

# Nurse Education—Role Complexity and Challenges

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## Abstract

Numerous factors in today's health care environment make nursing education a critical priority and challenge. Changes are needed in order to provide quality education, and nursing education must drive this change instead of trying to keep pace. This study aims to evaluate nurse educators' experience of their current role and future challenges within nursing education in Denmark, Finland, Norway, and Sweden. A qualitative, explorative study was used by means of four focus-group interviews with 18 participants in Scandinavia. The data were processed using content analysis to identify several relevant themes. This study revealed four themes that feature the role complexity and challenges faced by nurse educators: role complexity, the tension between academia and practice, the ideal role as a nurse educator, and future challenges within nursing education.

*Keywords: nursing, caring, nurse education, clinical teaching, theory versus practice, curriculum, content analysis*

## Introduction

In Europe, nursing education has been planned and structured in compliance with the directives from the European Commission (EC) and the Advisory Committee on Training in Nursing (ACTN, 1998; EU, 2013). European collaboration and the Bologna Process have influenced changes in nursing education, and member countries are working toward establishing nursing education in Higher Education Institutions (HEIs), establishing comparable nursing degrees (Lahtinen, Leino-Kilpi, & Salminen, 2014). With the Bologna Process, which is an international cooperation project begun in 1999 on structuring higher education in Europe (Zabalegui et al., 2006; Råholm, Hedegaard, Löfmark, & Slettebø, 2010), it was decided that all courses and programs at the tertiary level must have set educational objectives. These objectives are usually presented in a course plan specifying the knowledge students are expected to appropriate through the education. The objectives may be divided based on the knowledge, skills, and approaches described above.

The objectives of every course must contain a clear progression toward the existing statutory competence requirements in order for students to obtain previous knowledge and skills and build further upon them (Elmgren & Henriksson, 2010). Academic learning starts from a scientific basis and a scientific approach, where knowledge based on current research, a critical approach, and a problem-solution orientation are seen as natural components. An academic education is characterized by a living and continuous connection between research and education through which students learn to become research consumers (Sälsjö, 2006).

Nurse educators, once suitably qualified as teachers maintaining clinical practice and teaching skill sets, should work as educational teams to seek and co-create new forms of global nursing knowledge (Adler-Collins, 2013). Moving into higher education has been challenging, and doubts related to the confidence, knowledge, and status of nurse educators continue to prevail, irrespective of the age of the employing university or length of employment in HEIs (Hurst, 2010; Duffy, 2013). This transition process means that from being nurse educators in the past, these professionals must now take the responsibility of education developers and nurse-educator researchers. This process demands a new way of thinking about teaching and learning (Yonge et al., 2005). According to Stanley and Dougherty (2010), nurse educators have to rethink the curriculum designs and embrace new ideas, focusing more on student-centered learning. Among factors affecting nursing education today are international migration, movement across and between countries, advanced communication technology, and global health issues (ICN, 2009). Accordingly, it becomes crucial to respond, not only at the local level but also at the national and international levels, to the challenges that the nurse educators face in their everyday teaching role.

Challenges facing the nursing faculty include transformations introduced by distance education, advances in information technology, and the idea that nurse education and clinical practice should be evidence-based (Brown, Kirkpatrick, Greer, Matthias, & Swanson, 2009). The European Federation of Nurse Educators has described the common core competencies of nurse educators, specifically four areas: academic skills, research, clinical practice, and management (Salminen, Stolt, Koskinen, Katajisto, & Leino-Kilpi, 2013). The American Association of Colleges of Nursing (AACN) and the National League for Nursing (NLN) identified informatics as an essential

competence of nurse educators to prepare them for effective integration of informatics into nursing curricula (Bani-issa & Rempusheski, 2014). In order to minimize the gap between theory and practice, a more explicit link between course content and nursing practice should be developed as well as a clear compendium of techniques for better teaching to become available for future nursing students (K. Crookes, Crookes, & Walsh, 2013). The ambiguous role of the nurse educators may be due to the lack of strategic management, thus it is unrealistic to expect them to perform the teaching, research, clinical, and managerial roles (Barrett, 2007). Today nurse educators are trying in various ways to create bridges between university colleges/universities and the clinical fields (i.e., teachers divide their working hours [having a 50% position] between the university college/university and the clinic) (Salminen et al., 2010). According to Adams (2011), there is little discussion in the wider community associating quality in nurse education with specialization in the pedagogical part of the role. It is most important that the nurse educators maintain specialist knowledge within the field in which they are teaching.

