2007

Academic - practice bridges: implications for lecturers when the complexities of change meets the higher education and nurse education systems

Adrianne Jones
Edith Cowan University

Follow this and additional works at: https://ro.ecu.edu.au/theses_hons

Part of the Nursing Commons, and the School Psychology Commons

Recommended Citation

This Thesis is posted at Research Online.
https://ro.ecu.edu.au/theses_hons/1070
You may print or download ONE copy of this document for the purpose of your own research or study.

The University does not authorize you to copy, communicate or otherwise make available electronically to any other person any copyright material contained on this site.

You are reminded of the following:

- Copyright owners are entitled to take legal action against persons who infringe their copyright.

- A reproduction of material that is protected by copyright may be a copyright infringement. Where the reproduction of such material is done without attribution of authorship, with false attribution of authorship or the authorship is treated in a derogatory manner, this may be a breach of the author’s moral rights contained in Part IX of the Copyright Act 1968 (Cth).

- Courts have the power to impose a wide range of civil and criminal sanctions for infringement of copyright, infringement of moral rights and other offences under the Copyright Act 1968 (Cth). Higher penalties may apply, and higher damages may be awarded, for offences and infringements involving the conversion of material into digital or electronic form.
USE OF THESIS

The Use of Thesis statement is not included in this version of the thesis.
COPYRIGHT AND ACCESS DECLARATION

I certify that this thesis does not, to the best of my knowledge and belief:

(i) incorporate without acknowledgement any material previously submitted for a degree or diploma in any institution of higher education;

(ii) contain any material previously published or written by another person except where due reference is made in the text; or

(iii) contain any defamatory material.

Signed.. .......................... ...........................................

Date.. .......................... .............................................
Academic - Practice Bridges: Implications for Lecturers when the Complexities of Change meets the Higher Education and Nurse Education Systems.

Adrianne Jones

A Report Submitted in Partial Fulfilment of the Requirements for the Award of Bachelor of Arts (Psychology) Honours, Faculty of Computing, Health and Science.

Edith Cowan University.


I declare that this written assignment is my own work and does not include:

i. Material from published sources used without proper acknowledgement; or

ii. Material copied from the work of other students.
Declaration

I certify that this literature review and research project does not incorporate, without acknowledgment, any material previously submitted for a degree or diploma in any institution of higher education and that, to the best of my knowledge and belief, it does not contain any material previously published or written by another person except where due reference is made in the text.

Signature

Date 20.12.2007
Acknowledgments

The one person who was instrumental in the journey of this thesis is Dr Lynne Cohen, my principal supervisor and mentor in relation to my learning. Firstly, I am grateful for her encouragement to undertake research into the higher education arena and feel my training as a researcher has been influenced in a positive manner by her academic guidance, skills and knowledge. Dr Cohen was consistently available and understanding throughout this process and acknowledgement must be given in relation to support for editing, provision of constructive criticism and theoretical input. Further, I would also like to acknowledge and thank Edith Cowan University, in particular the staff from the 4th year coordination team who were always willing to point me in the right direction and without whom this thesis would not have been completed in time.

This research project was conducted at West Coast College of TAFE, Western Australia, the preliminary concepts and subsequent activity supported by my Director, Ms Tania Cecconi and Manager, Ms Karen Tambree. I have found this management team to be a dynamic duo that have positively influenced me in my professional development and work in education whilst furthering my studies in Psychology. My gratitude goes to them for their support, encouragement and friendship. Acknowledgement must also be given to the participants of this research, the West Coast TAFE nurse educators who willingly gave their precious time to be involved in the study and who were openly available to discuss their thoughts in relation to the subject matter.

Importantly, I would like to express my heartfelt thanks to my family who have consistently offered encouragement, offering an unwavering belief in me to successfully continue and complete my study endeavours. In particular I acknowledge my partner Kerry, who has proven over the past 8 years of my study, to be supportive, understanding and a rock
when I have challenged the social boundaries in favour of being glued to the computer – thankyou. This work is especially dedicated to you.

Table of Contents

1. Literature Review Title Page –

Academic - Practice Bridges: Implications for Lecturers when the Complexities of Change meets the Higher Education and Nurse Education Systems.

1.1 Abstract 2
1.2 Introduction 3
1.3 The changing VET environment 6
1.4 The changing health industry and learning requirements 8
1.5 Student learning and associated pressures 12
1.6 Challenges facing nurse educators 15
1.7 Conclusion 24
1.8 References 28

2 Guidelines for contributors – Journal Higher Education 31

3 Research report Title Page –

Academic - Practice Bridges: Implications for Lecturers when the Complexities of Change meets the Higher Education and Nurse Education Systems.

3.1 Abstract 34
3.2 Introduction 35
3.3 Health industry and nurse education. 36
3.4 Methodology 40
3.5 Research design 40
3.6 Participants
3.7 Recruitment of sample
3.8 Conduct of the research
3.9 Data analysis
3.10 Findings and interpretations
3.11 Organisation change effects
3.12 Relationship effects
3.13 Professional and personal effects
3.14 Role and function effects
3.15 Conclusions
3.16 References

4 Notes for contributors – Journal of Occupational and Organizational Psychology
RUNNING HEAD: Complexities of change, the higher education and nurse education systems.

Academic - Practice Bridges: Implications for Lecturers when the Complexities of Change meets the Higher Education and Nurse Education Systems.

Adrianne Jones
Edith Cowan University
Abstract

Government, industry, enterprises and the community expect the Vocational and Educational Training (VET) system to provide up-to-date educational programs that provide pathways from school-based learning to the higher education facilities such as universities and to employment opportunities. Reforms in the VET sector over the past ten years have had a significant impact on the work of staff employed in the area. Educators now operate in more competitive markets and face increased demands for higher quality and more relevant training programs from clients. Understanding and keeping up with the changes and working in new and more flexible ways have been major challenges for the VET workforce. The current literature review focuses on the effects that the changing expectations have had on the roles and work of VET practitioners and particularly on nurse educators. This review explores the changes in both the health and VET environments, identifying factors that contribute to the challenges and barriers that teachers' face.
Introduction

The Australian Government has the primary responsibility for public funding of the higher education system, playing a vital role in Australia’s intellectual, economic, scientific, cultural and social development (Thomas, 2004). The higher education sector also has an essential role in the creation of the country’s human capital by advancing scholarship, cultivating intellect and imagination underpinned by principles of intellectual freedom, inquiry and openness (Thomas, 2004). Additionally, the sector provides jobs for Australians, educates the workforce, creates future leaders and enriches the social and environmental landscape, increasingly playing a key role in the growing knowledge and innovation based economic health of Australia (Mitchell, Chappell, Bateman, & Roy, 2006). As major contributors to a high quality workforce, providers of higher education are critical in enabling Australian commerce and industry to compete effectively in global markets as well as providing training for essential public services such as teaching, policing and nursing (Mitchell et al., 2006).

In Australia, a higher education continuum exists comprised of vocational education and training (VET): training provided predominantly by Technical and Further Education (TAFE) facilities, adult and community organisations, and universities (Mitchell, Chappell, Bateman, & Roy, 2006). The Australian Government promotes and encourages the development of links between these sectors to provide a seamless education and training system, ultimately creating pathways of higher education by providing skills and knowledge for work through national training packages, whilst continuing to support the facilitation and access to life-long learning opportunities (Mitchell et al., 2006). For example, formal partnership arrangements occur between most universities and TAFE colleges offering students credit for courses studied, thus
providing articulation from Certificate IV and Diploma qualifications gained at TAFE to undergraduate degree qualifications at universities (Mitchell et al., 2006).

Moreover, higher education operates within an economic and social context, responding to both of these imperatives if it is to have relevance to modern Australian society and contribute effectively to the knowledge economy (Germov, 2005). The regulation of the sector acknowledges not only the public benefits for individuals and employers, but also the ways higher education benefits society, making significant contributions through provision of advanced research and learning. Equally critical is the role of higher education in social and cultural development and in furthering social values of understanding and tolerance (Germov, 2005). Providers of higher education services have a major responsibility to instil ethical and moral principles alongside managerial or technical skills, and foster an active and participatory civic spirit among future graduates (Germov, 2005).

The Government's priorities in addressing social and cultural development for higher education are identified in a package of legislated reforms structured around four key policy principles: sustainability (improved governance and pricing flexibility), quality (improved performance and greater accountability), equity (improved participation and outcomes for disadvantaged groups) and diversity (funding for research, restructuring and collaboration of institutions) (Thomas, 2004). Moreover, these reforms aim to offer education providers access to funding in order to provide world-class, quality higher education, focusing on quality learning outcomes where providers operate within the wide education continuum (Thomas, 2004).

However, these education reforms were developed in the context of a rapidly changing environment in higher education where competition for resources, new educational opportunities and challenges continue to rise (Thomas, 2004). Consequently, the reforms in the Vocational Education and Training (VET) sector in particular have, over the past ten years, had a significant
effect on the work of its’ staff who are now required to operate in a more competitive market, and face increasing demands for higher quality and more relevant programs from their various clients (Chappell & Johnston, 2003). VET practitioners are required to extend existing skills and develop new pedagogies in teaching, learning and assessment in order to meet the environmental demands and change where skill shortages, new technology in industry, work restructuring, competition between service providers, and the needs of youth and disadvantaged workers are the norm (Mitchell, Chappell, Bateman, & Roy, 2006). In addition, there is a strong public interest in the delivery of quality higher education in essential services such as teaching and nursing. Funding cutbacks from the Commonwealth for teacher and nurse education have resulted in considerable difficulties in supporting professional experience as part of initial teacher preparation, for example, reduced class contact hours and higher staff/student ratios (Chappell & Johnston, 2003). In particular, nursing preparation within higher education sectors faces inherent challenges where public funding cuts potentially impact on the quality and supply of nurse graduates. As a consequence of reduced funding support, the net decline in the number of enrolments into nurse education programs translates into less trained staff to supply an ever increasing demand for nurses in Australian public and private hospitals, community and country health services (Elg, Kollberg, Lindmark, & Olsson, 2007).

In this challenging environment critical issues for VET practitioners in teaching need to be determined, not only to better inform and influence VET practice, but also to identify the impact of these demands of change on the experiences of VET practitioners, and their perception of the VET system that supports their role. Whilst it is recognised that demands of change affect all VET disciplines servicing a variety of industries, this paper will explore the issues of the changing environment in nurse education in particular, and aims to review the challenges and implications for nurse educators. This report will present information which identifies the drivers
of change in the VET environment, highlight the changes in the health care and education systems, identify what learners and industry clients want from VET in terms of teaching and learning experiences, and review the demands, critical factors and implications for nurse educators. The following section will explain the current context in which the VET sector operates and the changes which they have undergone.

The changing VET environment.

A review of changes within the Vocational Educational and Training (VET) system by Mitchell et al. (2006) identified environmental factors as having a significant impact on teaching and learning in the VET sector. However a major study by Moynagh and Worsley (as cited in Mitchell et al., 2006, p.13) that addressed the future European provision of vocational education and training, identified a different set of factors driving changes creating challenges in VET teaching that ultimately were to impact considerably on VET provision. Factors included technological developments, consumerism, staff shortages, engaging more learners such as mature-aged and youth, and the increasing competition between providers. These influences are similar to those identified in Australia which included: the changing structures of education, employment and industry; the aggressive spread of the proposition that workers need to add value to work practices by applying increased knowledge; demands for new technology; and the shift from mass production to market segmentation (Mitchell et al., 2006).

