สมรรถนะของอาจารย์พยาบาลในการผลิตบัณฑิตพยาบาล เพื่อตอบสนองต่อความจำเป็นทางสุขภาพของประเทศไทย

Nurse Educator Competencies to Produce Nursing Graduates in response to Population Health Needs in Thailand

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บทคัดย่อ

การศึกษานี้มีวัตถุประสงค์เพื่อศึกษาสมรรถนะอาจารย์พยาบาลในการผลิตบัณฑิตพยาบาลที่ตอบสนองต่อความจำเป็นทางสุขภาพของประเทศไทย โดยใช้ระเบียบวิธีวิจัยเชิงคุณภาพ เครื่องมือที่ใช้ในการวิจัยเป็นแบบสัมภาษณ์ชนิดกึ่งโครงสร้างที่ผู้วิจัยสร้างขึ้นจากการทบทวนวรรณกรรม เก็บรวบรวมข้อมูลโดยการสนทนากลุ่มผู้มีส่วนได้ส่วนเสีย ซึ่งประกอบด้วย นักศึกษาพยาบาล จำนวน 8 คน ผู้ใช้บัณฑิต จำนวน 6 คน ผู้บริหารและอาจารย์พยาบาล จำนวน 9 คน คณะผู้วิจัยวิเคราะห์ข้อมูลจากการสนทนากลุ่มโดยใช้การวิเคราะห์เนื้อหาร่วมกับข้อมูลจากการทบทวนวรรณกรรม สังเคราะห์เป็นกรอบสมรรถนะอาจารย์พยาบาล หลังจากนั้นนำกรอบสมรรถนะอาจารย์พยาบาลไปตรวจสอบความตรงโดยผู้เชี่ยวชาญด้านการศึกษาพยาบาล จำนวน 9 คน ผลการวิจัยพบว่า สมรรถนะของอาจารย์พยาบาลในการผลิตบัณฑิตพยาบาลเพื่อตอบสนองต่อความจำเป็นทางสุขภาพของประเทศไทย ประกอบด้วย 5 กลุ่มสมรรถนะ คือ 1) สมรรถนะทางการพยาบาล 2) สมรรถนะทางการศึกษา 3) สมรรถนะในการพัฒนาคุณลักษณะส่วนตน 4) สมรรถนะด้านคุณธรรม จริยธรรม และ 5) สมรรถนะด้านการวิจัยและบริการวิชาการ ข้อค้นพบนี้เป็นประโยชน์ในการเตรียมอาจารย์พยาบาลเพื่อสร้างพยาบาลรุ่นต่อไปในอนาคต

คำสำคัญ: สมรรถนะ; อาจารย์พยาบาล; บัณฑิตพยาบาล

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Abstract

This study aimed to study nurse educator competencies in response to health needs of the population in Thailand. Descriptive qualitative methods were applied. Research instrument was a semi-structure interview guide developed by researchers based on literature review. Data were collected by three focus groups of stakeholders. The informants were 8 nursing students, 6 health sector employers, and 9 faculty members and administrators. Data were analyzed using content analysis combined with data from literature to formulate the model of nurse educator competencies. The proposed model was validated by a group of 9 experts in nursing education. The results revealed that the nurse educator competencies composed of five key competencies; 1) nursing competencies, 2) pedagogy competencies, 3) personal development competencies, 4) ethical and moral competencies, and 5) research and academic services competencies. The findings will benefit future generations of nurses by better preparing faculty

Keywords: competency; nurse educator; nursing graduates

BACKGROUD

Competencies of nurse educator have been an issue in the profession for many years. The nurse educators play an important role in preparing new nurses to promote an adequate supply of nurses in the workforce. The appropriate preparation of nurse educators is crucial to the development of knowledge, attitudes and skills, of nurses. However, the study showed that expert nurse clinicians who moved to obtain academic positions after successful clinical careers reported that they were unprepared to assume their new educator roles[1].

