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Reframing the Australian nurse teacher competencies: Do they reflect the 'REAL' world of nurse teacher practice?

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SUMMARY

The Australian nurse teacher competencies were introduced in 1996; however, the researchers perceived that changes to the health care system and a nursing workforce shortage may have affected nurse teacher roles over the past decade. This study aimed to explore perceptions of nurse teachers on the applicability of the current Australian nurse teacher competencies to practice, and modify the nurse teacher competencies to better reflect current practice. Methodology utilized mixed methods, and data collection was via focus groups, telephone interviews, and survey data. Results revealed that participants were mostly positive about the original competency statements, although there were some variations between items. Themes that emerged from the qualitative data were: changing trends in health care; preparation for teaching; understanding of the competencies, contextual influences on education role; nurse teachers as change agents, and resource management. Conclusions were that the Australian nurse teacher competencies (1996) were reflective of the current generic roles of nurse teachers however some of the competencies needed reframing to meet the current needs of nurse teachers. However, changes needed to be made in areas such as reducing complex language, inclusion of technology, and cultural competencies. Nurse teachers were supportive of the research because they valued the teacher competencies for reflection on their practice and the development of portfolios, job descriptions and performance appraisals.

Introduction

The introduction of a competency-based approach to education and training in Australia in the 1990s led to the development of generalist first level, advanced and specialist competency standards by the nursing and midwifery professions, such as the Australian Nursing and Midwifery Council's (ANMC) competency standards for the registered nurse (2006). The Australian Nurse Teachers' Society (ANTS), a professional nursing organization, developed ten competency standards with sub elements and associated performance criteria (1996) that covered aspects such as integrating knowledge, implementing curricula, effective communication, managing resources and fostering critical enquiry. The Australian Nurse Teacher (ANT) competencies were designed as a framework to develop a standard for nurse teacher practice. This development reflected a global trend to develop specialist nursing competencies.

The Bologna declaration (1999) and move from vocational to tertiary education for nurses led to the European Federation of Nurse Educators (FINE) recommending four domains of competency: academic, research, clinical practice and management (Salminen et al., 2009). In the United States of America (USA) the Council on Collegiate Education for Nursing developed 37 competency standards to assist the preparation of nurse educators (Davis et al., 2005). The competencies were aligned to roles of the nurse educator: teacher, scholar, and collaborator roles. Similarly, the National League for Nursing (NLN), an organization whose goal is to promote excellence in nursing education, used an evidence-based approach to develop eight core competencies and their associated task statements for nurse educators (NLN, 2005; Halstead, 2005). The core competencies included facilitating learning, assessment and evaluation, curriculum design, being a change agent, and scholarship.

The ANT core competencies were not organized into domains or roles but were similar to the FINE recommendations (Salminen et al., 2009) as competencies covered aspects such as teaching and learning, promoting research and critical enquiry, integrating nursing knowledge into educational practice and managing resources (1996). Although globally nurse educator competencies appear to cover similar aspects, it is essential that they also reflect the environment

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within which the nurse educator practices. Australia has a different health care system and insurance structure, as well as differing social norms than other countries. The role and qualifications of the nurse educator in Australia differs from that in other countries. The role may include education of other healthcare staff or specific specialty education (Conway and Elwin, 2007). Therefore, it is important that the current ANT competencies should be revised rather than adopting competencies from other countries. The ANT competencies were not in domains so another impetus for revising the competencies was to achieve greater alignment with the ANMC competencies for registered nurses (2006).

Since the original introduction of the Australian Nurse Teacher competency standards, changes to the health care system and a global nursing shortage (Goodin, 2003; Karmel and Li, 2002; Oulton, 2006) may have changed the nature of the nurse teacher role over the past decade. A study by Tolhurst (2005) identified that the role of the clinical nurse teacher was characterized by complexity and changing circumstances. More frequent organizational restructuring and a focus on cost effectiveness had led to changes in the role and scope of practice of the nurse teacher in the clinical setting. Therefore, a review of the nurse teacher competencies to ascertain their relevance and suitability to current practice was needed.