As noted above, within the Australian context, research confirms that the agents of change are similar to those identified by Moynagh and Worsley (as cited in Mitchell et al., 2006, p.13) in Europe. Harris, Simons, and Clayton (2005) asked 131 VET practitioners to identify drivers of change that resulted in issues such as influences outside their place of employment. For example, government policy was suggested as having a marked effect on influencing curriculum practices and the provision of training. Another major force was the expectations of industry and the
community, as well as the nature of economic/financial supports. These three factors were judged to be closely interrelated and influenced one another, with government education policy being the prime change agent affecting VET practitioners. Other drivers included increased expectations for responsiveness, pressure for greater accountability, rethinking approaches to teaching and learning and access to learning opportunities, changing lecturer workloads, and student characteristics (Harris, Simons, & Clayton, 2005).

Furthermore, the significant changes in the nature of work and in the composition of the general workforce have been mirrored in the VET sector's workforce and ways of working, in particular within the public VET institutions (Chappell & Johnston, 2003). Over the past ten years system-wide radical reforms have been implemented in vocational education and training to produce a more industry-focused and responsive sector. These reforms include: a lead role for industry in defining the standards presented in training packages, the development of quality standards for VET practitioners (the Australian Quality Training Framework), and the introduction of new technologies and approaches to delivery and the introduction of contestable training markets (Chappell & Johnston, 2003). Together these reforms have helped to fundamentally change the way training providers do business, transforming the orientation of public VET providers away from education and training, towards business and service, ultimately causing a marked shift in the roles of managers and educators in the process. How staff think, feel and carry out their functions has been challenged as they are asked to work in new and more integrated and flexible ways, and undertake tasks not previously associated with their roles (Chappell & Johnston, 2003). The impact of these changes on the nursing sector will be provided in the next section.
The changing health industry and learning requirements.

From its early inception until well into the 1980s, nurse education was traditionally delivered within the health sector where schools of nursing attached to hospitals, provided health care as well as professional education that supported that care (Roberts & Priest, 2007). However, the most radical of changes in Australian nurse education occurred between 1989 and 1997 when schools of nursing became fully integrated into the higher education system, with education being shared by the VET and university sectors. TAFE currently provides training for Enrolled nurse qualifications and post registration professional development certificates, and universities deliver undergraduate degree courses required for Registered nurses, including higher degree, Masters and research PhDs (Roberts & Priest, 2007).

With this new arrangement for providing nurse education in place, there was a need to determine what individual learners, specifically nurses, and health industry clients require from the VET sector in terms of teaching, learning experiences, services and support, and how these could best be met. Overall, the literature shows that the move from mass production to mass customisation is now an established feature of the service economy in the Western world, with VET service provision being no exception (Lunn, 2002). VET industry clients and individual learners increasingly expect that products and services will fit their particular needs, and that customised programs and even personalised services will become standard offerings (Roberts & Priest, 2007). Additionally, with the shift of nurse education from hospitals to the higher education sectors, the current aim of nurse education is to deliver programs and courses that prepare students for their role in the delivery of human services. Nurse education needs to reflect the rapidly changing demands of the health care sector where consumers’ perceptions of service performance are often articulated following their personal experiences with health care services (Roberts & Priest, 2007). Therefore, as the process of human service delivery is undertaken by
people (nurses) and individual performance often varies via interactions between the consumer and the nurse, the service itself is at risk of variable performance outcomes. Consequently, service enhancement aimed at more personalised service provision in nurse education is becoming increasingly important, with the tuition fees and stakeholders’ need for providers to demonstrate value for money (Roberts & Priest, 2007).

Moreover, the health sector demonstrates that the environment in which VET practitioners of health education operate is becoming increasingly complex (Ironside, 2003). This is particularly noticeable when attempting to combine the changing demands with the VET system, whilst attempting to meet the challenges of a rapidly changing health care system, and where the requirements for nurse education strives to ensure evidence occurs of continuing professional competence through quality education practice (Lunn, 2002). Research in nursing and higher education has demonstrated that the legacy of a generation of teacher-centred teaching methods is the proliferation of learning climates that can be competitive, isolating and at times anxiety provoking for both lecturers and students (Ironside, 2003). Nurse educators are increasingly aware of this situation, and are implementing alternative teaching practices that emphasise improvement of relations between teachers and students, rethinking conventional approaches to education (Lunn, 2002).

To demonstrate, Ironside (2003) carried out a pilot study to reflect how an alternative pedagogy might offer new ways of thinking about and using current approaches, such that practices, strategies and assumptions of learning are challenged, critiqued and deconstructed. Ironside (2003) modified the delivery of a unit in a nurse education course addressing issues on Perspectives of Nursing using a narrative pedagogy approach where learning and teaching involved discussion and sharing of stories about community perspectives and nursing practices. Pre unit data collected, comprised students’ ratings on how they anticipated the learning
environment with post data scores of students indicating how they actually experienced the course. Qualitative data was also collected for analysis via non-structured interviews, the goal being to document how students experienced participating in a course that used narrative pedagogy. Results indicated that whilst there were no statistically significant differences in the pre and post-test scores, student interviews reflected themes that supported the shift in learning approach as compared to other nursing units. Whilst the idea that nurse education would therefore lend itself in part to newer, alternative approaches to reflect the need for nurses in industry to be more person-centred with their consumers (patients) and deliver customised services, Ironside (2003) cautions that by providing new teaching methods ultimately challenges the assumptions of conventional teaching. To change the landscape of teaching methodologies, teachers are required to change the tools of evaluation in nurse education by developing a science of nurse education that attends to the ways in which new pedagogies are used and experienced (Ciliska, 2005). Whilst further research is needed to provide empirical evidence of the efficacy and effectiveness of diverse approaches to teaching and learning, the introduction of varying delivery modes and tuition fees, places pressure on providers to ensure value for money for nursing students (Ironside, 2003).

Nevertheless, the business of VET nurse education is required to change in line with the diverse needs of the health sector employing organisations where learning and ideas meet real-world practice, enabling providers of nurse education to explore ways in retaining and developing their market share (Roberts & Priest, 2007). Variability, innovation and quality of service provision is thus paramount in achieving a competitive edge, where the unique services of VET needs to remain responsive in providing a service of excellence to its’ customers (students and the health industry). The challenge therefore remains for contemporary VET to deliver theoretical and practical components of professional nurse education courses to be delivered in
innovative ways utilising for example: education programs using open learning methods, reflective portfolio development, distance learning, computerised learning packages and associated technologies for learning (Roberts & Priest, 2007). Furthermore, nurse education is a continually rendered service that is consumed throughout a professional career, rather than a discrete transaction (Roberts & Priest, 2007). This continual flow of interactions between the service provider and their stakeholders creates opportunities for long term relationships: if students are satisfied with their educational experience they are more likely to return to the same provider for subsequent learning needs, developing long term loyalty with an organisation (Elg, Kollberg, Lindmark, & Olsson, 2007).

In sum, the critical issues in the changing health industry and learner requirements from VET services in terms of teaching, learning experiences, services and support, command an expectation that VET will need to meet the demand for customisation and personalisation of training services, to remain competitive in the nurse education marketplace (Mitchell, Chappell, Bateman, & Roy, 2006). A focus on partnership arrangements between external teachers and enterprise-based managers and trainers to address the needs of both the employer and the employee is thus required. Further issues include the necessity for VET to provide a wide range of innovative practices to meet the learning needs of lecturers providing support for different learner groups such as students from equity groups and those utilising the online environment; lecturers requirement to understand the many different ways learning can occur in the workplaces; and the teachers need to develop a position on students differing learning styles including gaining an improved awareness of their own approach to learning (Mitchell, Chappell, Bateman, & Roy, 2006).
Student learning and associated pressures.

The current level of Commonwealth funding for the public higher education sector appears inadequate where funding has been dramatically cut from the sector since 1996 occurring at a time when student enrolments have grown significantly (Mitchell, Chappell, Bateman, & Roy, 2006). Consequently the impact on both education providers and students is equally significant. Organisations are pressured for continued productivity savings resulting in a potential reduction in student placements, rationalisation of courses, overcrowded lecture theatres, high student/staff ratios, quality of service being compromised and over worked lecturers (Mitchell, Chappell, Bateman, & Roy, 2006). Education costs to students have risen as organisations are allowed to charge full fees for up to 25 per cent of undergraduate enrolments. These costs are imposing barriers to increased participation by groups that are traditionally under-represented in higher education and a growing debt burden on students. A recent study by the Centre for Comparative and Global Studies in Education at the University of New York showed that Australian students make a higher contribution to the costs of their studies compared with other countries, and when tuition costs and living expenses were taken into account, Australia was ranked second in the world for independent students (Thomas, 2004). Given the restricted and low level of government funded income support, more students are being forced into paid employment to finance their studies causing increased pressure for satisfactory educational outcomes, and ultimately detracting from their learning experience (Mitchell, Chappell, Bateman, & Roy, 2006).

In a bid to find more cost effective means of delivering education courses and to provide innovative learning practices to engage students in conceptually and linguistically rich educative relationships with both teachers and peers, learning institutions have turned their attention to online teaching and learning (Bates, 1997; Taylor & Maor, 2000). It is significantly less
expensive to produce materials electronically than in printed form, and the material more current. Moreover, as part of continuous quality improvement education strategies, teachers are being required to transform their established epistemologies of practice by utilising the new technology of the web. Combined with the cost savings of a 'virtual campus' in real estate and contact time for the organisation, the Web is seen as an effective alternative to traditional face-to-face modes of education (Eklund, Garrett, Ryan, & Harvey, 1996).

Furthermore, it has been argued that students do not like to learn at a distance but the convenience and flexibility of an external mode of delivery for those with busy lifestyles is making distance education an attractive proposition (Truman as cited in Ring & McMahon, 1997). However, Bates (1997) suggested caution was required to ensure that financial imperatives do not dominate the push for Web based learning. While there appears no doubt that the potential for the Web as a global resource of information can have a strong potential for learning, it is worth being mindful of the fact that the Web does not ensure learning, anymore than a library on a education facility campus does, and any approach to Web based learning must be guided by assumptions of what is to be learned, and how learning comes about.

Underpinning this new way of teaching is a theory of learning termed constructivism that goes beyond the study of how the brain stores and retrieves information to examine the ways in which learners make meaning from experience (Chance, 2003). Rather than regard the transmission of knowledge learning as an internal process of interpretation, constructivism suggests that learners do not transfer knowledge from the external world into their memories; rather they create interpretations of the world based on their past experiences and their interactions in the world (Chance, 2003). Most cognitive theory, and the constructivist approaches that have grown out of it, argue that learning should be durable, transferable and self-regulated (Germov, 2005; Reed, 2004). Moreover beyond cognition, social constructivism,
which portrays the learner as an active conceptualiser within a socially interactive learning environment, describes an epistemology, or way of knowing, in which learners collaborate reflectively to co-construct new understandings, especially in the context of mutual inquiry grounded in their personal experience (Piaget, 1977). Central to this collaboration is the development of communicative competence that enables students to engage in reflective, open and critical discourse characterised by an empathetic orientation to constructing reciprocal understanding and a critical attitude towards underlying assumptions (Piaget, 1977; Reed, 2004).