In response to the growing concern for adequate numbers of well-prepared nurse educators, the Board of Directors of the Southern Regional Education Board (SREB) Council on Collegiate Education for Nursing undertook two significant projects: assessment of the current demand for nurse educators in associate's, bachelor's and higher degree programs in the 16 SREB states and the District of Columbia; and the expected competencies of nurse educators. An ad hoc committee of eight nurse educators representing all levels of nursing education programs used a consensus-building process to define the professional values for nurse educators, to delineate the expected roles, and to determine the competencies and core knowledge needed for each role. The consensus yielded 3 roles and 37 competencies, namely teacher role, scholar role, and collaborator role[2]. Later, the National League for Nursing[3] announced eight core competencies of nurse educators, which included facilitate learning, facilitate learner development and socialization, use assessment and evaluation strategies, participate in curriculum design and evaluation of program outcomes, function as a change agent and leader, pursue continuous quality improvement in the nurse educator role, engage in scholarship, and function within the educational environment.

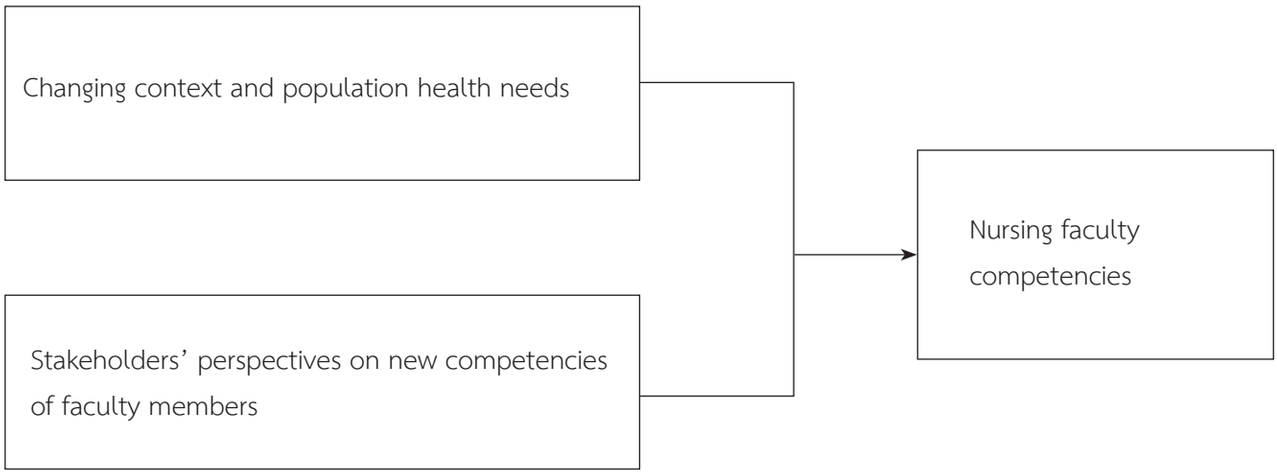
In Thailand, Klomsiri[4] applied nurse educator competencies from the Southern Regional Education Board and the National League for Nursing, forming nine competencies assessment questionnaire to assess competencies of nursing educators in Boromarajonani College of Nursing, Uttraradit as perceived by their students and the faculty themselves. Thongcharoen, Tantanadaecha and Methakunavudhi[5] investigated professional standards in nursing faculty and proposed seven competencies for nursing faculty, namely nursing, ethical, teaching,

research and academic service, education and knowledge, art and culture, and health promotion competency. These competencies were developed based on the nursing profession viewpoint later than the health context. The health context rapidly changes in 21st century. Thailand is facing an aging society like many developed countries. More chronic diseases and disability have been observed in the ageing society[6]. The movement from MDGs to SDGs, the shortage of nursing workforce[7], the changes of national health plan and policy8, and being an ASEAN community member are influencing the health context. Because of speedy changes in global health, as well as, the country context, the competencies of nurse educators in Thailand need to be reviewed and revised competencies identified in response to emerging context and population health needs.

OBJECTIVE

To study competencies of nursing faculty members in response to population health needs in Thailand

RESEARCH FRAMEWORK



METHOD

Descriptive qualitative methods were applied. These included a review of published and grey literatures, three focus group discussions (FGDs), and a consultation workshop in order to obtain brain storming views from stakeholders.

