NURSING POLICY PAPER

Provision of Risk Welfare for Nurse Educators A Policy Brief

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Abstract

Nurse educators are vital in the future of healthcare and deserve recognition and benefits for this role they play. Nurse educators who are exposed to clinical and community settings are facing challenges different from those in the classroom setting. They are evidently at risk of exposure to numerous hazards, perils of life, and physical hardships when they do preceptorship to students. In accordance with the Commission on Higher Education (CHED) Memorandum Order (CMO) 15, a nurse educator must supervise a maximum of 10 students in clinical and community settings to complete the corresponding number of Related Learning Experience (RLE) contact hours equivalent to 1836 hours in every student.

It is crucial that reforms and regulations be made to recompense nurse educators. Risk welfare is a financial benefit for nurse educators performing preceptorship in intensive nursing practice or RLEs. It is a payment to cover actual or potential threats or dangers associated with carrying out RLE activities. Proposed rates for the benefit may depend on the area and number of days of actual exposure; however, hospital settings may be considered at greater risk, warranting higher payment.

Background

In this time of uncertainty, one thing for certain is the dedication by nurse educators to advancing nursing education and helping shape the success of future nurses in the workforce," the National League for Nursing (2020 as cited by Walden University, 2022) said in a tribute to nurses as part of its Year of the Nurse commemoration. Nurse educators have become even more important as the healthcare industry starts to seek nursing professionals to achieve universal health coverage and global health security (WHO, 2021).

Competence of a nurse educator. A nurse educator is a "registered nurse who assesses, plans, implements and evaluates nursing education and professional development programs" (Australian Nursing Federation, 2009 as cited in Sayers et al., 2011, p. 45). The CMO 15 postulated that a nurse educator must be a registered nurse in the Philippines with a current/valid Professional Regulation Commission (PRC) ID, attained a Master's degree in Nursing from a duly recognized college or university by the CHED; have a minimum of at least three years of clinical practice; and a member of accredited professional nursing organization of good standing and of a specialty nursing organization.

The competence of nurse educators is multidimensional (Salminel et al., 2021). The World Health Organization (WHO) (2016) has defined eight of these competencies: theories and principles of adult learning; curriculum and implementation; nursing practice; research and evidence; communication, collaboration and partnership; ethical/legal principles and professionalism; monitoring and evaluation; and management, leadership and advocacy. Specifically, under the domain of nursing practice, nurse educators plan a variety of teaching and learning activities that foster creativity and innovations in nursing practice and healthcare environments. It has been emphasized in the psychomotor domain that nurse educators must have the skills and ability to provide safe, competent, and effective nursing care to patients in different settings (WHO, 2016). This statement explicitly implies that nurse educators must be present in the provision and supervision of clinical exposure to students. Nurse educators

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play an important role in promoting students' learning and professional development by offering high quality education (Salminen et al., 2021) that may have dual tasks in academic and clinical settings (Nuryani et al., 2022).

Nurse educators are also responsible for building and nurturing a supportive environment for learning that can help students reach their educational goals. Learning outcomes are aimed at competent cognitive, affective, and psychomotor skills both in the clinical area and classroom. They encourage professional role development and advancement for nurses, from novice to expert, by assisting nursing students develop and maintain their competencies, advance their professional nursing practice, and achieve academic and career goals. Nurse educators are familiar with the difficulties that nurses confront, and how best to communicate crucial and life-saving information to them. Moreover, they can assist in the reduction of errors, the streamlining of processes, the reduction of new hire ramp time (the time between when an employee is hired and when they begin to be productive at their new job), and the identification of opportunities to improve processes and reduce risks to the patient, nurse, and hospital (Walsh University Online, 2018).