Nurse educators were faced with another challenge with the transition of nursing education into academia (HEI) in the 1990s. Academic writing and publishing, planning for and completing different proposals in order to get external funding was emphasized (Topping, 2004). As a consequence, nurses had less time to function as a role model for the students in practice. According to Duffy (2013), nurse educators remain reticent in acknowledging their professional standing and embracing the notion that their discipline is a part of higher education. As a result, Academics may fail to frame and transmit knowledge to students during their pre- and postregistration education. Duffy claims that nurse educators are still unwilling to recognize and embrace the idea that the discipline is a part of higher education. This attitude may lead nurse educators to fail to pass on scientifically based knowledge to the students. Additionally, this viewpoint affects the content in the nurse educators' work plans. If educators are expected to actively participate in research, the work tasks must then be reassessed and the time resources reallocated (Holopainen, Hakulinen-Viitanen, & Tossavainen, 2007). This modification demands that different career paths are clarified and planned for the individual nurse educators within the organization (Dempsey, 2007; Jackson et al., 2009). The aim of this qualitative study was to

explore how nurse educators experience their current role and future challenges within nursing education in Denmark, Finland, Norway, and Sweden.

### Theoretical Framework

The relationship between teacher and student is formed in unity with the basic motive of caring, *caritas*. The main idea is a true and genuine relationship characterized by dignity, warmth, and closeness (Lanara, 1981). This relationship is characterized by commitment, respect for the students involved, sharing, receiving, and allowing themselves to feel touched (Roach, 1997; Martinsen, 2000). *Caritas* motive means to see, hear, feel, and understand the other, so that the students feel confirmed and important, thus having the power to grow and evolve toward greater awareness, which can be understood as an experience of the integral whole (Eriksson, 1987). Watson (1989) regards both caring and education as an ethical form of life. She stresses the value basis in caring education and the need for a renewal of education. She speaks for a return to the human aspect of nursing and a moral-based education with a focus on understanding. Her texts indicate that we should include the value basis and the cultural elements we can find in our history (Matilainen, 1999; Matilainen & Westerlund-Perätalo, 2001). Our way of looking at and understanding reality is decisive and is reflected in our thinking and in our entire being as teachers, which influences and creates opportunities for the students' growth and becoming (Watson, 1989).

### Methods

A qualitative approach has been used to describe the nurse educators' experiences of their current role and future challenges within nurse education. This study is based on qualitative focus group interviews, and the data analysis was inspired by Graneheim and Lundman's (2004) description of content analysis.

One focus group in each country was established, and the interview questions were tested in one country prior to the research study. Conducting focus group interviews methodologically means gathering individuals who have something specific in common about which to have a group discussion. The purpose is to examine and understand why the group has specific values and opinions regarding a particular matter. The focus group interview aims to determine the attitudes, values, and behavior of the group. However, the purpose is not only to document their beliefs but also to examine the reasons behind these approaches. By finding the deeper reasons behind an attitude or an opinion, the interviewer can uncover vital facts and conditions. In this case, the aim was to examine the attitudes and views of the target group to

various communicative channels. As the participants influence each other's attitudes, the attitudes they had when they first came into the focus group may change during the course of discussion—group interaction shapes and reshapes viewpoints—consequently, it may be an exciting but also demanding task to both follow the discussion and to distill the essence from it in order to achieve a result (Wibeck, 2000). The audio-recorded interviews were transcribed verbatim and analyzed using content analysis (Graneheim & Lundman, 2004). All the interviews were read through several times to get a sense of the whole, and meaning units were extracted from the text. An abstraction of the meaning units into codes was created. The various codes were read and reread and compared against each other. Based on this reading and a reflective process, the codes were sorted into subcategories. The next step in the analysis was to count the occurrence of each subcategory in the interviews. A single interview could contain more than one subcategory. The subcategories were compared with each other and with the original text to create mutually exclusive categories. All authors discussed the categorization and the content of the categories, and consensus about the categorization was reached.

