



# Characteristics of nursing educators' professional competency standards: A scoping review

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## ARTICLE INFO

### Keywords:

Nursing education  
Nursing  
Professional competence  
Scoping review  
Competencies  
Professional standards

## ABSTRACT

**Aim:** To map the characteristics of nursing educators' competency standards for practice from the existing literature, examine the evidence and identify commonalities and differences.

**Background:** Many countries or regions have produced nursing educator standards, however, there is no common set of standards or competencies used globally. Mapping these nursing educator standards should identify a common set of standards that can be applied across any nursing educator practice setting.

**Design:** The review was conducted using the JBI methodology for scoping reviews and followed an *a priori* protocol.

**Methods:** A comprehensive search of studies or guidelines (2001–2022) was undertaken to identify specific nursing educator competencies from any practice setting and in any language. Preceptorship and mentorship studies were excluded from the search terms. Databases searched for relevant records and guidelines were CINAHL, ERIC, Medline (Ovid), Pubmed, Scopus, Google and targeted websites. After screening and selection, relevant data were extracted and summarized using an extraction guide. Characteristics of the reports were identified and all three levels of competency statements were mapped against commonly occurring categories derived from the data.

**Results:** 1145 evidence records were screened after removal of duplicates with 14 records included in the review. The included evidence sources were from various nursing educator practice settings and educator roles. All evidence sources had at least two levels of competency statements and 16 competency categories were identified. Common categories in the first two competency levels were: leadership and management; research and scholarship; professional values and professional development; and facilitating learning. Statements related to learner evaluation were also common in the level 2 competencies. Level 3 competencies were included in seven evidence sources and most of the sources included almost all categories. Low-occurring statements at all levels were in the 'Nursing skills' and 'Decision-making/strategic planning' categories.

**Conclusions:** Common characteristics and categories were found between different evidence sources in this review. The most common competency review categories included leadership and management, professional development and facilitating learning. Few decision-making competencies were identified from the evidence sources. These results can inform educators and managers in developing globally-based nursing educator competencies, performance management tools and job descriptions.

## 1. Introduction

Professional standards or competencies are essential in delineating the skills, behaviors and values expected by the nursing profession for

professional practice (Canadian Nurses Association, 2015). Nursing educators are fundamental in ensuring quality patient care by assisting students and nurses to achieve and maintain the standards expected by the profession and workplace (Oermann et al., 2018; Oldland et al.,

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<https://doi.org/10.1016/j.nepr.2024.104130>

Received 17 May 2024; Received in revised form 21 August 2024; Accepted 3 September 2024

Available online 15 September 2024

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2020). Professional standards, or competencies, are also vital for nursing educators in promoting quality nursing educator practice. Professional standards for nursing educators can facilitate professional knowledge, guide ethical practice, define roles and responsibilities and provide benchmarks against which quality nursing educator practice can be evaluated (Lewis et al., 2021; Murray and Pitman, 2017). Some countries have developed nursing educator competency standards, however, there is no common set of nursing educator competency standards currently used globally. This can be expected to some extent, as nursing education systems, culture, roles and community health needs differ between regions and countries (Salminen et al., 2021 Mar). Identifying a common set of nursing educator standards or competencies is vital to developing nursing education as a profession, particularly with the increasing globalization of nursing education and the workforce from the impact of immigration, technology and population health concerns (Dorri et al., 2020).

### 1.1. Background

Nursing educators (NE) vary in their roles and responsibilities depending on employer or accreditation requirements (Oermann et al., 2018). For example, NE are found in various settings, such as clinical, educational institutions and the community. Nursing educators also vary in their length of education experience, qualifications and type of learner (e.g., undergraduate student, new graduate). Organizations in several countries have developed professional standards for nursing educators to support quality nursing educator practice (Oermann et al., 2018). Professional nursing educator standards are commonly named ‘competencies’ in the literature so this term will be used throughout the review. The definition of competencies used in this review is “the specific knowledge, skills, judgment and personal attributes required to practice safely and ethically in a designated role and setting” (p. 10) (Canadian Nurses Association, 2015).

In the latter half of the 20th century nursing education began moving to competency-based education in response to changes in healthcare delivery and population health (Lewis et al., 2022; McAllister et al., 2019). Nursing educators were instrumental in these changes to nursing education, which included the development of national competency frameworks for Registered Nurses, (Lewis et al., 2022; McAllister et al., 2019) promoting the professionalization of nursing (Cao et al., 2023). Competency frameworks were also developed for nursing educator practice. For example, the National League for Nursing (NLN) in the United States of America (USA) developed academic nurse educator competencies in 2005, which were later reconfirmed in 2012 (Fitzgerald et al., 2020). The Australian Nurse Teachers’ Competencies were first developed for educators in any role in 1996 by the Australian Nurse Teachers’ Society (ANTS) and revised in 2010 (Guy et al., 2011). The World Health Organization (WHO), using a rigorous approach to development, also published nurse educator competencies in 2016 (World Health Organization, 2016). The WHO competencies (World Health Organization WHO, 2016) attempted to provide a global set of competencies for all nursing educators, however, it was developed before the COVID pandemic and a limited number of countries were included. Nursing educator competencies are vital to delineating educator roles and responsibilities, guiding educator knowledge and curriculum development and providing a framework for evaluating educator performance (Lewis et al., 2021; Murray and Pitman, 2017). However, not all countries have nursing educator competencies.

Rapid changes to nursing education have occurred in recent years due to the COVID-19 pandemic. ‘Lockdowns’ occurred that isolated people in their homes and short notice changes to nursing course delivery by educational institutions were undertaken. For example, curricula were modified, teaching methods revised and conferences held in a virtual (online) environment (American Association of Colleges of Nursing, 2020; Haslam, 2021). In the healthcare sector, similar changes also occurred, where an increase in online mandatory training and other

professional development activities were offered (Prior et al., 2020; Wynter et al., 2022). Nursing education has been moving towards more online learning for several years, such as the move to hybrid learning delivery (a combination of online and face-to-face) (Davidson et al., 2021). Online strategies, such as virtual reality and ‘gaming’ have also been incorporated into courses (Morton, 2019; Reed, 2020). Identifying common or core competencies shared between different countries can assist nursing educators in developing and reviewing their competency guidelines against common global nursing competencies to meet their current and future education needs.

A scoping review methodology can summarize and identify gaps in the evidence and clarify complex concepts (Levac et al., 2010; Aromataris and Munn, 2021). This methodology could summarize nursing educator competencies common to different evidence sources, identify gaps or competencies that are not shared or are missing and summarize the characteristics of evidence sources. Scoping reviews use rigorous research methods, which includes an *a priori* protocol, a comprehensive literature search and mapping of the results (Levac et al., 2010; Aromataris and Munn, 2021). After a rigorous literature search, no scoping review was found that explored the commonalities between different nursing educator competencies. There were scoping reviews that focused on different aspects related to nursing educators, but not the mapping of nursing educator competency standards. A recent scoping review by Wells-Beede et al. (2023). focused on the competencies needed by nursing educators to prepare students for the transition to practice, but not on competencies for comprehensive nursing educator practice. Another recent scoping review by Lemetti et al. (2023). investigated the instruments with which nursing educator competence was measured but did not focus on competency standards. There was also a review by Zlatanovic et al. (2017). that was “inspired by the literature on configurative systematic reviews” (p. 204) and identified common themes of nurse teacher competencies, which concluded that no clear or common categorization of nurse teacher competencies was found.

A scoping review that identifies commonalities between nursing educator competency standards can be used to plan nursing educator courses, guide professional development, monitor and evaluate nursing educator performance and provide a framework for nursing educator practice. This scoping review will map commonalities and identify gaps in nursing educator competency standards from various countries.

## 2. Methods

The JBI methodology for scoping reviews (Aromataris and Munn, 2021) guided the review process, including the search strategy, screening process and data extraction tools. The protocol was registered *a priori* with the Open Science Framework (OSF) Registry (<https://osf.io/registries>).

### 2.1. Review questions

1. What are the characteristics of nursing educator (NE) competency standards in any area of practice?
2. What are the commonalities and gaps in the evidence of the characteristics of nursing educator competency standards?

### 2.2. Inclusion criteria

#### 2.2.1. Population

Studies and guidelines regarding nursing educators (NE) of any age, ethnicity, sex, or years of experience (such as novice or experienced) were included in the review. Nursing educators were considered educators if education was their primary role in any setting or years of experience. Variations in terminology may occur between regions and countries, for example, faculty or academics.

