Research Article

Core Competencies of Nurse Educators

Norenia T. Dao-Ayen*

Abstract

Background

Literature review reveals much discussion about the roles of nurse educators in practice settings, but limited in the academic setting. This study determined the level of core competencies of the nurse educators, and the significant difference in the performance of the core competencies.

Method

Through a descriptive design, data was gathered from a total enumeration of 2,122 students, 116 nurse educators and 11 department heads, utilizing a questionnaire with the NLN Core Competencies of Nurse Educators, from September to October 31, 2013. The mean, f and Scheffe’s tests were used in the data analysis.

Results

Nurse educators satisfactorily performed the eight core competencies, with higher mean ratings in the use of assessment and evaluation strategies, facilitating learning, facilitating learner development and socialization, and the pursuit of continuous quality improvement. Higher mean ratings were given by the students in facilitating learning, learner development and socialization which implies that nurse educators consider the different learning styles of students.

Conclusions

Nurse educators are competently performing their roles in the development of professional nurses and in making themselves credible as mentors and care givers in multi-cultural, diverse teaching-learning situations. The educational clientele recognizes the contribution of the nurse educators in responding appropriately to the educational needs of the present times as they conform to the standards of competency.

Keywords: Core Competencies, Nurse Educators

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Introduction

A nurse educator being instrumental in the professional and personal growth of her students and or staff, combines clinical expertise and passion for teaching, guiding and counseling her students to become theoretically and practically prepared as nursing care professionals. Nurse educators also play an important role in strengthening the nursing workforce, serving as role models and providing the leadership needed to implement evidence-based practice. The nurse educator then must be competent in the roles she performs. Competence is defined as the functional adequacy and capacity to integrate knowledge, skills, attitudes and values in specific contextual situations of practice (Meretoja 2003), with the difference lying on the approach the nurse needs to exert dependent on the setting factors.

Competencies of nurses in clinical practice settings are abundant in the literature emphasizing leadership, strategic view, teamwork, focus on patients, management of process, personal domain, interpersonal efficacy, financial management, human resource management, care of the personnel, patients and themselves, and systematized thinking. Chase, (2010) includes effective communication, retention strategies, effective discipline and decision-making as the highest self-reported nurse manager competencies. Oppewal, S., Lamanna, & Glenn, (2006) found out that public health nurses are aware of their competencies in the practice and academic work settings. Banfield & Lackie, (2009) emphasized interpersonal facilitation, collaborative patient-centered practice, and cultural sensitivity and safety, are performance-based competencies for culturally responsive interpersonal collaborative practice.

Literature presents that in Europe, nursing programs vary and there is no consensus on the minimum requirements or required experiences. In the study of Salminen, Minna, Sanna, Jouko, & Helena, (2010), Finnish nurses have competencies which were highly and poorly rated. Davis et al., (2005), VanBever, & Robin, (2010), Higby (2010), and McNeill, Ramona, Nadeau, Pelayo, & Cook, (2012) emphasized that the core competencies reflect the requisite knowledge, skills and abilities that all nurse educators must demonstrate within the roles of teacher, scholar and collaborator. A study by the Southern Regional Education Board (2002), and Davis et al (2005) resulted in a competency model integrating the teacher, scholar and collaborator roles of the nurse educator. The National League of Nursing (NLN) Core Competencies of the Nurse Educator (2005) had been used by authors as a study framework in studies mostly associated to the application of the core competencies in areas of nursing practice. McNeill, et al (2012), recommended designing faculty development for simulation within a framework for systems change, maintaining flexibility to meet diverse needs, and using existing online resources. Meretoja & Koponen, (2011), stressed that multidisciplinary experts in a particular care context develop a shared understanding of the future competency requirements of patient care. Ramsburg & Childress, (2012), reported a proficient level of total skill acquisition and a proficient level for each of the eight NLN nurse educator competencies in their study participants. Beres, (2006) shared that nurse educators and clinical practitioners who undertake career change can be instrumental in producing new nurses with strong theoretical and clinical abilities.