In many respects the web is an ideal forum for constructivist learning offering interesting opportunities. Hypertext links work by association rather than indexing and it could be argued that this ‘free association’ can be disorientating (Taylor & Maor, 2000). Yet, the counter argument that the computer operates much like the way humans think suggests intriguing possibilities for the meaningful linking of data required for information processing within a cognitive framework (Chance, 2003).

When compared to a traditional student centred learning environment teachers do not maintain an active presence but rather move judiciously in and out of sight, at times offering guidance and suggestions and at other times leaving space for students to seize the learning agenda and control and pace their own learning (Chance, 2003). Therefore, in the rush to embrace the new Web technology of online learning, care needs to be taken to ensure that technological determinism doesn’t overshadow sound educational judgement, thus raising issues such as how much students should be engaged in learning collaboratively online. The impact of the shift in learning mode for teachers is a pressure to address the balance (of learning delivery modes) and how teachers determine when adequate learning and competence to meet industry standards has been achieved (Chance, 2003). The challenge is to access suitable evaluation tools
that accurately reflect educational programs and determine how this can lead to the development of ongoing quality improvement strategies.

Challenges facing nurse educators.

This issue of program evaluation and tools for continuous quality improvement is a constant challenge in the education environment (Ciliska, 2005). In particular, outcome evaluation in nursing education has moved away from the long-held focus on student behaviours and skills at graduation as the sole mark of quality education. Other elements assessing student learning and determination of ‘quality’ students include measuring student traits, critical thinking and clinical decision making capability, leadership and communication skills (Dulski, Kelly, & Carroll, 2006). Schools of Nursing, inclusive of University and VET based institutions, are required to define outcome-based elements that are critical to program success, and need to use benchmarks or define levels of achievement underpinning any program change (Dulski, Kelly, & Carroll, 2006).

In attempting to address this issue a west suburban nursing college in the United States collected and analysed program data for many years as a means of satisfying accreditation requirements and a way of gauging success. However the results suggested that the process was labour intensive and information sometimes became difficult to analyse in a meaningful way (Dulski, Kelly, & Carroll, 2006). Using a multi-method, triangulation model of assessment, the faculty collected data from a number of sources using a variety of measurement tools and with the aid of psychometricians, the college eventually developed and collected program evaluation information that mirrored the quality of services required in health care systems throughout the United States. By tracking outcome criteria including student traits; student, faculty and employer satisfaction data; statistic rates for graduation, attrition, and retention of student cohort
groups, the college was better placed to plan curriculum, admit students, hire and promote faculty teachers, and provide support services for the college as a whole (Dulski, Kelly, & Carroll, 2006).

Using program outcome information effectively needs to become part of organisations’ quality improvement processes, assisting educational facilities in their effort to not only market their successes, but to ensure quality service provision and ongoing improvement procedures continue (Dulski, Kelly, & Carroll, 2006). Moreover, continuous quality improvement is a theory and method used in health care to guide improvement. All health care providers including nurses, need to learn how to improve the care they give however the question and challenge to nurse educators remains for them to determine how and what is the optimal way to teach best practice to nursing students in the context of changing organisational demand for quality service provision (Mikkelsen & Rokne, 2003).

The issue of how to teach nurses best practice is further complicated for nurse educators due to the changing nature of their own work (Chappell & Johnston, 2003; Ciliska, 2005). Teachers in institutional VET settings have experienced considerable changes to their work practice impacting on the ways in which they understand their professional identities and their relationships with other VET sectors (Harris, Simons, & Clayton, 2005). Research suggests that in general teacher’s work roles have expanded and diversified shifting the balance between traditional work tasks and new role expectations, causing increased dilemmas and tensions in their everyday practice (Chappell & Johnston, 2003). VET teachers are required to work in an increasing range of contexts such as institutes, schools, online, and in a variety of workplaces. They are also called on to develop relationships and work collaboratively with a range of specialist service providers, to develop skills in career advice and work placement, and to take greater responsibility for administrative functions such as managing budgets (Chappell & Johnston, 2003). This role expansion has occurred alongside changes in the nature of student
profile, for example there are increasing numbers of older students in classes, requiring further diversification in the way educators adapt their teaching practices to a mixed age student population. Consequently, many teachers now face a change not only in traditional face-to-face teaching practice but also organisational change in a wide range of contexts (Harris, Simons, & Clayton, 2005).

The world of work has undergone a radical transformation and change in the past two decades with many organisations, including education and health sectors, facing an uncertain economic future, reflecting the impact of increased global competition, deregulation of domestic markets, and a shift from a product-based economy to a service economy (Bocchino, Hartman, & Foley, 2003). Organisations have responded to these pressures through downsizing, restructuring, and reengineering in an attempt to contain costs and stay competitive. In addition, Posner and Schmidt (as cited in Bocchino, Hartman, & Foley, 2003) proposed the extraordinary developments in information technology, lifestyle changes, and demographic trends are modifying workforce values, skills, and expectations. Consequently, the demand to perform the diversity of work tasks in an unstable work environment could negatively influence teachers perception regarding equity of relationship between their role and organisational expectation (Allcorn, 2004).

In many ways, the complaints of today's workforce are the same as those described by Whyte (as cited in Bocchino, Hartman & Foley, 2003) more than two generations ago, including "talk of the 'treadmill,' the 'rat race,' of the inability to control one's direction" (p. 4). Whyte further described the workforce of the 1950s as having "no great sense of plight; between themselves and [the] organisation they believe they see an ultimate harmony" (p. 4). However, the workforce of today does face unique challenges. Chatman (as cited in Bocchino, Hartman, & Foley, 2003) noted that as both the organisation and the workforce react in response to environmental changes, employee values have often become incongruent with evolving
organisational culture. For example, increased global competition in markets with significantly lower labor costs may prompt an organisation whose culture was traditionally paternalistic and employee focused to become more marketing and service oriented. In an effort to be more responsive to customer needs, these organisations may give employees more decision-making authority when dealing with customers. If, however, employees are not properly trained to handle new responsibilities or do not feel emotionally equipped for such empowerment, the change is often stress-inducing and is likely to cause incongruence between the values of the employee and the new organisational culture (Allcorn, 2004). Similarly, organisations that have focused in the past on values such as long-term employment service and loyalty may be forced by economic factors to begin cost cutting and downsizing, which can result in negative and lasting effects both in workers who are downsized and in those who remain (Bocchino, Hartman & Foley, 2003).

These environmental drivers of change have given rise to a workforce that has become increasingly vigilant in monitoring the promises made to them by the organisation (Bocchino, Hartman, & Foley, 2003). Rousseau (as cited in Bocchino, Hartman, & Foley, 2003) defined the psychological contract (PC) in the workplace as the sum total of the employee's understanding of what was promised him or her by the organisation. The concept of the PC in the field of organisational psychology was first discussed by Aryris (as cited in Bocchino, Hartman, & Foley, 2003) who referred to the "relationship [that] may be hypothesized to evolve between the employees and the foremen who might be called the 'psychological work contract'" (p. 96). Levinson (as cited in Allcorn, 2004) was the first researcher to introduce the concept of reciprocity in regard to the PC. According to Levinson, reciprocity in the PC assumes that both the employee and the organisation fulfill each other's expectations. Employees have expectations, such as salary, benefits, work location, opportunity for advancement, and the nature of the work
to be performed. Organisations also have expectations of employees that are listed in their job descriptions, policies, procedures, and performance standards.

Chappell and Johnston (2003) suggested, however, that employees and employers not only exchange promised goods and services, but that they also do so in the context of a set of values, beliefs, and norms. Therefore, if an employee believes that terms of the psychological contract were not met and that the organisation was deceptive in doing so, he or she is likely to feel greater anger and betrayal if the organisation has historically promoted values such as integrity and concern for employees than if the organisation was known for treating employees badly (Chappell & Johnston, 2003). By monitoring the terms of their PCs, employees track their company's compliance with those terms. Unfortunately, the security and rules that once bound the PC between employer and employee have become uncertain (Chappell & Johnston, 2003).

Allcorn (2004) stated that vigilance is most likely to be triggered in times of turbulence or dramatic changes in the environment, such as previously described as occurring in the VET and health sectors. With the collective environmental, organisational, and demographic changes that have occurred, it is expected that vigilance will be increased, and it is likely that perceived violations in the PC will increase as well. This is not good news for organisations. Perceived violation has been found to decrease employees' trust and loyalty toward their employers (Allcorn, 2004). Lower satisfaction with their jobs and organisations, and reduce perceived obligations to their employers. In extreme cases, perceived violation has been found to result in acts of sabotage or violence (Allcorn, 2004).

Probst and Brubaker (as cited in Bocchino, Hartman & Foley, 2003) reported that the rapid pace of change in the workplace could also affect employees' physical well being and that job insecurity in an environment of organisational restructuring or downsizing is related to an increased incidence of workplace injuries and accidents. The U.S. Department of Labor's Bureau
of Labor Statistics has estimated that during 1997, there were 3,418 work absences due to occupational stress, with median absence for cases of occupational stress of 23 days—over four times the total median absence for all injuries and illnesses (Bocchino, Hartman, & Foley, 2003). Some researchers have related occupational stress symptoms to overwhelming environmental and organisational changes that are beyond the employee's ability to cope (Allcorn, 2004). These changes are believed to trigger a lack of congruence between individual values and organisational culture, therefore it is probable that employees who experience incongruence will also experience stress symptoms.

Many of the workplace interventions designed to deal with this uncertainty focus on either organisational solutions (e.g., culture change initiatives) or individual solutions such as stress management programs (Allcorn, 2004). Recognizing that the psychological contract (PC) is a two-way street, organisational agents should also provide clear feedback to employees whom they believe are failing to uphold their side of the PC. Morrison and Robinson (as cited in Allcorn, 2004) suggested that this feedback would minimise self-serving biases that may cause employees to believe that the organisation alone is responsible for violations. Greater attention should be given to managing employee perceptions of the PC promises over time and particularly during periods of organisation change or upheaval. As organisational change agents, consulting psychologists can assist companies communicate, implement, and manage the change process. As employee advocates, consulting psychologists can design stress management programs that promote healthy coping and alternative direction to those employees who cannot or do not want to live with the changes (Allcorn, 2004).

