

To investigate the concerns and benefits of job sharing a community based Clinical Nurse Consultant role

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KEY WORDS

Clinical Nurse Consultants, job sharing

ABSTRACT

Objective

The purpose of this study was to identify concerns and benefits of job sharing the Clinical Nurse Consultant (CNC) Youth Health team role and how these impact on job sharing a nursing leadership role.

Design

A qualitative descriptive method was used in this study.

Setting

Primary care.

Subjects

The sample comprised of key stakeholders of the Youth Health care team including members of the multidisciplinary team and health care referrers to the Clinical Nurse Consultants as well as the Clinical Nurse Consultants whom share the role.

Main outcome measures

Identification of needs required to assist in developing recommendations for nursing leadership job share models for a changing workforce in healthcare.

Results

The study identified several themes needed to ensure successful job sharing of a leadership role: effective communication, compatibility, support, teamwork, mentoring and flexibility in care provision. Implementing systems that support and encourage these are necessary.

Conclusion

Results suggest that concerns do exist for organisations when staff job share a leadership role. However, several key points can aid in successful job sharing for organisations and nurses as well as improved patient outcomes. These results should help nurses to develop and facilitate increased success for job sharing of leadership roles and contribute to the current need to be flexible in workforce models of nursing.

INTRODUCTION

This is an account of a qualitative descriptive study of the concerns and benefits of job sharing the Clinical Nurse Consultant (CNC) Youth Health team role.

The role of the Clinical Nurse Consultant was established in New South Wales, Australia in 1986. Since its inception the role has taken on differing role practices and expectations differ for each CNC role. It is, however, agreed that the CNC role has several focus points. These include leadership, clinical practice, consultation, education and research (O'Baugh et al 2007, pp 12-21).

The Youth Health team Clinical Nurse Consultant role was developed in 1998 and was developed initially to meet an identified need to provide health care and support to homeless and at risk of homelessness young people in the community. The Youth Health team aims to improve the health outcomes of young people with complex health and social needs in the community.

The Youth Health team CNC is a member of a multidisciplinary team that provides service across the continuum of inpatient and community services by the provision of advice and support in the management of complex clinical issues. The ability to job share a leadership role such as CNC is often maligned by organisations. The perceived perceptions of split leadership and reduced accountability are just a few concerns purported by nursing organisations as detrimental to patient care with job share roles.

This study provided the opportunity to investigate the concerns and benefits of sharing the CNC Youth Health team role.

LITERATURE REVIEW

Gliss (2000) describes job sharing as a situation in which two employees share the responsibilities and benefits of a single full-time position. A search of the literature found a scarcity of Australian literature on job sharing within the nursing leadership roles. The Clinical Nurse Consultant role is widely accepted to be a full time, one nurse role. Much literature can be found on the need to be innovative in staffing within the constraints of staff and skill mix shortages in nursing today, however, the instigation of job sharing roles for nursing leaders remains rare. The perceived perceptions of split leadership, reduced accountability and poor communication processes are just a few concerns purported by nursing organisations as detrimental to patient care with job share roles.

Graham and Gibbs (1998) argued over a decade ago that job sharing allowed flexible hours which boosted nursing staff retention and allowed flexibility within the workplace. They also suggested that a report from Nursing Recruitment and Retention Taskforce in 1996 identified job sharing as an issue that would benefit nursing retention in the future. This suggestion to now has not been greatly taken up by nursing management for nurse leader roles.

Much literature does agree however, that the need for innovative work practices in a time of nursing shortages is necessary but not all job structures are workable for every nursing role (Branine 2003; Graham and Gibbs 1998; Gliss, 2000; Cooper and Spencer, 1997). Themes within the literature recognised several components that may impact on successful job sharing of a leadership role. A study conducted by Dubourg et al (2006) at a large surgical hospital in Australia, asked staff for their perceptions of the job sharing role and its impact on organisational systems, they found communication, leadership, teamwork and mentoring to be key components to success.

An English perspective on job sharing is found in Branine (2003) who asked managers and staff about their opinions on job sharing of health staff. Branine (2003) also proposes reasons for job sharing varied with

many citing family commitments as well as economic considerations. This study found that most of the job sharing workers were not clinical leaders or managers within the health system as this was not an encouraged work practice. However it was recognised that organisational flexibility was needed for successful job sharing. With this flexible work environment it was found that staff retention improved and that organisations got the experience of two staff for the price of one (Branine 2003, pp61). One down side to sharing described by Branine (2003); Cooper and Spencer (1997) was the incompatibility of job sharers as impacting on job sharing success. They believed that compatibility was the cornerstone to the job share experience working for the organisation and the job sharers. However, whilst citing these challenges they found the benefits outweighed the disadvantages and led staff to increased self esteem and job satisfaction.