### 2.2.2. Concept

This review examined concepts regarding competency standards of NE practice. Professional standards or competencies were defined as a set of guidelines or expectations a profession identifies that describes their responsibilities and scope of practice, such as knowledge, skills and behaviors expected in that role (Lewis et al., 2021). The review excluded reports on discussions of the educator role unless a framework of characteristics or guidelines was also given to guide NE practice.

### 2.2.3. Context

Studies or guidelines from any practice setting, including any country or field of practice, such as academia (faculty) or the clinical environment, were included in this review.

## 2.3. Types of sources

Studies that included experimental, quasi-experimental, or descriptive designs that were relevant to the inclusion criteria were included in the review, for example (but not limited to) randomized controlled trials, before and after studies, descriptive cross-sectional studies, case series design and qualitative studies of any methodology, such as grounded theory, phenomenology and qualitative description. Systematic reviews that met the inclusion criteria were included if the reviews' research questions were relevant. Other types of evidence, such as guidelines, reports, or text and opinion papers meeting the inclusion criteria were also included in the review. Limitations were applied to the years and sources from January 2021 to September 2022 were included to give more recent evidence sources.

## 2.4. Exclusion criteria

Preceptorship and mentorship studies were excluded as these roles are usually conducted within their Registered Nurse's role and are not usually considered primarily in an educational role, or a role that requires a depth of specialized educational expertise (Trede et al., 2016). Position descriptions were also not included as these were related to employment rather than NE professional standards.

## 2.5. Search strategy

A three-step search strategy (Aromataris and Munn, 2021) was used to locate published and unpublished evidence related to the inclusion criteria. In the first step, a limited search of CINAHL and MEDLINE (Ovid) was undertaken to identify relevant evidence. Relevant text words from the titles and abstracts were identified from studies/evidence sources and index terms were used to develop a more extensive, full search strategy. In the second step, the full search was modified for each database ensuring the search strategy included all relevant keywords and index terms identified in step 1. The databases searched were CINAHL [EBSCO], ERIC [ProQuest], Medline [Ovid], Scopus and the unpublished literature through 'ProQuest Dissertations and Theses Abstract Index' and Google. A targeted search of websites of major national nursing organizations and national nursing competencies for countries that did not appear in the Google search were also searched as sources for evidence (United Kingdom, New Zealand, Sweden, Germany, France and Europe). The final step was to hand-search the reference lists from all potentially included evidence sources for additional relevant evidence (see Supplementary material for the full searches).

## 2.6. Evidence selection

After retrieving the evidence (e.g., studies and guidelines) from the searches, the lead investigator (CT) uploaded the evidence into EndNote (version 20, Clarivate Analytics, PA, USA) and duplicates were removed. Initial screening of titles and abstracts was undertaken by two independent reviewers from the research team (CT, NS) and assessed using

the review's inclusion criteria. Covidence (<https://www.covidence.org/>), a review management software, was used to screen the evidence, which is a variation from protocol. In the protocol (Open Science Framework) the JBI System for the Unified Management, Assessment and Review of Information (JBI SUMARI: Adelaide, Australia) (Munn et al., 2018) could not be used as the second reviewer did not have access to this system.

After title and abstract screening, the full texts of selected evidence sources were assessed in detail against the inclusion criteria by two independent reviewers (CT, NS). Reasons for excluding evidence sources included 'not providing guidelines' and 'not relating to education'. Full details of the reasons for exclusion are in the PRISMA-ScR flow diagram (Page et al., 2021) in Fig. 1 and the Supplementary material. At each stage of the screening process, any disagreements that arose between reviewers were resolved through discussion with the research team.

## 2.7. Data extraction

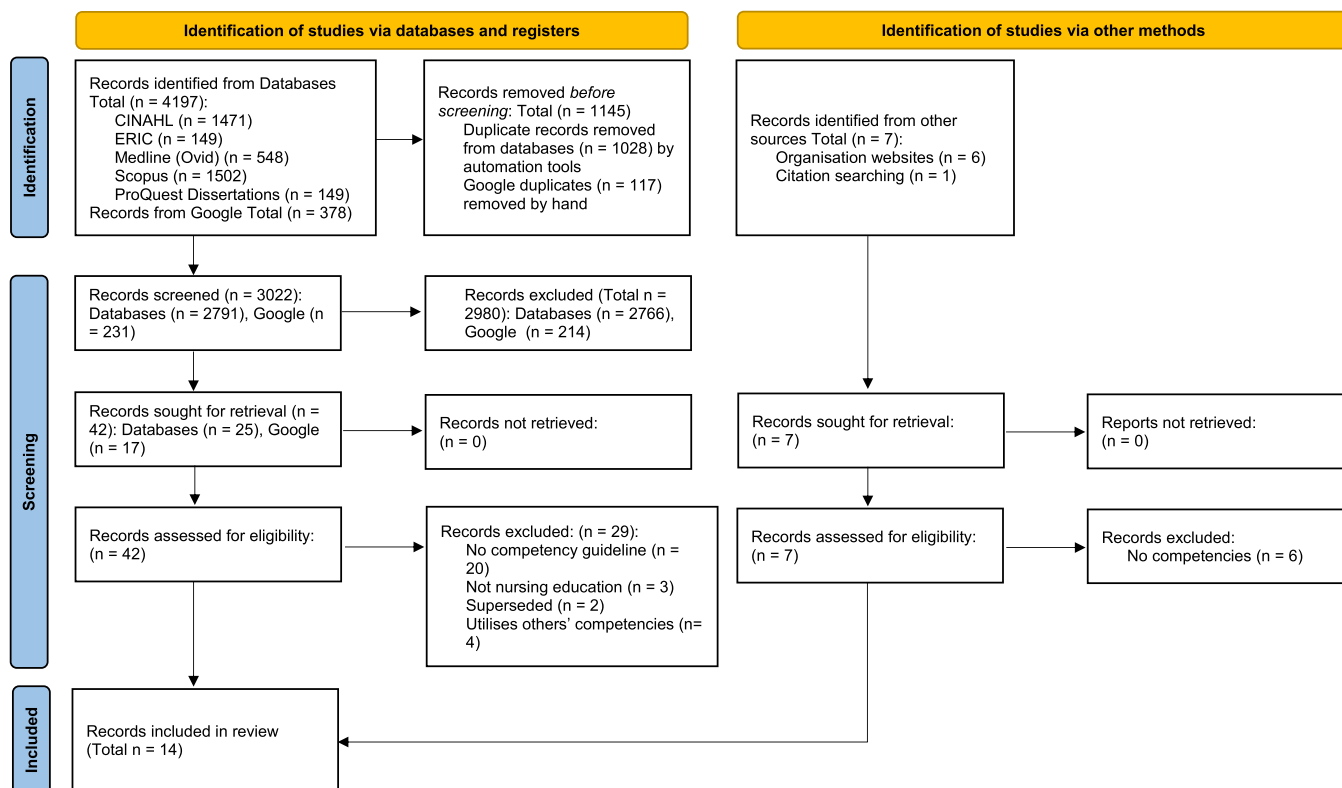
Data were extracted from the included evidence to obtain characteristics of the evidence sources and their related competencies. Data were extracted independently by two reviewers (CT, NS) using data extraction tools developed by the research team, which was guided by the 'JBI template source of evidence details' extraction instrument (Aromataris and Munn, 2021).

Two data extraction tools were developed for the review. One data tool extracted characteristics of the included evidence (e.g., studies and guidelines), such as population, concept, context, study methods and other relevant details, such as year and country. The second tool extracted data from each included evidence source to provide competencies for mapping in the scoping review: data included all levels of competencies, descriptors and the evidence source. Draft extraction tools were initially developed and then refined through discussion by the two reviewers (CT, NS). Any disagreements that arose between reviewers were discussed with the research team for the development of the final extraction tools. The data were transferred to MS Excel for summarization and descriptive statistics by the lead investigator, who performed descriptive analyses verified by the research team.

To map the data, content analysis was initially undertaken on the extracted competency data by two research team members (CT, NS) independently, to identify common categories. The data were then exported to MS Excel and each competency was mapped against each category. This was initially performed by one of the reviewers independently (NS) and then confirmed or modified in collaboration with a second reviewer (CT). New categories were added if new concepts arose and discussed with the research team. Duplicates were removed prior to analyses.