The literature also presents that competencies of nurses are associated with factors such as nurse education, experience, professional adjustment, independence and work satisfaction (Istomina,
Suominene, Razbadauskas, Martinkenas, Meretoja, & Leino-Kilpi, 2011). Khomeiran, Yekta, Kiger, Ahmadi, (2011) found out that experience, opportunities, environment, personal characteristics, motivation and theoretical knowledge influence the process of developing professional competence. Nazarri, & Mohammadi, (2011) concluded that the competency of clinical nursing instructors is influenced by organizational and interpersonal factors including the characteristics of the learning environment, the students’ qualifications and the efficiency of educational management along with the instructors’ individual characteristics. Kalb, (2008), described how the eight core competencies and the 66 related task statements of the NLN core competencies was used to guide the development of a graduate program that prepares nurse educators and to evaluate nurse educators practice. Jooste & Jasper, (2010), made a study to develop an initial framework to guide education in nursing management, and have concluded that nurse managers have to facilitate continuous professional development.

In the Philippines, nursing education programs require competent nurse educators. The sudden “boom” or demand in nursing in the year 2000, sparked the emergence of hundreds of schools in the country opening the Bachelor of Science in Nursing (BSN) programs resulting in the sudden increase of nursing graduates that had great implications to nursing practice. The majority of graduates were not able to pass the licensure examination, and the passers seemed not to demonstrate competence in practice. Statistics of the Professional Regulation Commission (PRC) show that there had been a decrease in the passing rate of the Nursing Licensure Examination (NLE) takers, where less than 50% of the NLE takers passed from 2006 to June 2013, with the lowest passing rate (29.14%) in November 2009, followed by 33.92% in November 2011 and 34.45% in November 2012 (www.prc.gov.ph). During these years, qualified deans, faculty and students for the nursing program had been an issue. The Commission on Higher Education therefore initiated the closing of non-performing schools/colleges of nursing, and continues to monitor nursing schools with faculty qualification as one criteria (Commission on Higher Education Memorandum Order (CMO) No. 18, Series 2011). Today, a qualified nurse educator is still a concern in Philippine nursing education.

The National League for Nursing (NLN) Core Competencies of the Nurse Educator (2005) as the study framework embody the knowledge, skills and attitudes required of nurse educators and reflect the complexity and richness of the nursing profession in the eight competencies. In facilitating learning (FL), the nurse educator creates an environment in the classroom, laboratory and clinical settings that facilitate student learning and the achievement of desired cognitive, affective and psychomotor outcomes. The nurse educator facilitates learner development and socialization (FLDS) helping students develop as nurses and integrate the values and behaviors expected of them as soon-to-be-nurses. The use of assessment and evaluation strategies (UAES) implies the use of a variety of strategies to assess and evaluate student learning in the classroom, laboratory and clinical settings, as well as in all domains of learning. The nurse educator participates in curriculum design and evaluation of program outcomes (PCDEPO), reflecting contemporary health care trends and preparation of graduates to function effectively in the health care environment. The nurse educator in her function of being a change agent and leader (FCAL) creates a preferred future for nursing education and nursing practice. The pursuit of continuous quality improvement in the nurse educator
role (PCQINER), implies a multidimensional role and ongoing commitment to develop and maintain competence. Nurse educators acknowledge that engagement in scholarship (ES) is an integrated component of the faculty role and that teaching itself is a scholarly activity. The nurse educator functions within the educational environment (FEE), recognizing how political, institutional, social and economic forces impact their role. The NLN Core Competencies of Nurse Educators inspire excellence and provide a comprehensive framework for life-long learning of faculty. As such, they can be used by nursing programs in a variety of ways.

Teaching nursing is an area of practice that entails the core competencies of a nurse educator. The three (3) unit course on Strategies in Health Education in the BSN curriculum is not adequate for the preparation for the role of a nurse educator. Furthermore, after graduation and passing the Board examination, nurses usually land in nursing practice for their first job. Nurses in the practice setting are recruited to teach nursing, and the transition implies a competent nurse educator.