How perceptions of organisational culture influence organisation outcomes, specifically employee job satisfaction, was the objective of a study undertaken by Platanova, Hernandez, Shewchuk, and Leddy (2006) across a sample of 88 hospitals in the United States. The impetus
for conducting the study was the increasing number of health service organisations facing extreme shortages of health care professionals, education and practice of those professionals, and where reduced staff levels could potentially lead to dire consequences of the quality of care provided within hospitals (Platanova, Hernandez, Shewchuk, & Leddy, 2006). The study investigated how employee perceptions of pay, benefits, job environment, and involvement in decision making influenced individual job satisfaction. Results supported Platanova, Hernandez, Shewchuk, & Leddy’s (2006) assertions that employee perceptions of attributes were positively related to job satisfaction, and that job recognition or lack of organisational support moderated the relationship between perceptions of adequate staffing arrangements. Implications of the study suggest that the work environment influences nursing attitudes towards hospital organisations playing a major role in improving hospital employee job satisfaction and in turn, influences the ability for hospitals to attract and retain professional staff.

Platanova, Hernandez, Shewchuk, and Leddy’s (2006) study yielded similar results of previous research on job stress and burnout by Brewer and McMahon (2003). The purpose of the study was to explore the level and predictive characteristics of job stress and burnout among 133 teacher educators. Results indicated that stressors relating to lack of organisational support were perceived to be more severe than stressors related to the job itself. These findings have implications for management in addressing job stress in education environments when considering and evaluating change, policy and procedures related to staff resourcing (Brewer & McMahon, 2003). Consequently, nurse educators in the VET system, particularly those who continue to practice and maintain clinical skills by working in the health industry, face further unique challenges: how to avoid job stress and self manage the balance between two varying, changing and demanding workplace environments; and how to deliver quality education related to their own industry experience and knowledge, teach issues related to job satisfaction, promote
a positive work culture, teamwork, and decision making to students about to enter the health industry.

Furthermore, there is strong evidence that the changing balance in teacher work roles, diversification and increased workloads, is attributing to change fatigue, and a decline in job satisfaction (Harris, Simons, & Clayton, 2005). Educators in VET are experiencing concerns about their work, and these practitioners feel considerable tension between their core activities of teaching and the pressure to become involved in other work functions such as administrative tasks. In a comparison study Chappell and Johnston (2003) noted that teachers in private educational facilities tend to have fewer concerns about their work than their counterparts in the public VET environment, particularly in respect to the tension for teachers in the public sector trying to balance flexibility and meeting customer needs with the Australian Quality Training Framework (AQTF) requirements. For VET practitioners, the introduction of commercially focused activities and demands to adopt a ‘business focus’ within a public sector framework requires them to operate within contradictory structures. Teachers need to balance their social and community responsibility for improving the needs of the individuals and communities in which they work against the need to meet commercial objectives (Jenaro, Flores & Arias, 2007). Moreover, because of the move to more flexible approaches to service delivery, many teachers work long hours on tasks that are not properly recognised or remunerated in industrial agreements. This has contributed to perceptions of an erosion of working conditions, with related falls in morale and job satisfaction, job stress and risk of burnout (Kroneman as cited in Chappell & Johnston, 2003).

In particular, burnout is the end result of a process in which highly motivated and committed individuals lose their spirit (Jenaro, Flores & Arias, 2007). It characterizes people who entered their careers with high hopes, ideals, and ego involvement and is experienced as a
state of physical, emotional, and mental exhaustion, lowered sense of accomplishment, and depersonalization. Psychoanalytic theory has also been used to explain career burnout. Freudenberger (as cited in Malach & Beer-Sheva, 2002) believed that the most overly committed and excessively dedicated professionals, who use their job as a substitute for social life and believe that they are indispensable, are most likely to burn out. The reason is that these people attribute an inordinate sense of importance to their work, which they then take to be a demonstration of their own importance. When they are subject to extraordinarily demanding situations, they burn out (Chappell & Johnston, 2003).

Malach and Beer-Sheva (2002) conducted research with a nurse, teacher and a manager, utilizing a psychoanalytic approach to understand the nature of burnout. The three clinical cases described seem to support the psychoanalytic–existential approach to burnout. Malach and Beer-Sheva (2002) suggested that people's career choices are influenced by unconscious forces that propel them to reenact and overcome difficult childhood experiences. The goals and expectations they have when they enter their career are related to these unconscious forces and are expected to provide existential significance for their life. When people fail to achieve these goals, they burn out (Jenaro, Flores & Arias, 2007). Moreover, different psychodynamic reasons seem to propel people to choose a particular career. Nurses often reveal a traumatic experience related to lack of control. This may explain, at least in part, the professional choice of a career that is characterized by immense control over patients who are anesthetised, paralysed, or otherwise incapacitated. Teachers often reveal a traumatic experience related to being the center of negative attention—humiliation, anxiety, isolation (Jenaro, Flores & Arias, 2007). This may account for the choice of a career in which one expects to stand in front of a class of grateful students who can be educated, inspired, shaped, and moulded. In addition and consistent with Brewer and
McMahan's (2003) study, lack of organisational support and organisational change factors were significant variables in job stress and burnout.

Conclusion.

The scope and nature of the reforms that VET sector staff have been asked to implement have required more managers and educators over the past ten years, the change process being multi-faceted, fast-paced and unrelenting (Mitchell, Chappell, Bateman, & Roy, 2006). Aspects of the VET educator's work has undergone radical change which has included their work responsibilities and key relationships with industry, colleagues, students and other training organisations, and whilst some staff are positive about the changes, a significant proportion in the public sector are not (Brewer & McMahon, 2003). Fundamental differences exist between public and private VET providers in terms of the impact of the changing policy on the way practitioners work. Harris, Simons, and Clayton, (2005) believe that policy frameworks and implementation strategies need to be more sensitive to the different contexts in which VET now operates. The size and complexity of the VET sector demands a rethinking of the 'one size fits all' approach to policy implementation, ignoring the work undertaken by educators in realising training reforms in different contexts may mean they never receive the recognition they deserve, and are not viewed merely as passive recipients of change. The future challenges and unique changes that nurse educators face in the VET sector will rely equally on committed leadership, quality improvement processes and procedures, and innovative teaching practices (Mitchell, Chappell, Bateman, & Roy, 2006). To create a culture that places customer at the centre of improvement requires an active commitment from every manager, their most important task being to give members of the organisation a sense of direction for quality continuous improvement and create settings that support the desired improvement and outcomes.
Additionally, a number of critical success factors in developing and implementing innovative approaches to learning in VET emerged from the literature review. For individual VET practitioners, adopting new work roles such as learning manager, facilitator, and mediator were apparent. For VET organisations, success factors include developing an agile and flexible culture that encourages diverse thinking and individual initiative, and where the VET system needs to develop more teaching and learning resources whilst promoting creativity rather than a primary focus on compliance (Mitchell, Chappell, Bateman, & Roy, 2006). Critical barriers to the implementation of these innovative approaches identified in the review included lack of funding, lack of clear policy guidelines, structures and processes at a systemic level. Furthermore, lack of organisational support to educators appeared to be a theme through the literature. Research revealed however that improvements to reduce the risk of job stress and burnout could be fostered by a strategic response by the organisation’s management to the internal and external pressures and provide opportunities for educators to be innovative, provide continuing learning through professional development, ensure that organisational rewards and incentives support continuous enhancement in non-traditional approaches to teaching and learning practice (Mitchell, Chappell, Bateman, & Roy, 2006).

Moreover, as VET training shifts from being supply driven to demand driven, a new education practitioner is emerging to satisfy the increasing expectations of industry clients and individual students (Mitchell, Chappell, Bateman, & Roy, 2006). The traditional model of supply driven services required learning only be undertaken in the classroom, whereas the new demand driven emphasis of learning occurs as a result of individual and organisational request for specific services, customised to suit the context of the users needs. Consequently educators are required to dispense with pre-set curriculum and didactic instruction, and develop attributes, attitudes, ideas and techniques that not only meet the needs of their clients, but also require a raft of new
skills and knowledge, and self-instruction (Chappell & Johnston, 2003). Furthermore, in workplaces such as hospitals, VET nurse educators need to be more flexible, take the initiative and undertake a range of different tasks, particularly as there is a stronger emphasis in hospitals for nurses in communication, technical, technological and social skills (Gibb & Curtin as cited in Chappell & Johnston, 2003). By increasing liaison between industry and VET nurse educators can develop some of these skills more effectively.

In order to enhance the professional growth and skills of educators, Schofield and McDonald (2003) suggested that consideration should be given to ways of developing a stronger sense of professional identity. Opportunities need to be created for VET practitioners to participate in professional dialogue and undertake activities that aim to provide professional development in areas such as new technologies, inclusive of web based learning, learner differences, and learning theory that ultimately enhance teacher practices. Additionally, as funding cuts, constant change and restructuring occur, VET educator’s workloads have increased and their ability to maintain family and household responsibilities declining (Brewer & McMahon, 2003). Further research on the impact of the changes on teachers is required particularly when many report their workload had increased significantly and their ability to maintain a professional, standard of work had been eroded (Brewer & McMahon, 2003). Additionally further information is required regarding the specific and unique stressors that nurse educators face, particularly in a time of rapid change in both the health and education systems.

Finally, the findings of this literature review highlights teachers concerns about the quality of teaching and learning in the current environment, and that work impacts significantly on their family life (Brewer & McMahon, 2003). Less social time is spent with family members, the keeping of irregular working hours impacts on family activities, lack of understanding by other family members as to how and why job stressors occur, feelings of physical and mental
exhaustion and constant stress. Additionally, due to the drive towards improved efficiency, many teachers have had to become multi-skilled and whilst this has provided more interesting opportunities and diversity in their work practices, inadequate training, recognition and support were areas cited as stressors. Further research would assist in clarifying overall the professionalism of VET practitioners’ needs, how these could be better recognised and identifying the determinants for educational leadership to encourage the reduction of resistance to change and ultimately enhance teacher job satisfaction.
References


Instructions for Authors

Research in Higher Education

Submission of Manuscripts

Title Page
Abstract
Key Words
Illustrations
Tables
References
Footnotes
General

Page Charges

Submission of Manuscripts

Manuscripts, in triplicate, should be submitted to the Editor:

Dr. John C. Smart
Research in Higher Education
College of Education, CEPR
100 Ball Hall
The University of Memphis
Memphis, TN 38152–3570
Tel. (901) 678–4146
Fax (901) 678–5114
e-mail: jsmart@memphis.edu

Manuscripts will be evaluated according to
(a) significance in contributing new knowledge
(b) technical adequacy
(c) appropriateness for Research in Higher Education
(d) clarity of presentation.

For information about the Association for Institutional Research, write the

AIR Administrative Director
114 Stone Building
Florida State University
Tallahassee
FL 32306–4462

or telephone (850) 644–4470
http://www.airweb.org/ (please use the link below).

Submission is a representation that the manuscript has not been published previously and is not currently under consideration for publication elsewhere. A statement transferring copyright from the authors (or their employers, if they hold the copyright) to Springer will be required before the manuscript can be accepted for publication. The Editor will supply the necessary forms for this transfer. Such a written transfer of copyright, which previously was assumed to be implicit in the act of submitting a manuscript, is necessary under the U.S. Copyright Law in order for the publisher to carry through the dissemination of research results and reviews as widely and effectively as possible.