## 3. Results

The searches identified 1145 records in total after the removal of duplicates (Fig. 1). After screening using the inclusion criteria 42 records and one from a reference list search were extracted for full-text review and 14 were selected for inclusion in the scoping review (Fig. 1). Of the 14 records, five were from the database searches, (Association of Women's Health, Obstetric and Neonatal Nurses, 2021; Patterson and Krouse, 2015; Satoh et al., 2020; Ye et al., 2022; Wyman et al., 2019) eight from the Google search, (World Health Organization, 2016; The Australian Nurse Teachers' Society, 2010; Christensen and Simmons, 2020; National League for Nursing, 2022; Page-Cuttrara and Bradley, 2020; Shellenbarger, 2019; South African Nursing Council, 2014; SREB, 2002) and one from reference list searches (Harper and Maloney, 2022) (Table 1). Reasons for exclusion are given in Fig. 1. For clarity, each record will be referred to as a 'source' or 'evidence source' in this review.



**Fig. 1.** PRISMA 2020 flow diagram for searches of databases and other sources. *Modified From:* Page MJ, McKenzie JE, Bossuyt PM, Boutron I, Hoffmann TC, Mulrow CD, et al. The PRISMA 2020 statement: an updated guideline for reporting systematic reviews. *BMJ* 2021;372:n71. <https://doi.org/10.1136/bmj.n71>.

**Table 1**  
Summary of type of evidence source, country and nurse educator type from the included sources.

Characteristic: (n=14)	Count (%)
Type of source	
Study	4 (28.6)
Guide/report (websites)	7 (50.0)
Book/Publication	3 (21.4)
Country	
USA	8 (57.1)
Japan	1 (7.1)
Australia	1 (7.1)
Canada	1 (7.1)
China	1 (7.1)
International	1 (7.1)
South Africa	1 (7.1)
Nursing educator type/ setting*	
Any nursing educator	4 (28.6)
Academic	3 (21.4)
Clinical*	3 (21.4)
Gerontological	1 (7.1)
Novice	1 (7.1)
Nurse leader	1 (7.1)
Perinatal clinical	1 (7.1)
Nursing Professional Development	1 (7.1)

\* One source had two sets of competencies, academic and clinical

### 3.1. Characteristics of the included evidence sources

A summary of the type of evidence source, country and nurse educator type is given in Table 1. Most of the 14 sources are competencies, with or without guidelines, from websites and details are in Table 2. Eight sources were from the USA, with six from single countries and one international source (Table 1 & 2). There were a variety of nursing educator settings or types of educator roles, with most being

from either ‘any’, academic or a clinical setting and the remainder from individual specialist educator settings, such as gerontology (Table 1 & 2)

The 14 sources differed in the number of competency levels (Table 2). A competency level in this review (1, 2, or 3) was allocated to each evidence source competency to enable comparison between sources. The review competency levels reflected the hierarchy of categories used by each evidence source. For example, WHO (World Health Organization WHO, 2016) used three levels of categories to organize their competencies: the highest order category (review level 1) was ‘Domain’, under which there was a second level of competencies (level 2), named ‘core competencies’ and under the level 2 competencies was a third level of competencies (level 3), named ‘competencies’. In the review results, the level 1 competencies varied in number from 2 to 8 (Table 2) between evidence sources and in the names of the competencies. Five sources named them domains (World Health Organization WHO, 2016, Christensen and Simmons, 2020, National League for Nursing, 2022, Page-Cuttrara and Bradley, 2020, South African Nursing Council, 2014) and five others named them ‘core competencies’ (Association of Women’s Health, Obstetric and Neonatal Nurses, 2021; Patterson and Krouse, 2015; Christensen and Simmons, 2020; National League for Nursing, 2022; Shellenbarger, 2019). Other names used included competency factors, (Satoh et al., 2020) educator roles (SREB, 2002), first-level indices, (Ye et al., 2022) and standards (Harper and Maloney, 2022). Levels 2 and 3 competencies also varied in number and name (see Supplementary material).

Three studies were identified in the included sources, all had different methodologies. Patterson and Krouse (2015) used qualitative methods and an inductive approach to analysis. Satoh et al. (2020) undertook a cross-sectional survey and developed the major competency levels through factor analysis. Ye et al (Ye et al., 2022 Feb). used an e-Delphi survey, informed by focus group data to develop the competencies through a consensus approach. Another evidence source by Wyman et al. (2019) was not clearly identified as a study. The source

**Table 2**  
Characteristics extracted from the included sources.

Author, year	Publication type/ source	Population	Context	Country	Level 1 competencies	Other competency levels	Comments
Association of Women's Health, Obstetric and Neonatal Nurses (2021)	Competencies and guide (database)	Perinatal clinical nurse educator	The perinatal setting	USA	2	8	Based on the National League for Nursing (NLN) competencies
The Australian Nurse Teachers' Society (ANTS) (2010)	Document (website)	Nurse educator in any role	In any setting	Australia	3	8 level 2; 53 statements	
Christensen and Simmons (2020)	Book (google search, library access)	1) Academic nurse educators 2) Academic clinical nurse educators	1) A faculty role in an academic setting: traditional classroom-based environments or in nontraditional environments 2) facilitates learning within the "clinical components of an academic nursing program" (p. 17)	USA	1) 2 2) 3	1) 20 2) 33	The scope of practice for academic and academic clinical nurse educators produced on behalf of the NLN. 2) Core competency 1 has 3 sub-major categories - related to function, operations, and legal/ethical aspects
Harper and Maloney (2022)	Book (reference list search)	Nursing professional development	1) Nursing professional development practitioners 2) Nursing professional development specialists in relevant settings.	USA	2	1) Practitioners: 18 level 2 categories; 220 statements. 2) Specialists: additional 147 statements. (one duplicate in Planning) 72	Scope and standards of practice for Nursing professional development practitioners developed by the Association for Nursing Professional Development (ANPD).
National League for Nursing (2022)	Competencies (website)	Novice nurse educators (faculty with <3 years experience as an academic nurse educator)	Any academic setting (eg., classroom, laboratory, and clinical settings)	USA	8		
Patterson and Krouse (2015)	Study: Qualitative method (database)	Leaders in Nursing Education	A leader in Nursing education	USA	4	20 task statements in total	N=15; thematic analysis used (p. 77).
Page-Cuttrara and Bradley (2020)	Competencies and guide (website)	Academic nurse educators	Academic: baccalaureate and/or graduate nursing education programs, or nurses interested in pursuing an academic career.	Canada	4	4 level 2 competencies; 28 statements	Competencies are for certification by the Canadian Association of Schools of Nursing (CASN).
Satoh et al. (2020)	Study: cross-sectional survey (database)	Academic Nurse Educators	Academic nurse educators who were working at nursing universities	Japan	5	55	N=367; Universities in Japan that had Schools of Nursing, national sample (p. 3).
Wyman et al. (2019)	Book (google search, library access)	Clinical nurse educators	Health care settings or outside the academic environment	USA	6	84	Produced from an NLN task group. Some of the task statements/ competencies were used in the scope of practice in Christensen & Simmons, 2020.
South African Nursing Council (2014)	Document (website)	Nurse educator in any role	Any setting, e.g. university, nursing college, health establishment	South Africa	7	10 sub-categories, 68 specific competencies	Roles include lecturer, clinical educator, researcher, specialist.
Southern Regional Education Board (2002)	Document (website)	Nurse Educator	District of Colombia, USA.	USA	3	35 in total	Developed to support training programs for nurse educators. regardless of the academic setting (p. 2).
World Health Organization WHO (2016)	Document (from website)	Nurse Educator	Nurse educators in support of Member States' efforts to improve nursing education	International	8	37 in total	Also accompanied by learning and teaching cognitive, affective and psychomotor domains. Produced by the WHO

(continued on next page)



Table 2 (continued)

Author, year	Publication type/ source	Population	Context	Country	Level 1 competencies	Other competency levels	Comments
Wyman et al. (2019)	Report: used "an iterative process to develop a consensus" (p. 455) (database)	Gerontological nurse educator	Core competencies for gerontological nursing educators	USA	7	30	after "an elaborate consultative process" (p. 6) Development of core competencies and a recognition program for gerontological nursing educators. Overseen by the National Hartford Center of Gerontological Nursing Excellence Board of Directors.
Ye et al. (2022)	E-Delphi method was used (database)	Clinical nurse educators	Core competencies for clinical nurse educators in China (p. 1)	China	4	4 level 2; 27 level 3	Focus groups (n=60) informed e-Delphi - expert group (n=25) from "five Grade-A tertiary hospitals in Zhejiang Province, China," (p. 2).

described their competency development process, but no ethical review was mentioned and no analyses of the agreements from the survey were given. Following the JBI methodology for scoping reviews, critical appraisals of the studies were not undertaken (Aromataris and Munn, 2021). Instead, the studies were described and the characteristics summarized (Table 1 & 2).