The interviews took place in four Nordic countries (one focus group per country) in November 2012 and lasted approximately 60 to 90 minutes. The interviews were recorded and then transcribed. For this study, an interview guide was developed. The purpose of the interview guide was to direct group discussion and to stimulate conversation about the research topic. Interviews began with the following questions:

- Describe your daily life as a nurse educator?
- What advantages or disadvantages do you perceive in your role as a nurse educator in terms of the relationship between theory and practice and with research?
- Describe your ideal role as a nurse educator? What competencies are central for the profession in the future?

### Ethical Considerations

An information sheet was sent to the faculty dean at the university colleges and the university and they accepted participation in the study. The faculty dean asked the nurse educators for their interest in taking part in this study. Nurse educators in all four countries were provided with an information letter on the aim of the study prior to expressing their willingness to participate in the study. The volunteer nurse educators were reformed about the purpose of the study and their right to withdraw at any stage according to their voluntary role.

The nurse educators were also provided with an informed consent form addressing the protection of their anonymity when reporting the

results. The project was authorized by the privacy protection ombudsman of Norwegian Social Science Data Services (NSD). The qualitative research material was stored in a locked office and file cabinet. No names of participants were obtained.

### Participants

The study was performed at three university colleges and one university in four different countries in Scandinavia in November 2012. The participants consisted of nurse educators from Denmark ( $n = 3$ ), Finland ( $n = 5$ ), Norway ( $n = 6$ ), and Sweden ( $n = 4$ ). All of the nurse educators were female and their mean age was 52.5 years (range, 37–64 years). Most of the nurse educators (61%) had over 15 years of nurse education experience (see Table 1), and all of them were teaching and supervising at a bachelor level in each of the countries.

### Results

The results are presented as four themes, supported by interview excerpts: role complexity, the tension between academia and practice, the ideal role as a nurse educator, and experiences of future challenges among nurse educators.

### Role Complexity

The nature of the teacher's work has changed, thus, teachers are more actively involved in curriculum development and planning/ implementing different evaluation processes. Several nurse educators described a working day filled with routine teaching, supervision of students in clinical practice, and a day increasingly filled by administrative tasks. Building a bridge between education and the clinical field was stressed as an important part of their role as nurse educators. The nurse educators experienced conflicting expectations from the managers about what should be prioritized while the teaching content is structured by the general plan at parent level and the curriculum at the local level. The nurse educators noted that the aim of everyday teaching is for the students to see how the different parts of theoretical and practical knowledge are connected, not to focus on the learning process itself.

My working time is filled up with courses . . . this semester from September until now (November), I have had 14 courses, which means staying in the classroom from 0830 until 1600. At the same time, I also have six students undergoing clinical practice, and I meet each of them individually for 1 hour. We don't get more resources, so the rest of the supervision is completed by e-mail or telephone. I can't build a constructive relationship with the students within these time resources . . .

