

# Nursing Education Leader's Competencies: A Narrative Review

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## Abstract

This study aimed to shed light on general core competencies among nursing education leaders. Although these competencies have been identified by international organizations such as the World Health Organization (WHO) and National League for Nursing (NLN), the rapidly changing healthcare environment means they should be reviewed regularly. In addition, specific aspects of nursing education leaders' competencies in different fields (e.g., academic and clinical education) should be highlighted to ensure consistency in nursing education outcomes. This study focused on nursing educators' competencies. The results may support efforts to improve their competence and inform development of a framework for their scope-related functions. In turn, this may provide a clear guide for their professional development. For nursing students, this study may contribute to improving nursing entry competencies and ensuring students are more ready for practice when they graduate and begin their professional career. Through such contributions, this study may also lead to improved quality of care for patients.

**Key Words:** Nurse educators; Nursing Education; Competencies, literature review

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## 1. INTRODUCTION

The dynamic and highly changing world has resulted in many advancements in teaching and learning modalities and technology, especially in the context of the recent COVID-19 outbreak. Lockdowns and other restrictions meant that nursing students had to use different learning methods to gain the necessary competencies. However, acquisition of these competencies should be facilitated and supported by qualified and competent nursing educators. As educational leaders in the nursing profession, nurse educators have an important role in improving nursing education, especially given the advancements in technology and increasing complexity of disease patterns and treatment regimens. However, it is important to standardize the quality of nursing education globally through a proper nurse educator competency system [1].

specific tasks and include skills, knowledge, behavior, and individual characteristics that are necessary for performing a job [1]. International organizations have established core competencies for nurse educators that cover education facilitation, communication, nursing practice, research, and ethical aspects. It is important that nurse educators demonstrate expert-level competencies [1]. However, nurse educators have different scopes of practice (e.g., academic and clinical). The WHO and National League of Nursing (NLN) are two international organizations that have identified specific competencies for nurse educators [2-4], and most available research has used these competency frameworks. However, these frameworks have not been updated recently, especially given the changes in the education field and implementation of different teaching and learning modalities following the COVID-19 outbreak.

Competencies represent a person's ability to perform

This paper will discuss the competencies for general

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and clinical nurse educators' and present some conclusions and recommendations about this issue.

## 2. GENERAL COMPETENCIES FOR NURSE EDUCATORS

A healthcare organization's success depends on the efficiency and competency of its leaders. Nursing educators are considered leaders in the nursing profession. They are highly qualified (often with postgraduate qualifications) and experienced nurses that are primarily engaged in the teaching and professional development of nurses; for example, academic nurse educators are PhD-qualified nurses that teach in nursing colleges.

Leadership is an essential part of the nurse educator role; however, many nurse educators lack formal education in leadership and are underprepared to fully embrace the faculty leadership role[5]. This is not appropriate for nurse educators in an increasingly complex healthcare environment, and continuous review and update of their competencies is required.

In addition to leadership, the literature has described four other general competencies that were relevant to nursing educators in general[5]. Having said that, these competencies may fit a bit more executive nursing education leaders, as there are some executive functions that can be driven by these competencies, such as visionary and strategic leadership competencies. In addition, they appeared to reflect office-based competencies rather than field or practical competencies. These competencies include:

- Articulating and promoting a vision for nursing education (strategic, innovative, and change management).
- Functioning as a guardian for the organization and nursing education.
- Embracing professional values in the context of higher education (ethical aspects, accountability, and credibility).
- Developing and nurturing relationships (communication, role modeling, mentoring).

## 3. COMPETENCIES FOR ACADEMIC NURSE EDUCATORS'

Academic nurse educators need to have expert-level competence to guarantee high quality nursing education and professional development services[6-8]. Some core competencies include teaching, research, clinical practice, management, communication, and ethics [7, 9]. The literature also suggests that academic nurse educators are required to have academic and research

competencies, nursing practice and knowledge competencies, certain personal traits and professional attitudes, pedagogical competencies, good relationships with students, and management skills[1]. Academic educators have a mixed role with some clinical duties because baccalaureate nursing education consists of a combination of theoretical and practical education that prepares students to assume the role of competent care providers.