### 3.2. Review mapping and findings

Seventeen review categories were identified from content analysis of the competency data: 14 from level 1 competencies (Table 3) and 3 from levels 2 and 3 (Table 4). During analysis, more details were added to some categories as they were identified, for example, 'mentor' was added to the leadership category and evidence-based practice (EBP) was added to the research and scholarship category (See Supplementary material for details). The final 17 categories were then used to map all competencies from each evidence source (Supplementary material).

Mapping level 1 competency statements resulted in 71 statements mapped to 14 categories (Table 3): no category was common to all sources (Table 3). The categories common to around half the sources included leadership and management, professional values and self-development, research and scholarship, facilitating learning and communication (Table 3). The remaining categories included curriculum design and educator skills (Table 3). Examples of competency statements are given for each category in Table 3. Note that six statements were allocated to more than one category due to the mix of concepts in the statements.

Level 2 competencies: 388 level 2 competency statements were mapped across all 17 categories. Three categories were new to level 2 competencies and related to the learning environment, critical thinking and decision-making (Table 4). Almost all sources had statements relating to leadership, learner evaluation and professional values/ self-development with a high proportion having statements relating to research and scholarship, facilitating learning, and communication (Table 4). More sources had competencies related to educator skills and technology and educator knowledge than the level 1 competencies. Examples of competency statements are given for each category in Table 4. Note that five statements were allocated to more than one category due to the mix of concepts in the statements.

Level 3 competencies: seven sources had competency statements at level 3 (Association of Women's Health, Obstetric and Neonatal Nurses, 2021; Ye et al., 2022; The Australian Nurse Teachers' Society, 2010; Christensen and Simmons, 2020; Page-Cuttrara and Bradley, 2020; Shellenbarger, 2019; Harper and Maloney, 2022); one source (Christensen and Simmons, 2020) had a third level for only one of the level 1 competencies (Table 2). Harper and Maloney (2022) had many

level 3 competency statements (Table 2) and their data is presented separately from the other sources (Table 5). Mapping of the level 3 competencies identified 261 competency statements from six sources (excluding Harper & Maloney) mapped to all 17 categories and 410 competency statements from Harper and Maloney (both specialist and practitioner educator competencies) mapped to all categories except 'nursing skills' (Table 5). All sources had competencies related to seven categories, such as educator skills and technology, professional development and values and curriculum development and implementation. At least five of the seven sources had competencies in most other categories (Table 5). Categories with two or fewer sources were 'decision/making/strategies planning' and 'nursing skills'. Note that 48 statements in the six non-Harper and Maloney sources and 43 statements in the Harper and Maloney source, were allocated to more than one category due to the mix of concepts in the statements.

**Note:** Statements concerning the need for competent nursing skills for nursing educators were included in sources other than those focused on clinical educators (World Health Organization WHO, 2016, Satoh et al., 2020, Wyman et al., 2019, SREB, 2002).

## 4. DISCUSSION

This scoping review followed a rigorous methodology and identified commonalities in the included competency sources. There were differences in wording across the sources, which was understandable considering the different contexts where the competencies were produced. For example, evidence sources varied in contexts such as setting (e.g., gerontology or clinical educator settings), type of educator (e.g., academic, clinical) and country (e.g., Canada, Japan). Regardless of the evidence sources' wording or contexts, the results found that competency categories can be shared among different NE competency standards. No single category was shared among all evidence sources and this may again reflect the differing contexts where nursing education is practiced. For example, Patterson and Krouse (Patterson and Krouse, 2015 Mar) focused on leadership and Wyman et al (Wyman et al., 2019 Nov), produced competencies for gerontology nursing educators. The review results suggest that a common set of core competencies can be developed; however, adaptation of the competencies may be required to meet the differing needs of nursing educators.

The most common level 1 and 2 competency categories from the evidence sources related to leadership (including management, mentorship and advocacy). Other categories shared by many sources included professional development and values, research and scholarship and facilitating learning. Some of these categories can be found in standards for non-educator Registered Nurses, however, differences can be found. For example, the Australian standards for the Registered

**Table 3**  
Level 1 competency categories, counts and evidence sources, with examples.

Level 1 competencies	Statements (count)	Sources (n=15) <sup>#</sup>	Examples
Leadership, management, mentor, advocate	10	9 (World Health Organization WHO, 2016, Satoh et al., 2020, Ye et al., 2022, Wyman et al., 2019, National League for Nursing, 2022, Shellenbarger, 2019, South African Nursing Council, 2014)	<ul style="list-style-type: none"> <li>• 5. function as a change agent and leader (National League for Nursing, 2022)</li> <li>• Domain 4: Management and Leadership (South African Nursing Council, 2014).</li> <li>• 2. Serves as an Advocate and Positive Role Model for Quality Care for Older Adults (Wyman et al., 2019 Nov)</li> </ul>
Professional values / development, self management, personality	10	9 (Association of Women's Health, Obstetric and Neonatal Nurses, 2021; Patterson and Krouse, 2015; Satoh et al., 2020; Wyman et al., 2019; The Australian Nurse Teachers' Society, 2010; National League for Nursing, 2022; Shellenbarger, 2019; South African Nursing Council, 2014; Harper and Maloney, 2022)	<ul style="list-style-type: none"> <li>• Core Professional Development Competencies (Association of Women's Health, Obstetric and Neonatal Nurses, 2021)</li> <li>• Domain 3 Professional Practice (Lemetti et al., 2023)</li> <li>• Standards for professional performance for nursing professional development (Satoh et al., 2020).</li> </ul>
Research/ scholarship, EB practice	9	8 (World Health Organization WHO, 2016, Satoh et al., 2020 Jan, Ye et al., 2022 Feb, Wyman et al., 2019 Nov, National League for Nursing, 2022, Page-Cutrara and Bradley, 2020, South African Nursing Council, 2014, July, SREB, 2002)	<ul style="list-style-type: none"> <li>• Domain 1: Scholarship of Teaching and Learning (South African Nursing Council, 2014)</li> <li>• Domain 6: Research and Knowledge Creation (South African Nursing Council, 2014)</li> <li>• 4. Research and evidence (World Health Organization WHO, 2016).</li> </ul>
Facilitate learning, innovation, strategies	8	7 (Satoh et al., 2020 Jan; Wyman et al., 2019 Nov; The Australian Nurse Teachers' Society, 2010; Christensen and Simmons, 2020; National League for Nursing, 2022; Page-Cutrara and Bradley, 2020; SREB, 2002)	<ul style="list-style-type: none"> <li>• Domain 1 Teaching and Learning (ANTS)</li> <li>• 1. Facilitate Learning (National League for Nursing, 2022)</li> </ul>
Communication, collaboration	6	6 (World Health Organization WHO, 2016, Patterson and Krouse, 2015, Wyman et al., 2019, The Australian Nurse	<ul style="list-style-type: none"> <li>• demonstrate effective interpersonal communication and collaborative interprofessional relationships</li> </ul>

**Table 3 (continued)**

Level 1 competencies	Statements (count)	Sources (n=15) <sup>#</sup>	Examples
Curriculum design, plan, implementation and evaluation	6	5 (World Health Organization WHO, 2016, Wyman et al., 2019, National League for Nursing, 2022, Page-Cutrara and Bradley, 2020, South African Nursing Council, 2014)	<ul style="list-style-type: none"> <li>• (Shellenbarger, 2019).</li> <li>• Collaborator role (SREB, 2002)</li> <li>• Domain 3: curriculum development (South African Nursing Council, 2014)</li> <li>• 2. Curriculum and implementation (World Health Organization WHO, 2016).</li> </ul>
Educator skills, technology	5	5 (Satoh et al., 2020; Ye et al., 2022; National League for Nursing, 2022; Shellenbarger, 2019; Harper and Maloney, 2022)	<ul style="list-style-type: none"> <li>• 8. function within the educational environment (National League for Nursing, 2022).</li> <li>• Practicing education autonomously (Ye et al., 2022)</li> <li>• implement effective clinical assessment and evaluation strategies (Shellenbarger, 2019).</li> </ul>
Learner evaluation, learner feedback, needs	4	4 (World Health Organization WHO, 2016, National League for Nursing, 2022, Page-Cutrara and Bradley, 2020, Shellenbarger, 2019)	<ul style="list-style-type: none"> <li>• 1. Articulate and promote a vision for nursing education (Patterson and Krouse, 2015)</li> </ul>
Future / vision/ innovation/ change	4	3 (Patterson and Krouse, 2015; Ye et al., 2022; National League for Nursing, 2022)	<ul style="list-style-type: none"> <li>• 2. Clinical nursing skills (Ye et al., 2022)</li> </ul>
Nursing skills	3	3 (World Health Organization WHO, 2016, Ye et al., 2022, Shellenbarger, 2019)	<ul style="list-style-type: none"> <li>• 1. Theories and principles of adult learning (World Health Organization WHO, 2016).</li> </ul>
Educator knowledge	2	2 (World Health Organization WHO, 2016, Association of Women's Health, Obstetric and Neonatal Nurses, 2021)	<ul style="list-style-type: none"> <li>• 2. facilitate learner development and socialization (National League for Nursing, 2022).</li> </ul>
Learner development/ socialisation	2	2 (Christensen and Simmons, 2020; National League for Nursing, 2022)	<ul style="list-style-type: none"> <li>• 6. Ethical/Legal principles and professionalism (World Health Organization WHO, 2016).</li> </ul>
Follows regulatory requirements, policy and ethics	1	1 (World Health Organization WHO, 2016)	<ul style="list-style-type: none"> <li>• 3. Implements Innovative Teaching Strategies for Engaging Learners to Develop Knowledge, Attitudes, and Skills about Healthy Aging and the Care of Older Adults (Wyman et al., 2019 Nov)</li> </ul>
Learner knowledge	1	1 (Wyman et al., 2019)	

