess Jr, J.F., 2012. Employee turnover and operational performance: the moderating effect of group-oriented organisational culture. *Human Resource Management Journal* 22 (2), 216-233.
- National Council for the Professional Development of Nursing and Midwifery, 2004. Review of the effectiveness of the role of the clinical nurse midwife specialist. National Council for the Professional Development of Nursing and Midwifery, Dublin.
- Newhouse, R., Stanik-Hutt, J., White, K., Johantgen, M., Bass, E., Zangaro, G., Wilson, R., Fountain, L., Steinwachs, D., Heindel, L., Weiner, J., 2011. Advanced practice nurse outcomes 1990-2008: a systematic review. *Nursing Economics* 29 (5), 230 - 250.
- NSW Health, 2011. Clinical Nurse Consultants - Domains and Functions. NSW Health, Sydney.
- NSW Health, 2015. Public Health System Nurses' and Midwives' (State) Award 2015. NSW Health, Sydney.
- O'Baugh, J., Wilkes, L.M., Vaughan, K., O'Donohue, R., 2007. The role and scope of the clinical nurse consultant in Wentworth area health service, New South Wales, Australia. *Journal of Nursing Management* 15 (1), 12-21.

O'Connor, M., Chapman, Y., 2008. The palliative care clinical nurse consultant: an essential link. *Collegian* 15 (4), 151-157.

Park, T.-Y., Shaw, J.D., 2013. Turnover rates and organizational performance: A meta-analysis. *Journal of Applied Psychology* 98 (2), 268.

Reinhard, S., Hassmiller, S., 2012. The future of nursing: Transforming health care. *The Journal, AARP*, <http://journal.aarpinternational.org/a/b/2012/02/The-Future-of-Nursing-Transforming-Health-Care>, accessed October 9.

Stokke, K., Olsen, N.R., Espehaug, B., Nortvedt, M.W., 2014. Evidence based practice beliefs and implementation among nurses: a cross-sectional study. *BMC Nursing* 13 (1), 8.

Trybou, J., Gemmel, P., Pauwels, Y., Henninck, C., Clays, E., 2014. The impact of organizational support and leader-member exchange on the work-related behaviour of nursing professionals: the moderating effect of professional and organizational identification. *Journal of Advanced Nursing* 70 (2), 373-382.

Tuckett, A., Winters-Chang, P., Bogossian, F., Wood, M., 2015. 'Why nurses are leaving the profession... lack of support from managers': What nurses from an e-cohort study said. *International Journal of Nursing Practice* 21(4), 359-366.

Van de Mortel, T.F., 2008. Faking it: social desirability response bias in self-report research. *Australian Journal of Advanced Nursing* 25(4), 40.

Wakerman, J., 2008. Rural and remote public health in Australia: building on our strengths. *Australian Journal of Rural Health* 16, 52 - 55.

Walsh, K., Bothe, J., Edgar, D., Beaven, G., Burgess, B., Dickson, V., Dunn, S., Horning, L., Jensen, J., Kandl, B., 2015. Investigating the role of Clinical Nurse Consultants in one health district from multiple stakeholder perspectives: a cooperative inquiry. *Contemporary Nurse* 51 (2-3), 171-187.