In the literature, several specific competencies were identified that related to academic nurse educators[1], these include:

- Facilitating active learning.
- Engaging in academic research activities.
- Participating in university management.
- Undertaking self-directed learning based on professional ethics.
- Practicing education autonomously.

The focus of these competencies is directed toward university linked functions and facilitation of classroom teaching. however, no link to clinical practice was made despite the academic educator's role embracing both academic and clinical education for undergraduate nursing students.

## 4. COMPETENCIES FOR CLINICAL NURSE EDUCATORS'

The literature highlights the complex and multidimensional role of clinical nurse educators in nursing programs. This may be because they need to focus on individual student's learning needs as well as on the multidisciplinary team and patient care [10]. Because of the complexities of this role, it has been proposed that clinical educators require a formal education program, and various online courses are available [11]. However, factors such as staff and nursing shortages mean that there is increased reliance on part-time educators to assume the role of clinical nurse educators. This means it is challenging to gain consensus on the competencies they require to perform their clinical role [12]. Suggested competencies including orienting students to the nursing profession, linking classroom theory to practice, and forming students' clinical learning experiences to ensure they meet basic nursing competencies [12].

The following competencies were identified for clinical nurse educators, which appeared to be more practical and well balanced than those for academic nurse educators [12].

- Theories and principles of adult learning.
- Nursing practice.
- Communication, collaboration, and partnership.

- Ethical/legal principles and professionalism.
- Monitoring and evaluation.
- Management, leadership, and advocacy.

However, several competencies for clinical nurse educators were reported as having moderate to low importance or not being practiced.

- Research and evidence.
- Engaging in scholarly writing and publication.
- Information technology.
- Change management.
- Curriculum development.

## 5. DISCUSSION

Although all studies reviewed were based on international nurse educator competencies (e.g., WHO and NLN), there were differences in competencies across the categories. This may be explained by different scopes of practice and different local/national regulations and educational curricula. In addition, different levels of competencies may be needed to reflect seniority (e.g., executive, middle management) and specialty areas (e.g., academic, clinical, mixed).

Academic educators' competencies focused on students' academic learning[1] and had a relatively weak connection to the practical field; this may increase the theory-practice gap among graduates and mean they are less ready to work. Clinical educator's competencies appeared more balanced in terms of covering both academic and clinical competencies; however, they lacked focus on some important areas such as research and evidence-based learning, engaging in scholarly writing and publication, information technology, change management, and curriculum development [12]. These competencies are all connected to the clinical patient care setting and used for designing clinical training programs and reform of nursing practice.

Differences in competencies for different scopes of practice are understandable; however, this may increase the theory practice gap, especially for nursing students and newly graduated nurses. Our study emphasized the importance of having hybrid education role, which has been implemented in some institutions and may need some more advancement. It also highlights the importance of transitional training programs such as residency programs for newly graduated students. Standardized core competencies with flexible modifications in secondary or non-core competencies based on the educator's scope of practice is another strategy that may help to bridge the theory-practice gap.

## 6. CONCLUSION AND RECOMMENDATIONS

Nursing education leaders need to maintain their competence in a rapidly changing environment. Changes in technology are reflected in the healthcare setting and new nurses need to be educated and trained by competent educators. Nursing educators' competencies need to be outlined and adjusted in a way that maintains consistency in education for new nurses and bridges the theory-practice gap. Differences in educators' seniority and scopes of practice also need to be considered. For example, academic educators may need to place more emphasis on nursing practice competencies, as they need to prepare students and ensure they are competent and ready for practice. Clinical educators have a more complex role in the clinical setting and consequently should have more focus on curriculum development, informatics, research, and evidence-based practice competencies.

Revision of the current competencies for nursing educators is highly recommended, especially given the dramatic changes in education technology following COVID-19. A comprehensive competency system can be developed that consists of core competencies that need to be attained by all educators (both academic and clinical) and scope-related competencies that can be attained across different levels according to the scope of practice. In addition, orientation and transitional practice programs are highly encouraged.

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