Table 1

*Demographic Characteristics of Participants*

Country	Sex	Age	Education	Working Experience as a Nurse Educator, Years
Denmark	Female	49	Master's degree	17
Denmark	Female	46	Master's degree	12
Denmark	Female	42	Master's degree	14
Finland	Female	56	Master's degree	18
Finland	Female	50	Master's degree	7
Finland	Female	59	Master's degree	30
Finland	Female	59	Master's degree	12
Finland	Female	46	Master's degree	18
Norway	Female	40	Master's degree	6
Norway	Female	53	Master's degree	24
Norway	Female	59	Master's degree	16,5
Norway	Female	59	Master's degree	32
Norway	Female	54	Master's degree	25
Norway	Female	46	Master's degree	7
Sweden	Female	64	Master's degree	24
Sweden	Female	64	Master's degree	21
Sweden	Female	63	Master's degree	25
Sweden	Female	37	Ongoing studies (Master's degree)	10

Preparation of the teaching content is usually done at home. This means that nurse educators must accept tasks that are completed outside the actual working time. The teachers also mentioned disturbing elements when planning the different courses; students and colleagues knocking on the door, as well as phone calls and e-mails requiring an immediate reply.

Nurse educators are responsible for planning different study modules, attending several meetings during a day, completing administrative tasks (e.g., organizing various examinations, hiring lecturers, ensuring that the lecturers arrive on time and are introduced to the student group). They find that not having enough time to evaluate one curriculum before another curriculum has to be developed is frustrating. Nurse educators also

have the responsibility of posting documents on the student portal and communicating regularly with the students. The educators are also responsible for the coordination between students and their clinical supervisors. The topic of teaching students on clinical placement was raised by some of the participants, and they stressed that these visits involve supervision and teaching, but that mostly they try to meet the needs of the students for support and advice. Many of the nurse educators were teaching in specific clinical teaching units at the university. Without regular meetings in practice, nurse educators would not maintain their clinical credibility. This concept was associated with students' perceptions of the nurse educators' ability to apply theory in practice. Nurse educators

stated that it is difficult to distinguish between work and leisure. Examination construction and assessment of student learning tasks often occur after office hours.

I'm feeling these intersecting expectations when it comes to my competence, both . . . yes, having an increased competence within academics, the same time being updated and having the competence to supervise students and . . . appreciate practical/experiential knowledge and transform this when supervising students . . .

### The Tension Between Academia and Practice

The results from the focus group interviews show that there is an evident tension between the excellence in teaching and research and the obligation to maintain credible clinical field experience. The tension between training and education is still discussed among the nurse educators, and they continue to balance the gap between vocational and academic approaches. By integrating the theoretical aspects with practice during the studies, the nurse educators are developing the idea behind research-based education. Research-based thinking is viewed, among the nurse educators in this study, as the connecting factor in this process.

I would like to . . . emphasize and discuss abstract concepts from research and reflect on their significance in clinical practice . . . in a concrete situation . . . together with the students. What kind of ethical questions arose during this clinical situation?

The development of special "clinical development units" at the hospital and the use of clinical laboratories at the university were considered to be important pedagogical arenas when linking theory with practice. Much of the research and development work of the nurse educators is tied to the clinical development unit at the hospital. However, this unit in one country was closed down for economic reasons, and thus the research resources of the nurse educators were also taken away. There was also a lack of cooperation in the research and development work between the nursing education institution and the clinical field. Some of the nurse educators had combined positions (i.e., working 50% in the hospital and 50% at the university), and this was experienced as very rewarding when supervising students and reflecting together on theoretical issues and its implementation in practice. Following the students from the theoretical teaching situations in the classroom and seeing how they flourish, reflecting and asking critical questions during the clinical placement were experienced as highly gratifying by the nurse educators.

I would like to have more time for seminars and discussions with the students. I think there's a very large gap between practice



and theory. I would like to work as a mentor in the clinic where I, as a seminar leader, would be able to help students to link theory with practice.

However, being both academically and pedagogically updated was experienced as frustrating (“when getting it all you lose the big picture”) by many of the nurse educators. There was a general dissatisfaction among the nurse educators because the nurse mentors did not use the theoretical literature in their supervision of the students. The supervision was very much based on their clinical experiences without any connections to theory. The nurse educators claimed that students cannot learn from the nurse educators’ clinical experiences, but they can help the students to reflect on different phenomena in caring from a theoretical perspective. Participants also felt that they should be more clinically updated, but clinical competence was a nonissue at the universities. On one side, there was a strong desire for research work among the nurse educators and on the other side, there were nurse educators that were passionate teachers, emphasizing pedagogical elements such as learning and reflection.