Type double-spaced on one side of 8 1/2 × 11 inch white paper using generous margins on all sides, and submit the original and
two copies (including copies of all illustrations and tables). All copies must be dark, sharp, and clear. Computer-generated manuscripts must be of letter quality (not dot-matrix).

www.airweb.org

Title Page
A title page is to be provided and should include the title of the article, authors name, authors affiliation, and suggested running head. Authors should not place their names on subsequent pages. The affiliation should comprise the department, institution (usually university or company), city, and state (or nation) and should be typed as a footnote to the authors name. For office purposes, the title page should include the complete mailing address, telephone number, fax number, and e-mail address of the one author designated to review proofs.

Abstract
An abstract is to be provided, preferably no longer than 150 words.

Key Words
A list of 5-10 key words is to be provided directly below the abstract. Key words should express the precise content of the manuscript, as they are used for indexing purposes.

Illustrations
Illustrations (photographs, drawings, diagrams, and charts) are to be numbered in one consecutive series of Arabic numerals. The captions for illustrations should be typed on a separate sheet of paper. All illustrations must be complete and final, i.e., camera-ready. Photographs should be large, glossy prints, showing high contrast. Drawings should be high-quality laser prints or should be prepared with india ink. Either the original drawings or high-quality photographic prints are acceptable. Artwork for each figure should be provided on a separate sheet of paper. Identify figures on the back with authors name and number of the illustration. Electronic artwork submitted on disk should be in TIFF or EPS format (1200 dpi for line and 300 dpi for half-tones and gray-scale art). Color art should be in the CMYK color space. Artwork should be on a separate disk from the text, and hard copy must accompany the disk.

Tables
Tables should be numbered (with Arabic numerals) and referred to by number in the text. Each table should be typed on a separate sheet of paper.

References
List references alphabetically at the end of the paper and refer to them in the text by name and year in parentheses. The style and punctuation of the references should conform to the following examples:

- Journal Article

- Book

- Contribution to a Book

For reports, theses, etc., style title like that of an article, with as much source information as possible.

Footnotes
Footnotes should be avoided. When their use is absolutely necessary, footnotes should be numbered consecutively using Arabic numerals and should be typed at the bottom of the page to which they refer. Place a line above the footnote, so that it is set off from the text. Use the appropriate superscript numeral for citation in the text.

General
In general, the journal follows the recommendations of the latest edition of the Publication Manual of the American Psychological Association, and it is suggested that contributors refer to this publication.

After a manuscript has been accepted for publication and after all revisions have been incorporated, manuscripts should be submitted to the Editors Office as hard copy accompanied by electronic files on disk. Label the disk with identifying information — software, journal name, and first authors last name. The disk must be the one from which the accompanying manuscript (finalized version) was printed out. The Editors Office cannot accept a disk without its accompanying, matching hard-copy manuscript.

Page Charges
The journal makes no page charges. Reprints are available to authors, and order forms with the current price schedule are sent with proofs.
RUNNING HEAD: Complexities of change, the higher education and nurse education systems.

Academic - Practice Bridges: Implications for Lecturers when the Complexities of Change meets the Higher Education and Nurse Education Systems.

Adrianne Jones
Edith Cowan University
Academic - Practice Bridges: Implications for Lecturers when the Complexities of Change meets the Higher Education and Nurse Education Systems.

Abstract

Higher education is critical to the intellectual, social and cultural development of the country, and has an essential role in the creation of human capital by advancing scholarship and cultivating intellect. However the rapid changes demanded by both vocational education training (VET) and health industry sectors in particular, places nurse educators working in this environment in a unique position. Not only do the demanding organisational changes risk stifling innovative educational practices, but puts nurse educators themselves at risk of increased occupational stress and burnout. Using a social construction approach, this study investigated the experiences of nurse educators working within the VET sector. Findings indicate whilst nurse educators were less aware of the broad systemic organisational change issues, they did perceive organisational inequity in their job roles influencing job satisfaction and feeling of frustration. Further research is needed to further explore dimensions of nurse educator challenges, specifically those related to personal well-being and coping mechanisms to the challenges reported.
The Australian Government has the primary responsibility for public funding of the higher education system, playing a vital role in Australia's intellectual, economic, scientific, cultural and social development (Thomas, 2004). The education sector operates within an economic and social context, responding to both of these imperatives if it is to have relevance to modern Australian society and contribute effectively to the knowledge economy (Germov, 2005). Equally critical is the role of higher education in social and cultural development and in furthering social values of understanding and tolerance (Germov, 2005). Providers of these services have a major responsibility to instil ethical and moral principles alongside managerial or technical skills, and foster an active and participatory civic spirit among future graduates (Germov, 2005).

Australian education is initially provided through schools, with further education through vocational education and training (VET) organisations (these qualifications provided predominantly by Technical and Further Education (TAFE) facilities), and universities (Mitchell, Chappell, Bateman, & Roy, 2006). The government promotes and encourages the development of links between these sectors to provide a seamless education system, ultimately creating pathways to higher education, whilst facilitating access to life-long learning opportunities. For example, formal partnership arrangements occur between most universities and TAFE colleges offering students’ credit for courses studied, thus providing articulation from Certificate IV and Diploma qualifications gained at TAFE to undergraduate degree qualifications at universities (Mitchell et al., 2006). However, higher education has developed in the context of a rapidly
changing environment for the higher education sector where competition for resources, new educational opportunities and challenges continue to rise (Thomas, 2004).

For example, Harris, Simons, and Clayton (2005) interviewed 131 VET practitioners to review changes in the education system. Participants reported that the perceived elements of rapid change were largely attributable to influences external to their place of employment. In particular government policy was suggested as having a marked effect, influencing curriculum practices and the provision of training. Another major force was the expectations of industry and the community, as well as the economy (Elg, Kollberg, Lindmark, & Olsson, 2007). These factors were judged to be closely interrelated and influenced one another, with government education policy being the prime change agent affecting VET practitioners. Internal drivers of change included increased expectations for responsiveness, pressure for greater performance and accountability, rethinking approaches to teaching and learning, increasing lecturer workloads, and shifting student characteristics (Elg, et al, 2007).

Health industry and nurse education.

From its early inception until well into the 1980s, nurse education was traditionally delivered within the health sector where schools of nursing attached to hospitals provided health care as well as professional education that supported that care (Roberts & Priest, 2007). However the most radical of changes in Australian nurse education occurred between 1989 and 1997 when schools of nursing became fully integrated into the higher education system, with education being shared by the VET and university sectors. TAFE provided training for Enrolled nurse qualifications and post registration professional development certificates, and universities delivered undergraduate degree courses required for Registered nurses, including higher degree, Masters and research PhDs (Roberts & Priest, 2007).
With this new arrangement for providing nurse education in place, there was a need to determine what individual learners (consumers of nurse education), specifically nurses and health industry clients require from the VET sector in terms of teaching, learning experiences, services and support, and how these can best be met (Chance, 2003). Overall, the literature shows that the move from mass production to mass customisation is now an established feature of the service economy in the Western world, with VET service provision being no exception (Lunn, 2002). VET industry clients and individual learners increasingly expect that products and services will fit their particular needs, and that customised programs and even personalised services will become standard offerings (Roberts & Priest, 2007). Additionally, with the shift of nurse education from hospitals to higher education, the current aim of nurse education is to deliver programs and courses that prepare students for their role in the delivery of human services. Therefore, nurse education needs to reflect the rapidly changing demands within the health care sector where consumers’ perceptions of service performance are often articulated following their personal experiences with health care services (Roberts & Priest, 2007). As the process of human service delivery is undertaken by people (nurses) and individual performance often varies via interactions between the consumer and the nurse, the service itself is at risk of variable performance outcomes. Consequently, service enhancement in nurse education is becoming increasingly important with the tuition fees and stakeholders’ need for providers to demonstrate value for money (Roberts & Priest, 2007).

Moreover, the environment in which VET practitioners (nurse educators) of health education operate is becoming increasingly complex, where organisational change has potential to impact on working practices, workplace relationships, changing work roles, and erosion of workplace conditions (Jenaro, Flores, & Arias, 2007). In addition, research in higher education has demonstrated that the legacy of a generation of teacher-centred teaching methods is the
proliferation of learning climates that can be competitive, isolating and at times anxiety
provoking for lecturers, students and organisational representatives, the managers (Ciliska, 2005).

Rafferty and Griffin’s (2006) research on organisational change and its effect on employees
suggests that a number of characteristics of change events influence individuals’ response to
work, work relationships, level of job satisfaction, job certainty and manner in which they work.

Rafferty and Griffin (2006) addressed key questions about organisational change in their study of
315 employees conducted in a large public sector organisation. Using Lazarus and Folkman’s
(1984) cognitive phenomenological model of stress and coping, the study showed that individuals
perceive and differentiate the frequency of change, the planning involved in change, and the
impact of change. Individuals' perceptions of these three aspects of change were related, in
expected and meaningful ways, to job satisfaction and turnover intentions. Rafferty and Griffin’s
(2006) research results also considered relationships with management where supportive
leadership had a strong impact on all three change perceptions. These findings suggested that in
relation to job-related psychosocial risk factors, it was important to ensure that leaders understand
the need to provide support and consider individuals' needs in a changing environment. Further
research on the impact of the changes on teachers is required particularly when many report that
as a consequence of significantly increased workload demands, their ability to maintain a
professional standard of work has eroded influencing job stress and decreased job satisfaction
(Brewer & McMahon, 2003).

Additionally, organisational scientists have developed theories relating job-related
psychosocial risk factors with psychological outcome variables, that is: noting the relationship of
work characteristics to psychological work reactions to gain insight into work stress causation
(Tummers, Landeweerd, Janssen & Merode, 2006). An influential theory in this context is the
demand-control-support (DCS) model that outlines how work characteristics such as time
pressures and workload, affect employee psychological work reactions like stress or burnout, however does not explain which organisational factors might be responsible (Tummers, et al, 2006). Studies have primarily concentrated on organisational effectiveness particularly in relation to economic outcomes like efficiency or productivity, and less on psychological variables like motivation or frustration (Tummers, et al, 2006). Furthermore, the focus of work stress literature discussed in organisational theories on work effectiveness is on psychosocial risk factors and less on the organisational factors that may influence job satisfaction, stress and well-being (Taris, Schreurs, Peeters, Le Blanc, & Schaufeli, 2001).

Interestingly, nursing work is becoming more important to organisational scientists as a research topic, particularly in determining the relationships and influence of organisational and work characteristics on psychological work reactions, such as health and well-being. Of all professionals, nurses have been found to experience especially high levels of stress associated to decreased job satisfaction, and increased psychological and physical complaints (Gelesma, van der Doef, Maes, Akerboom & Verhoeven, (2005). In Gelesma, et al, (2005) study of general nurses in Sweden, work characteristics such as increased work, time pressures, and work conditions were predictive of stress-related outcomes including decreased job satisfaction and emotional exhaustion (variables though to be associated with burnout). This outcome has theoretical implications in that it is important to look beyond the dimensions of the DCS model to further examine the relationship between work conditions, job characteristics, stress, health and well-being in nurses (Gelesma, et al, 2005).

