



Nurse educator education in six European countries: a descriptive study

Ausbildung von Pflegepädagog/-innen in sechs europäischen Ländern – eine deskriptive Studie

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Abstract

Objectives: Information on nurse educator education is scarce. The present study thus aims to provide an overview of the requirements for and standards of nurse educator education in six European countries in order to enable further reflection and promote discourse on the topic. **Methods:** A descriptive international cross-sectional comparative study was conducted across six European countries. Data were collected via an online questionnaire completed by experts in nurse educator education or in organisations with specialist knowledge about nurse educator preparation ($n = 11$). The data were analysed, compared, and condensed.

Results: The participating countries differ in terms of their educational requirements and the working environments they provide for nurse educators. Formal nurse educator education is available in three of the six countries. Furthermore, in the countries with formal education for nurse educators, differences exist in terms of the regulation and implementation of the education. The educational requirements of nurse educators in higher education are mostly not specific to nursing and are instead general requirements for professional (tertiary) or higher education.

Conclusions: The analysis reveals heterogeneous regulations, standards, and pathways in the education of nurse educators in the six different countries included in the study. Despite some formal and content-related similarities, no uniform picture of the educational requirements, programmes, or standards was identified. The results of this international comparative research confirm the need for further research that examines whether the education of nurse educators meets the global need both for skilled nurses and for more Europe-wide collaboration in nurse educator education.

Abstract

Zielsetzung: Informationen über die Ausbildung von Pflegepädagog/-innen sind rar. Ziel der vorliegenden Studie ist es daher, einen Überblick über die Anforderungen und Standards der Ausbildung von Pflegepädagog/-innen in sechs europäischen Ländern zu geben, um weitere Diskussion zu ermöglichen und den Diskurs zu diesem Thema zu fördern.

Methoden: Es wurde eine deskriptive internationale vergleichende Querschnittsstudie in sechs europäischen Ländern durchgeführt. Die Daten wurden mittels eines Online-Fragebogens erhoben, der von Expert/-innen für die Ausbildung von Pflegepädagog/-innen und von Organisationen mit Fachwissen über die Ausbildung von Pflegepädagog/-innen ausgefüllt wurde ($n=11$). Die Daten wurden analysiert, verglichen und verdichtet.

Ergebnisse: Die teilnehmenden Länder unterscheiden sich bezüglich ihrer Ausbildungsanforderungen und die Arbeitsumgebung für Pflegepädagog/-innen. In drei der sechs Länder gibt es eine formale Ausbildung für Pflegepädagog/-innen. In den Ländern, in denen es eine formale Ausbildung für Pflegepädagog/-innen gibt, bestehen zudem Unterschiede in Bezug auf die Regulierung und Umsetzung der Ausbildung. Die Anforderungen an die Ausbildung von Pflegepädagog/-innen im Hochschulbereich sind meist nicht spezifisch für die Pflege, sondern stellen allgemeine berufliche Anforderungen an die Arbeit im (tertiäre) Hochschulbereich.

Schlussfolgerungen: Die Analyse zeigt, dass es in den sechs untersuchten Ländern heterogene Regelungen, Standards und Wege in der Ausbildung von Pflegepädagog/-innen gibt. Trotz einiger formaler und inhaltlicher Ähnlichkeiten konnte kein einheitliches Bild der Ausbildungsanforderungen, -programme und -standards ermittelt werden. Die Ergebnisse dieser international vergleichenden Untersuchung bestätigen den Bedarf an weiterer Forschung, die untersucht, ob die Ausbildung von Pflegepädagog/-innen dem weltweiten Bedarf an qualifizierten Pflegefachpersonen und einer stärkeren europaweiten Zusammenarbeit bei der Ausbildung von Pflegepädagog/-innen gerecht wird.