What can students learn from my own clinical experiences? They must not learn from how I’ve done things as a nurse. It’s all about a different way of thinking—linking theory and practice . . . My role is to help students reflect on this from a theoretical perspective. Sharing my working hours between clinical supervision (50%) and education (50%) at the university makes the content of my teaching more trustworthy.

### The Ideal Role as a Nurse Educator

The teachers underscore the importance of bringing out the creative processes of students and getting them to discover the joy of new knowledge and realizations. This means bringing the theory into practice in a natural way. There should be time for reflection, to highlight ethical issues, or to discuss abstract concepts in different nursing situations. This means directly defining and addressing issues that evoke questions and raise thoughts with the nursing students. Here, dialogue with the students is central. One of the participants referred to the Act of Higher Education that emphasizes the teachers’ three main tasks: teaching, research, and regional development. Despite these three tasks being central to nurse educators, it is impossible to equally implement them because of a distortion in their working schedule. Issues evolved around time constraints and the lack of organizational support, which restrict nurse educators’ ability to engage in research. Nurse educators might be enthusiastic about conducting research as they see the importance and value of research in their own professional development and for improved

and updated education content. They face frustrations in terms of organizational culture and infrastructure and suggest that management address these deficits as well as provide and encourage research opportunities. The nurse educators also stress that there is little time for research and that the ideal would be to do research along with nurses working in the clinical field. In one of the university colleges, a new continuous teacher supervision model is currently being implemented on a trial basis to respond to the nurse educators’ experiences of constant changes and decreased economic resources. New demands in the clinical practice require collaborating with other teachers (networking) not only in special tutoring situations but also in the development of course content. Teachers emphasize educational freedom for the faculty, which means that individual educators teach subjects they find interesting and motivating. The nurse educators stressed that the ideal teacher role should focus less on economic constraints because it disrupts the creative processes in teaching.

I want to see the students in action. I want to be there to reflect together with them. . . we know . . . there is no time for reflection in the wards. I wish to sit down with the students after having finished the morning routines, discuss with them about what they did and identify nursing diagnoses with them. The staff could contribute actively by citing evidence-based research reports. I have only two hours for supervising one student . . . you cannot build any bridge between theory and practice . . . it is a question of realistic time scheduling. . .

I think supervising nurse students. . . that is the core of nurse education. . . to develop the relational part of the supervision. . . both in relation to the theoretical as well as the practical knowledge. It also becomes important when integrating knowledge development and ethical reflection. . .

### Experiences of Future Challenges Among Nurse Educators

The nurse educators called attention to the following challenges within nursing education in the future: (a) developing supervision and education by developing information technology and simulation, and (b) developing both academic competence as well as pedagogical skills within nurse education.

Exploring new and innovative ways of teaching students was addressed by the nurse educators during the focus group interviews. One of these new innovations led to the increasing use and interest in simulation-based education. The introduction of simulation-based education was experienced as a complement to student learning

in order to prepare them for their nursing role. Pedagogical knowledge was described as an art of transmitting knowledge, skills, and attitudes, and as looking critically at the learning environment in which teaching occurs. Apart from teaching, a major part of the nurse educators’ role was conducting research and developing academic competence. The nurse educators discussed the dual role as nurse Academics and clinical experts, and there were arguments for and against nurse Academics engaging in clinical practice.

I think one should take better care of those who have got their PhD . . . as the resource they represent and remember as well, to a greater extent, that this is a knowledge organization.

Combining everyday teaching with academic studies at the university was experienced as both frustrating and rewarding; being able to teach these subjects was perceived as both demanding and interesting.

So tremendous pressure is put on us, on competence development because we hope that we will merge with the university in the future . . . tasks.