The relationship between job satisfaction, commitments and workloads as discussed by Lee and Cummings (2008) in their systematic review on job satisfaction in front line managers highlights the importance of flexibility in job sharing and the importance of job satisfaction in retaining these nursing leaders. Lee and Cummings (2008) also noted that many of the studies from their review were conducted well over a decade ago and new research into this topic is needed to grasp more current concepts of job satisfaction and retention for nursing leaders.

A final theme the literature describes is the importance of succession planning for leadership roles and suggests that a process of orientation, coaching and mentoring whilst the experienced nurse is available to share the role, particularly allowing for the transference of corporate knowledge held by the incumbent nurse is not only important for organisations but also for the professional development of nursing (Stichler 2008; Brunero et al 2009).

The literature, although small, has shown the varied perceptions of job sharing a nursing leader role. Compatibility, communication, support, mentoring and job satisfaction are a few of the challenging themes to come from the literature. This study will endeavour to ascertain the concerns and benefits of job sharing in the CNC role to allow for nurses to realise their professional and personal goals.

METHODOLOGY

A qualitative descriptive approach was utilised for this study. Semi-structured interviews of key stakeholders (8) of the Youth Health team and reflective journals kept by the incumbent job sharing CNC's on their experiences of the role were studied to ascertain benefits and concerns regarding the job share position and to evaluate the impact of job sharing on the Youth Health CNC role. Thematic analysis was conducted on eight (8) semi-structured interviews and participant CNC's reflective journals.

Table 1: Semi-structured interview guide

What are your perceptions of CNC role?
What are your perceptions of CNC job share role?
What do you see as the impact of the job share role on the youth health service?
What are your perceptions of the difficulties from a stakeholder perspective?
What are your perceptions of the benefits from a stakeholder perspective?

ETHICS

The health service governance framework was adhered to and upon consultation with the Human Research Ethics Committee the study was deemed to be no risk to participants and was accepted as a quality improvement project.

ANALYSIS

Qualitative data was analysed using thematic analysis (Braun and Clarke 2006). Responses were read to allow familiarity with the data. The data was studied and patterns identified in the interviews and journals. The interviewees own words were coded, similar meanings labelled and grouped into shared similar themes. Following analysis and synthesis of the data it was possible to verify emerging themes.

LIMITATIONS

Due to the size of this study, generalisations of findings to other areas may be limited. However, this study highlights the importance of the need for further research into job sharing in differing nursing leadership roles.

FINDINGS

Eight (8) semi-structured interviews (see table 1) were undertaken with key stakeholders of the Youth Health team. Findings from the analysis identified several key points. Stakeholders provided many descriptions of the personal qualities that each CNC brought to the role. All stakeholders also acknowledged the complex nature of the CNC Youth Health team role.

To assist in understanding the context of this leadership role, stakeholders described two key functions of the CNC Youth Health role. These were: liaising with care providers to support, consult and case manage young persons, and collaboration with health teams, non government organisations and schools to ensure young people have access to health and well-being services. These are verified by the following quotations from stakeholders:

They work with the multidisciplinary team in a collaborative role linking youth to services.

They provide links from community with the hospital and play a role in the discharge process from the acute unit.

They have high need young people as clients and they help them to negotiate the health system by connecting and supporting them to access and link with appropriate services as well as providing education on health issues to assist young persons to reengage with mainstream society.

The study findings identified benefits and concerns by stakeholders regarding the CNC Youth Health team job share role.

Concerns

Two main themes were highlighted as concerns that arise in job sharing the CNC role.

Communication

Communication was identified as a concern and a benefit to the job sharing role (6). The findings highlighted the need for strong communication processes to be developed. The risk of communication breakdown when two persons are operating within the role, can ultimately lead to a breakdown of the role and fragmentation of the service provided by the CNC role. To aid in preventing this, the interviewees suggested that allocated time for communication and exchange of ideas occur between the two incumbents. One interviewee described; *"I guess communication breakdowns could occur more easily in a job share role."* However, this was tempered by others, with the statements that it had not actually been experienced within the studied role. As another interviewee put forwarded; *"But this does not occur within this role."* The CNC reflective journals indicated that they had developed strategies to ensure the lines of communication were developed and maintained.