**Purpose**

This study determined the competency level of the nurse educators in the performance of the eight core competencies, and the significant difference in their competency performance levels as rated by the students, department heads and nurse educators themselves.

**Method**

The descriptive design was utilized in the study which was conducted in the six schools/colleges of nursing in Baguio City. Data was gathered from a total enumeration of 116 nurse educators who self-rated themselves in their core competencies, 11 department heads have evaluated the nurse educators under their supervision, and 2,122 students from the different schools of nursing, rated 8-10 nurse educators who have handled them in both classroom and Related Learning Experience (RLE) for at least two rotations. The student respondents were second to fourth years with classroom and RLE duties. Nurse educators are the clinical instructors or faculty members with teaching loads in the classroom and RLE. The classroom load refers to the lecture of professional nursing subjects, skills lecture and return demonstrations that are done in the classroom, while RLE load refers to the clinical duties done in the hospital and community exposure areas.

Three sets of questionnaires based on NLN core competencies of nurse educators, studied and developed by the NLN Task group in 1995, have been utilized in gathering data. The questionnaire containing the eight core competencies with 66 task statements has been distributed to the nurse educators and the department heads. Modification in the questionnaire for the students was made to include only 7 core competencies and 29 task statements. The competency level of the nurse educators had been rated as poor (NE performs below standards, unacceptable, and needs improvement, 1.00-1.79), fair (NE only meets minimum standards, marginal performance of the competencies, 1.80-2.59), good (NE consistently conforms to standards of the competency and meets expectations, 2.60-3.39), satisfactory (NE conforms to the standards of the competency, meets expectations, 3.40-4.19), and excellent (NE is exceptional in performance, consistently exceeds expectations, 4.20-5.00).

Permission for data gathering was granted by the heads of the Offices of Nursing, Offices of Research and Ethics Departments of each institution. Through the help of research assistants, data gathering was completed in October 2013. In data processing, the
researcher and five research assistants helped in tallying the responses which continued to initial data analysis. The researcher ensured that correct procedures as well as accurate computations with the aid of Excel and SPSS programs.

For the performance level of the nurse educators of the eight core competencies, weighted mean was used. To find out significant differences in the competence level of nurse educators as perceived by the respondents, the F-test and Scheffe test were used and interpreted at 0.05% significance level.

Results

Competence level of nurse educators

The eight core competencies are performed satisfactorily by nurse educators (NEs), with the highest mean ratings accorded to the teacher roles with the use of assessment and evaluation strategies (UAES), facilitating learning (FL), facilitating learner development and socialization (FLDS), pursuit of continuous quality improvement (PCQINER), and in participating in curriculum design and evaluation of program outcomes (PCDEPO). The mean scores from 3.40 to 4.19 are interpreted as a satisfactory performance where the NEs conform to standards of competency and meets the expectations.

Table 1 Core Competency Level of Nurse Educators

<table>
<thead>
<tr>
<th>Core Competencies</th>
<th>Mean</th>
</tr>
</thead>
<tbody>
<tr>
<td>Facilitate learning</td>
<td>3.97</td>
</tr>
<tr>
<td>Facilitate learners development and socialization</td>
<td>3.92</td>
</tr>
<tr>
<td>Use assessment and evaluation strategies</td>
<td>4.00</td>
</tr>
<tr>
<td>Participate in curriculum design and evaluation of program outcomes</td>
<td>3.72</td>
</tr>
<tr>
<td>Function as change agent and leader</td>
<td>3.65</td>
</tr>
<tr>
<td>Pursue continuous quality improvement in the nurse educator role</td>
<td>3.89</td>
</tr>
<tr>
<td>Engage in scholarship</td>
<td>3.77</td>
</tr>
<tr>
<td>Function within the educational institution</td>
<td>3.73</td>
</tr>
</tbody>
</table>