Participants

The study participants were key informants who were policy makers from production and users of nurse personnel, Thailand Nursing and Midwifery Council representatives, graduate users, students, faculty members, and the dean of four selected nursing schools in Thailand. The inclusion criteria consisted of the mature nursing schools that have been operating for more than 10 years, offering Bachelor of Nursing Science program in Thailand. Eligible 23 key informants were invited to participate in three focus group discussions. These groups consisted of 9 faculty members and administrators, 8 student nurses, and 6 graduate employers. To ensure the homogeneity, the participants of each school were randomly selected, using three inclusion criteria which consisted of being more than 18 years old, volunteering to share their perspectives, having their experience in nursing education and nursing profession, and being able to speak and understand Thai. Nine experts were invited to the consultation

workshop; two representatives from two main nursing organizations both the Nurses' Association of Thailand and Thailand Nurses and Midwifery Council, two deans from private nursing schools, two directors of nursing colleges under the Ministry of Public Health, one dean from a nursing faculty under the Ministry of Education, a representative from a nursing school under the Ministry of Defense, and a representative from the International Health Policy Program (IHPP), Thailand. The summary of participants is shown in table 1

Table 1 The numbers and characteristics of participants

Focus group	
Characteristics	**Numbers**
Deans/directors of nursing schools	4
Nurse educators	5
Nursing students	8
Graduate employers	6
Total	**23**
Consultation workshop	
Characteristics	**Numbers**
Representative from the Nurses' Association of Thailand	1
Representative from Thailand Nurses and Midwifery Council	1
Dean of private nursing schools	2
Director of nursing colleges, the Ministry of Public Health	2
Dean of nursing faculty, the Ministry of Education	1
Representative from nursing school, the Ministry of Defense	1
Representative from the International Health Policy Program, Thailand	1
Total	**9**

Research instrument

Research instruments composed of a focus group discussion guide with open-ended questions that allowed key informants of three different groups to share their perspectives. The content validity of FDGs interview guide was examined by three experts and the Index of Item – Objective Congruence (IOC) was 0.75

Data collection

Data were collected after the study was approved from the Institute for the Development of Human Research Protections (IHRP), the Ministry of Public Health, Thailand. The researchers contacted the liaison person of each school to screen the eligibility of the school using the recruitment checklist. The school liaison was asked to approach the key informants who met the inclusion criteria and asked whether they were interested in taking part in the study. The key informants who were willing to participate in the study gave their written consent to indicate their agreement to participate in this study. Each FGD was audio taped in Thai language and transcribed verbatim in Thai. Each discussion lasted approximately 45-90 minutes. The focus groups were separately conducted so that each informant shared

their viewpoints without the influence of different institution positions. A note taker and a recorder were used in the FGDs. The main contents of the competencies of nurse educators were summarized and verified by the participants before ending the FGDs. The FDGs were audio taped using a digital voice recorder and were transcribed verbatim. The permission of audiotapes was obtained from the participants.

Ethical consideration

The study was approved by the Institute for the Development of Human Research Protections (IHRP), the Ministry of Public Health, Thailand with a number IHRP 453/2559 on 21 April 2016. The Key informants were able to refuse to participate or withdraw from the study at any time without penalty or loss of benefits from the nursing school. The names and other identifiers of key informants were not presented on any data collection sheet. All forms such as the consent form, demographic data sheet, and the transcription of interviews of each key informant and the material such as the audiotapes were assigned a code to protect key informants' confidentiality.

DATA ANALYSIS

The qualitative data analysis process followed Elo and Kyngas' qualitative content analysis[9]. The deductive approach using the competency frame was applied. In the preparation phase, the transcriptions were read several times to obtain a sense as a whole. The back and forth discussions about the data collection and analysis were made among five researchers to understand informants' perspectives.

RESULTS

1. The competencies of nurse faculty member in response to population health needs The required competencies of nurse educator in response to population health needs composed of five key competencies which included 1) nursing competencies, 2) pedagogy competencies, 3) personal development competencies, 4) ethical and moral competencies, and 5) research and academic services competencies.

The first set was called "nursing competencies" that comprised of nursing knowledge and nursing practice. Nursing faculties are required to have knowledge in nursing science, which was their core professional knowledge. The review literature and focus group of stakeholders also requested that the faculty was also a nurse who had to have knowledge in health and social sciences in order to be able to provide care in response to the changing context and population health needs. Nursing practice is essential for a nursing faculty since nursing education is based on nursing practice. The nursing practice is comprehensive which composed of health promotion, prevention of illness, basic medical care and nursing intervention, and rehabilitation. Nursing care is also holistic and trans-cultural in response to a diversity of society. This competency was illustrated by the key informant from the focus groups as follow:

Nursing students mentioned in a focus group that "nurse educators need to have knowledge and experiences in what they teach and also have a skill to disseminate their knowledge"

Nurses from public and private health sectors proposed in a focus group that "nurse educators need to have clinical practice and specialty...be expert in nursing science".