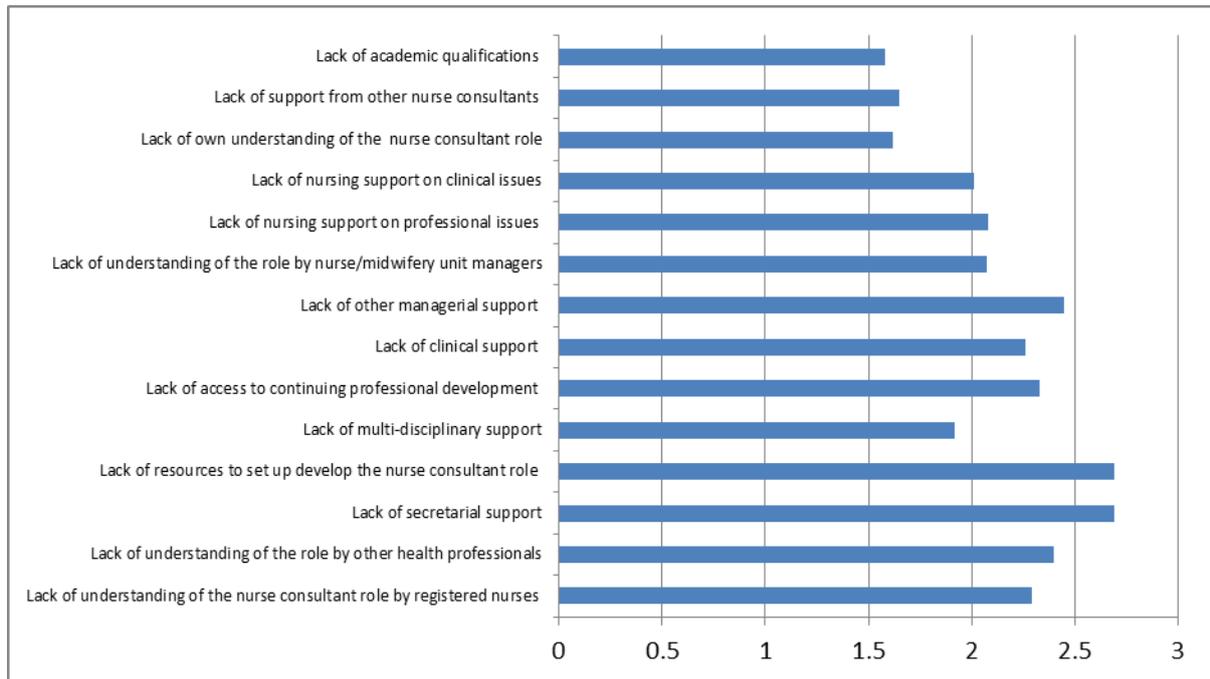
Table 1 Participant demographics

| | Nurse Consultant n |
|---|-------------------------------|
| Gender | |
| Male | 12 (10%) |
| Female | 110 (90%) |
| Highest Qualification | |
| Nursing/Midwifery | 96 (79%) |
| Other | 26(21%) |
| Highest Educational attainment | |
| Hospital Certificate | 6 (5%) |
| Diploma | 1 (1%) |
| Bachelors degree | 15 (12%) |
| Graduate Certificate | 16 (13%) |
| Graduate Diploma | 12 (10%) |
| Masters Degree | 68 (56%) |
| PhD | 4 (3%) |
| Age Group | |
| 20 to 29 | 3 (2%) |
| 30 to 39 | 31 (25%) |
| 40 to 49 | 39 (32%) |
| 50 to 59 | 39 (32%) |
| 60 to 69 | 10 (8%) |
| Employment Status | |
| Full-time | 88 (72%) |
| Part-time | 34 (28%) |
| Number of years as an RN (mean SD) | 22.0 (2.9) |
| Number of years as a Nurse and/or Midwife Consultant (mean SD) | 7.5(3.5) |

Table 2 Key drivers to Role performance

| | Nurse Consultant score Mean (SD) | Maximum score obtainable |
|---|---|---------------------------------|
| Peer support (Cronbach's alpha 0.673) Support from other nurse consultants Good introduction/orientation Networking with Nursing & midwifery colleagues | 9.3(2.1) | 12 |
| Organisational culture (Cronbach's alpha 0.719) Support from management Good organisational structure Support from Nursing/midwifery colleagues | 10.2(1.8) | 12 |
| Personal attributes (Cronbach's alpha 0.470) Personal motivation Own communication skills | 7.7(0.6) | 8 |
| Professional learning (Cronbach's alpha 0.494) Academic qualifications Continuing professional development | 6.6(1.1) | 8 |
| Nurse and/or Midwife Consultant experience (Cronbach's alpha 0.453) Clinical experience Own understanding of the role | 7.5(0.7) | 8 |
| Collaborative relationships (Cronbach's alpha 0.441) Acceptance of role by medical staff Acceptance by role of multi-disciplinary team | 7.2(0.9) | 8 |

Figure 1 Mitigating factors to Role performance



ACCEPTED MANUSCRIPT