There was on one hand a desire, expressed by the managers, that nurse education should maintain an academic level, but on the other hand, the tasks did not differ after the nurse obtained a PhD degree. Within some institutions, there was a lack of an overall strategic competence plan. The nurse educators also experienced pressure for competence development on a national level. One of the nurse educators stated:

. . . and what about digital learning resources . . . Well, we . . . we are lagging behind here . . . and I think that we need to face up to that . . . we live in a digital age, we have students with highly developed ICT skills. And . . . that we have to consider what we do in terms of both teaching, feedback, supervision . . . there is so much out there that . . . yes. I think so.

### Discussion

This study presents the nurse educators’ experience of their current role and future challenges within nursing education. The nurse educators described days filled with routine teaching and supervision, and conflicting expectations from managers. The boundaries between the official working hours and personal time were increasingly blurred.

The current preparation of the workforce in the U.K. is largely failing to educate nurses to be flexible, visionary, and prepared to take risks. However, current policy initiatives are gathering momentum and provide means to achieve this (Taylor, Irvine, Bradbury-Jones, & McKenna, 2010). This study shows that there was a lack of

cooperation in the research and development work between the nursing education institution and the clinical field. According to Barrett (2007), there is little doubt that the expectation of nurse educators to perform four distinct roles with high standards—teaching, researching, clinical, managerial—is unrealistic. In the European Union (E.U.), the so-called “Tuning projects” during 2003–2004 were established with the aim to develop the harmonization of the nursing education programs (Davies, 2008). The nursing education programs in all the participating countries would thereafter become higher education degree programs and follow the academic system of the E.U. This harmonization of the nursing education programs in the E.U. has been sluggish. Still, there are great differences between the structure and organization of the education programs in different countries as well as the level on which the education is arranged (Davies, 2008; Deosto University Press, 2011). Nurse education and specialized nurse education is still classified by many E.U. countries as a traditional vocational education, where interest and understanding for academicization has not arisen (Råholm, Hedegaard, Löfmark, & Slettebø, 2010; Zabalegui et al., 2006). Rich and Nugent (2010) state that educators have attempted to teach all nursing content through a traditional curriculum, regardless of what research and best practices in nursing indicate. The authors call for evidence-based, flexible curricula, which are synergistic with health care reforms and advances in health care provision.

It is important that the nurse educators unify their professional voice in order to plan and implement an educational redesign (Rich & Nugent, 2010). Increased interaction between the clinical practical field and the educational institution is an incentive for the development of care, research-based evidence, and knowledge of improvement. The aim of interaction must be to prepare future nurses for research and development work in their future professional tasks. They must be prepared to conduct evidence-based and patient-secure care. Paradoxically, according to the current data, there seems to be a great deal of unmet demand for more time to spend on research and development work among the nurse educators. In this study, activities involving direct student contact and supervision in clinical practice are relatively highly emphasized. However, the study revealed that the objective in everyday teaching is to see how the different parts are connected instead of focusing more on the learning process itself.

Nurse educators are experiencing growing pressures to provide an evidence base for nursing education and practice. The administrative tasks are so highly time-consuming that there is not much time left for the evolving challenges such as

research and development work (Holopainen, Hakulinen-Viitanen, & Tossavainen, 2007).

The dimensions of an academic role are difficult to define and the complexity of the role cannot be fully communicated in a classroom situation (Andrew & Robb, 2011). Nurse Academics must be encouraged to frame their professional expertise within a robust pedagogical and academic framework (Duffy, 2013). The main challenge for academic role development is the need to meet the twin requirements of research activity and practical engagement and education. This means gaining legitimacy through developing a research-based profession without denigrating the importance of teaching (Andrew & Robb, 2011). Nurse educators in this study described an anti-academic culture as many of those educators undertaking academic study were not able to develop and use their knowledge in their everyday teaching—it was also a nonissue among colleagues. Despite the criticism nurse educators occasionally face, the majority of the nurse educators follow the latest development of their field by applying the newest knowledge produced by research and development activities (p. 1379).