Keywords

nurse educator – faculty – nursing – education – Europe – standards

Keywords

Pflegepädagog/-innen – Fakultät – Pflege – Ausbildung – Europa – Standards

INTRODUCTION

Within Europe, education and licensing requirements for selected health professions have been harmonised in order to enable the free movement within a unified labour market. The regulations of these professions include requirements for the necessary level and content of education in each profession that help to meet the needs of the various healthcare systems and to ensure a minimum level of competence of health professionals throughout Europe (Directive 2013/55/EU, 2013, Art. 31). It is remarkable, however, that nurse educators are not considered in this goal of regulating and standardising the healthcare professions. In its Global Strategic Directions for Nursing and Midwifery, the World Health Organisation (WHO) identifies nurse education as highly important when it comes to meeting the global need for skilled nurses (WHO, 2021). Nurse educators who are educated with a high standard are an absolute necessity for meeting this need. At the same time, the WHO draws attention to a widely documented shortage of qualified nurse educators both in institutional educational settings and in nursing practice (WHO, 2021)—a paradox that urgently requires greater attention both politically and in research.

A three-year development project funded by the European Union (EU) via ERASMUS+ addresses this paradox by examining the current practice of nurse educator education. Entitled *A New Agenda for Nurse Educator Education Within Europe* (webpage: <https://new-nurse-educator.utu.fi>), the project involves seven universities in the six European countries of Finland (FI), Germany (DE), Malta (MT), Slovakia (SK), Spain (ES), and the United Kingdom (UK). The main objectives are to narrow knowledge gaps in nurse educator educational preparation; to explore competencies and continuous education needs; to discuss strategies for the potential harmonisation of nurse educator education in these countries; and to develop, implement, and evaluate a joint study programme for future nurse educators in Europe.

Background

Little sound knowledge exists about the preparation, selection, or training of nurse educators. Moreover, there is not even an agreed-upon definition of this professional role in Europe (Salminen et al., 2010), though other regions

of the world have already made greater progress in this regard. In the US, for example, the National League for Nursing (NLN) defines nurse education as a “speciality area and an advanced practice role within professional nursing” (NLN, 2012, 5). The NLN has published a scope of practice for academic nurse educators, defined eight core competencies, and developed a nationwide certification programme that establishes educational standards for this speciality area of practice and scholarship (Caputi, 2019; Halstead, 2018). In their publication about nurse educator competencies, the SREB Council in Collegiate Education for Nursing describes a nurse educator as “[...] a skilled health-care provider who meets professional nursing standards and has graduate nursing preparation as an advanced generalist or specialist” (SREB, 2002, p. 2). Some American authors stress the importance that nurse educators “[...] be prepared to serve as educators [and] researchers, and [...] have experience in a clinical specialty area” (Booth et al., 2016, p. 54), while others emphasise the complexity and diversity of this role: “Nurse educators teach in academic institutions and in a variety of healthcare agencies. They educate nursing students at all levels, from certified nursing assistants to doctorally prepared current and future nurse educators, clinicians, and researchers” (Oermann & Frank, 2018, p. 3). Nurse educators are seen as a key resource in preparing the next generation of nurses; consequently, a great deal of attention is paid to the education and competencies of these educators (NLN, 2002, 2012).

With a similar intention to that of the NLN, in 2016, the WHO launched the Nurse Educator Core Competencies as part of the “Global strategy on human resources for health: Workforce 2030” and the updated “Global strategic directions on nursing and midwifery 2016–2020” (WHO, 2016, p. 5). Although the document does not define the term “nurse educator”, it does provide some characteristic features of the role. The WHO (2016) explains that nurse educators teach theoretical and practical content to students in institutions that provide degree education in nursing. According to the WHO, nurse educators are also responsible for implementing and managing educational offers (teaching classes, lectures, seminars) and for assessing the results of these offers (WHO, 2016). According to the WHO (2021), however, standards or requirements for the educational preparation of nurse educators are not addressed, nor is the question of whether nurse educators are responsible



Table 1: Search terms and combinations.

SPICE	Search Terms
Setting	(Europe OR Finland OR Malta OR United Kingdom OR Slovakia OR Spain OR Germany)
Perspective	("nurs* educator" OR "nurs* teacher" OR "nurs* educator candidate" OR "nurs* lecturer" OR "nurs* faculty" OR "nurs* professor" OR "nurs* tutor")
Intervention	(qualification OR education OR training OR school OR university OR "post-graduate teaching education")
Comparison	Not specified
Evaluation	Not specified

only for theoretical and practical teaching in lecture halls or seminar rooms or also for the education of nursing students in skills labs and clinical settings.