The mean scores are interpreted as satisfactory performance level

The function as a change agent and leader (FCAL), engagement in scholarship (ES), and function within the educational environment (FEE), although satisfactorily performed by the nurse educators garnered the low means. These competencies are associated with the scholar and collaborator roles of the nurse educators.
Difference in the Competency Level of Nurse Educators

Study results in Table 2 reveal that the students rated the nurse educators highest as to their FEE, and the UAES. All the other core competencies were rated higher as compared to that of the nurse educators and department heads. Nurse educators gave the highest mean rating to PCQINER, and lowest in ES. The department heads rated the nurse educators highest in their FCAL and lowest in the PCQINER. Statistically, \( f = 12.008 \), means that the findings are significant @ 0.05. Through Scheffe’s test, the significant difference exists between students and department heads \( (P = 0.0001 < 0.05) \) regarding their rating of the competency level of the nurse educators. There is 0.1% of chance of committing a Type 2 error.

### Table 2  Mean Difference in the Competency Level of Nurse Educators as Perceived by Respondents

<table>
<thead>
<tr>
<th>Competencies</th>
<th>Students 2,122</th>
<th>Nurse Educ’t 116</th>
<th>Dept Heads 11</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mean</td>
<td>3.98</td>
<td>3.80</td>
<td>3.68</td>
</tr>
<tr>
<td>Mean</td>
<td>3.99</td>
<td>3.79</td>
<td>3.62</td>
</tr>
<tr>
<td>Mean</td>
<td>4.04</td>
<td>3.78</td>
<td>4.06</td>
</tr>
<tr>
<td>Mean</td>
<td>3.99</td>
<td>3.72</td>
<td>4.06</td>
</tr>
<tr>
<td>Mean</td>
<td>4.02</td>
<td>3.95</td>
<td>3.43</td>
</tr>
<tr>
<td>Mean</td>
<td>4.04</td>
<td>3.69</td>
<td>4.06</td>
</tr>
<tr>
<td>Mean</td>
<td>4.06</td>
<td>3.80</td>
<td>3.82</td>
</tr>
<tr>
<td><strong>Average</strong></td>
<td>4.02</td>
<td>3.79</td>
<td>3.67</td>
</tr>
</tbody>
</table>

*Mean scores are interpreted as satisfactory performance level*

### Discussion

The nurse educators (NEs) satisfactorily performed the eight core competencies, with the use of assessment and evaluation strategies (UAES) showing the highest mean score. Nurse educators are expected to assess and evaluate students’ performance in the classroom, laboratory settings and in clinical practice which is an important and complex responsibility, therefore, the NE must use clinical evaluation tools reflecting the changing expectations associated with particular courses across the curriculum and be based on the competencies (Pearson, Garrett, Hossler, McConnell, & Walls, 2012). The NEs must participate in the development of sensitive and specific evaluation tools as a methodological challenge (Stavropoulou & Kelesi, 2012). As emphasized by Bourke and Ihrke (2009) in Billings & Halstead, outcomes of student learning are evaluated for program, instruction effectiveness, and student performance. Darlene LoPresto (2011), also recommended an evaluation tool that is three-tiered, with process, content, outcomes
and impact evaluation. Karayurt, Mert & Beser (2009) also share a summative evaluation which aims to determine whether a student meets academic expectations in the clinical setting and also meets professional standards. The results gathered regarding the students’ performance through UAES are a basis for improving curriculum and instruction that has to respond to the different trends and issues brought about by contemporary times.