# Christensen and Simmons (2020) is included as two sources as it has two sets of competencies: academic nurse educator and academic clinical nurse educator.

Nurse, (Nursing and Midwifery Board of Australia, 2024 February 27) give little emphasis on leadership, facilitating learning, or professional values, but they do emphasize professional development, communication and thinking critically. The results from this review suggested that a nursing educator required specialist skills and knowledge, such as an increased focus on leadership and facilitating learning, which supports an advanced practitioner or specialist role (CNEI, 2024; NLN, 2024).

In some countries, such as Canada (CNEI, 2024) and the United States of America, (NLN, 2024) nursing educators are certified as a nursing specialty. The benefits of certification to the nurse include further education and increased job opportunities and benefits to the employer can include attracting high-quality employees and proof of nursing educator commitment to their specialty (ABSNC, 2024). Competency standards for nursing educators are necessary to provide a benchmark against which nursing educators can be evaluated, whether for certification or job performance. Leadership is considered an integral part of advanced nursing practice, (Tracy, 2023) and the review results described its importance in competency guidelines in nursing educator practice. For example, the characteristics of leadership in advanced nursing practice include mentoring, empowering others, acting as a change agent and being innovative and flexible, (Tracy, 2023) and these are reflected in the review results.

Professional development and the importance of personal attributes and beliefs (values) were common competencies in many review sources. The review considered professional development an essential activity where nursing educators should engage for self-development and to promote and support professional development in others. This supports the importance of life-long learning, where a major element is self-directed learning (Qalehsari et al., 2017). Life-long learning is an essential activity for nurses and students. It is expected from professional nursing bodies, (Fitzgerald et al., 2020) advances the nursing profession's knowledge base and enhances nurses' satisfaction with their roles (Eason, 2010).

Personal attributes were considered important in some review sources, for example, a caring attitude, flexibility and patience contributed to facilitating learning and providing a supportive learning environment. Other nursing education literature has identified characteristics, such as flexibility, empathy and "positive human qualities" as effective clinical nursing behaviors (Zhang et al., 2022 Apr 28). Incorporating personal characteristics or attributes in nursing educator competency standards reflects the importance placed on some personality characteristics by the nursing profession, where behaviors such as empathy, caring and altruism are embedded within the concept of nursing professionalism (Cao et al., 2023). However, if competencies are used to evaluate nursing educator practice, then personal characteristics would need to be measured, which may not be feasible or appropriate.

Evidence-based practice (EBP) is an expectation for all nurses in practice (Cao et al., 2023) and the review results showed it is also an important element of nursing educator practice. Examples of EBP applied to nursing education from the review include evidenced-based choices of strategies to facilitate learning, personal attributes that promote positive learning experiences and theories on which to base learning programs. In the literature, factors that hindered nursing educators in applying evidence to their educational practice included a lack of familiarity with the EBP concept and a lack of knowledge about the evidence underpinning practice, such as teaching methods (Yurumezoglu and Gokce Isbir, 2020). Organizations can support nursing educators in achieving this EBP competency, for example, by providing training programs (Febes and Aranas, 2019) and resource/-knowledge banks about EBP.

Competencies related to communication and collaboration were also common among many of the review's evidence sources. The results extended the communication and collaboration competencies expected

**Table 4**  
Level 2 competency categories, counts and evidence sources, with examples.

Level 2 competencies <sup>1</sup>	Statements (count)	Sources (n=15) <sup>#</sup> -	Examples
Leadership, management, mentor, advocate	41	12 (World Health Organization WHO, 2016, Association of Women's Health, Obstetric and Neonatal Nurses, 2021, Patterson and Krouse, 2015, Satoh et al., 2020, Ye et al., 2022, Wyman et al., 2019, The Australian Nurse Teachers' Society, 2010, Christensen and Simmons, 2020, National League for Nursing, 2022, Shellenbarger, 2019, SREB, 2002, Harper and Maloney, 2022)	<ul style="list-style-type: none"> <li>• 2.4. Provides leadership related to care of older adults at local/organizational, regional, national, and/or international levels (Wyman et al., 2019).</li> <li>• 7.4. Mentors faculty members, clinicians, and/or other learners interested in gerontological nursing or interprofessional geriatric practice (Wyman et al., 2019).</li> <li>• Competency 8.5: Use a variety of advocacy strategies to promote nursing education and practice (World Health Organization WHO, 2016).</li> </ul>
Learner evaluation, learner feedback, needs	28	12 (World Health Organization WHO, 2016, Satoh et al., 2020, Ye et al., 2022, Wyman et al., 2019, The Australian Nurse Teachers' Society, 2010, Christensen and Simmons, 2020, National League for Nursing, 2022, Page-Cuttrara and Bradley, 2020, Shellenbarger, 2019, South African Nursing Council, 2014, SREB, 2002, Harper and Maloney, 2022)	<ul style="list-style-type: none"> <li>• C1-4 Evaluates learning experiences and programmes in relation to learner needs and nursing outcomes (The Australian Nurse Teachers' Society, 2010)</li> <li>• Provides timely, constructive, and thoughtful feedback to learners (National League for Nursing, 2022)</li> <li>• Identifies individual learning styles and unique learning needs of international, adult, multicultural, educationally disadvantaged, physically challenged, at-risk, and second-degree learners (Christensen and Simmons, 2020)</li> </ul>
Professional values / development, self management, personality	49	12 (World Health Organization WHO, 2016, Association of Women's Health, Obstetric and Neonatal Nurses, 2021, Patterson and Krouse, 2015, Satoh et al., 2020, Ye et al., 2022, Wyman et al., 2019, Christensen and Simmons, 2020, National League for Nursing, 2022, Shellenbarger,	<ul style="list-style-type: none"> <li>• 11 Reflects on their own behavior in terms of professional ethics (Satoh et al., 2020)</li> <li>• Maintains professional role boundaries as an educator (National League for Nursing, 2022)</li> <li>• Demonstrates a commitment to lifelong learning (National League for Nursing, 2022)</li> <li>• Uses personal attributes (e.g., caring, confidence, patience, integrity,</li> </ul>

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Table 4 (continued)