A systematic literature search was performed between December 2020 and March 2021 in relevant databases (Cinahl, Embase, Eric, Medline, PsycInfo, Psycindex, Web of Science Core Collection), to find literature on nurse educator education in Europe. Search terms were systematically combined using the SPICE scheme (Booth, 2006), as shown in Table 1. The search strategy was extended via a manual search of four previously defined nursing journals that focus on nurse education (*Journal of Nursing Education and Practice*, *Nurse Education Today*, *Nurse Educator*, and *Teaching and Learning in Nursing*), and a snowball search of reference lists from all full texts that were included was performed. The search was limited to literature in English only and to an earliest publication date of 2000 due to the 1999 Bologna process, which significantly changed European education systems.

In order to be included, records had to address the topic of nurse educator education. If the content of a record was (a) about nurse education or (b) about nurse educator education not within the selected European countries (DE, ES, FI, MT, SK, UK), the respective records were excluded. No restrictions were defined for publication type or quality; however, study designs were reported and discussed. Two researchers independently screened titles, abstracts, and full texts for inclusion and exclusion criteria. Discrepancies were discussed until an agreement was reached.

Only six studies could be identified with detailed information on the preparation, selection, and training of nurse educators: two qualitative studies (Janhonen & Sarja, 2005; Råholm et al., 2016), two quantitative studies (Salminen et al., 2009; Koivula et al., 2011), and two literature reviews (Spitzer & Perrenoud, 2006; Jackson et al., 2009). Four studies were conducted in Scandinavia, and the two literature reviews focus on European countries. The studies were published between 2005 and 2016, with five studies being more than ten years old. The studies focus on nurse education reform (Spitzer & Perrenoud, 2006), the structure of nurse educator

education (Jackson et al., 2009), identity development during nurse educator education (Janhonen & Sarja, 2005), the readiness of nurse educator candidates to meet the requirements of nurse educators during teacher training (Salminen et al., 2009), research utilisation in teaching (Koivula et al., 2011), and the role of and future challenges to nurse educators in nurse education (Råholm et al., 2016).


In some of the identified studies, the different working environments and the wide range of tasks that nurse educators undertake are discussed (e.g. education/teaching, research, clinical practice, management). Since these tasks are interrelated but also competing, the expectations placed on nurse educators are described as 'ambiguous', 'unrealistic', 'frustrating', 'contradictory', and as creating 'obvious tension' (Spitzer & Perrenoud, 2006, p. 154; Jackson et al., 2009, pp. 118, 119; Råholm et al., 2016, pp. 76, 78, 79).

All identified studies address the transfer of nurse education from secondary to tertiary education that has taken place in most countries in Europe over the last decade. There is consensus across the identified studies that this transfer of nurse education to tertiary education challenges the academic credibility of nurse educators and increases the demands on these nurse educators' education, especially in their role as scholars. This consensus suggests—inter alia—that a more intensive examination of the preparation, selection, and education of nurse educators is needed in order to ensure realising the WHO's ambitions of achieving a skilled global nursing workforce.

The literature search showed that the education of nurse educators in Europe is scarcely described in international research articles. Due to the limited results of the literature search, the results were not published separately, but integrated into the present article and used as a basis for this article's questionnaire survey.

Research aim and questions

The aim of the present descriptive study is to provide an overview of the educational framework (including regulations and standards) for nurse educator education



in the six European countries that are currently participating in an Erasmus+ project. The documentation and comparison of the information may enable further reflection on the potential future design and harmonisation of nurse educator education in Europe and may also help to promote global discourse on this topic. The research questions are the following:

- What legal regulations, requirements, and standards for nurse educator education can be identified?
- How are educational programmes for nurse educators structured and designed?
- What are the tasks and working environments of nurse educators?

METHOD

Design

A descriptive international cross-sectional comparative study was conducted. The data were collected via an online questionnaire that had been completed by experts on the education of nurse educators from the participating countries and by representatives of national nursing organisations with specialist knowledge within their country about nurse educator education. The study was limited to the countries involved in the ERASMUS+ project and represented different geographical areas of Europe: Northern Europe (FI, UK), Western Europe (DE), Southern Europe (ES, MT), and Eastern Europe (SK) (IUPUI, 2021).