The aim of this study was to investigate the relevance of the current ANT competencies to current practice and to inform the development of a set of competencies that better reflected nurse teacher practice. The research questions developed were:

1. Are the nurse teacher competency statements reflective of their role as a nurse teacher?
2. Are the nurse teacher competency statements reflective of any nurse teacher role?
3. Do the competency elements clearly describe the nurse teacher competencies?

Methods

For the purposes of this study, a nurse teacher was defined as a registered nurse who is primarily involved in the education of nurses in a variety of settings. The study was conducted between 2007 and 2009. Mixed methods were employed, which utilized both quantitative and qualitative data to combine the strengths inherent in both methods (Johnson and Onwuegbuzie, 2004). Qualitative data was gathered in order to give a greater depth of understanding to the participants' responses to the competencies and to improve the confidence of the findings (Stringer, 2004). This involved an iterative collaborative approach to data collection (Liamputtong, 2009).

Ethics approval was obtained through a university ethics committee prior to commencement and written consent was obtained from all participants. Surveys were anonymous, focus group data were reidentified for analysis and no ethical issues arose during the study. Although some researchers were on the ANTS Council their relationships with participants were collegial, and no power relationships were involved. A survey of 62 questions was developed based on the ANT competencies (ANTS, 1996), and was assessed for content validity (Mathers and Huang, 2004) utilizing a group of nurse teachers with a minimum of 10 years experience, from all major areas of educational practice ($n = 30$).

A letter of invitation, consent form, and survey were mailed to all members of the ANTS ($n = 220$), and also posted on the ANTS' website. Demographic information was sought on nine items: sex, age group, years of teaching experience, years in nursing practice, type of teaching setting, position title, post code, and qualifications. Five-point Likert scales were utilized for levels of agreement to the 10 competency statements and 33 competency sub-elements (ANTS, 1996) as well as one open-ended question seeking general comments. Each competency statement had two questions for respondents to report their level of agreement on how each statement related to (a) their nurse teacher role and (b) to any nurse teacher role. This gave a total of 61 questions and there was an additional question "We value any comments you have regarding the nurse teacher competencies and their validity to practice". There was also the ability for respondents to add comments to every competency and competency sub-element.

Respondents were invited to join focus groups or telephone interviews. Six focus groups were held: one in four State capital cities, and two at a national nurse education conference. Ten telephone interviews were held with nurse teachers from across Australia, including several non-members as a result of snow-balling. Four questions were developed for the semi-structured focus groups and telephone interviews:

1. What does the term competency mean to you?
2. When were you first made aware of the nurse teacher competencies?
3. How accurately do the teacher competencies reflect your role in teaching nurses?
4. Are there any particular competency descriptors which you find difficult to understand? If so which ones? In what way do you find them difficult?

Data analysis

Modes and percent agreements were used to describe responses on Likert scales (SPSS v11) for each question and each competency statement. All scales indicated 1 as *Strongly agree* and 5 indicated *Strongly disagree*. Descriptive statistics were used to report demographic data. Qualitative data from the surveys, focus groups, and telephone interviews were analyzed using an eclectic approach to content analysis (Burnard, 1994). Audio tapes were transcribed and categories, concepts, patterns, and trends identified (Stringer, 2004).

Results

Demographic data

Demographic characteristics are given in Table 1. There were 96 respondents for the survey, and the majority were employed by hospitals (55%) in an educator position (46% of total respondents), with the second largest group from universities (29%). Most of the respondents were aged 45 years or above (63%) and the majority were female (95%). All States and Territories were represented. The respondents were mostly experienced nurse teachers ($M = 12$ years) and were also experienced in nursing ($M = 24.5$ years). Nomenclature for positions varied widely but were categorised into Nurse Educator (NE), Clinical Nurse Educator (CNE), Lecturer, and Other. A NE is usually a hospital-based appointment that has a higher pay rate than a CNE. A CNE is ward-based and often has a mixed role of education and case load.