Level 2 competencies <sup>1</sup>	Statements (count)	Sources (n=15) <sup>#</sup> -	Examples
Facilitate learning, innovation, strategies	33	2019, South African Nursing Council, 2014, SREB, 2002, Harper and Maloney, 2022) 11 (World Health Organization WHO, 2016, Association of Women's Health, Obstetric and Neonatal Nurses, 2021, Satoh et al., 2020, Wyman et al., 2019, The Australian Nurse Teachers' Society, 2010, Christensen and Simmons, 2020, National League for Nursing, 2022, Page-Cuttrara and Bradley, 2020, Shellenbarger, 2019, South African Nursing Council, 2014, Harper and Maloney, 2022)	and flexibility) that facilitate learning (Christensen and Simmons, 2020)  <ul style="list-style-type: none"> <li>• Implements a variety of teaching strategies appropriate to learner needs, desired outcomes, content, and context (Christensen and Simmons, 2020)</li> <li>• Competency 2.6: Use transformational and experiential strategies that develop context-based nursing knowledge, skills and professional behaviour (World Health Organization WHO, 2016).</li> <li>• 3.5. Develops innovative learning opportunities for learners to interact with older adults and their families across the wellness-illness continuum and a variety of settings (Wyman et al., 2019).</li> <li>• C2-1 Demonstrates effective communication and interpersonal skills at an advanced level (The Australian Nurse Teachers' Society, 2010)</li> <li>• Communicate respectfully and compassionately (Patterson and Krouse, 2015)</li> <li>• Competency 5.3: Facilitate and foster teamwork and collaboration at educational and clinical institutions both locally and with the wider regional and international community (World Health Organization WHO, 2016).</li> </ul>
Communication, collaboration	42	10 (World Health Organization WHO, 2016, Patterson and Krouse, 2015, Satoh et al., 2020, Wyman et al., 2019, The Australian Nurse Teachers' Society, 2010, Christensen and Simmons, 2020, National League for Nursing, 2022, Shellenbarger, 2019, SREB, 2002, Harper and Maloney, 2022)	<ul style="list-style-type: none"> <li>• C2-1 Demonstrates effective communication and interpersonal skills at an advanced level (The Australian Nurse Teachers' Society, 2010)</li> <li>• Communicate respectfully and compassionately (Patterson and Krouse, 2015)</li> <li>• Competency 5.3: Facilitate and foster teamwork and collaboration at educational and clinical institutions both locally and with the wider regional and international community (World Health Organization WHO, 2016).</li> </ul>
Research/ scholarship, EB practice	36	10 (World Health Organization WHO, 2016, Satoh et al., 2020, Ye et al., 2022, Wyman et al., 2019, The Australian Nurse Teachers' Society, 2010, National League for Nursing, 2022, Page-Cuttrara and Bradley, 2020, South African Nursing Council,	<ul style="list-style-type: none"> <li>• C3-3 Demonstrates a commitment to research and scholarship (The Australian Nurse Teachers' Society, 2010)</li> <li>• Nurse educators engage in multiple forms of scholarship to inform their teaching/learning and nursing education (Patterson and Krouse, 2015)</li> </ul>

Table 4 (continued)

Level 2 competencies <sup>1</sup>	Statements (count)	Sources (n=15) <sup>#</sup> -	Examples
Educator skills, technology	31	2014, SREB, 2002, Harper and Maloney, 2022) 9 (Association of Women's Health, Obstetric and Neonatal Nurses, 2021; Patterson and Krouse, 2015; Satoh et al., 2020; Ye et al., 2022; Wyman et al., 2019; Christensen and Simmons, 2020; National League for Nursing, 2022; Shellenbarger, 2019; SREB, 2002)	<ul style="list-style-type: none"> <li>• 4.2 Evidence-based nursing/practice (Ye et al., 2022)</li> <li>• Uses information technologies skillfully to support the teaching-learning process (Christensen and Simmons, 2020)</li> <li>• 29 Applies pedagogical skills based on the understanding of the nursing education framework (Satoh et al., 2020 Jan)</li> <li>• 1.1 Education and teaching theory (Ye et al., 2022 Feb)</li> </ul>
Curriculum design, plan, implementation and evaluation	31	9 (World Health Organization WHO, 2016, Satoh et al., 2020, Wyman et al., 2019, The Australian Nurse Teachers' Society, 2010, National League for Nursing, 2022, Page-Cuttrara and Bradley, 2020, South African Nursing Council, 2014, SREB, 2002, Harper and Maloney, 2022)	<ul style="list-style-type: none"> <li>• Contributes to curriculum revision based on assessment of program outcomes; learner needs; and societal and health care trends (National League for Nursing, 2022)</li> <li>• 35 Designs curriculum according to needs of the times (Satoh et al., 2020)</li> <li>• 17 Use information from program evaluation in planning instruction and improving the process (SREB, 2002)</li> </ul>
Educator knowledge	20	8 (World Health Organization WHO, 2016, Satoh et al., 2020, Ye et al., 2022, Wyman et al., 2019, The Australian Nurse Teachers' Society, 2010, Christensen and Simmons, 2020, National League for Nursing, 2022, Shellenbarger, 2019)	<ul style="list-style-type: none"> <li>• C3-1 Demonstrates advanced nursing knowledge and expertise in the context of teaching (The Australian Nurse Teachers' Society, 2010)</li> <li>• Identifies history, current trends, issues, roles, and boundaries in higher education (National League for Nursing, 2022)</li> <li>• Competency 1.1: Exhibit an understanding of conceptual and theoretical foundations and principles related to health profession education and adult learning (World Health Organization WHO, 2016).</li> </ul>
Learning environment	15	8 (World Health Organization WHO, 2016, Patterson and Krouse, 2015, Wyman et al., 2019, Christensen and	<ul style="list-style-type: none"> <li>• Competency 8.6: Identify opportunities for positive change and effectively manage the change process both at individual and organizational levels</li> </ul>

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Table 4 (continued)

Level 2 competencies <sup>1</sup>	Statements (count)	Sources (n=15) <sup>#</sup> -	Examples
Learner development/ socialisation	13	Simmons, 2020, National League for Nursing, 2022, Shellenbarger, 2019, Harper and Maloney, 2022) 7 (World Health Organization WHO, 2016, Satoh et al., 2020, Wyman et al., 2019, Christensen and Simmons, 2020, National League for Nursing, 2022, Shellenbarger, 2019, SREB, 2002)	(World Health Organization WHO, 2016) <ul style="list-style-type: none"> <li>Creates learning environments that are focused on socialization to the role of the nurse and facilitate learners' self-reflection and personal goal setting (Christensen and Simmons, 2020)</li> <li>Competency 6.4: Facilitate professionalization for learners by creating learners' self-reflection, personal goal setting and socialization in the role of the nurse (World Health Organization WHO, 2016).</li> </ul>
Future / vision/ innovation/ change	16	6 (World Health Organization WHO, 2016, Patterson and Krouse, 2015, Ye et al., 2022, Wyman et al., 2019, National League for Nursing, 2022, South African Nursing Council, 2014)	<ul style="list-style-type: none"> <li>Envision the possibilities for nursing education (Patterson and Krouse, 2015)</li> <li>4. Function as a change agent and a leader (South African Nursing Council, 2014)</li> </ul>
Follows regulatory requirements, policy and ethics	10	5 (World Health Organization WHO, 2016, Association of Women's Health, Obstetric and Neonatal Nurses, 2021, National League for Nursing, 2022, South African Nursing Council, 2014, Harper and Maloney, 2022)	<ul style="list-style-type: none"> <li>6. Regulatory and compliance initiatives (Association of Women's Health, Obstetric and Neonatal Nurses, 2021)</li> <li>Implements policies and procedures related to learners, faculty, and the educational environment (National League for Nursing, 2022)</li> </ul>
Critical thinking, problem solving	10	5 (World Health Organization WHO, 2016, Ye et al., 2022, Christensen and Simmons, 2020, National League for Nursing, 2022, Shellenbarger, 2019)	<ul style="list-style-type: none"> <li>Models critical and reflective thinking (Christensen and Simmons, 2020)</li> <li>2.3 Ability to solve clinical problems (Ye et al., 2022)</li> </ul>
Nursing skills	7	5 (World Health Organization WHO, 2016, Satoh et al., 2020, Ye et al., 2022, Shellenbarger,	<ul style="list-style-type: none"> <li>13 Has nursing skills that are necessary for practical nurse training in clinical setting (Satoh et al., 2020)</li> <li>Competency 3.1: Maintain competence</li> </ul>

Table 4 (continued)

Level 2 competencies <sup>1</sup>	Statements (count)	Sources (n=15) <sup>#</sup> -	Examples
Learner knowledge	2	2019, SREB, 2002) 2 (Wyman et al., 2019; SREB, 2002)	in nursing practice (World Health Organization WHO, 2016). <ul style="list-style-type: none"> <li>1.2. Educates learners about normal aging and the complex factors that influence the health, function, and independence of older adults such as socioeconomic and environmental issues, multiple chronic conditions, geriatric syndromes, atypical illness presentation, and geropharmacology (Wyman et al., 2019).</li> </ul>
Decision-making/ strategic planning	4	1 (Patterson and Krouse, 2015)	<ul style="list-style-type: none"> <li>Develop systems to collect, manage, and interpret data for informed decision-making (Wyman et al., 2019)</li> <li>Think and plan strategically (Wyman et al., 2019)</li> </ul>

<sup>1</sup> Categories in italics indicate new categories at this level; <sup>#</sup> Christensen and Simmons (2020) is included as two sources as it has two sets of competencies: academic nurse educator and academic clinical nurse educator.

from any nurse to include more advanced aspects of communication, such as managing conflict and building strong collaborative relationships with interprofessional team members, community partners and stakeholders (Dabney and Carter M. Collaboration, 2023). Nursing educator relationships extended beyond the immediate work environment to encompass the broader community, for example, one competency stated: "Facilitate and foster teamwork and collaboration ... both locally and with the wider regional and international community" (World Health Organization WHO, 2016) (Table 4). These characteristics of resolving conflicts and building strong alliances are also found in advanced practice nursing, (Dabney and Carter M. Collaboration, 2023) which supports the view that nursing education is an advanced practice specialization that extends general registered nursing practice.