Sample

Purposive sampling was used. The survey was distributed among the project partners at the universities in the participating countries ($n = 6$) and among the representatives of national nursing organisations ($n = 6$) that are members of the International Council of Nurses (ICN), the European Forum of National Nursing and Midwifery Associations (EFNNMA), and/or the European Federation of Educators in Nursing Science (FINE). Participants from the University of Turku (FI), the University of Malta (MT), the University of Edinburgh (UK), the Constantine the Philosopher University in Nitra (SK), the Universitat Internacional de Catalunya (ES), and the Humboldt Universität zu Berlin – Charité – Universitätsmedizin Berlin (DE) were recruited. All of the partners are experts in the education of nurse educators or have special knowledge about the conditions in their own country on this subject. The representatives of the national nursing organisations were deemed to have specialist knowledge about the education of nurses and nurse educators as well as a general understanding of the regulations and standards in their own country.

Survey instrument

An online questionnaire using a quantitative semi-standardised design was developed in the research team based on the literature on this topic. The questionnaire was discursively coordinated and pre-tested with nurse educators ($n = 6$) who were participating in the Erasmus+ project. Feedback was gathered in order to check cultural aspects among countries, to ensure the clarity and applicability of the tool, and to identify problems that may occur during data collection. In addition, the questionnaire wording was compared with that of questionnaires from (vocational) education research (OECD, 2018; OECD, 2018a; Schleicher, 2020; OECD, 2021) and was adapted to align with the wording of these other questionnaires in order to ensure comparability. In this way, it was possible to ensure that the questions were fully comprehensible in different countries that have different procedures for nurse educator education. The questionnaire consisted of a total of 22 items with two open and 20 closed questions and six subcategories, which examined the topics of country (1 item), authorities (4 items), requirements (7 items), structure (6 items), programme design (3 items), and working environment (1 item). The survey was conducted in English in all participating countries.

Data collection

The questionnaire was digitally distributed via email using SoSciSurvey. Data were collected during March and April 2021. Participants from universities (nurse educators) were recruited to answer the questionnaire by the members of the project team. Participants of the national nursing organisations were contacted via email and were asked to provide competent contact persons, who were then sent the questionnaire. Data privacy and confidentiality were maintained and protected. Participants received a privacy and information letter before completing the questionnaire. The EU General Data Protection Regulation was considered based on the specifications of Charité – Universitätsmedizin Berlin. Participants received a reminder to complete the questionnaire two weeks after the start of the survey and one week before the end of the survey. One questionnaire remained unanswered, and all others were completed in full ($n = 11$).

Data analysis

Data were analysed descriptively. Two researchers organised and condensed the data. In the event of discrepancies between responses, data were submitted to the project partners for clarification, re-verification, and validation. Finally, the collected information was analysed for similarities and differences between the



countries included in the study and was compiled in a comparative tabular overview.

Ethical considerations

According to the WMA Declaration of Helsinki (1964) on ethical principles, ethical approval was not required for this study. No personal data were collected, and the participants of the survey do not belong to any vulnerable group. Participants were fully informed before the survey and provided their consent; they took part voluntarily in the online questionnaire.

RESULTS

An overview of the information gathered in this study concerning regulations set by competent authorities and requirements for nurse educator education in DE, ES, FI, MT, SK, and the UK can be found in Table 2.

Legal regulations, requirements, and standards for nurse educator education

The legal regulation of nurse educator education varies in the six European countries included in the study (Table 2). In some cases, the requirements for nurse educators are formally defined by competent authorities and national laws (DE, FI, MT, SK), and in most of the participating countries, ministries are responsible for supervision. Only in the UK is there no such scrutiny of the educators' educational preparation; instead, the Nursing and Midwifery Council makes stipulations for practice supervisors and assessors and monitors the higher-education institutions that provide education. Although Germany consists of 16 federal states, minimum requirements for nurse educators are uniformly regulated at the federal level by the Nursing Professions Act (latest version from 2020). In ES, FI, MT, SK, and the UK, nurse educators are subject to the same requirements as are other academics in higher education, and nursing-specific requirements are not formulated. The requirements for nurse educator education are highly heterogeneous across the six European countries.