Quantitative responses: were the competencies reflective of their role as a nurse teacher?

Averages (mean and mode) were calculated for the Likert scale responses to the competency statements (Table 2) related to the respondents understanding of their personal nurse teacher role. For all statements the majority of respondents agreed, with some variation between statements. The highest levels of agreement were with the statements "integrates professional nursing and educational knowledge and expertise to achieve learning outcomes" (97.9%) and "demonstrates effective communication and interpersonal skills in

Table 1
Demographic characteristics of respondents from survey.

Characteristic		N (Total = 96)	Percentage
Health facility	Hospitals	53	55.2
	University	28	29.1
	TAFE (adult education)	11	11.5
	Community	2	2.1
	Other	2	2.1
Position	Nurse educator	34	35.4
	CNE	10	10.4
	Lecturer	26	26.0
	Other	28	28.2
Gender	Female	95	94.7
	Male	5	5.3
Age group[a]	25–34 years	8	8.4
	35–44 years	27	28.4
	45 years plus	60	63.2
State	New South Wales	50	54.9
	Victoria	15	16.5
	Queensland	5	5.5
	South Australia	12	13.2
	Western Australia	5	5.5
	Other	4	4.4
Teaching experience	Mean (years)	12.1	
	St Dev (*years*)	8.3	
Nursing experience	Mean (years)	24.5	
	St Dev (*years*)	9.1	

[a] No respondent was between the ages 18–24 years.

every aspect of the education process" (96.8%). The lowest levels of percentage agreement were with curriculum development statements "facilitates the curriculum development process to meet the educational goals of all stakeholders" (85.1%) and "implements curriculum effectively, being cognisant of program intent, workplace reality and physical and financial resources" (87.2%).

Quantitative responses: were the competencies reflective of any nurse teacher role?

Similarly, averages were calculated for the Likert scale responses to competency statements (Table 3) related to the respondents understanding of any nurse teacher role. For all statements the majority of respondents agreed, with some variation between statements. The highest levels of agreement were with the same statements as those for their understanding of their own nurse teacher role, though the percent agreement differed: "integrates professional nursing and educational knowledge and expertise to achieve learning outcomes" (95.6%) and "demonstrates effective communication and interpersonal skills in every aspect of the education process" (95.5%). The lowest level of percentage agreement was also with the same statements related to curriculum development: "facilitates the curriculum development process to meet the educational goals of all stakeholders" (79.8%) and "implements curriculum effectively, being cognisant of program intent, workplace reality and physical and financial resources" (85.4%).

Quantitative responses to competency statements

All responses to competency and sub-competency statements were in positive agreement, and ranging from 79.4 to 94.1% agreement for each competency (Table 4). The highest agreement was with competency statement 7: "demonstrates effective communication and interpersonal skills in every aspect of the education process" (94.1%) and the lowest mean percent agreement was with competency 9: "manages efficient use of resources in the implementation and conduct of health education programs" (79.4%).

Other quantitative results

As there were only 8 participants aged 25–34 years the group was collapsed with the 35–44 years age group. Independent *t*-tests showed no significant differences between age groups on any of the 20 competency questions. One-way ANOVA's were performed on position (employment) and the competency question responses but only one question had a significant difference between positions: Clinical Nurse Educators agreed more strongly to the statement "Uses effective strategies that reflect a contemporary philosophy of nursing to integrate education outcomes with health needs of the society" reflected their role than lecturers' responses. Correlations between years of teaching experience and the 20 competency statements were non-significant except for one competency that was related to reflecting any nurse teacher role: as teaching experience years increased respondents agreed less strongly with "Demonstrates effective communication and interpersonal skills in every aspect of the education process" ($n = 88$, $r = -0.214$, $p = 0.046$).