Categories with the lowest number of statements included 'Nursing skills' and 'Decision-making/strategic planning'. Some academic evidence sources included statements about the need for nursing educators to have current nursing practice skills. This issue has been discussed in the nursing literature as many academics in the university/college setting were unable to maintain nursing practice in clinical settings and there has been some concern that educators in universities may be 'out of touch' with the 'real' world of clinical practice (Leonard et al., 2016). There is some literature indicating that recent clinical practice is not required for effective student learning, however, nursing educators still need to maintain contact with their field to remain current and credible to learners (Leonard et al., 2016). In a recent mapping of the meanings around clinical credibility by Cardwell et al. (2021) the term was found to encompass more than clinical practice. Strategies used if a nurse educator does not have recent clinical experience include having a strong clinical experience history, collaborative links to current clinicians and clinical practice and keeping current with clinical knowledge (Leonard et al., 2016; Ousey and Gallagher, 2010). Therefore, there is support for not including nursing skills (clinical practice) as a competency for nursing educators.

Importantly, there were not many review statements related to

**Table 5**  
Level 3 competency categories, counts and evidence sources, with examples.

Categories	Level 3 competencies (count minus Harper & Maloney)	Level 3 competencies (Harper & Maloney only)	All sources (n=7)	Examples
Educator skills, technology	39	31	7 (Association of Women's Health, Obstetric and Neonatal Nurses, 2021; Ye et al., 2022; The Australian Nurse Teachers' Society, 2010; Christensen and Simmons, 2020; Page-Cuttrara and Bradley, 2020; Shellenbarger, 2019; Harper and Maloney, 2022)	<ul style="list-style-type: none"> <li>Facilitates simulations with low/high fidelity equipment (Association of Women's Health, Obstetric and Neonatal Nurses, 2021).</li> <li>3.1.5 demonstrates cultural competence in both educational and nursing practice (The Australian Nurse Teachers' Society, 2010)</li> <li>1.4.3 Lecture ability: able to use logical, clear and easy-to understand language and appropriate speech rate to elaborate the teaching content (Ye et al., 2022)</li> <li>Collects data from variety of sources (Harper and Maloney, 2022)</li> <li>Documents implementation and modifications (Harper and Maloney, 2022)</li> </ul>
Professional values / development, self management, personality	32	39	7 (Association of Women's Health, Obstetric and Neonatal Nurses, 2021; Ye et al., 2022; The Australian Nurse Teachers' Society, 2010; Christensen and Simmons, 2020; Page-Cuttrara and Bradley, 2020; Shellenbarger, 2019; Harper and Maloney, 2022)	<ul style="list-style-type: none"> <li>3.3.3 models commitment to on-going learning (The Australian Nurse Teachers' Society, 2010)</li> <li>(2) Knowledge update ability: able to continuously track and obtain the latest nursing knowledge and share the latest theories and skills with clinical nurses (Ye et al., 2022)</li> <li>Good physical and psychological quality: with abundant energy, healthy physique and peaceful mentality (Ye et al., 2022)</li> <li>Promotes a culture of ongoing professional learning (Harper and Maloney, 2022)</li> <li>Demonstrates caring behaviors, respect, equity, inclusiveness, and empathy (Harper and Maloney, 2022)</li> </ul>
Curriculum design, plan, implementation and evaluation	28	49	7 (Association of Women's Health, Obstetric and Neonatal Nurses, 2021; Ye et al., 2022; The Australian Nurse Teachers' Society, 2010; Christensen and Simmons, 2020; Page-Cuttrara and Bradley, 2020; Shellenbarger, 2019; Harper and Maloney, 2022)	<ul style="list-style-type: none"> <li>Demonstrates proficiency in curriculum development and instructional design (Association of Women's Health, Obstetric and Neonatal Nurses, 2021).</li> <li>Plans meaningful and relevant clinical learning assignments and activities (Shellenbarger, 2019)</li> <li>Implements the plan using principles and concepts of quality (Harper and Maloney, 2022).</li> <li>Evaluates resources such as audio/visual aids, handouts (Harper and Maloney, 2022)</li> </ul>
Facilitate learning, innovation, strategies	18	6	7 (Association of Women's Health, Obstetric and Neonatal Nurses, 2021; Ye et al., 2022; The Australian Nurse Teachers' Society, 2010; Christensen and Simmons, 2020; Page-Cuttrara and Bradley, 2020; Shellenbarger, 2019; Harper and Maloney, 2022)	<ul style="list-style-type: none"> <li>1.2.3 utilises a variety of teaching resources to support educational practice (The Australian Nurse Teachers' Society, 2010)</li> <li>Employs a variety of learner-centered teaching strategies in diverse settings (Page-Cuttrara and Bradley, 2020)</li> <li>Supports the needs of diverse learners through inclusive learning activities and materials (Harper and Maloney, 2022).</li> </ul>
Learner evaluation, learner feedback, needs	16	19	7 (Association of Women's Health, Obstetric and Neonatal Nurses, 2021; Ye et al., 2022; The Australian Nurse Teachers' Society, 2010; Christensen and Simmons, 2020; Page-Cuttrara and Bradley, 2020; Shellenbarger, 2019; Harper and Maloney, 2022)	<ul style="list-style-type: none"> <li>Assesses needs of the individual learner in collaboration with the learner (The Australian Nurse Teachers' Society, 2010)</li> <li>5. Uses a variety of approaches to provide constructive, thoughtful, and timely feedback to learners (Page-Cuttrara and Bradley, 2020)</li> <li>Uses appropriate methods and instruments to measure outcomes (Harper and Maloney, 2022)</li> <li>Creates opportunities for feedback on and evaluation of the effectiveness of the plan the effectiveness of the plan (Harper and Maloney, 2022)</li> </ul>
Follows regulatory requirements and policy, ethics	13	23	7 (Association of Women's Health, Obstetric and Neonatal Nurses, 2021; Ye et al., 2022 Feb; The Australian Nurse Teachers' Society, 2010; Christensen and Simmons, 2020; Page-Cuttrara and Bradley, 2020; Shellenbarger, 2019; Harper, 2022)	<ul style="list-style-type: none"> <li>3.1.6 embodies the Nursing Code of Conduct and Ethics in all aspect of education and practice (The Australian Nurse Teachers' Society, 2010)</li> <li>Incorporates the Code of Ethics for Nurses (ANA, 2015), etc fidelity (Harper and Maloney, 2022)</li> </ul>

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Table 5 (continued)