The NEs have a satisfactory performance in facilitating learning, learner development and socialization (FLDS) to the role of professional nursing. The NEs were able to use their personal traits such as enthusiasm, patience, commitment and perseverance. In the clinical areas, the nurse educator supervises the students as they do their nursing care, making the students relax and have a “hands on” experience. The creativity of the nurse educator makes learning easier for the students especially with complicated topics. The integration of real-life situations in the teaching-learning setting makes understanding of concepts easier. The orientation, pre-visits, pre and post-conferences conducted also make activities, tasks and lessons more easily understood and implemented. Facilitating learner development and socialization can be a very intense, stressful experience, as students may also have negative experiences and memories of their beginning into the profession. The processes involved in socialization show the application of Patricia Benner’s Proficiency levels, starting with a novice nurse to becoming a competent nurse. The more guidance, experience, exposure, supervision that the NE does, the more the student conforms with socialization which is a process of becoming, where knowledge and skills are acquired, attitudes and values specific to a given special group are internalized (Creasia & Friberg, 2011), through which novice practitioners are merged into the profession to become professional practitioners (Mooney, 2007). Nurse educators are able to help students understand that becoming a professional nurse, is more than just acquiring the skills and knowledge necessary to perform a role, but also including understanding the values and norms that are fundamental to the essence of the profession (Wittman-Price, & Godshall, cited in LoPresto, 2009).

In FLDS, there is a need for counselors, support groups and counseling programs in school settings that caters to academics, career and personal or social aspects of the students. Lee, Yoon and Do (2013), have emphasized that the Enneagram Group Counseling program is very effective in establishing positive self-identification for nursing students who face developmental crisis and stressful situations. The effectiveness of group counseling sessions had also been highlighted by Johnson & Leonard (1970), to be most beneficial for students who scored low in self-sufficiency. NEs have to consider varying student characteristics, attitudes and learning styles as they facilitate learner development and socialization into professional learning.

The satisfactory participation of the NEs in curriculum design and evaluation of program outcomes implies the teachers’ role, involving leadership in several educational contexts which include curriculum development, clinical teaching and supervision, classroom teaching, seminar and virtual teaching, application of knowledge of the learning process and management of the learning environment. NEs are role models of appropriate, desired behaviors of professional practice (Southern Regional Education Board, 2002), as they provide accurate and comprehensive data for curriculum development, review, revision and updates, and share inputs on coordination, collaboration and
networking with people, institutions and communities for socialization of students into the nursing profession. These efforts serve as basis for designing the curriculum to integrate matters that happen in reality settings. Course outcomes are formulated and carefully planned activities, as well as requirements, are integrated in the curriculum. Nurse educators maintain an up-to-date curriculum with appropriate tools and information to accommodate the learning needs of the students. The NE is responsible for designing the course curriculum, ensuring a connection with the mission of the institution. Banfield & Lackie, (2009), also have emphasized designing a curriculum to include community-based practitioners, so that health professionals from a variety of disciplines required education that would enable them to become culturally sensitive inter-professional educators in promoting collaborative patient-centered care.

The satisfactory performance of NE as change agents and leaders implies awareness and sensitivity to social events, political, popular and practical issues influencing change. Nurse educators serve as leaders and change agents by participating in curriculum design and evaluation of program outcomes and by advocating for necessary changes both within the nursing school and community. In the academic setting, they lead by chairing or participating in committees or taskforces and by serving as role models and clinical experts for students. The nurse educator can enhance leadership skills by advancing current role, rank or position and increasing responsibilities and clinical expertise. The nurse educator-leader acts as a change agent, where she recognizes situations or processes that are not efficient and takes the initiative to create awareness about the need for change and makes plans to not only implement this change but make it permanent.

The pursuit of continuous quality improvement in the nurse educator role (PCQINER) shows the honest and worthwhile nurse educators who are members of the academic institution, as they update themselves with evidence based practices and become more skillful in teaching, facilitating, supervising, assessing and evaluating the performance of students. The NEs also utilize technology for better teaching-learning situations. They seek mentoring from their superiors and senior co-faculty members. Committed to life-long learning, the NEs enroll in specialization programs, Masters and Doctorate studies. The PCQINER includes mentoring students in the RLE, and providing feedback as necessary to guide students and to give them directions for critical thinking and analysis. Nurse educators also make reflections about their contribution to the full development of the student, as they sit down together per year level to discuss their strengths and weaknesses and that of students. As asserted by the NLN, the nurse educator role requires specialized preparation and every individual engaged in the academic enterprise must be prepared to implement that role successfully. In addition, each academic unit in nursing must have a cadre of experts in nursing education who provide the leadership needed to advance nursing education, conduct pedagogical research, and contribute to the ongoing development of the science of nursing education. Badeau, (2010), have emphasized that the center of the nurse educators’ role is education, not only to sustain nursing skills but to integrate evidence-based research into practice.