Responses to open-ended survey question

The lowest level of agreement in the responses was associated with the curriculum development statements. This was related to the facilitation and implementation of the curriculum process to meet educational needs of stakeholders. Respondents stated that it depends on ones' role or position as to whether nurse educators in hospital had input into curriculum development. Many nurse teachers reported not having input into curriculum development because of their work at ward level.

Similarly, there was a low level of response to 'managing efficient use of resources in conducting health programs'. Many nurse teachers suggested that they had problems with this competency statement as involvement was dependent on their position and level of access to

Table 2
Averages and percent agreement from responses to Phase 1 survey competency statements 'Would you please tell us about your understanding of YOUR nurse teacher role'.

Statement	M	SD	Mode	% Mode	% Agree	N
Integrates professional nursing and educational knowledge and expertise to achieve learning outcomes	1.3	0.7	1	75.8	97.9	95
Demonstrates effective communication and interpersonal skills in every aspect of the education process	1.3	0.7	1	76.3	96.8	93
Develops and maintains professional inquiry, relationships and environments that affirm nursing professionalism	1.4	0.7	1	64.2	95.8	95
Ensures currency and applicability of programs, based on educational evaluation	1.4	0.7	1	64.9	93.6	94
Uses effective strategies that reflect a contemporary philosophy of nursing to integrate education outcomes with health needs of the society	1.8	0.7	2	56.4	92.6	94
Manages efficient use of resources in the implementation and conduct of health education programs	1.7	0.9	1	50.0	91.5	94
Fosters critical inquiry which seeks opportunities to develop, maintain, affirm and promote the discipline of nursing in order to meet the health needs of society	1.7	0.9	1	52.1	88.3	94
Teaches the discipline of nursing to maximise outcomes for learners	1.5	0.8	1	65.2	88.0	92
Implements curriculum effectively, being cognisant of program intent, workplace reality and physical and financial resources	1.6	0.9	1	56.4	87.2	94
Facilitates the curriculum development process to meet the educational goals of all stakeholders	1.7	0.9	1	51.1	85.1	94

Table 3
Averages and percent agreement from responses to competency statements; "Would you please tell us about your understanding of ANY nurse teacher role".

Statement	N	M	SD	Mode	% Mode	% Agree
Develops and maintains professional inquiry, relationships and environments that affirm nursing professionalism	90	1.5	0.7	1	60.0	95.6
Demonstrates effective communication and interpersonal skills in every aspect of the education process	89	1.4	0.8	1	74.2	95.5
Uses effective strategies that reflect a contemporary philosophy of nursing to integrate education outcomes with health needs of the society	91	1.5	0.7	1	54.9	94.5
Integrates professional nursing and educational knowledge and expertise to achieve learning outcomes	89	1.4	0.8	1	69.7	94.4
Manages efficient use of resources in the implementation and conduct of health education programs	89	1.6	0.7	1	49.4	93.3
Ensures currency and applicability of programs, based on educational evaluation	90	1.6	0.9	1	55.1	89.9
Fosters critical inquiry which seeks opportunities to develop, maintain, affirm and promote the discipline of nursing in order to meet the health needs of society	89	1.6	0.8	1	58.9	87.8
Teaches the discipline of nursing to maximise outcomes for learners	89	1.6	0.9	1	61.8	87.6
Implements curriculum effectively, being cognisant of program intent, workplace reality and physical and financial resources	89	1.7	1.0	1	53.9	85.4
Facilitates the curriculum development process to meet the educational goals of all stakeholders		1.9	1.1	1	49.4	79.8

information, nor relevant to all nurse teachers as many were not managers of budget resources.