Different standards exist concerning educational offerings for nurse educators: Programmes are available in the form of basic or continuing education at almost all qualification levels of the European Qualifications Framework (EQF), ranging from EQF level 4/5 to 8. For the most part, however, the educational level seems to centre around EQF 7 (master's level). The subject focus of study programmes can vary from pedagogy or anthropology to sociology, with the health sciences being the most common focus (Table 3). In most – albeit not all – countries, a license or registration as a nurse by either a state agency or a

professional self-governing organisation is a prerequisite for entering a nurse educator education programme.

Mandatory qualification requirements for nurse educators also vary from country to country. In FI, nurse educators must have either (1) a master's degree that most often focuses on the health sciences or on pedagogy and that is recommended to require 60 credits in pedagogy (following the European Credit Transfer System ECTS) or (2) a PhD with a focus also mostly on the health sciences or pedagogy. Moreover, nurse educators in FI must be qualified in a healthcare profession at the bachelor's level and must have at least three years of work experience in healthcare. In SK, it is also mandatory for nurse educators to have a master's degree as a nurse educator. However, nurse educator education can proceed either on the master's level or on the doctoral level, both with a focus on health sciences. In ES, nurse educator education takes place on the doctoral level with a focus on health sciences. That means that of the countries examined here, ES requires the highest level of education. This requirement is regulated by the National Agency for Quality Assessment and Accreditation of Spain (ANECA) and requires that at least 50% of teaching hours be completed with educators who hold a doctoral degree. Moreover, the agency also regulates the percentage of permanent staff at a university and sets a maximum of 40% for clinical educators. In MT, the mandatory educational level for nurse educators is a master's degree with a focus on pedagogy, the health sciences, anthropology, or sociology. For permanent tenure, a doctoral programme must be successfully pursued. In the UK, educational programmes that qualify nurse educators are on the master's or doctoral level with a focus on the health sciences. Depending on the university, a PhD may be required to apply for lectureships, but in general, there is no mandatory educational level defined for nurse educators. In DE, nurse educators can be qualified via further education programmes or via programmes on the bachelor's or master's level, each with a pedagogical focus. As a rule, educators in DE must have at least the qualification sought by the respective learners (e.g. in vocational training, at least a vocational qualification and relevant further training are required). According to the Nursing Act, a master's degree or the equivalent is mandatory only for nursing school directors and for a 'reasonable proportion' of nurse educators in DE. Nurse educators with a PhD are rare in DE and can be found either in management positions at educational institutions or in higher-education programmes.

Structure and design of educational programmes for nurse educators

Formal education programmes for nurse educators are offered in only half of the six surveyed European countries



Table 2: Overview of nurse educator education in DE, ES, FI, MT, SK, and the UK.

	DE	ES	FI	MT	SK	UK
Regulations set by competent authorities						
Formal requirements for nurse educators defined by competent authorities	Yes	No	Yes	Yes	Yes	No
Ministry that supervises the education of nurse educators	Federal level: Ministry of Health State level: Ministries for Social Affairs Ministries of Education and Cultural Affairs	Ministry of Universities	Ministry of Education and Culture	Ministry of Education	Ministry of Health of the Slovak Republic Ministry of Education, Science, Research, and Sport of the Slovak Republic	No
Documents that regulate the education of nurse educators	Nursing Professions Act 2020	Regulations as for other academics in higher education	Regulations as for other academics in higher education	Regulations as for other academics in higher education	Regulations as for other academics in higher education	Regulations as for other academics in higher education
Requirements for nurse educator education						
Nurse educators must be nurses	No	Yes	Yes	No	Yes	No (only some)
Educational programmes that qualify nurses	VET (diploma) UAS (bachelor) Uni (bachelor)	Uni (bachelor)	UAS (bachelor)	UAS (bachelor) Uni (bachelor)	Uni (bachelor)	Uni (bachelor)
Professional license and/or registration as a nurse	License	License Registration	License	License Registration	Registration	Registration
Educational programmes that qualify nurse educators	Further-education programmes (EQF 4/5) Bachelor's level (EQF 6) Master's level (EQF 7)	Doctoral level (EQF 8)	Master's level (EQF 7) Doctoral level (EQF 8)	Master's level (EQF 7) Doctoral level (EQF 8)	Master's level (EQF 7) Doctoral level (EQF 8)	Master's level (EQF 7) Doctoral level (EQF 8)
Mandatory educational level for nurse educator education according to laws, acts, or regulations, and the share* of these educators	Master's level (EQF 7) for reasonable share	Doctoral level (EQF 8) for all	Master's level (EQF 7) for all	Master's level (EQF 7)	Master's level (EQF 7) for all	Not applicable
Other requirements	Health requirements Clean criminal record		Work experience	Clean criminal record	Health requirements Clean criminal record	Clean criminal record