Moreover, a recurring theme across a review of the literature suggests that the changing environment in VET has prompted an increase in workload for educators in order to develop new skills in teaching, with an increased pressure for them to collaborate across educational and health industry sectors. Whilst research is emerging on the drivers of change in the VET system and
resultant issues for teachers, it appears there are no studies involving the impact of change specifically on nurse educators working within higher education organisations (Roberts & Priest, 2007). Based on past research premise that nurse job characteristics and conditions are predictive of stress outcomes, further information is required regarding the specific and unique stressors that nurse educators face, particularly in a time of rapid organisational change. Specifically, to this authors knowledge, no research appears to have been undertaken in Western Australia that has studied how the combination of VET systemic changes and the changing role of nursing and health industry demands together, have impacted on VET nurse practitioners. Therefore, the purpose of this research was to explore the experiences of nurse educators, and identify the challenges in respect to the changing demands that both VET and health care systems have on their work practices and selves. The research aim was to identify what impact the demands of organisational change might have on the experiences of VET practitioners, how they perceived their relationship across the two domains – education and health, and importantly, identify challenges educators might experience as a consequence of rapid systemic organisational change.

The research question for this study is:
What is your experience working as a nurse educator in the VET sector?

Methodology

Research Design

This research utilised qualitative methodology. A social constructivist perspective of learning was used to underpin the research analysis. Qualitative researchers stress the socially constructed nature of reality, the intimate relationship between the researcher and what is studied, and the situational constraints that shape inquiry, seeking answers to questions that stress how social experience is created and given meaning (Germov, 2005). Social constructions refer to the socially constructed characteristics of human life based on the idea that people actively construct
reality, meaning it is neither ‘natural’ nor inevitable. It involves looking at the ways social phenomena are created, institutionalised, and made into traditions by humans. Germov (2005) argues that all knowledge, including the most basic, taken-for-granted common sense knowledge of everyday reality, is derived from and maintained by social interactions. When people interact, they do so with the understanding that their respective perceptions of reality are related, and as they act upon this understanding their common knowledge of reality becomes reinforced. Since this common sense knowledge is negotiated by people, human typification and significations come to be presented as part of an objective reality. It is in this sense that it can be said that reality is socially constructed (Germov, 2005). Using a social constructionist approach, this research aimed to uncover the challenges in which nurse educators participate in the creation of their perceived reality within the context of the education system. Semi structured interviews were an appropriate way to elicit and collect the required information.

**Participants**

Nine female nurse educators were recruited to participate in this study. The characteristics of the participants are presented in the following table.

Table 1.

*Participant characteristics.*

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Age range</strong></td>
<td>Between 29 and 53 years old.</td>
</tr>
<tr>
<td><strong>Qualification</strong></td>
<td>1 Enrolled nurse; 8 Registered nurses, all currently registered to practice nursing.</td>
</tr>
<tr>
<td><strong>Employment experience in VET</strong></td>
<td>Participants had worked as nurse educators from 10 months to 7 years.</td>
</tr>
<tr>
<td><strong>Employment experience nursing</strong></td>
<td>All participants had exposure to nursing industry practices within the last 2 years.</td>
</tr>
</tbody>
</table>
Recruitment of Sample.

Prior to conducting the study, an information letter outlining the nature of the study and consent forms to undertake the research were sent to the Managing Director of TAFE, the Director of Community Services and Health, TAFE and the Principal Lecturer of Nursing, TAFE. The researcher met with the above personnel together in order to clarify any issues or questions and to obtain consent to conduct the study. Once permission was granted, the Principal Lecturer of Nursing was asked to distribute information letters to all potential participants. The letter outlined the nature of the study, procedure and time proposed to undertake the interview. All participants were asked to contact the researcher, either by telephone or e-mail, if they were interested in participating in the research. All participants were required to complete a consent form prior to the interview. All interviews took place at a mutually agreed time at West Coast College of TAFE.

Conduct of the Research

Consent was sought from each participant for permission to audio tape the interviews. Semi-structured interviews allowed flexibility and exploration to gain maximum participation in the process. Open ended and probing questions were used in the conversation to allow the participants to describe their feelings, insights, experiences, opinions and attitudes in their own way. In order for the participants to be readily available for the interview and thus not interfere or disrupt normal teaching timetables, data collection was carried out over a two month period of time, during a time where there was the least amount of teaching/student activity. The research was approved by the Ethics Committee of the Faculty of Computing, Health and Science.

Data Analysis

All interviews were audio taped and the information transcribed verbatim. Any identifying information on the audio recordings was erased immediately. Interview tapes were
checked against the transcripts to ensure accuracy. All transcripts were numerically coded to ensure anonymity. Participant consent forms were kept separate from analysis data in a locked filing cabinet. The data, reduction, and thematic content analysis were guided by the methods of qualitative analysis. Once transcribed, participant answers were separated and listed to correspond to each question classification. Secondly, the data were examined and information further defined and categorised according to similar themes arising from the information. Data was systematically identified into the themes by noting the similar concepts and by detecting the more important of the communication content. A coding frame for each theme was utilised to further interpret and make inferences about participant data. Analysis continued until theoretical saturation was reached, that is, until no new information indicating that categories or relationships between them could be uncovered. The researcher kept a journal and audit trail during the analysis in order to identify any biases during the analysis process.

Member checking included the researcher’s supervisor verifying the emerging themes and codes. Only the researcher and her supervisor had access to the data. The above strategies were employed to ensure rigour and address the credibility, confirmability, dependability and transferability of both analysis and interpretation.

Findings and Interpretations.

The purpose of this research was to identify the impact of rapid systemic organisational change on nurse educators. In particular, the aim of the study was to explore the challenges experienced by VET nurse educators and their working relationship across the two domains — education and health, how the practitioners themselves perceived the VET system and the role of management within this dynamic system, and identify their views on how the changing demands of the VET and health care systems challenged their personal teaching practices and learning outcomes.
The research question for this research is:

What is your experience working as a nurse educator in the VET sector?

The resultant themes from the data analysis are expressed in the following table.

Table 2.

*Themes of the barriers and challenges of nurse educators.*

<table>
<thead>
<tr>
<th>Main Themes</th>
<th>Sub Themes</th>
<th>Concepts</th>
</tr>
</thead>
<tbody>
<tr>
<td>Organisational change effects</td>
<td>Change processes</td>
<td>Increased workload</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Decreased job satisfaction</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Bureaucracy</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Uncertainty</td>
</tr>
<tr>
<td>Relationship effects</td>
<td>Health industry</td>
<td>Inequity</td>
</tr>
<tr>
<td></td>
<td>VET</td>
<td>Non-recognition of professional / personal worth</td>
</tr>
<tr>
<td></td>
<td>Peers</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Management</td>
<td>Difficult student cohort</td>
</tr>
<tr>
<td></td>
<td>Students</td>
<td></td>
</tr>
<tr>
<td>Professional / Personal</td>
<td>Perceived lack of time for course preparation</td>
<td>Pressure to perform</td>
</tr>
<tr>
<td>effects</td>
<td>and delivery</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Reduction of professional standards and quality of</td>
</tr>
<tr>
<td></td>
<td></td>
<td>service delivery</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Employee well-being</td>
</tr>
<tr>
<td>Role and function effects</td>
<td>Importance of educating prospective nurses</td>
<td>Psychological motivation</td>
</tr>
<tr>
<td></td>
<td>Positive role modelling of caring values</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Categories from textual content analysis of the interviews broadly fell into attributions concerning organisational change, relationships, personal, and role and function effects of experiences working as a nurse educator in VET, each of which was subsumed by less abstract sub-themes and concepts.
Organisational change effects.

This study identified that the nature of organisational change both in the VET and health sectors appears to have had a profound effect on nurse educators. Organisational change may in some organisations be a concept aimed at developing organisational capabilities (of employees) and in other agencies, aimed at maximising economic value of services (Olsson, Kammerlind & Thor, 2003) however in VET, organisational change appears to be aimed at both. Whilst the sector continues to drive new reforms of doing business transforming the orientation of public VET providers away from education and training towards a more commercially based business service (Mitchell, Chappell, Bateman, & Roy, 2006), this has impacted by markedly shifting the roles of educators and managers where competition and ‘keeping up’ with those changes produces a major challenge to the current workforce. Moreover, the challenges for those working towards meeting the VET’s ambitious changes are clear: whilst managers and nurse educators are keen to meet these challenges, to improve services by research and learning, and basing decisions on evidence where possible, it appears that many educators are in fact not familiar with the notion related to the management of change and its processes (Chappell & Johnston, 2003).

Organisational change management can be understood in relation to its extent and scope where Ackerman (1997) has distinguished between three types of change: Developmental change which may be planned or emergent and enhances existing aspects of an organisation; transitional change that seeks to achieve a state that is different from the existing one, and transformational change which is radical in nature requiring a shift in assumptions made by the organisation and its members (Aiken, Sochalaski, & Lake, 1997). Furthermore, many of the approaches to organisational change found in the literature give the impression that change is a rational, controlled, and orderly process however in practice it can be chaotic, often involving shifting
goals, surprising events, unexpected outcomes and decreased job satisfaction (Aiken, Sochalaski, & Lake, 1997).

This is consistent in the current research where sub-themes emerged of change processes and the difficulties that arose for educators when the processes and procedures were inconsistent in an environment that is fast paced and unrelenting with respect to frequency of changes within and across departments. The study identified evidence of change fatigue, work overload and an associated decline in job satisfaction, evidenced by:

"...Nobody has the time to streamline what we do as it is, and now they want us to do even more, develop new programs, and we don’t have time to evaluate the last ones. I find it quite tedious, repetitively doing the same preparation work semester after semester; it’s frustrating and becoming annoying. It takes away the satisfaction of teaching”.

Furthermore, as a result of changing policy, courses and associated curriculum, and the way training is to be delivered, nurse educators reported an increase in workload that required new self-learning regarding content and delivery demanding a further increase of their time, of which they reported was constantly under pressure in an environment where they already felt “pushed for time” to complete everyday tasks as demonstrated by:

"... The other thing I like least is the time... or lack of it... you are supposed to be abreast of all the changes and demonstrate best practice ... but you don’t have the time to keep up with it all and prepare”.

These challenges were consistent with the outcome of research of the critical issues in teaching in VET by Mitchell, Chappell, Bateman, and Roy (2006) who identified that in the changing and complex environment for vocational education and training, educators could no longer rely on the old certainties of pre-set curriculum. Educators were required to develop attributes, new attitudes, and ideas to meet new market demands and where educators were
encouraged to work more closely with industry and enterprises. The recurring theme across the current and Mitchell, et. al (2006) research is that the environment for VET is rapidly changing and the organisational change required to support those changes requires educators to collaborate with industry to promote employee capacity and organisational economic viability. For example:

"...It's very hard because policies are always changing and if you don't know what's going on the students aren't going to be industry ready. Whether we have a research team and are feeding that back I don't know, but we need to be in touch with [health] industry more".

**Relationship effects.**

As dilemmas and tensions increase as a product of uncertainty of organisational change, the work of educators in institutional VET settings have experienced considerable changes to their work, impacting on the ways in which they understand their professional identities and their relationship (person-environment fit) with parts of the VET sector (Chappell & Johnston, 2003). In these times when organisational change is said to be pervasive, it is safe to assume that realignments or reassessments of the relationship between persons and their workplace (person-environment fit) may be occurring far beyond the early employment period (Caldwell, Herold, & Fedor, 2004). As changes of increasing frequency and severity become the norm, managers in organisations anticipate that people will adapt to such changes with minimum disruption. However notions of resistance to change, reports of inequity, burnout, cynicism and dysfunctional effects of change on organisational commitment, turnover, morale, and performance seem to be far more prevalent than accounts of people readily embracing change (Caldwell, et al, 2004).