Themes from respondents' comments in the survey, focus groups and telephone interviews

Qualitative data revealed seven major themes related to the competencies:

1. *Changing trends in health care*: Respondents identified the pressure on nurse teachers to react to social and professional trends. Two sub-themes emerged: cultural issues, and technological changes.

a) Cultural issues were raised, such as meeting the educational needs of Indigenous people and a multicultural society. This was echoed by a rural and remote nurse teacher:

> *"I run sessions on trans-cultural nursing in the workplace introducing Aboriginal culture. I think it is relevant".* (Telephone Interview)

Some respondents from rural and remote areas agreed that the shift to chronic illness and multicultural clients had impacted on what they needed to teach. In terms of meeting both the learning needs of indigenous and culturally and linguistically diverse clients, respondents identified the need to educate their staff so that:

> *"They can be advocates for their patients and reflect different cultural perspectives when addressing health needs in the community".* (Focus Group Interview)

b) Technological changes were also reported as impacting on nurse teachers, noting that the competencies did not cover information and technology skills. Some respondents suggested that the competencies must reflect appropriate use of technology to support learning. They identified the increasing use of computer technologies in nursing and the need to be educated in their use, although some hospital nurse teachers stated they could not use technology effectively because it was not available in their hospital settings.

> *"New sub-competencies need to be added here to reflect the changes in nursing…e.g. demonstrates appropriate use of technology to support learning".* (Focus Group Interview)

2. *Preparation for teaching:* Some respondents reported a lack of teaching skills amongst some nurse teachers:

> *"Indeed nurse educator's lack of ability to understand educational skills and competencies is the result of many of them not having educational qualifications".* (Focus Group Interview)

Although many participants believed that they needed additional educational skills assistance, some stated that there were clinical teachers who did not agree they needed any assistance:

> *"There are no set guidelines for hospital educators... I am concerned that due to culture change in the last five to ten years hospital educators are not necessarily performing the way they should.. They believe they don't need education skills! It is problematic that there is no set education qualification tied to the job".* (Focus Group Interview)

3. *Understanding the language of the competencies*: Many respondents, particularly clinical teachers, reported difficulty in understanding the language of the competency statements and terminology, for example 'philosophy', and 'curriculum'.

> *"I agree with you that 'Philosophy' is one of those words that is very 'airy fairy' and most nurses are black and white, particularly clinicians...* (Focus Group Interview)

Another word that was difficult for nurse teachers to understand was 'curriculum development' or 'curriculum', as some could not see its relevance to their area of teaching.

> *"I'm not sure that "curriculum development" or "curriculum" is necessarily the most appropriate word. I should have thought there was much more to education then developing curriculum. And I appreciate that curriculum was probably the word utilised to reflect all the development of learning materials but it's probably not reflective of reality these days".* (Focus Group Interview)

Many respondents indicated that the competency language was too complex, and 'wordy', and often repetitive. Some reported the complexity caused confusion and misunderstanding and suggested that the competencies be simplified.

> "*I find the initial ten competencies difficult to understand on first reading, the points under them help explain them better".* (Focus Group Interview)*"Overall competencies were very wordy. They could be expanded into more simplistic format as these assume a clear understanding of the nurse teacher role".* (Focus Group Interview)

4. *Contextual issues on the nurse teacher role:* An important sub-theme was workload issues and their effects on the educator's role. Different teaching contexts were described as requiring different roles and responsibilities. Some clinical educators considered their role different to a nurse academic as they did not plan educational experiences.

Table 4
Averages, percent agreement and mean percent agreement from responses to competencies and sub-elements statements.