DE= Germany; ES= Spain; EQF= European Qualifications Framework; FI= Finland; MT= Malta; SK= Slovakia; UAS= university of applied sciences; UK= United Kingdom; Uni= university; VET= Vocational education training

* Share is defined as the number of nurse educators who must have this mandatory educational level



Table 3: Educational programmes that qualify nurse educators and their thematic focus.

	Further-education programme	Bachelor's degree	Master's degree	Doctoral degree	Thematic focus
DE	✓	✓	✓		pedagogy
ES				✓	health sciences
FI			✓	✓	health sciences pedagogy
MT			✓	✓	health sciences pedagogy anthropology sociology
SK			✓	✓	health sciences
UK			✓	✓	health sciences

DE= Germany; ES= Spain; FI= Finland; MT= Malta; SK= Slovakia; UK= United Kingdom

Table 4: Structure of programmes for nurse educator education in DE, FI, and the UK.

	DE	FI	UK
Level of formal education for nurse educators	Master's degree (EQF 7)	Master's degree (EQF 7)	Certificate programme
ECTS (credit points)	60–120	60*	60
Full-time/Part-time	Full-time Part-time	Full-time Part-time	Part-time
Institution that provides nurse educator education	Uni UAS	Uni UAS	Uni
Financing	Tuition fees (paid by students) Public funds	Public funds	Free, but students must be in post in order to participate

DE= Germany; EQF= European Qualifications Framework; FI= Finland; UAS= university of applied sciences; UK= United Kingdom; Uni= University

*60 ECTS means the amount of pedagogical studies

(Table 4). In DE and FI, these educational programmes conclude at the master's level (EQF 7) at universities or at universities of applied sciences. They comprise 60–120 credits (ECTS), and they can be taken up as full-time or part-time studies. In FI, the master's degree includes 60 credits (ECTS) of professional pedagogical studies. In the UK, these education programmes for nurse educators are certificate programmes at universities, which are part-time studies and comprise 60 credits (ECTS). The financing of these educational programmes is regulated differently in

Table 5: Working environments for nurse educators.

	UK	DE	ES	SK	FI	MT
Research	✓	✓	✓	✓	✓	✓
Classroom teaching	✓	✓	✓	✓	✓	✓
Development and innovation projects	✓	✓	✓	✓	✓	✓
Digital environment	✓	✓	✓	✓	✓	✓
(Skills) Laboratory		✓	✓	✓	✓	✓
Clinical teaching			✓	✓	✓	✓
Socio-political activity/ interaction	✓				✓	✓

DE= Germany; ES= Spain; FI= Finland; MT= Malta; SK= Slovakia; UK= United Kingdom

the three countries: In FI, funding is provided by public funds. The same applies to DE at state universities and at universities of applied sciences only, whereas tuition fees are charged at private universities and at universities of applied sciences. In the UK, certificate programmes are free of charge, but students must be in post in order to participate.

Competence standards and compulsory topics in nurse educator education could not be identified. Universities in the different countries investigated appear to have autonomy in their ability to independently create curricula for nurse educator education; therefore, subjects and expected learning outcomes differ across the nurse educator programmes identified in this study.

Working environments and tasks for nurse educators

Working environments and tasks for nurse educators are not conclusively defined. Most nurse educators are qualified for teaching at higher-education institutions. Germany is once again an exception here as nurse educators in DE are primarily educated for teaching at secondary vocational schools.