Compatibility

Another concern expressed by interviewees (2) was that the sharing of a role may not always be effective for example in the situation that personalities may not get along. The interviewees agreed that *“incompatibility could be the primary cause for job sharing being unsuccessful”* and *“I have seen it before some staff cannot work together”*. This highlights the importance of ensuring compatibility on recruitment. Interviewees commented on this issue as a concern however did not view this as an issue in the current context, one stating; *“It may be a limitation if the job sharers don’t get on, but that doesn’t appear to be the case here”*.

Benefits

Without exception, all interviewees (8) identified benefits of the CNC Youth Health team role being job shared. The incumbent CNCs reflective journals also mirrored these themes.

Communication

As previously described, the study findings indicate the importance of communication. As described by Cooper and Spencer (1997) in their own experience of job sharing the dominant theme of effective communication as necessary for the job share role was also important to the study interviewees (6). A large component of the studied job share role includes communication with clients and all stakeholders. Interviewees expressed there were more opportunities for effective communication and discussion with the job share role than previously experienced as one interviewee described; *“You feel like you see more of them than other CNC roles..... which increases opportunities to discuss clients face to face.....and has a good impact on the ward.”*

Supportive Model

All interviewees (8) expressed the benefits of a supportive work model that the CNC job share role brings to the Youth Health team. Five (5) interviewees identified the stressors that come with the role and expressed that sharing the role had supportive benefits for the incumbents and stakeholders alike. The job share role was found to provide a strong sense of support for both incumbents of the position. The position model has been developed to allow for the CNC’s to contend with stress in the workplace by supporting each other and sharing coping mechanisms to deal with role stress. Their comments included;

“This work can be emotionally taxing and exhaustive and having two people in the role assists in balancing out that experience and from my perspective aids in reducing stress for the nurses.”

“There is not a lot of opportunity for nurses to take on leadership roles that are not full time. Job sharing allows the opportunity for nurses to experience a leadership role allowing for other life commitments”

“In these type of roles nurses often work alone, job sharing this role has helped with support and sharing of information and from an external perspective has appeared to reduce isolation of the nurse.”

These comments acknowledged the ability of job sharing the role to support and reduce stressors on any one person.

Increased skills

Another benefit described by interviewees (8) was the bringing of increased skills to the role by two nurses. In recent years due to the increasing demand for cost-effectiveness and patient outcomes there is a need for increased utilisation of resources (Crossan and Ferguson, 2005). Nursing skills are a health resource. All interviewees (8) noted that having a job share role with two experienced nurses offers a wider range of skills and knowledge than a singular role can. Interviewees noted that the ever increasing complexities and flexibility needed for the CNC Youth Health team role were able to be met by the job share role due to the increased knowledge and skills the two incumbents bring to the role. A strong theme expressed by interviewees as one described; *“Two people bring differing skills that benefit the role by the ability to provide increased skills for our young people”*

Mentoring

The theme of mentoring and succession planning was identified by three (3) interviewees as well as both incumbents of the role as having important relevance to job sharing.

The interviewees and incumbent CNC's describe the development of skills and networks as well as a sense of ownership for the team being a benefit to the team and organisation. This was described by interviewees as;

“So many networks and practical issues to be aware of..... to come to a role without someone to help would be very difficult for a new person, job sharing allows learning a role in a supportive environment.” and *“Job sharing the role allows for the two personalities to work to each strengths and weaknesses um that is to build on strengths and reduce weaknesses.”*

Workplace support

A number of interviewees (4) expressed the benefits of backfilling the position for sick leave and annual leave. This was particularly important for members of the multidisciplinary team. This replicates Branine (2003) findings as a major organisational benefit of job sharing. The interviewees describe, *“There are benefits of backfill particularly as this assists us and other members of the multidisciplinary team, we don't need to pick up with skills we don't have or ask clients to wait until the nurse is back to provide a service.”* And another interviewee expressed the importance of; *“We always know one of them will be there to meet our needs.”*

Shared resources

A significant part of a CNC role as described by interviewees (8) is the participation in formal and informal education programs. In this study the incumbent CNC's stressed the importance of two staff being available to provide education to young people, thus sharing their skills and personal resources. Interviewees suggested the ability to present education to this challenging group, share ideas and reinforce information with the support of a peer, has added dimensions to the education the CNC's can provide to young people, for example the utilisation of an open forum environment with both CNC's present, which enables the CNC's to allow adolescents to explore these challenging topics in an interactive but safe and informative environment for presenters and participants. Interviewees (6) also describe the difficulties of providing effective harm minimisation education to young people. The ability of the job share role to be flexible and with increased resources enables the provision of this education to have a broader knowledge base.