The nurse educators’ engagement in scholarship shows a satisfactory performance of the four separate but integrated elements of discovery, integration, application and teaching that need to be instilled in nursing students to prepare them for diverse roles in the profession of nursing. Nurse educators, as well as education managers needed to create curricula that support scholarship, technological and inter-professional opportunities, and strategies for socializing
Students into scholarship (Hawranik & Thorpe, 2008). Engagement in scholarship implies the nurse educator to read and write for research dissemination and publication and to teach the students the importance of these activities, because as NEs, they are increasingly expected to be responsible not only for helping students to achieve the best possible outcomes, but also for using the most scientifically valid methods for continuous and substantial improvement. The engagement in scholarship among NEs will bring about clearly specified teaching strategies which are found to be effective in bringing about desired outcomes in a delineated population of learners’ (Mitchell, 2008).

The NEs satisfactorily functioned within the educational environment by orienting and re-orienting students to avoid vandalism, to discipline themselves and to take care of school properties. They also continuously create and maintain a conducive learning environment that fosters the involvement of students, nurse educators and the nurse administrators in such activities like career orientation programs, alumni homecoming, year level orientation, social and academic programs. The NEs have integrated into the larger community as experts in a discipline with a unique position of being both clinical and didactic, enhancing the status of many institutions by the professionalism that nurse educators contribute to the larger academic community (Wittman-Price & Godshall). Nurse educators actively engaged in building an atmosphere that encouraged student development by modeling collegiality, respect, professionalism, and compassion while functioning and interacting within the clinical and theoretical environments. Nurse educators must function as good “citizen of the academy.” The nurse educators establish collaborative partnerships within the local hospice and community health nursing networks. It is envisioned that the nurse educator will expand these partnerships, the experience she gains, that may provide the necessary framework for student learning. Nurse educators facilitate in the preparation of the students and clinical clients for actual practice and integration. Activities are planned and implemented where the nurse educators, students and clients work hand in hand as members of the society.

The core competencies which were satisfactorily performed, but with lower mean ratings are associated with research, evidence-based practice and leadership. It is evident that nurse educators have limited research capabilities, and in the implementation of evidence-based teaching-learning practices. Most of them are still comfortable with the traditional strategies. Teaching strategies in nursing education include individual and group methods which should be appropriate with the objectives of the teaching-learning sessions. Evidence-based practices in teaching nursing, according to Sackett et al., (2000), refers to the integration of the best research with clinical expertise and patient values. Nurse educators must be able to determine the evidences attached to the teaching strategies. There is a need for the NEs to make contributions to the body of knowledge in nursing.

The results further show that the performance ratings of the competency levels of the NEs by the respondents differ. Reasons may be associated with factors such as their characteristics and role in the educational institution. For students as the learners in nursing, typically are in the adolescent stage, wishing to be accepted as a unique person, different from every other person, yet sharing with others a common human nature. These students are characterized with an idealism, joy in living, generosity and capacity for sacrifice and having the capacity to develop intellectually, emotionally, spiritually, socially and
physically. In the teaching-learning situations in nursing, most of the time the students are with their clinical instructors. The opportunities of being in constant professional company, interaction, supervision, counseling sessions and conversations with their clinical instructors inspire and motivate them. The recognition of the efforts of the nurse educators by the students may have resulted in the higher ratings. The nurse educator is the teacher of nursing, who respects student’s maturity and responsibility, possessing the personal attributes showing psychological security, excellent communication skills, poised, with broad interests and leadership skills. The NEs performed their roles in being an instructor, faculty, and individual. In the instructor role, the NE performs planning of educational objectives, creating and maintaining a desirable learning environment, adapting teaching, preparing and utilizing instructional materials, and evaluating all planned learning and teaching activities. In the faculty role, the NE is a member of committees, counselor, researcher, representative to organizations, and a resource person. The NE is a member of a family, community and as a citizen in the individual role. This will explain why the NE had higher performance rating in the areas of facilitating learning, learner development, socialization, assessment and pursuing continuous quality improvement. The department head is also a teacher of nursing possessing the characteristics of the nurse educators, with an added responsibility of supervising her subordinates, and ensuring that policies and guidelines are implemented properly, thus higher mean ratings are accorded to the nurse educators’ functioning as a change agent and leader, and function within the educational institution. The researcher recognizes that the small sample size of nurse educators and department heads could have affected the mean ratings.