Developing educational projects and teaching in classrooms, in digital environments, or in skills labs are common tasks for nurse educators in most of the investigated countries. However, nurse educators are expected to merge and reconcile numerous roles in their daily work (Table 5). Research is seen as one of the tasks of nurse educators in all countries. Clinical teaching is not always seen as a working environment for nurse educators in the different countries and is thus subject to different specifications.



DISCUSSION

The aim of the present study was to collect and collate an overview of the framework, regulations, requirements, and standards for nurse educator education in selected European countries in order to enable further reflection and to promote a more global discourse on the topic. The knowledge gathered in this descriptive European study provides such an overview and brought to light some aspects—as areas of heterogeneity—that are worthy of further discussion and research.

The lack of transparency and significant heterogeneity in the education of nurse educators is evident from the few countries included in this study. These conditions will likely become even more evident when examining other European countries. Different responsibilities, authorities, and regulations contribute to this picture, as Jackson et al. (2009) also indicated. The heterogeneity becomes particularly clear when examining the spectrum of mandatory education requirements for authorisation to educate nurse educators: This spectrum starts with further-training courses that are narrowly limited in terms of time and content (in Germany) and ends with mandatory doctoral training (in Spain) (Table 1). It is certainly true that the education of nurse educators must consider the specific conditions in the education and healthcare systems of the individual countries, which have mostly evolved historically and thus differ regionally. Spitzer and Perrenoud (2006) and Jackson et al. (2009) describe these heterogeneous educational situations in their literature reviews in European countries. A model for harmonising the education of nurse educators can be found in the USA with the National League of Nursing (NLN, 2002, 2012). Valid throughout the country, core competencies, scopes of practice, and a certificate programme for nurse educators that define standards and quality are integrated (Caputi, 2019; Halstead, 2018). Harmonising the requirements, defining minimum standards, and promoting continuous education for nurse educator education within Europe could contribute to quality assurance in nurse education, facilitate cooperation between European countries, and promote the free movement of workers sought by the EU (Directive 2013/55/EC, Art. 31; Jackson et al., 2009). A prerequisite for these results is transparency among the different standards, structures, and pathways in nurse educator education in Europe (Jackson et al., 2009; Raholm et al., 2016). Indeed, the present research is a step on this path. However, a full survey commissioned by the European Union or by the European Higher Education Area (EHEA) could describe the picture much better, as Raholm et al. (2016) also suggest.

Different pathways in nurse educator education may lead to different competencies and ultimately also to heterogeneous pedagogical outcomes. According to our results, there are at least two different pathways for nurse educators in Europe. One of these pathways is based on the standards and requirements of traditional teacher training (e.g. in Germany) (Table 2). This form of education is highly regulated by state authorities and is primarily geared towards educating teachers who provide theoretical and practical classroom teaching in the secondary vocational education sector. Both academic education and the acquisition of competencies in clinical practice settings are largely disregarded in this model. In countries in which nurses are regularly or predominantly educated in the higher-education sector (e.g. Finland, Malta, Spain, Slovakia, and the United Kingdom), the situation is different (Table 2). In these countries, academic education paves the way to becoming a nurse educator, and general academic standards are thus applied. According to the European University Institute, “[a]cademic careers differ from country to country in both form and content” (EUI, 2018). This makes it difficult to define standards for qualifying faculty in higher education within Europe. Each country has its own historically developed requirements for qualifying teachers and for authorising professors, lecturers, or other teaching staff at universities. These differing requirements consequently also apply to those who are involved in the education of nurses. Studies by Janhonen and Sarja (2005), Spitzer and Perrenoud (2006), Jackson et al. (2009), and Koivula et al. (2011) also show that nurse educator education differs in European countries and leads to different teaching competencies.