Article VI, Section 28 of R.A. 9173, otherwise known as "The Philippine Nursing Act of 2002", stipulates that one of the duties of the nurse is to teach, guide, and supervise students in nursing education programs, including the administration of nursing services in varied settings such as hospitals and clinics. Nursing education aims to "help students gain professional nursing qualities and prepare them for their future professional life" (Dag et al., 2019, pg 1). The classroom and clinical environments are linked; this means that what students have learned in the classroom must translate in clinical practice (Jamshidi, 2012). Clinical teaching lies at the heart of nursing education and its importance needs to be emphasized (Eta et al., 2011). Farzi et al. (2018) posited that clinical education is an essential aspect of the nursing curriculum, accounting for nearly half of the time spent in nursing school. Clinical education aims to offer optimal circumstances for clinical care by acquiring and developing professional skills by both knowing the issues required for nursing functions and performing these functions (Dag et al., 2019). Students receive clinical experience through learning clinical tasks which include teamwork, decision-making, critical thinking, problem-solving, assessments, coping with actual problems of their patients, and applying theoretical knowledge in actual practice (Tanner, C., 2010; Casey et al., 2011; Peters et al., 2015 as cited by Dag et al., 2019). They are guided to the relationship between theory and practice to address complicated healthcare problems and offer safe care through critical thinking. Clinical experiences of students are deemed compulsory. These experiences prepare nursing students for various patient-care environments in different settings, providing them with a vast wealth of knowledge before entering the professional world.

Method of clinical teaching. The method of clinical teaching may vary from institution to institution. It could be done by instructors on the faculty of universities or schools, clinical educators working in the hospitals, clinical nurse educators/preceptors, and nurses working in the hospitals (European Nursing Research Foundation, 2021). Regardless of who supervises learning sessions in the real world, a nurse educator should have the knowledge, skills, and attitudes to provide quality care and eight-core competencies to reach and demonstrate to the students (Gutierrez, 2020; WHO, 2016).In the Philippines, quality education is achieved by integrating and complementing two main areas of the teaching-learning process: theoretical/didactic teaching, and experiential/RLE education (CHED, 2017). Professional courses are threaded through the first to fourth years, emphasizing the running concepts with corresponding RLE (CHED, 2017). RLEs are offered simultaneously in parallel with concepts, providing opportunities for the students to learn in real-life conditions in varying health situations, both in clinical and skills laboratory settings (CHED, 2017). Through this clinical experience, students learn to recognize the context of the actual situation, anticipate problems, and perceive the situation as a whole (Colindres et al., 2019). Moreover, the CHED's Memorandum Order 17 (CMO 17) states that the faculty in charge of classroom instruction shall supervise students in their RLE to maximize learning outcomes. It should be transparent in a documented RLE rotation plan distribution of students and faculty supervision in each clinical area of base hospitals and affiliation agencies. At the end of the Bachelor of Nursing program, the total number of related learning experiences in clinical is 1836 hours or 36 units. According to CHED, clinical rotations could be sourced from, but are not limited to, lying-in clinics, schools, industrial establishments, community, out-patient clinics, and general and specialty hospitals.

Challenges of nurse educators. Globally, the nursing profession continues to face shortages, and there is an urgent need for more skilled nurses (WHO, 2022). Correspondingly, there is a need to strategically address the compounding nurse educator shortage worldwide (Einhellig et al., 2020). Several studies have uncovered factors affecting the recruitment and

retention of nurse educators. Nurse educators believe that salaries, a supportive work environment, and support from administrators contribute to faculty retention (Lee et al., 2017; Geralamo et al., 2016; Yedidia et al., 2014). In contrast, they leave because of concerns related to job satisfaction, lack of support, compensation inequities, heavy workload, and non-competitive salary compared to clinical nursing salaries (Hawaii Center for Nursing, 2019; Yedidia et al., 2013; Evans, 2013).

In the Philippines, the compensation of nurse educators is comparable to either a clinician nurse or the school nurse, with those working in hospitals or communities receive hazard pay as outlined in the Magna Carta for Public Health Workers (R.A. 7305) as additional compensation for performing hazardous duties and enduring physical hardships in performing responsibilities for health care workers. While not considered as public health workers, nurse educators play crucial roles in the hospital and community setting. The WHO (2016) calls for reformed approaches to address the needs and challenges of nurse educators as they "facilitate the transference of competencies to new nursing generations and contribute to maintaining and enhancing the quality of health services".