Similar effects of lower morale, inequity and non-recognition of professional worth were found in the present research. As a consequence of frequent VET changes, the shifting composition and diversity of student population, combined with the impact of new teaching
methodologies, educator relationships altered with industry, management, peers and the student cohort. In particular, educator’s responses combined negative perceptions of management with VET, as an organisation regarding fairness (of work exchanges) and feelings of being predominately unsupported. This is shown by the following:

“...I get frustrated in this particular industry, whether it’s TAFE or VET but the wheels of motion do turn very slowly and it seems to be that the process of change has to go up (to management) and then all the way down and by the time that change occurs it’s actually old news”.

“... I have found you don’t get the support here [VET] when you work so many extra hours ... I find that so difficult, I feel very unsupported there”.

A possible explanation for this result is that, taken together, low fairness and low levels of perceived change may suggest to the individual that the organisation is not doing enough to keep pace with the changing environment, as well as being insensitive to how it manages the changes it does initiate, thus negatively impacting the individuals’ respect for the organisation. When change initiative fails to provide positive consequences for the work unit, high levels of management support for the change are associated with deteriorating person-job perceptions (Calder, et al, 2004). This finding emphasises the importance of well-planned and implemented change initiatives in influencing employees’ adaptation to changing job demands.

Through the reported feelings of negativity however, some educators did observe that the organisations desire to change would likely be in the end interest of a better and more competitive service organisation, for example:

“...Whilst I believe VET is behind in its technological savvy, I believe there is potential for TAFE to deliver a lot more, a lot better, and opportunities for us to link with industry in a much more meaningful manner”.
This suggests that high levels of change in work unit procedures and processes, communicates positive attributes about the organisation and its intentions to improve and remain competitive. A further implication of this finding concerns the motivational orientations beyond individuals' static task performance domains, that is, mastery (an achievement predisposition) (Calder, et al, 2004) related positively with perceptions of organisational change in person-job fit. High levels of Mastery could substitute for fair practices with regard to perceived change in person-job fit, that is, when change fairness was low, low-mastery individuals reported diminished person-job fit, whereas high-mastery individuals did not. This may be due to the internally cued self-regulatory tendencies of high-mastery individuals, allowing them to work through challenging, ambiguous conditions, regardless of the help they receive from others (Nicholls as cited in Calder, et al, 2004).

Relationship sub-themes emerged that involved disparity between key stakeholders that is, the health industry and VET, where nurse educators reported inefficient liaison and communication processes that ultimately has impacted on the relationship between nurse educators, management, peers and students. Furthermore, inadequate liaison was reported to be linked with bureaucratic processes and organisational structures presenting a barrier to informed practices resulting in educators feeling frustrated with the system in which they work, feeling ‘let down’ resulting in a negative perception of the organisation as a whole. Educators reported:

"...I think our relationship could be a lot better. I feel they [health industry] could be working a lot closer with education, collaborating, and identifying what is expected of newly trained nurses. They don’t seem to know what is being taught here, there are too many people involved in both industries to understand what is really needed in nurse education. I find it annoying and unfair as this reflects on our work".
"...What [health] industry wants from us is very different from what is in the curriculum and we cop the flack from them at times when students go out and don't know certain procedures. I find that very disappointing and frustrating".

As both the organisation and employees react in response to increasing demands and changes, employees' values often become incongruent with evolving organisational culture (Bocchino, Hartman & Foley, 2003). For example, increased competition in the education market has prompted VET, that was traditionally paternalistic and employee focused, to become more marketing and service focused (Mitchell, Chapman, Bateman & Roy, 2006). Therefore in an effort to be more responsive to external customer needs, employee perception of the VET organisational culture has changed from the previous exchanged promises in the context of values, beliefs and norms. As such, when educators report frustrations, annoyance and perceived lack of control in their work environment, a perceived violation has occurred between the organisation and employee fit, thus decreasing trust, loyalty and job satisfaction (Bocchino, Hartman & Foley, 2003).

Inequity between organisation and employee relations related to psychological and behavioural strain (Bocchino, Hartman & Foley, 2003) was further evident in the research. Some educators reported an increased focus on teamwork and closer relationships as a consequence of organisational change. However others reported increased isolation with fewer opportunities to meet with like-minded colleagues due to the pressures of time and workload, consequently peer relationships appeared at risk: whilst there was reliance upon the goodwill of peers and staff who were committed to high quality educational outcomes demanded by the changing environment, feelings of inequity affected job retention. Illustrated by:
“...You’ll get people who are passively resistant and eventually leave however more often you get people, who if you offer support and give them the reasons for change, will, [change] in a positive manner”.

**Professional and personal effects.**

Compounding the feelings of organisation-employee value inequity, were reports of educator-student incongruence regarding learner outcomes. Research results identified subsequent reports of educators being unsupported with non-recognition of teaching efforts by both VET and the health industry regarding the work readiness of nurse graduates. This outcome directly reflects on nurse educators’ professionalism and values as both a teacher and nurse, with educators reporting personal conflict and increased pressure between maintaining and teaching the 'caring' profession of nursing, whilst attempting to teach a 'difficult' and changing student cohort. For example:

“... The cohort of students has a different capacity to teach and learn their ability to understand concepts; they have different attitudes towards work and study and towards self direction so that needs to be addressed by us as lecturers in our professional presentation”.

“...The thing I like least in this job is the conflicts between students and staff... I'm not good at confrontation. I don't like arguing with them and the same when you go out to industry”.

Educators reports of frustration and conflict may be related to the psychoanalytic perspective of burnout and reduced job satisfaction caused by an individuals’ need to believe their lives are meaningful, useful and important (Pines, 2002). Whilst the choice of career is a complex process, nurses are considered to be particularly susceptible to the danger of frustration, stress, burnout and reduced job satisfaction when related to work features such as high workload and a perceived imbalance between personal / professional investment (caring) and outcomes (patient recovery). A reduced sense of accomplishment expresses the essence of the failure to
derive significance from work (Pines, 2002). Research suggests teachers appear at risk of reduced job satisfaction and burnout the predictors including: managing disruptive students, bureaucratic incompetence, work overload and lack of organisational decision making (Pines, 2002). Similarly, when comparing the themes of the identifying characteristics of nursing and teacher risk of reduced job satisfaction and burnout, nurse educators appear extremely vulnerable to the professional and personal challenges and barriers of working in the demanding VET and health industries.

Consistent with Mitchell, Chappell, Bateman and Roy (2006) research, sub-themes of professional and personal effects emerged regarding educators perceived lack of time to adequately prepare, deliver and evaluate their programs, with a net result of negative feelings such as: an “increased pressure to perform” (duties), a concern about the reduction in standards and quality of service delivery in an environment that demands consistent high quality outcomes, resulting in educators reporting feeling “frustrated and resentful of hours expended”. Adding to the feelings of ‘pressure’, nurse educators felt overwhelmed by the consistent and persistent organisational and curriculum changes, compounding the negative attitude toward job role and reduction of personal achievement, elements of occupation burnout (Jenaro, Flores & Arias, 2007). Interestingly, other than having minimal knowledge about their own departmental changes most educators reported they had little insight into why changes in the VET system occur, and were predominately focused on their own challenges of task accomplishment, such as:

“...No huge changes [in VET] sort of jump out at me, I suppose we need to be more accountable and someone has to manage the AQTF (Australian Quality Training Framework) processes I guess, but I have enough on my own plate to worry about”.
"...I only really notice changes that affect us in our area of nursing, the changes in curriculum and increasing staff numbers are enough to keep everybody really busy so you don't have time to worry about the bigger picture, although I do find that important as well".

**Role and function effects.**

Whilst this study found that challenges for nurse educators resulted in a number of negative attributes towards organisation, relationships and personal effects, the theme of role and function specifically, teaching prospective nurses was positively related to job satisfaction. Organisational culture might account for this finding whereby culture is thought to moderate the relationship between employee perceptions of job attributes and job satisfaction, strengthening the impact of positive perceptions of the job role (Platanova, Hernandez, Shewchuk, & Leddy, 2006). Literature on organisational culture is linked to organisational outcomes where internally consistent organisational values, beliefs, and behaviour lead to higher levels of performance (Platanova, et al, 2006). Health care organisations in particular are thought to possess cultural characteristics where nurses are empowered to make critical decisions, focus on teamwork and support team values that ultimately influence job satisfaction and successful outcomes (Faragher, Cass & Cooper, 2005). Consequently, whilst nurse educators were faced with the demands of VET change, their professional identity and work ethos could explain why all educators reported they held the value of working in a caring profession in high regard. They were emphatic about ensuring that prospective nurses learning in the VET sector should not graduate without having learnt a philosophy that was consistent with educator's values that the nursing profession demanded. This is demonstrated by the following:

"... I find it a very satisfying position and am more than willing to pass on aspects of my 36 years of nursing experience. I feel that I make a difference and that the fact that I am still
currently working within the industry is a definite advantage. I also appreciate the profound sacrifices that some of our students make in trying to achieve their education in nursing”.

“... This probably sounds altruistic but I really enjoy the fact that I have an opportunity to have a stamping on someone's career and that I can influence the value that you know that the patients deserve that's what I enjoy the most and why I became a nurse educator in the first place”.

“... That I can have a big impact on future nurses, the feedback we get back when they are doing well [in industry]”.

Conclusions

The research aim was to identify what impact the demands of organisational change might have on the experiences of VET practitioners, how they perceived their relationship across the two domains – education and health, and importantly, identify challenges educators might experience as a consequence of rapid systemic organisational change. The research demonstrated that the complexities of rapid organisational change in the VET sector associated with the increasing demands of industry to ‘deliver’ well trained Enrolled nurses to the health sector resulted in a myriad of challenges for nurse educators. In sum, major themes identified related to challenges incorporating organizational / environmental effects, relationships predominately management, personal and professional role and function effects. Reports of frustrations, uncertainty, pressure to perform, inequity, feelings of being unsupported by management with mixed job satisfaction levels, highlighted the bidirectional nature of workplace transformational processes. The implication of these results is that the interaction of organisational structure and self is affected by our experience of ourselves and the organisation within, and when confronted with attributes of a bureaucratic organisation including negative perceptions of impersonality, control, power and boundaries, the experience unavoidably creates a negative imprint.
Furthermore, when organisations are also the subject of pressure to evolve and adapt, such as VET and the health industry, the desires of employees are challenged to maintain self-esteem, self-integrity, and self-integration while submitting to organisational control. The study identified the existence of a dynamic tension between educator, VET and the health industry: “where the reality that organisations are a product of human needs and psychologically defensive thoughts, feeling and actions, and are structured and restructured by those who create them” (Allcorn, 2004, p.89).