	Competency Statement and sub-elements	N	M	SD	Mode	% Mode	% Agree	*M*% Agree
1	*Uses effective strategies that reflect a contemporary philosophy of nursing to integrate education outcomes with health needs of the society*							
1.1	Demonstrates a knowledge of Australian society, its diversity of cultures, values and beliefs	93	1.8	0.9	2	43.0	82.8	
1.2	Demonstrates knowledge of the health needs of society	92	1.7	0.7	2	44.6	94.6	
1.3	Integrates nursing philosophy into educational strategies that best meet the health needs of society	93	1.8	0.9	2	45.2	82.8	
1.4	Anticipates future social and professional trends in order to initiate and manage educational change	93	1.9	0.9	2	40.9	77.4	
1.5	Contributes to decision and policy making mechanisms in aligning organizational goals with developments in education and technology	92	1.9	0.9	1	42.4	78.3	83.2
2	*Develops and maintains professional inquiry, relationships and environments that affirm nursing professionalism*							
2.1	Advances professional knowledge through self-development, reflective practice, research and collaboration with professional colleagues	93	1.3	0.7	1	75.3	94.6	
2.2	Is cognisant of current professional thought through involvement with professional and industrial organizations	94	1.5	0.7	1	57.4	91.5	
2.3	Contributes to the promotion of nursing and nurse education interests in political arenas	93	2.0	0.9	1	36.6	71.0	
2.4	Embodies the Codes of Conduct and Ethics endorsed by the nursing profession	94	1.3	0.6	1	74.5	94.7	88.0
3	*Integrates professional nursing and educational knowledge and expertise to achieve learning outcomes*							
3.1	Plans health programs that consider the social, political and economic environment of all stakeholders in the context within which education occurs	94	2.0	1.0	1	39.4	71.3	
3.2	Uses leadership skills to ensure the provision of quality educational programs that support current nursing, education, practice and research	94	1.5	0.7	1	64.9	88.3	79.8
4	*Facilitates the curriculum development process to meet the educational goals of all stakeholders*							
4.1	Contributes to the development of curriculum, incorporating professional standards, attitudes and values that reflect contemporary nursing practice	94	1.7	0.8	1	47.9	88.3	
4.2	Fosters collaborative practice in the curriculum development process	93	1.6	0.8	1	52.7	86.0	
4.3	Ensures that learner centred principles are incorporated in curriculum development	93	1.6	0.8	1	54.8	89.2	
4.4	Establishes monitoring and review practices within the curriculum process to ensure successful outcomes	92	1.5	0.7	1	58.7	91.3	88.7
5	*Implements curriculum effectively, being cognisant of program intent, workplace reality and physical and financial resources*							
5.1	Uses a variety of educational and learning experiences to achieve curriculum intent	92	1.3	0.6	1	73.9	95.7	
5.2	Plans and conducts the educational experience in an environment that encourages learning	94	1.4	0.7	1	73.4	89.4	
5.3	Recognises workplace opportunities and constraints when implementing programs	94	1.4	0.7	1	71.3	94.7	93.3
6	*Teaches the discipline of nursing to maximise outcomes for learners*							
6.1	Demonstrates expert nursing knowledge and practice as a basis for effective teaching	93	1.5	0.7	1	61.3	89.2	
6.2	Plans and implements effective teaching/learning sessions	94	1.3	0.6	1	73.4	96.8	
6.3	Fosters independence in learner approaches to learning, growth, development and change	93	1.3	0.6	1	76.3	92.5	
6.4	Monitors progress and provides feedback and counseling to learners regarding educational achievements/needs	94	1.4	0.6	1	68.1	93.6	
6.5	Evaluates learning outcomes and processes in line with the educational philosophy and curriculum intent	92	1.4	0.7	1	65.2	93.5	93.1
7	*Demonstrates effective communication and interpersonal skills in every aspect of the education process*							
7.1	Uses formal written communication skills to produce effective documentation and feedback to learners and others	92	1.5	0.7	1	62.0	93.5	
7.2	Uses effective communication skills to achieve learner outcomes	92	1.3	0.6	1	71.7	94.6	94.1
8	*Ensures currency and applicability of programs, based on educational evaluation*							
8.1	Uses appropriate methods to evaluate the educational process	94	1.5	0.7	1	63.8	92.6	
8.2	Uses course evaluation findings to provide feedback to stakeholders and influence further nurse education directions to more effectively meet the health needs of society	94	1.5	0.7	1	62.8	89.4	
8.3	Demonstrates ability to act as a change agent	94	1.6	0.8	1	55.3	88.3	90.1
9	*Manages efficient use of resources in the implementation and conduct of health education programs*							
9.1	Uses effective human resource management to achieve program outcomes	91	1.7	0.9	1	49.5	82.4	
9.2	Uses management skills to plan, allocate and monitor financial resources	93	2.0	0.9	1	37.6	69.9	
9.3	Uses environmental resources appropriately to facilitate educational outcomes	92	1.7	0.8	1	50.0	85.9	79.4
10	*Fosters critical inquiry which seeks opportunities to develop, maintain, affirm and promote the discipline of nursing in order to meet the health needs of society*							
10.1	Incorporates nursing and education research results into nursing and teaching practice	93	1.4	0.6	1	64.5	93.5	
10.2	Promotes reflective practice to initiate and manage change to improve teaching, nursing and health outcomes	93	1.4	0.7	1	68.8	92.5	93.0