Jamshidi (2012) posits that nurse educators encounter particular challenges while teaching in a clinical setting as opposed to the classroom. Clinical environments pose a multidimensional setting and roles. They are a social structure that constitutes the clinical environment, the characteristics of students and educators, and the instructor-student interaction that can be difficult to control that can affect learning (Dag et al., 2019). The issues affecting clinical education were excessive student demands, increased faculty workload, and the shortage of nursing educators (Fitzgerald, et al., 2012, Taniyama, M. et al., 2012, Gardner, 2014; Asirifi, 2013). Eta et al.'s 2011 study revealed that various factors influenced the dissatisfaction of clinical educators. These included heavy workloads in providing clinical practice areas, implementing the nursing care plan, a poor physical environment in clinics, and problems with healthcare team members, which can contribute to psychological hazards, such as stress and depression (Dağ et al., 2019; Ndejjo et al., 2015; Huang & Tang, 2016). Furthermore, the lack of incentives for nurse educators is one of their difficulties (Eta et al., 2011).

Risks faced by nurse educators. The working environment, responsibilities, and duties put nurse educators at the frontline of numerous occupational hazards. Occupational hazards are biological and non-biological workplace issues that are likely to raise the hazard to health (Amare et al., 2020). During hospital practice, nurse educators are exposed to physical, chemical, ergonomic, biological, and psychosocial hazards. This is further exacerbated by hazards from contagious and infectious diseases (e.g. blood-borne diseases such as AIDS, hepatitis B and C, airborne diseases such as tuberculosis and Covid-19, and those transmitted through physical contact like Clostridium difficile [Canadian Centre for Occupational Health and Safety, 2020]).

Common among these is needle-stick and sharp injuries, which can occur during drug administration, blood administration, and other procedures involving sharp materials, increasing risks for nurse educators if the patient has hepatitis B or C, or human immunodeficiency virus (Amare, 2020). Other procedures that may expose nurse educators to blood-borne diseases are assisting the baby's delivery, performing or assisting operations, and cleaning and dressing wounds. Their exposure to biological infectious agents increases these risks (Terry et al., 2015). Nurse educators can also be exposed to chemical materials, which are considered hazardous, while disinfecting and sterilizing products such as glutaraldehyde and ethylene oxide, pharmaceuticals and medicine including cytotoxic drugs and opioids, and latex in gloves equipment. (Occupational Safety and Health Administration [OSHA], 2004).

On the other hand, nurses in the community experience various types of hazards as well, such as exposure to smoke, navigating animals in the workplace, and vertical and horizontal violence, which place them unsafe in the area (Terry et al., 2015). There are also situations that may impose physical demands on nurse educators, which involve force, repetition, awkward postures, and prolonged activities, such as walking or standing for a long period of time, lifting, and overexertion (Canadian Center for Occupational Health and Safety, 2020) during bed making, assisting long-period of delivery or operation, and transferring or lifting patients. Physical hazards can be from the exposure of nurse educators to radiation (Canadian Center for Occupational Health and Safety, 2020). Job-related pain from slips, trips, falls, awkward positions, and prolonged standing/walking is also a risk. Work overload, stress, and violence also pose psychological hazards to nurse educators when working alone with patients, families, or other healthcare workers.

In a colloquium, Sucgang (2022) identified factors that might put risk to nurse educators in hospital and community settings under the "new normal" following the Covid-19 pandemic. He emphasized the risk of acquiring the virus itself during this pandemic, not only during their exposure in

controlled areas in the hospital and the community but also during their period of travel to the area. These difficulties can negatively affect the effective teaching of nurse educators and the learning of students.

Moreover, a clinical instructor shared his experiences as someone who got infected by the COVID-19 virus from his student and passed the virus to his family and got hospitalized. He said, "My salary is just enough for the monthly bills and food budget and I am frustrated because of the insurmountable hospitalization expenses. Hazard pay is not a privilege in its sense, but more a deserved and earned additional source of budget for the health professionals." These difficulties can negatively affect the effective teaching of nurse educators and the learning of students.

Nurse educators are evidently at risk of exposure to danger, perils of life, and physical hardships in the hospital and community settings. Because of the vital role of nurse educators in the profession, there is a need to identify and address the challenges and needs of nurse educators. But too often overlook the heroism and dignity of millions of low-paid, undervalued, and essential health workers like nurse educators. Unfortunately, unlike the nurses and school nurses, they are not seen as part of the healthcare workforce; thus, they are not included in the Magna Carta for Public Health Workers (R.A. 7305). One of the policy declarations aims to promote and improve the social and economic well-being of the health workers, their living and working conditions, and terms of employment. However, this is not the case for nurse educators.