Moreover, in an increasing competitive VET environment with constant attention to new technology, curriculum, productivity and subsequent rapid organisational change, the implication for management is nurse educators’ perception of job satisfaction and work stress may be ignored. Ill health and burnout could arise as a consequence of an imbalance between perceived inequities, uncertainty about organisation / work environment, ‘frustrating’ demands made on individuals and the resources (management support) available to deal with those demands. By further exploring the relationship between personal resources (coping skills) of nurse educators and the consequences, both positive and negative, future research would provide a more comprehensive view of the specific shortcomings and strengths of the nurse educators in the context of their working environments (VET and the health industry). Once identified interventions proposed could be aimed at increasing quality of work professional and personal life, and service provision, subsequently assisting in reducing the challenges and gap between education and practice roles.

Furthermore, the study confirmed that in the face of organisational change, educators perceive important shifts in aspects of their person-environment fit, that the change process itself was found to have at least two factors: process fairness (reported by feelings of inequity) and management support for the change. Management support was found to be related to increased
work tasks suggesting that management support may be more instrumental in person-
environment realignment than in affecting individual’s beliefs about their organisation. This
implies that procedural fairness primarily affected nurse educators’ judgments about their
organisation. The future challenges and unique changes that nurse educators face in the VET
sector will rely on committed management and leadership, to support quality improvement
processes and procedures, and innovative teaching practices. Therefore, to create a work
environment that places future customers and employees at the centre of improvement requires an
active commitment from every manager. Their most important task is to give members of the
organisation a sense of direction for quality continuous improvement and create settings that
support the desired improvement and outcomes. More specifically, the well-being of nurse
educators needs to be managed and planned as carefully as the change processes to be
implemented, particularly where consumer’s demand of cost effective programs be delivered in
the face of rapidly changing workforce.

With predictions of paradigm shifts in health care delivery and academia and a
corresponding emphasis on best practice, this study identified that nurse educators face a
continued risk of stress or burnout, and reduced well-being. The changing student cohort in VET
as reported by educators appears to conflict with the professional ethos of nursing as an
occupation. As such, to enhance the well-being, professional growth and skills of educators,
consideration should be given to ways of developing a stronger sense of professional identity.
Opportunities need to be created for VET nurse educators to participate in professional dialogue
and undertake activities that aim to provide professional development in areas such as new
technologies, more education in learner differences, and learning theory that ultimately enhance
teacher practices.
In addition, this study shows that shifts in organisational environments are associated with shifts in people's appraisal of their relationship with their jobs and their organisations. Implications of these results suggest that reassessments of perceived inequity and person-environment fit occur along different dimensions, and that differentiating these dimensions is necessary if researchers are to more fully understand the relationship between organisational change and changes in fit. Thus, future research in VET should investigate these perceived changes in fit as an explanatory mechanism that might mediate individuals' attitudinal and behavioral responses to organisational change. Research might take a closer look at 'fit' issues as possible explanations of the relationship between change initiatives and individuals' reactions in order to further improve understanding of how fit perceptions may change during times of organisational change. Moreover, given the continued growth in interest in both VET workplace relationships and in understanding individuals' reactions to organisational change, furthering a framework for understanding the relationships of organisational change and perceived change in person-environment fit is a relevant and timely topic for both researchers and practitioners.

In summary this study has provided insight into the dynamic challenges experienced by VET nurse educators working in a complex, changing environment. The results extend past research on the examination of the influence of organisational and environmental conditions that may influence job stress. However, further research needs to be undertaken on specific organisational characteristics in VET to explore the dimensions of environment uncertainty, task frustrations and job satisfaction to ascertain effects on educators psychological work reactions such as stress and burnout. A focus on questions relating only to the experiences of nurse educators limited the ability of this research to explore at a deeper psychological level other dimensions of nurse educator challenges, specifically those related to personal well-being and coping mechanisms to challenges reported. Future studies should include research questionnaires
made specific to the nurse educator profession to better explain variance in outcome variables, and aim to explore specified job characteristics (such as time pressure, support from managers, and educator-industry collaboration) on stress outcomes (job satisfaction, frustration, emotional exhaustion). Questionnaires relating to work conditions and environment (resources, personal investment-reward and communication) on stress outcomes would also be beneficial. A further limitation of this study was that participants were obtained from the same public sector organisation and any findings obtained may reflect unique characteristics of the organisation under study. Future research could include a cross-sectional study of nurse educators from another VET organisation in order to compare and contrast findings.
References


Notes for Contributors

The Journal of Occupational and Organizational Psychology publishes empirical and conceptual papers which aim to increase understanding of people and organizations at work. Its domain is broad, covering industrial, organizational, engineering, vocational and personnel psychology, as well as behavioural and cognitive aspects of industrial relations, ergonomics, human factors and industrial sociology. Innovative or interdisciplinary approaches with a psychological emphasis are particularly welcome. So are papers which develop the links between occupational/organizational psychology and other areas of the discipline, such as social and cognitive psychology.

We welcome the following varieties of paper:

- empirical research papers, containing new quantitative or qualitative data which address significant theoretical and/or practical concerns;
- papers which offer new theory and conceptualisation, perhaps accompanied by a critique of existing approaches;
- narrative and/or quantitative reviews of existing research which lead to new conclusions or insights into a field of research and/or practice;
- prescriptive articles advocating changes in research paradigms, methods, or data analytic techniques;
- analyses of practice in occupational and organizational psychology, where such analyses are driven by theory and/or sound data.

1. Circulation
   The circulation of the Journal is worldwide. Papers are invited and encouraged from authors throughout the world.

2. Length
   Papers should normally be no more than 6000 words, although the Editor retains discretion to publish papers beyond this length in cases where the clear and concise expression of the scientific content requires greater length.

3. Reviewing
   The journal operates a policy of anonymous peer review. Papers will normally be scrutinised and commented on by at least two independent expert referees (in addition to the Editor or Associate Editor). One of the referees will normally be a member of the board of consulting editors although the Editor may process a paper at his discretion. The referees will not be aware of the identity of the author. All information about authorship including personal acknowledgements and institutional affiliations should be confined to the title page (and the text should be free of such clues as identifiable self-citations e.g. 'In our earlier work...').

4. Online submission process
   1) All manuscripts must be submitted online at http://joop.edmgr.com.

   **First-time users:** Click the REGISTER button from the menu and enter in your details as instructed. On successful registration, an email will be sent informing you of your user name and password. Please keep this email for future reference and proceed to LOGIN. (You do not need to re-register if your status changes e.g. author, reviewer or editor).

   **Registered users:** Click the LOGIN button from the menu and enter your user name and password for immediate access. Click 'Author Login'.
2) Follow the step-by-step instructions to submit your manuscript.

3) The submission must include the following as separate files:
   - Title page consisting of manuscript title, authors' full names and affiliations, name and address for corresponding author.
   - Abstract
   - Full manuscript omitting authors' names and affiliations. Figures and tables can be attached separately if necessary.

4) If you require further help in submitting your manuscript, please consult the Tutorial for Authors. Authors can log on at any time to check the status of the manuscript.

5. Manuscript requirements
   - Contributions must be typed in double spacing with wide margins. All sheets must be numbered.
   - Tables should be typed in double spacing, each on a separate page with a self-explanatory title. Tables should be comprehensible without reference to the text. They should be placed at the end of the manuscript with their approximate locations indicated in the text.
   - Figures can be included at the end of the document or attached as separate files, carefully labelled in initial capital/lower case lettering with symbols in a form consistent with text use. Unnecessary background patterns, lines and shading should be avoided. Captions should be listed on a separate page. The resolution of digital images must be at least 300 dpi.
   - All articles should be preceded by an Abstract of between 100 and 200 words giving a concise statement of the intention and results or conclusions of the article.
   - All articles should contain a clear statement of where and when any data were collected.
   - For reference citations, please use APA style. Particular care should be taken to ensure that references are accurate and complete. Give all journal titles in full.
   - SI units must be used for all measurements, rounded off to practical values if appropriate, with the Imperial equivalent in parentheses.
   - In normal circumstances, effect size should be incorporated.
   - Authors are requested to avoid the use of sexist language.
   - Authors are responsible for acquiring written permission to publish lengthy quotations, illustrations etc for which they do not own copyright.


6. Short research notes
   In order to supplement innovative research produced in full paper format, the journal provides access to a wider range of investigation through the publication of research in Short Research Note format. Papers submitted as Short Research Notes will be subject to the normal double-blind review process. Short Research Notes should be largely empirical studies. Typically, they will do one of the following:
   - replicate existing findings in a new context;
   - develop new measures and report on their reliability and validity;
O report contradictory findings that sharpen the interpretation of existing research;
O present new applications of an existing measure;
O report descriptive findings or case studies that will significantly develop professional practice;
O offer an informed and focused challenge to key elements of an existing study, theory or measure.

Papers submitted as Short Research Notes should not exceed 2000 words, including the abstract but not including references or tables. It is normally expected that any tables will take up no more than two printed pages, and there should be no more than about 15 references. With the exception of the items of a new or substantially revised measure, appendices are discouraged.

A paper submitted as a Short Research Note will not necessarily receive positive reviews simply because it falls into one of the categories listed above. Papers need to be located in a conceptual/theoretical context, with rigorous method and appropriate reporting. The issues they raise and/or the findings they report must be deemed to be contributing significantly to the knowledge and understanding of academics and/or practitioners in occupational and organizational psychology. Short Research Notes are not a facility for publishing on the basis of weak data and/or weak conceptual underpinning.

In the majority of cases, authors will have submitted the paper in the Short Research Note format. In some instances, however, the Editors may feel that a full paper is best reviewed in a Short Research Note format, or the referees may only recommend publication under this format. All articles in this format will be officially designated and published with the preface ‘Short Research Note:’ These are placed towards the back of the journal. Acceptance for publication on this basis will be indicated in writing to the authors by the Editor or Associate Editor if the original submission was in full paper format.

7. Student populations
Papers using student populations will normally be considered so long as it is reasonable to suppose that the data obtained from the students are likely to generalize to working populations.

8. Publication ethics
Code of Conduct - Code of Conduct, Ethical Principles and Guidelines
Principles of Publishing - Principles of Publishing

9. Supplementary data
Supplementary data too extensive for publication may be deposited with the British Library Document Supply Centre. Such material includes numerical data, computer programs, fuller details of case studies and experimental techniques. The material should be submitted to the Editor together with the article, for simultaneous refereeing.

10. Post acceptance
PDF page proofs are sent to authors via email for correction of print but not for rewriting or the introduction of new material. Authors will be provided with a PDF file of their article prior to publication.

11. Copyright
To protect authors and journals against unauthorised reproduction of articles, The British Psychological Society requires copyright to be assigned to itself as publisher, on the express condition that authors may use their own material at any time without
permission. On acceptance of a paper submitted to a journal, authors will be requested to sign an appropriate assignment of copyright form.

12. Checklist of requirements

- Abstract (100-200 words)
- Title page (include title, authors' names, affiliations, full contact details)
- Full article text (double-spaced with numbered pages and anonymised)
- References (APA style). Authors are responsible for bibliographic accuracy and must check every reference in the manuscript and proofread again in the page proofs
- Tables, figures, captions placed at the end of the article or attached as separate files