Some respondents reported their role required diverse responsibilities, contributing to high workloads. In addition, these demands eroded their nurse teacher role and led to a feeling their educational role was not valued.

> *"In my role I am responsible for students undertaking a graduate certificate nursing course, for orientation for new nursing staff and undergraduate nursing students — ten students in fact, as well as continuing education for current staff about evidence based nursing practice, patient-centered care, and some staff needing learner assistance to reach competencies at the advanced level".* (Telephone Interview)

5. *Nurse teachers as change agents:* Some respondents agreed that nurses should act as change agents whilst others disagreed. One stated *"Nurse educators have the role of change agents by default"*. There was confusion over what a change agent was, as some related the term to personal influence on learner motivation. It was also acknowledged by some respondents that not all nurse educators are in positions where they can demonstrate management and leadership skills or initiate and manage educational change.

There were variations in agreement to whether commitment to research was important in the nurse educator role. A number of respondents stressed that, although research was important for nurse

teachers, it was not part of their job description, and there was no support from management for a research role. Other comments suggested academic nurses should be engaged in research, unlike clinical nurse educators, as research within the clinical setting meant a lot of work for very little gain. However, one respondent suggested that there was a need to:

> **"***Bring clinical nurses in to learn research — this is part of the change agent role. The difficult bit of the role is trying to change 'old' nurses' mind set".* (Focus Group Interview)

6. *Resource Management*: Organizational restraints were perceived as impacting on the nurse teacher role and the power of the individual within the organization. The general consensus from respondents was that it depended upon their position in the organization as to whether they contributed to decision making and policy development. Lack of resources means there were constraints that influenced or affected nurse teachers, such as the inability to undertake educational evaluation.

> "*Resources need to be differentiated between human and other resources — budget for wages only, not education …is very dependent on where you sit in the organization".* (Telephone Interview)

7. U*se of the competencies* was another theme. One respondent noted that the relevance of the competencies depended on one's role. Respondents identified they used the competencies in a variety of ways, such as assessing educators, peer performance, performance management appraisals, personal development, and for structuring a strategic training plan.

> *"As an educator you need to demonstrate ANTs competencies—they are the core competencies for nurse educators."* (Telephone Interview)

Discussion

There was a strong agreement that most of the competencies were reflective of the respondents' roles as nurse teachers, both in their individual roles and those of any nurse teacher. However, many respondents indicated that the competencies could be modified to better reflect their roles, particularly in the areas of technology, cultural aspects and the language of the competencies. Major themes were identified: changing trends in health care, including cultural issues, and technological changes; preparation for teaching; understanding of the language of the competencies; contextual issues on the nurse teacher role, including workload and the use of the competencies; nurse teachers as change agents; and resource management.