Nurses from public and private health sectors proposed in a focus group that "nurse educators need to be able to integrate nursing

knowledge (person-health-environment) and related sciences to care for the patient holistically".

The second set of required competencies was "the pedagogy competencies" that included competencies of faculty as a teacher. The competencies included the curriculum management, design and teaching strategies, assessment and evaluation of learning outcomes, teaching media and technology, quality assessment of education, and enhance students' learning. This set of competencies was presented by the key informant from focus groups as follow:

One expert from private nursing school proposed in a focus group that "nurse educator needs to understand the nursing curriculum...many teachers don't use the curriculum when they teach...in the learning process...the teacher need to understand TQF 1-7 (Thai Qualification Framework No.1-7)".

Another expert from a public nursing school also mentioned that nurse educator should design teaching-learning strategy that is appropriate for the students...they should know their students". This competency was supported by stakeholders from private hospitals that "nurse educators need to know their students and understand them...be able to design appropriate learning experiences for their students". The third set of faculty competencies was called "personal development competencies" which composed of eight sub-competencies, including communication skills, creative thinking, critical thinking, leadership, team-working, life-long learning, role model, and Thai citizenship. This set of competencies was informed by key informants from the focus groups as follow:

Nurse managers from public and private hospitals mentioned that nurse educators should be a role model for their student...being a role model is more valuable than teaching...showing their love of the nursing profession...being active, having creative thinking and life-long learning".

An expert from a private nursing school stated in a focus group that "a nurse educator needs to be a good role model both in the clinic and others...having critical thinking...being creative and flexible in applying their knowledge into practice...a nurse educator also need to work as a team within and across the nursing profession...we need to be aware of current events such as what happened in the south of Thailand...we need to behave as a good Thai people".

The next set of competencies was called "the ethical and moral competencies" that consisted of five sub-competencies, including nursing ethics, ethics of teacher, humanized care, moral, and professional values. This competency was required as a foundation of the nursing profession. This set of competencies was mentioned by key informants from the focus groups as follow:

One expert from a private nursing school proposed in a focus group that "a nurse educator needs to have a teacher mind and spirit...a nurse faculty is like a spotlight for their students...needs to behave well...be a role model for their students".

In the focus group of nurse managers from public and private hospitals mentioned about competency of a nurse educator that "need to be kind to their students...use professional dialogue... don't need to yell at their students".

The last set of required competencies was called "research and academic service" competencies which consisted of two sub-competencies which were research and academic services. This set of competencies was a part of the missions of a nurse faculty in education institutes. These competencies were stated by key informants from the focus groups as follow:

In the focus groups of experts from public and private education institutes, regarding research and academic competency of nursing faculty that "a nursing faculty must know about research and evidence best practice...as a teacher...he/she needs

to demonstrate to students about the utilization of research into practice...and provides academic services to the society".

DISCUSSION

The model of faculty competency composes of five key competencies, which are nursing competency, pedagogy competency, personal development competency, ethical and moral competency, and research and academic services competency. As a nurse educator, the faculty needs to hold a dual role of nurse and teacher, therefore nursing competency and pedagogy competency are profound competency for the nurse educators. The personal development competency, ethical and moral competency, and research and academic services competency are not able to include in neither nursing competency nor pedagogy competency since they are required for both professions. Adams[10] explored dual professional identities of nurse tutors and stated that both teachers and nurses' roles included a design for professional practice, performance and ethics and develop their practice from a body of knowledge that is tested.