Integrating technology with teaching through the use of distance learning and the development of simulation “laboratories” are becoming potential methods for enhancing limited clinical practical placement. This shows that study planning and developing new innovations has led to the increasing use of and interest in simulation-based education. However, Khalaila (2014) states that this will neither replace traditional methods of teaching nor good practice experience for nursing students. However, the nurse educators have to emphasize the importance for students to learn to establish the context of care in order to respond to a particular situation and learn to find their limits (Berragan, 2014).

Nurse educators continually have to search for innovative teaching strategies to optimize clinical learning in an evolving health care system (Doody & Condon, 2013). If nurse educators do not maintain their clinical credibility and follow innovations in practice, the gap is not between theory and practice but rather between practice and theory (Gillespie & McFetridge, 2006).

Nurse educators should be visionaries because they are in a central position to conduct nursing education in order to meet the future needs of society (Berragan, 2014). Clinical credibility assists in providing quality teaching, which benefits the learner. Yet, there is little discussion in the wider community associating quality in nurse education with specialization in teaching (Adams, 2011). Boykin and Parker (1997) draw attention to the many new demands that are made on nursing education. They express some anxiety about how this can diffuse and estrange teachers from the original nature of

educational work. Despite the plethora of studies done to date, clinical education has not progressed. At present, the research evidence in the field of clinical learning is limited (Saarikoski, Warne, Kaila, & Leino-Kilpi, 2009). Faculty must continue to demand that resources be allocated to support their ongoing professional development as educators/scholars. To accomplish this transformation, the nursing education leaders need to support faculty in their efforts to be innovative in their teaching and expect faculty engagement in research-based teaching practices (NLN, 2009). There is a need for an agenda for nursing education research in Europe. There is a need for research, analyzing the work, role, activities, and competence of nurse educators (Salminen et al., 2010). Looking for educational solutions in a wide global context is important in order to develop the professional role of the nurse educators. The agenda could be established under frameworks of E.U., National League for Nursing, International Council of Nurses (ICN), and other organizations nationally and internationally.

There is a frequently quoted comment that says, “*Researchers do not always make good teachers and teachers are not always good at research.*” Implicit in this statement is the rationale that teachers and researchers are not one and the same, and thus their respective career pathways are different. A more considered debate around this statement should be developed in order to show the potential benefits within teaching and research (Butterworth et al., 2005). In the absence of high-level evidence on teaching nursing, novice nurse Academics require opportunities to critically reflect on their teaching experiences, drawing on theory from the discipline of education and the experiences of senior colleagues (Grealish & Lacey, 2011). Hollo (1927) maintains that theory need not to be boringly gray and opposite to practice; it can serve as a “lens” that contributes to the “artistic” in education. Education is based on a wide concept of reality and a willingness to get personally engaged. The teacher must be a good theorist but also act as a guide, a fellow traveler, and a promoter. The prerequisite is the teacher’s ability to see the student as a unique human being. The promotion of a learning environment, permeated by a caring culture, is also perceived as a pressing area for development (Sandvik, 2015). We have to critically reanalyze the value basis in nursing education in order to deepen our commitments to the mission and values of higher education.

### Conclusion

The results of this study can be used to strengthen and structure the role of nurse educators by analyzing it from three different perspectives: education, research, and

innovation. In order to satisfy the twin requirements of research and scholarly activity, clinical supervision, and education, the definition of the role of nurse educators has to be redefined. The findings show that the role of the nurse educators requires excellence in teaching and research and simultaneously the obligation to maintain a credible clinical field experience. The challenges lie in developing individual career pathways and employment of several nurse educators with at least a doctoral-level qualification. Lack of strategic management and understanding not only within the educational institution but also between academic and clinical spheres may contribute to experiences of inadequacy among nurse educators. However, a belief in a human being's formability and possibility of growth is fundamental.

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The authors gratefully acknowledge all the nurse educators who participated and shared their experiences and opinions with us.

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