One issue raised by participants was the lack of educational skills or qualifications of some less experienced clinical teachers. This was believed by some respondents to have contributed to the confusion and misunderstanding of some terms and language used in the competencies. Educational qualifications are not essential for some nurse teacher roles in Australia, particularly in the clinical environment. Organizational imperatives may focus more on postgraduate nursing specialty competence than on educational skills. It also may demonstrate a lack of understanding and devaluing of the specialist skills required to teach nurses and midwives. This is reflected in the respondents' reports of the widening of their roles to include non-teaching aspects, or to add an education role to a clinical workload. Clinical nurse teachers perceived educational priorities by management were considered secondary to their heavy clinical demands. Pressures of new graduate programs and continual clinical placements for students added stress on the clinical nurse teachers. This particularly affected their ability to run effective in-service programs and support strategies for staff. This is of concern to nurse teachers as quality education is needed to produce effective results. The competencies can be used to support the specialist nature of education and will be essential as a basis for job descriptions and performance reviews.

Changing trends in nursing such as increased complexity of care and changes to skill mix altered some of the roles of nurse teachers, and supports previous findings (Carr, 2007). Respondents also identified changing multiculturalism in society and in the nursing workforce that necessitated the addition of a new competency related to communication and cultural needs. Parker and McMillan (2008) emphasized that there is an obligation for nurse teachers to engage with cultural diversity within their curriculum.

Although nurse teachers suggested that they were able to successfully cope with changing trends in health care, they reported that clinical nurse teachers were under resourced in technology, such as access to computers and information technology support. Literature also supports these findings, with the increasing use of an 'elearning' environment for healthcare education, including orientation programs, and clinical knowledge (Gerkin et al., 2009). Information technology presents difficulties for the nurse teacher as many clinicians lacked information literacy skills and confidence in this learning medium (Schmitt et al., 2004; Smith, 2005). Furthermore hospital nurse educators report lack of resources and have to work with financial restrictions. Some perceived themselves as having limited power or influence on budget and educational policies and procedures. This perception influenced their ability to "act as change agents" and to promote nursing and nurse education in the political arena. Moreover, clinical teachers saw their role as very distinct from academic teaching as they had little time to plan their teaching and their involvement in research was minimal.

Competencies need to reflect the role of nurse teachers as well as allow for future development of the profession. It is difficult to have a generic set of competencies that exactly fits every role, yet commonalities need to be found. Even though some nurse teachers may not be involved in program development or educational planning it is important to be inclusive. Individual nurse teachers or organizations can then develop particular strategies based on the competencies that reflect their local needs. With national nurse registration being introduced in Australia in 2010, teacher competencies are regarded as important in providing a bench mark for nurse teachers to evaluate their teaching competence. However, there is a need to support nurse educators, particularly in the clinical setting, by providing resources, education and clear job descriptions that promote and value nurse educators.

Limitations of the research

The survey mostly targeted ANTS members so may not reflect all nurse teacher roles in Australia. However, ANTS members came from a variety of educational fields and contexts, and from all States. There were also differences between States in the nomenclature used for nurse teachers that may have led to some confusion. There needs to be further research into how roles vary between States and in differing contexts. Due to the levels of measurement only descriptive statistics were able to be used so causative relationships were unable to be identified.

Conclusions

This study found support for the nurse teacher competencies but some changes are needed to reflect global trends and the changing nature of nurse education and Australian society. The following challenges identified were changing outdated, complex language,

inclusion of technology competencies, acknowledging cultural diversity in health care, the need for increased focus on staff development for novice educators, acknowledgement of the complexity of the diverse clinical nurse teacher role, the limitations of many nurse teachers in terms of resource management, and the important role of change agent to enable involvement in the politics of health care. Based on the outcomes of the study the changes incorporated and the ANT competencies were revised (ANTS, 2010).

Issues raised by respondents included the need for clinical educators to have specialist skills in education. An eroding of nurse teacher roles was also identified, and respondents gave the reason that increasing organizational demands led to an overburdening and devaluing of the role. It is important that nurse teacher competencies reflect the realities of current educational practice. Competency standards are a powerful tool to describe and define the nurse teacher role professionally, organisationally and politically. Ongoing support and monitoring is needed to identify the utilization of the ANT competencies.

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