Evidence in the literature suggests that nurse educators have difficulty in balancing various tasks (e.g. teaching, research, clinical practice, and management) and in finding their position between classrooms, laboratories, and clinical practice (Spitzer & Perrenoud, 2006; Jackson et al., 2009; Koivula et al., 2011; Raholm et al., 2016). The lack of a uniform definition and functional description of nurse educators also points to this fact (Salminen et al., 2010). The results of the study presented in this paper confirmed these findings and revealed that nurse educators perform their diverse tasks in many different working environments (Table 5). Koivula et al. (2011) and Raholm et al. (2016) have stated that keeping knowledge up to date in clinical practice at a professional level on the one hand and having excellent pedagogical skills and educational expertise to accompany students at all times and in all settings and questions on the other hand can be a significant challenge for nurse educators. In performing duties as a nurse educator effectively



and efficiently, there appears to be an expectation and implication that two or more different professions must be united in one person – that is, that nurse educators should simultaneously be both clinical and pedagogical experts (Raholm et al., 2016). When working in higher education, nurse educators must also develop research skills not only to impart knowledge and facilitate learning, but also to aid in the development of new nursing and educational knowledge themselves (scholar) (Spitzer & Perrenoud, 2006; Jackson et al., 2009; Koivula et al., 2011; Raholm et al., 2016). This simultaneous presence of different, highly demanding expectations proves to be fraught with tension and conflict in everyday life and also impedes the development and implementation of a uniform career model for nurse educators (Spitzer & Perrenoud, 2006; Jackson et al., 2009; Koivula et al., 2011; Raholm et al., 2016). Similar challenges in designing expert roles arise in other health professions (e.g. medicine) (Harden & Crosby, 2000; Huwendiek et al., 2010; Bartle & Thistlethwaite, 2014; Frank et al., 2015; Nikendei et al., 2016; Simpson et al., 2018; AoME, 2021). In the USA, in addition to the ability to be an educator and researcher, the clinical competence of nurse educators is particularly emphasised (Booth et al., 2016) because nurse educators should be prepared “to teach in both academic and practice environments” (NLN, 2017, p. 4). However, “[t]he extent to which a specific nurse educator implements these competencies varies according to many factors, including the mission of the nurse educator’s institution, the nurse educator’s rank, the nurse educator’s academic preparation, and the type of program in which the nurse educator teaches” (NLN, 2022, p. 2). Further research should explore how nurse educators can better deal with these competing roles in their daily work and how continuous education might be helpful in facing the problem of expert roles in addition to determining which career paths ultimately lead to the best outcomes in nurse education.

Limitations

There are some limitations in this study that should be considered. Due to the purposive sampling employed, only a small number of countries were selected for participation. Thus, this study’s results represent only a portion of nurse educator education in European countries. Consequently, the collected information was limited, and both the transferability and generalisability of the findings to other countries and to the wider pan-European context should hence proceed with significant caution. Regarding the selection of study participants from members of the ICN, the EFNMA, and/or the FINE, the validity of the responses cannot necessarily be ensured because respondents on behalf of the nurse

organisation may themselves not have been nurse educators or even experts in nurse educator education. Nevertheless, developing a questionnaire collaboratively and surveying the participants and representatives of corresponding nurse organisations served as a good starting point. This method offered interesting insights into requirements and standards in the participating countries and may stimulate further research and development in the field of nurse educator education.

CONCLUSION

Qualified nurse educators are essential when it comes to ensuring a functioning healthcare system and preparing adequately competent nurses who can meet the needs of the population (WHO, 2021). However, the current lack of knowledge about the education of nurse educators as well as the lack of visibility, and therefore the gap in the auditability of the requirements and standards of nurse educator education in Europe that were uncovered in this study, have implications for Europe’s political agenda. Moreover, the relevance of the present study’s findings for the larger international context is also evident because, as noted above, nursing and nurses are central to any healthcare system. The debate in the political arena must, however, be informed by further research. Future research should focus on pathways for nurse educators, study programmes, curricula, and learning outcomes as well as—not least—on the impact of nurse educators on nursing students. Enabling evidence-based nurse educator education in the future and harmonising nurse educator education across Europe has been highlighted as an important task—and challenge—for educators, scientists, and politicians alike. These steps could consequently lead to a consensus-building process or to a credentialing system that could be regulated either by nursing organisations or by the associations responsible for nurse education in European countries (comparable to the National League for Nursing).

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CONFLICTS OF INTEREST

The authors declare that there is no conflict of interest.

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