The nursing competency is composed of nursing knowledge and nursing practice competency. Saraketrin, Rongmuang and Chantra[11] mentioned that nurse instructors need to possess knowledge and skills in nursing, concerning patient safety and considering patients as a center of care. A nurse educator needs to have knowledge in nursing science, which is their core professional knowledge. In addition, the nurse educator also needs to have knowledge in health and social science in order to be able to provide care in response to the changing context and population health need. For example, an increase of aging population from changes in population structure requires nurses to have knowledge about aging theory in order to provide an appropriate care for the older adults. The Office of Higher Education Commission[12] has defined an expected competency of nurse graduate from bachelor of nursing science program in Thai Qualification Framework as "be knowledgeable in nursing science and related sciences and be able to appropriately apply the knowledge to their basic nursing practice and for continuing education in a higher level". This supports a nature of nursing science as an applied science, aiming to integrate and apply nursing science and related sciences into nursing practice. Comprehensive nursing practice is composed of health promotion, prevention of illness, basic medical care and nursing intervention, and rehabilitation. Nursing care is also holistic and trans-cultural in response to a diversity of society. As the world becomes increasingly more diverse in both global and local populations, the ability of health care professionals to possess cultural competent knowledge, skills, and attitudes to care for culturally dissimilar patients is significant. The nurse educator has varying individual levels of cultural competence to facilitate cultural education to students. The nurse faculty who had more cultural experiences also showed more confidence in performing nursing practice[13].

The pedagogy competency included competencies of faculty as a teacher, which were curriculum management, design and teaching strategies, assessment and evaluation of learning outcomes, using teaching media and technology, quality assessment of education, and enhance students' learning. This competency was congruent with nurse educators competencies proposed by WHO[14]. All six sub-competencies of pedagogy competency interconnected with each other and collectively contribute to teachers' effectiveness. Curriculum management, design and teaching strategies, assessment and evaluation of learning

outcomes, and enhanced students' learning were similar to competencies in domain 2, "Nurse educators demonstrate the skills and abilities to design, implement, monitor and manage curricula based on sound, contemporary educational models, principles, and best evidence". Whereas, quality assessment of education was similar to a competency of "Engage in quality review to assess strengths and weaknesses of the program based on set criteria, and use the results for benchmarking and ongoing progress" of WHO nurse educators core competencies[14]. Using teaching media and technology should be highlighted in response to changes in 21st century education, which require information media and technology skills.

Personal development competency composed of eight sub-competencies that were personal attributes of nurse educators, and the nurse educator can personally develop these attributes. These included communication skills, creative thinking, critical thinking, leadership, team-working, life-long learning, role model, and Thai citizenship. This competency is a supportive competency for the nurse educator. Effective communication is very important for both nurses and teachers, therefore a nurse educator needs to be competent in communication with nursing students and their clients. Creative thinking, critical thinking, leadership, and team-working are competencies responding to changes in health plan and policy, and 21st century education. Critical thinking, Communication, Collaboration, and Creativity are 4Cs of learning and innovation skills in 21st century skills15. To have an effective collaboration, nursing graduates need to have leadership and team-working competencies and to educate nursing students, nurse educators also need to obtain these competencies. Since the changes have occurred rapidly and affected health and education systems, a nurse educator needs to learn to adapt to the changes and life-long learning competency. The nurse educator is expected to be a role model for her students from the stakeholders' view point in the focus group. This is congruent with Australian nurse teacher competency[16] in domain of teaching and learning that specified a competency of acts in capacity of mentor, coach and role model.

Ethical and moral competency consisted of five sub-competencies, including nursing ethics, ethics of teacher, humanized care, moral, and professional values. This competency is a foundation of nursing and teaching profession. As nurse educators, they need to demonstrate professionalism including legal, ethical and professional values as a basis for developing nursing education policies, procedures and decision making. This competency is congruent with one of eight core competencies of nurse educator[14] in domain 6 "Ethical/Legal principles and Professionalism". Although this competency is profound in nursing education, it needs to be emphasized in response to changes in population health needs that patients are more aware of their rights and dignity.

Research and academic services competency consisted of two sub-competencies, which were research and academic services. This competency is a part of mission as a nurse faculty in education institutes. WHO[14] recognized research and evidence as a core competency of nurse educator. Conducting research and providing academic services are components of quality assessment in Thailand required by Thailand Nurses and Midwifery Council and Office of the Higher Education Commission so they are significant competency as perceived by nursing faculty[5].

CONCLUSION

The competencies of nurse educators in this study reflect a need for nursing and teaching competence. Participants noted that moral and

personal qualities such as communication skills, creative thinking, critical thinking, leadership, team-working, life-long learning and role model, are important for nurse educators. Competencies related to research and providing academic services are expected for all nurse educators. The development of nurse educator competencies based on the research findings is recommended to enhance the transference of competencies to new nursing generations and contribute to maintaining and improving the quality of health services.

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