The present findings confirm results of previous studies where respondents have different perceptions. Though there are differences in the ratings of the respondents, there is still evidence that the nurse educators are geared towards continuous quality improvement which is a never ending endeavor (Hedges, 2006). It is very clear that nurse educators are able to meet standards and thresholds or solving problems. In the study of Salminen, (2012), despite criticisms in the competence of Finnish nurse educators, all the respondents felt that the nurse educators were quite competent. Norwegian nurses (Johnsen et. al, 2002) have rated both teacher competence and nursing competence more important than evaluation skills, personality factors, and relationship with students. Higby (2010) have verified the importance of formal education, professional development and years of experience in competency attainment. Nurse educators especially with those who have completed national certification play a key role in preparing future generations of nursing students for successful nursing careers.

In a study done by Hongo, Nakaya, Matsuda, Kameoka, Funashima, & Sugimori, (2004), students perceived that the role model behaviors of nurses are consistent with the core competencies of NEs, which include sincere interaction, acting as nursing professional with belief, providing nursing care to patients with respect, controlling emotion to carry out patient care, performing nursing care based on professional knowledge and skills, and doing patient centered care under managing various roles. The development of a self-evaluation scale based on the findings of this study will help each nurse to improve one’s professional behaviors in order to be a role model for nursing students. Mandatory continuing nursing education is one way to develop registered nurses’
continuing competencies as emphasized by Xiao (2008) as he found out that proactive educators shared core attributes of transformational leaders, and suggested that further research be done in relation to the preparation of nurse educators.

The findings of the study imply a challenge to educational management in nursing, which is still aiming for quality nursing education with qualified nurse educators who will use a quality-driven approach to provide an effective method to address accountability, curricular alignment, assessment, and student satisfaction, as we are held accountable for the graduates we produce. As the modern times bring changes in the in the health care system, patients, organization, technology and information, NEs must be ready to participate in curricular alignment to design courses to address program outcomes and sequence them to progress through increasingly higher cognitive levels as identified through Bloom’s taxonomy, fostering the achievement of program and university goals and requires documentation and demonstration of curricular coherence. It is imperative that schools use a variety of measures for assessing outcomes, and feedback related to assessment activities should be regular and frequent. One must also use assessment findings to improve learner outcomes. Student satisfaction entails providing what is needed when it’s needed, including faculty availability, learning, and remediation resource accessibility. Students have unique learning styles that require varied teaching approaches and resources. It is not enough to use student performance as the indicator of quality; evaluation of student satisfaction is critical as well. Nurse educators must then continue to improve in their roles as facilitators of learning. Nurse educators must be responsive to the needs of the learners in these contemporary times where there is modern technology and knowledge explosion. Since students have different learning styles, nurse educators must be flexible in their teaching styles.

**Conclusions**

Nurse educators are competently performing their roles in the development of professional nurses and in making themselves credible as mentors and caregivers in a multi-cultural, diverse teaching-learning situations. The educational clientele recognizes the contribution of the nurse educators in responding appropriately to the educational needs of the present times as they conform to the standards of competency.

**Acknowledgement**

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