

The Impact of Nurse Educators on Nursing Education: The Need for Certification

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Abstract

Nurse educators perform a critical role and function impacting thousands of nursing students each year in the delivery of safe, evidence-based, high quality care of patients. When evaluating the impact of the educational activities, it is also critical that nurse educators have the knowledge, skills, and abilities to identify and measure the outcomes of the instruction delivered. Nurse educators must also have in-depth knowledge of teaching and learning styles, technology such as simulation, and the diversity that is present in the nursing school classroom. All of these factors impact curriculum development and delivery. Obtaining certification as a nurse educator indicates that a standard of excellence as a nurse educator has been achieved that sends a positive message to the public about the quality of instruction nursing students receive in nursing education programs.

Introduction

The impact that nurse educators have on nursing education and nursing students is truly immeasurable. For a variety of reasons, the number of nurse educators available to teach is dropping [1]. Johnson cites recruitment challenges, problems with adequate educational preparation within nursing preparation specific to teaching, funding and sustaining nurse faculty programs, and the aging of nursing faculty are all contributory factors. According to the National League for Nursing (2014), notable percentages of qualified baccalaureate, associate degree and practical/vocational applicants to nursing programs are turned away due to the lack of nurse educators. This is also affecting qualified master's and doctoral applicants to nursing programs.

Nurse educators play a crucial role in the development and delivery of educational activities that meet the learning needs of student nurses. The evaluation of the activities on learning outcomes is an essential assessment that nurse educators must make, but many nurse educators lack knowledge, skills, and abilities to identify much less measure outcomes. Nursing program accreditation criteria now request evidence to ensure a competent nurse educator faculty that continually meets the new levels of knowledge, skills, and abilities that are required by nurse educators on a daily basis (American Nurses Credentialing Center [ANCC], 2014) [2].

Additionally, nurse educators are challenged with working in teams in inter-professional educational activities. Nurse educators must now develop and maintain skills pertaining to healthcare teams, other professions, and other professionals, planning groups, and evaluation of the activity outcomes related to inter-professional learners [2].

Clinically, nurse educators must maintain clinical competence in nursing. The quickly-changing nursing care environment presents challenges for the nurse educator to remain current, and actively pursuing life-long learning activities to maintain licensure as a nurse and maintain specialty certification (Johnson, 2014).

Nurse Educator Competencies

In 2005, the National League for Nursing (NLN) identified competencies and task statements for those competencies for the academic nurse educator [3]. The eight competencies include: facilitation of learning; facilitation of learner development and socialization; use of assessment and evaluation strategies; participation in curriculum design and evaluation of program outcomes; functioning as a change agent and leader; pursuing continuous quality improvements in the nurse educator role; engagement in scholarship; and functioning within the educational environment. There are numerous task statements that delineate activities related to each competency.

In 2016, the World Health Organization (WHO) released a document describing nurse educator competencies developed by an international group of nurse educators [4]. The competency domains include: 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. Each of these competencies also have sub-competency statements. The learning and teaching domains related to each of the competencies are described within cognitive, affective, and psychomotor domains.

Louie (2015) presented results of research into the skill acquisition of the NLN nurse educator competencies by nurse educators in the United States [5]. The findings included significant differences between novice nurse faculty and nurse educators teaching for four or more years in the attainment or meeting of the competencies. Significant statistical difference was also found in the number of self-identified competencies obtained and the successful completion of the Certified Nurse Educator (CNE®) certification examination. The CNE® exam test blueprint is directly related to the NLN nurse educator competencies.

Changes in Nursing Education

Billings and Halstead (2017) have identified major changes in the environment of nursing education facing nurse educators today [6]. These changes include the diversity of the student population, “mobile learners”, statewide curriculum planning initiatives, curriculum shifts to community-based care, and increased access to programs creating seamless nursing education progression.

The diversity of today’s nursing student includes aspects such as levels of experience, variance in learning styles, culture, and age/generational membership. The idea of “mobile” or “M-learners” and information technology (IT) empowered learning have revolutionized ways of delivering instruction and student responses. Today’s M-learner desires access, convenience, “just in time” learning, and loves handheld, internet available devices. Along with IT on hand, today’s nursing learner uses patient-centered applications and “stay in place” technologies [6].

Another change in nursing education is that of responding to forces of change in the curriculum of nursing programs. Curricula now focus on patient-centered care, patient safety, population-based care, care of older adults, inter-professional team care, and widespread, standardized curricula, whether it be state institutions or other private institutions of higher learning. A consideration of this curricula format makes the student’s mobility easier as the student may wish to change program locations, and yet remains within the same plan of study.

The actions of transforming nursing education may include such interventions as faculty capacity, ensuring continuing diversity, promotion of academic progression, redesign of curriculum. New models of clinical education, and addressing how multiple healthcare disciplines can best work as a team to ensure quality patient care.

Certification

All of this discussion then leads back to nurse educator competencies. Many of the identified competencies in nursing education are intertwined with the potentials and challenges of the future of nursing education. These competencies were derived from evidence-based methodologies for identification and description. After international focus groups were conducted examining the test blueprint, the NLN CNE® certification was made into a global effort in 2016, allowing nurse educators the opportunity to become certified, regardless of country of practice. Although the exam remains only in the English language, efforts were made to remove United States related ethnocentrism, and broaden concepts needed by the nurse educator into universal language and understanding. Since the opening of the examination candidacy now includes educational preparation and evidence of being a registered nurse in the country of residence, more than 6,000 nurse educators have obtained certification.

The challenges facing nursing education today will require nurse educator leadership and faculty who are competent to face these challenges. A standard of nurse educator competence, achievement of certification establishes that standards of competence and expertise are being met. The globalization of nursing, nursing care, and nursing education calls on all of nursing to rise to the challenges.

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