Categories	Level 3 competencies (count minus Harper & Maloney)	Level 3 competencies (Harper & Maloney only)	All sources (n=7)	Examples
Learning environment	12	22	7 (Association of Women's Health, Obstetric and Neonatal Nurses, 2021; Ye et al., 2022; The Australian Nurse Teachers' Society, 2010; Christensen and Simmons, 2020; Page-Cuttrara and Bradley, 2020; Shellenbarger, 2019; Harper and Maloney, 2022)	<ul style="list-style-type: none"> <li>• Safeguards sensitive information within ethical, legal, and regulatory parameters (non-maleficence) (Harper and Maloney, 2022).</li> <li>• 1.3.1 contributes to supporting a positive learning environment (The Australian Nurse Teachers' Society, 2010)</li> <li>• Structures learner experiences and the learning environment to promote optimal learning (Shellenbarger, 2019)</li> <li>• Fosters safe and healthy interprofessional practice and learning environments (Harper and Maloney, 2022)</li> </ul>
Communication, collaboration, coordination	23	46	6 (Association of Women's Health, Obstetric and Neonatal Nurses, 2021; Ye et al., 2022; The Australian Nurse Teachers' Society, 2010; Christensen and Simmons, 2020; Shellenbarger, 2019; Harper and Maloney, 2022)	<ul style="list-style-type: none"> <li>• Demonstrates alignment of communication method with instructional mode (Association of Women's Health, Obstetric and Neonatal Nurses, 2021).</li> <li>• Consults and collaborates with internal stakeholders to identify ongoing competencies (Association of Women's Health, Obstetric and Neonatal Nurses, 2021).</li> <li>• (2) Coordinate the relationship between head nurses and clinical nurses (2) Coordinate the relationship between head nurses and clinical nurses (Ye et al., 2022)</li> <li>• Collaborates with healthcare personnel and other key stakeholders (Harper and Maloney, 2022)</li> <li>• Fosters effective, timely, and respectful communication to promote quality of care, safety, and healthy practice (Harper and Maloney, 2022)</li> </ul>
Research/ scholarship, EB practice	18	21	6 (Association of Women's Health, Obstetric and Neonatal Nurses, 2021; Ye et al., 2022; The Australian Nurse Teachers' Society, 2010; Christensen and Simmons, 2020; Page-Cuttrara and Bradley, 2020; Harper and Maloney, 2022)	<ul style="list-style-type: none"> <li>• Articulates the difference between the scholarship of teaching and scholarly teaching (Page-Cuttrara and Bradley, 2020)</li> <li>• 4.2.1 Be able to combine the best available research-based evidence alongside clinical expertise and the patients' preferences to provide decision-making and deliver care (Ye et al., 2022)</li> <li>• Employs evidence-based strategies to facilitate positive interprofessional practice and learning environments (Harper and Maloney, 2022)</li> </ul>
Leadership, management, mentor, advocate	13	95	6 (Association of Women's Health, Obstetric and Neonatal Nurses, 2021; Ye et al., 2022; The Australian Nurse Teachers' Society, 2010; Christensen and Simmons, 2020; Shellenbarger, 2019; Harper and Maloney, 2022)	<ul style="list-style-type: none"> <li>• Develops leadership behaviors for shaping an implementing change (National League for Nursing, 2022)</li> <li>• 1.3.6 acts in capacity of mentor, coach, role model (Association of Women's Health, Obstetric and Neonatal Nurses, 2021)</li> <li>• Functions as a formal or informal leader (Harper and Maloney, 2022).</li> <li>• Contributes to the professional development of others through mentorship (Harper and Maloney, 2022).</li> </ul>
Learner development/ socialisation	8	12	6 (Ye et al., 2022; The Australian Nurse Teachers' Society, 2010; Christensen and Simmons, 2020; Page-Cuttrara and Bradley, 2020; Shellenbarger, 2019; Harper and Maloney, 2022)	<ul style="list-style-type: none"> <li>• 1.4.5 facilitates engagement of learners in self-assessment of professional competencies (The Australian Nurse Teachers' Society, 2010).</li> <li>• Uses coaching, reflection, and debriefing to foster professional growth (Shellenbarger, 2019)</li> <li>• Fosters ongoing professional growth experiences for nurses and other (Harper and Maloney, 2022)</li> </ul>
Educator knowledge	19	4	5 (Association of Women's Health, Obstetric and Neonatal Nurses, 2021; Ye et al., 2022; The Australian Nurse Teachers' Society, 2010; Page-Cuttrara and Bradley, 2020; Harper and Maloney, 2022)	<ul style="list-style-type: none"> <li>• Demonstrates knowledge of adult learning and knowledge transfer in orientation and onboarding programs (Association of Women's Health, Obstetric and Neonatal Nurses, 2021).</li> <li>• demonstrates health literacy in regards to their teaching and professional roles (The Australian Nurse Teachers' Society, 2010)</li> <li>• Incorporates theories pertaining to learning, change, etc (Harper and Maloney, 2022)</li> </ul>

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Table 5 (continued)

Categories	Level 3 competencies (count minus Harper & Maloney)	Level 3 competencies (Harper & Maloney only)	All sources (n=7)	Examples
Critical thinking, problem-solving	7	3	4 (Association of Women's Health, Obstetric and Neonatal Nurses, 2021; Ye et al., 2022; The Australian Nurse Teachers' Society, 2010; Harper and Maloney, 2022)	<ul style="list-style-type: none"> <li>3.3.4 demonstrates the ability to use deductive and inductive reasoning (The Australian Nurse Teachers' Society, 2010)</li> <li>2.3.2 Solving ability: be able to deal with problems calmly, guide clinical nurses to deal with related problems (Ye et al., 2022)</li> </ul>
Learner knowledge	5	3	4 (Christensen and Simmons, 2020; Page-Cuttrara and Bradley, 2020; Shellenbarger, 2019; Harper and Maloney, 2022)	<ul style="list-style-type: none"> <li>Implement clinical learning activities to help learners develop interprofessional collaboration and teamwork skills (Christensen and Simmons, 2020).</li> <li>Orients learners to course and clinical expectations, simulation equipment, and technology-based resources (Shellenbarger, 2019)</li> </ul>
Future / vision/ innovation/ change	4	31	4 (Association of Women's Health, Obstetric and Neonatal Nurses, 2021; Ye et al., 2022; The Australian Nurse Teachers' Society, 2010; Harper and Maloney, 2022)	<ul style="list-style-type: none"> <li>3.2.3 acts as a change agent in response to policies and procedures affecting nursing and educational practice (The Australian Nurse Teachers' Society, 2010).</li> <li>Acts as a change agent within the interprofessional practice and learning environment (Harper and Maloney, 2022).</li> <li>Uses organization, system, and community resources to lead effective change (Harper and Maloney, 2022)</li> </ul>
Decision-making/ strategic planning	1	6	2 (Ye et al., 2022; Harper and Maloney, 2022)	<ul style="list-style-type: none"> <li>4.2.1 Be able to combine the best available research-based evidence alongside clinical expertise and the patients' preferences to provide decision-making and deliver care (Ye et al., 2022)</li> <li>Engages in shared decision making (Harper and Maloney, 2022)</li> </ul>
Nursing skills	2	0	1 (Ye et al., 2022)	<ul style="list-style-type: none"> <li>2.2.1 Proficient in primary and specialized nursing technical operation, able to combine with clinical scenarios, give training and guidance to staff nurses and nursing students (Ye et al., 2022)</li> </ul>

critical thinking. In some Registered Nurses' standards for practice decision-making is included as an essential skill or competency for nurses (CRNA, 2024; American Nurses Association, 2021). There is no doubt that decision-making is inherent within nursing educator practice, for example, selecting appropriate learning resources or learning theories for the program and learner and decisions around assessments and marking criteria. Decision-making may need to be included or more explicitly described in current and future nursing educator competencies and standards to reflect this important role in nursing education.

#### 4.1. Strengths and limitations

This scoping review followed an *a priori* protocol and used a rigorous methodology (Aromataris and Munn, 2021) that identified 14 evidence sources, which gives some confidence in the findings. Only English language sources were included, even though there was no language limit: it is unclear if these results can be applied to non-English speaking settings. Although a targeted search was included for competency standards it may be possible that some standards were not publicly available and these may not have been included in the review.

## 5. Conclusion

A scoping review was undertaken following the rigorous JBI methodology that analyzed data from 14 evidence sources from a variety of countries. The review successfully identified commonalities between the different evidence sources. The competencies common to many nursing educator evidence sources included leadership and management, professional development, facilitating learning, learner evaluation,

research and scholarship and communication and collaboration. Nursing skills and decision-making were less important to nursing educator practice across evidence sources.

Decision-making is an important skill for Registered Nurses and inherent in nursing educator practice. For example, when selecting philosophies that underpin curricula, teaching strategies, evaluation methods and resources. There is a gap in the evidence sources found in this review regarding decision-making, which can be made more explicit in nursing educator competencies. Results from the scoping review can inform educators and managers in developing nursing educator competencies or reviewing current standards against common global standards, developing performance management tools, evaluating nursing educator performance against global standards and developing job descriptions for nursing educators.

## Funding

Name withheld for blinding.

## CRedit authorship contribution statement

**Julie Shaw:** Writing – review & editing, Methodology, Formal analysis, Conceptualization. **Christine Taylor:** Writing – review & editing, Writing – original draft, Software, Project administration, Methodology, Investigation, Formal analysis, Data curation, Conceptualization. **Creina Mitchell:** Writing – review & editing, Methodology, Investigation, Formal analysis, Conceptualization. **Hellen Kaneko:** Writing – review & editing, Methodology, Formal analysis. **Belinda Foley:** Writing – review & editing, Formal analysis.

## Declaration of Competing Interest

The authors declare that they have no known competing financial interests or personal relationships that could have appeared to influence the work reported in this paper.

## Acknowledgements

We wish to acknowledge Nqobile Sikhosana (NS) for assistance with the screening of evidence.

## Appendix A. Supporting information

Supplementary data associated with this article can be found in the online version at [doi:10.1016/j.nepr.2024.104130](https://doi.org/10.1016/j.nepr.2024.104130).

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