The risk of acquiring various diseases affecting nurses' health status hampered healthcare delivery and nursing education. Nursing programs and educators found innovative solutions to ensure students move ahead toward their goals despite the hurdles. In view herein, nurse educators as preceptors perform the same functions as nurses in hospitals and communities. Their regular duties usually last for 6-8 hours a day. In this manner, they are evidently at risk of exposure to danger, perils of life, and physical hardships in the hospital and community settings. The myriad challenges faced by nurse educators and the expanse of hard work and sacrifice that they give is imperative that reforms and regulations be made to reward risk welfare to nurse educators.

Policy Statements

1. Risk Welfare is a financial benefit for nurse educators performing preceptorship in the intensive nursing practicum/ related learning experience. A payment to cover actual or potential threat or danger associated with carrying out RLE activities. The daily interactions with sick patients when they follow up students in the clinical area and community implicates that they are at higher risk for illnesses and injuries due to the interactions with patients and the actual nature in the environment. Actual and potential risks common in hospitals, laboratories and communities include but not limited to the following:

   a. Infectious diseases, Contagious diseases, Bloodborne pathogens,
   b. Biological hazard (needle-stick and sharp injury),
   c. Exposure to radiation and chemical materials,
   d. Exposure to smoke & navigating animals in communities,
   e. Vertical and horizontal violence, and
   f. Job-related pain from slips, trips, falls, awkward positions, and prolonged standing/walking.

2. Risk welfare benefits may be granted to nurse educators if their nature of duties and location of work expose them to danger, occupational risks and physical hardships. RLE contact hours of every nursing student is equivalent to 1836 hours (36 RLE units). Based from CMO 15, the table below reflects the ratio of faculty to student in different areas of exposure.

Table 1. *Ratio of faculty to student for RLE (Skills Laboratory)*

Level	1st semester	2nd semester
I	N/A	1:8
II	1:10	1:10
III	1:10	1:10
IV	1:10	1:10

Source: CMO-15-s. 2017

Table 2. *Ratio of faculty to student for Related Nursing Experience (Clinicals in Hospitals and Community Settings)*

Level	1st semester	2nd semester
I	N/A	1:8
II	1:10	1:10
III	1:10	1:10
IV	1:10	1:10

Source: CMO-15-s. 2017

Table 3. *Ratio of student to clientele*

Level	1st semester	2nd semester
I	N/A	1:1
II	1:2	1:2
III	1:3	1:3
IV	1:5	1:6

Source: CMO-15-s. 2017

Table 4. *Proposed rates of Risk Welfare*

Level	High Risk	Low Risk
96 hours or more	25% of monthly basic salary	14% of monthly basic salary
48 hours- 88 hours	14% of monthly basic salary	8% of monthly basic salary
Less than 48 hours	8% of monthly basic salary	5% of monthly basic salary

Source: CMO-15-s. 2017

It is deemed the responsibility of the nurse educator to intensively supervise students in the different areas of exposure in accordance with the ratio of student to clientele reflected on table 3. Hence, the ratio depends upon the client group such as exposure in Intensive Care Units, Psychiatric Wards and in community-based experience depending upon the size of barangay.

3. Proposed rates of Risk Welfare every month for nurse educators exposed to the above-mentioned risk may be dependent on the area of actual exposure and the number of days of exposure. Hospital settings may be considered at greater risk, therefore higher payment shall be incurred.

4. Our country's laws and directives define only certain types of government workers to receive hazard allowance. It may somehow be crucial to define a job according to its functions and roles, but it is suggestive that benefits should always be progressive. CHED shall give appropriate consideration in formulating policies and guidelines on the risk welfare as an additional benefit for nurse educators in both government and private universities/colleges. On the other hand, through the DOH, the Philippine government addresses the urgent need for competent nurses, which should correspond to the retention of nurse educators as they inspire, teach, and mentor the next generation of nurses in various settings including hospitals and communities.

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