What Is the Policy About My Role? Review of Core Plans for Nurse Educators in the World

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Nurse educators in Israel are certified nurses who hold a master’s degree and move from the therapeutic clinical field to another clinical field—the training system: nursing schools, universities and colleges. Within this role the nurse educator is required to have general and specific knowledge in nursing, to be a model of change and be a change agent, get updated in knowledge, know and implement teaching methods, guide and build tests, and evaluate students in structured methods, but nobody pays attention to the fact that their professional skills are those of the nursing world skills. These nurse educators graduated from an advanced course in the discipline they teach and guide; they know how to guide patients and their families, but is it equal to teach students? Are these expectations compatible with their abilities? In Israel, there is no recognized training program aimed at the role of a nurse educator on division of nursing. This is something that the world recognizes, appreciates, and even requires professional training for. The article’s goal are: (a) to review in literature the required areas of a nurse educator’s role in various countries and in Israel; (b) to examine the existing gap referring the required professional training of a nurse educator between Israel and other countries.

Keywords: nurse educator, core plans, qualification, nursing administration

Literature Review

Staykova (2012) writes that only few articles refer the required qualification of nurse educators. “Qualifications” are acquired skills or innate talent to perform a specific action that efficiently leads to a desired result in terms of time and energy resources. Skills are acquired in a learning process and gradually developed from simpler skills to more complex skills and it is influenced by getting knowledge, previous experience and practice/training. There are several types of skills: motor, cognitive, language, thinking, managerial and social (Skills definition, the Jewish encyclopedia, September 3, 2019). Nurse educators are expected within their role to high level of general and specific knowledge, ability to identify required needs in the health system and implement theoretic knowledge in the clinic practice, to develop mutuality and integration between clinic field action and theoretic knowledge learning. However, we often forget that nurse educators are a very unique role in the whole professional system of nursing. They had a training that included the norms, values, behavior, and knowledge of nursing. Now the nurse educators are expected to be professional and act accordingly and they are required of additional qualifications (Pennbrant, 2016).

The World Health Organization (WHO) published in 2016 a core plan for nurse educators that include eight required competence areas:

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Competence 1—facilitate the students’ learning;
Competence 2—facilitate the students and develop socialization;
Competence 3—using estimate methods and evaluation methods;
Competence 4—participate in design and evaluation of core plan results;
Competence 5—be a change agent and leader;
Competence 6—keep improving the nurse educators’ role quality;
Competence 7—research;
Competence 8—function in a learning environment (National League for Nursing, 2005).

Nurse education in the United States takes place in various frames as: hospitals, technical schools and colleges in a variety of courses. The nurse educating’s role is diverse and changes due to the influence of different factors as designation change of the educating organization and change in the nurse educator’s role in the organization, changer in rank, therefore, the preparing to this role should be specific and designated.

In the United States nurse educator’s training was promoted by obtaining certificate/license (Certified Nurse Educator—CNE) to engage nurse educating in order to establish her/his education, to ensure competence and allow the training organization to demonstrate expertise in the field. National League of Nursing (NLN) embraced these guidelines and applied it in the US and Canada (Nurse Educators Licensing, August 27, 2019). However, in Australia, the Australian Nurse Teachers’ Society (ANTS) binds these domain standards to three domains and each domain is divided into sub-domains:

Domain 1—teaching and learning. This domain is divided to sub-domains:
(1) Planning learning experience that supports education and nursing action. This domain is detailed in six additional sub-domains.
(2) Planning and using strategies of efficient teaching that facilitate learning. This domain is detailed in six sub-domains.
(3) Assimilating strategies that support the students. This domain is detailed in eight sub-domains.
(4) Evaluating the learning process and the program in the context of the student’s needs and teaching products. This domain is detailed in eight sub-domains.

Domain 2—communication. A nurse educator has contact with many people including students, educators, and nurses from clinical area. Therefore, there must be communication in all education and action domains with interpersonal skills and teamwork. This domain is detailed in nine sub-domains including: value learning, teamwork principals, technologic communication etc.

Domain 3—professional action that includes three sub-domains:
(1) Promoting professional knowledge in nursing.
(2) Developing management and leadership skills in design and implementing changes.
(3) Developing commitment to research (ANTS, 2010).

There is professional recognition in Europe as well; the European Federation of Nurse Educators (EFNE) defined a core plan that includes four domains: academic, research, clinical action, not detailed managerial. However, from the literature review in Israel it showed that the nursing administration in the Ministry of Health has no training plan for nurse educator’s profession.

The report of the Civil Service Commission in Israel, a governmental body responsible for managing the employment of state employees in the fields of government offices standard management, employees reception
and appointment, setting a promotion path, training civil servants (The Civil Service Commission, September 14, 2019), showed the occupation characteristics of nurses engage in training and it teaches about the required competence:

- To teach theoretic and clinic subjects in generic courses in nursing school that includes clinical skills within clinical experience.
- To advice and guide students by the school’s instructions.
- To participate in curriculum evaluation and updating.
- To participate in school activities according to the supervisor’s instructions.
- To be responsible to update personal knowledge in professional and administrative issues.
- To perform additional roles in the professional subject according to the supervisor’s instructions (Nursing Administration, Ministry of Health, State of Israel, 2012).

The nursing administration in Israel published in 2012 a report directed to nursing school principals that refer the hiring standards of teaching staff to educate the younger generation in nursing. This document refers to required nursing staff: “hold a master’s degree, one-year clinical experience in the teaching field, graduate of advanced training in the teaching field” (Civil Service Commission, State of Israel, 2012).

Conclusions

General

1. The literature reviews in Israel and around the world show there is agreement that the main demands of nurse educators are in teaching and guiding processes, are updating knowledge, influencing existing and future curriculum, and evaluating students, communication and interpersonal skills.

2. Some countries in the world have understand that the essence of the nurse educator’s role is important to the education and shaping of the entire nurses population; therefore, the nurse educators professionalize by acquiring knowledge about training processes and having a core plan in their subject, a thing that was never experienced before in Israel.

In Israel

1. In Israel, like in the entire world, nurse educators are responsible to educate, shape, and produce generations of nurses; therefore, they need relevant knowledge and proper training according to the requirements of their profession.

2. It is clear what nurses in Israel have to do and be (have an academic education and clinical experience), but there is no reference to professional training of nurse educators.

Recommendation

To pave and form a designated training program to the nurse educator’s role in Israel it is required:

1. To acknowledge that the nurse educator role is nationally important in educating and shaping the whole generation of nurses.

2. To form a national policy in the nursing administration in Israel regarding the need of designated training to this role.

3. To determine and formulate the required qualification areas of nurse educators in Israel through a core plan.
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