Impact on Young People

The final key point discussed by interviewees related to the perceptions of stakeholders on the impact of job sharing on outcomes for young people. All interviewees (8) described how the role enhances access for young people to the service and increases the services ability to provide and maintain necessary networks and connections for young people. Each interviewee described the abilities of the CNC's to assist young people in dealing with self care and connection to other services as being pivotal to the Youth Health team. Members of the multidisciplinary team interviewees (4) describe how they refer to the nurses often on many of their own areas of concern, and the availability of two members in the role with skills and knowledge provides a broader team perspective and ability to provide an extended service.

DISCUSSION

The study provided a valuable perspective on job sharing leadership roles. According to comments received the CNC role is an extensive and stressful one. Concerns exist within organisations when job sharing a leadership role. The literature also suggests that job sharing leadership roles can fail due to incompatibility

of job sharers due to personality conflicts, split leadership, reduced accountability and inconsistencies in working may have a negative effect on a leadership role. The study findings found several functions important for the success of job sharing such a leadership role and reinforced observations found in the literature. Firstly communication, support and skill sharing enable job sharing. Implementing systems to ensure these functions occur are paramount when establishing the role. Chang et al (2005) in a review of stress in nurses found the relationship between models of nursing work and the characteristics of nursing work to be an important indicator in levels of stress experienced by nurses. As Branine (2003) also describes in his study of job sharing in Britain there is the potential for job sharing to allow for less stress and more time to give to other commitments, so too this study found how the sharing of the role enabled the nurses to balance an extensive workload and home life thus reducing stressors.

Another interesting finding of the study was the need for compatibility of the CNC's, as Cooper and Spencer (1997) also suggest that it may be useful for job sharers to self- identify to ensure compatibility. Self-identification was not the process used for the Youth Health team job share recruitment however compatibility of the incumbents is one indicator of success of the Youth Health team CNC role. Organisations may benefit from considering compatibility when contemplating a job sharing position.

An important aspect of a job sharing role highlighted by the study is the need for establishing solid rules of working to ensure that identified functions and commonalities exist to encourage a successful job sharing arrangement and this should be considered when implementing a job share role. This study indicates this has occurred between the CNC's of the Youth Health team. A prescriptive position description and development of ways of working by the incumbent CNC's supports the job share arrangement. This finding is a useful guide for organisations when developing future job sharing arrangements.

The identification of the importance of mentoring and succession planning highlight how fostering a workplace that encourages the building of nursing professional development ensures increased job satisfaction, retention and aids to secure leaders for nursing's future. This ability to learn in the job share environment has assisted the new incumbent CNC to capitalise on the strengths of the existing CNC and allow the development of knowledge of organisation, parameters of the role, practical strategies and application of the role in a supportive environment. Enabling incumbent staff to orientate and mentor another is of great advantage for organisational knowledge retention.

This study also highlights the speciality work of a CNC. One example as O'Baugh et al (2007) suggests in their study of CNC's is identifying, collaborating and participating in development and delivery of education programs as core business of the CNC role. The sensitive nature of the work of the Youth Health Team CNC leads to the need for innovative education models, for example the utilisation of an open forum environment with both CNC's present during youth education. As Tandon et al (2008) found, young people who disconnect from education settings have considerable health risks, and the finding of ways to integrate health education into settings can aid in uptake of information by young people. Sharing the role and sharing their combined knowledge with youth enables the CNC's to allow adolescents to explore these challenging topics in an interactive but safe and informative environment for both presenters and youth participants. This finding emphasises the importance of the specialisation of the CNC role and the benefits job sharing brings to the role by increasing opportunities for youth to obtain differing knowledge and perspectives as well as the effective utilisation of staff as a resource.

In summary, this study has allowed the CNC's to reflect on their role and practice in job sharing. They have been able to identify concerns and benefits to allow them to implement constructive ways to reduce challenges the role encounters. It has also showed how success is possible when sharing a leadership role.

CONCLUSIONS

The role of the Youth Health team CNC is significant in contributing to a quality health service for disconnected young people in the community. The findings from this study demonstrate that the CNC role can be job shared effectively and provide added benefits to staff and organisations. This is demonstrated in improved communication, increased access to skills, mentoring and the ability to provide flexible service provision. The benefits to the employee are also identified in this study by the knowledge the job share role provides increased provision of support and mentoring with the added benefit of reducing stress within an ever increasing role. This study supports the premise of job sharing within nursing leadership roles.

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