Future of nursing education: Changing values, educational paradigm and learner-educator profiles and roles

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Abstract

Changing values, and educational paradigm, market-driven economic policy, dramatic technology developments, changing learner-educator profiles and roles and the knowledge explosion are rapidly changing health care and educational institutions as well as creating a climate of continuous rapid change. The future of nursing education, to improve and promote the nursing profession, nurses should practice to the full extent of their education and training, they should achieve higher levels of education and training through an improved education system that promotes seamless academic progression, they should be full partners with healthcare professionals, and effective workforce planning and policy making require better data collection and an improved information infrastructure. A broad search without time limitations was performed in the databases EBSCO, CINAHL, Medline, PubMed, DynaMed and ERIC.As a conclusion, there is required for a change in nursing education and in the learning environment in order to prepare the nurse of the future in a changing health care delivery system with increasing complexity.

Keywords: Nursing education, paradigm in nursing education, learner centered approach, future of nursing education.

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1. Introduction

Health care systems over the world are facing several challenges that nursing is considered as the largest and most trusted occupation within the health care workforce (Gallup, 2015; WHO, 2002). Therefore, future change of the nursing profession is challenging and needs planning to convert threats into opportunities (Heydari et al, 2013). So, nursing must be a key player if it is to continue to evolve and develop as a profession, which is influenced by a complex of political, economic, social, technological, environmental and legal factors. In addition, there are ongoing changes in global and national values increase questions about the position of nurses and nursing education. Accordingly, nursing education faces various challenges, especially in designing and developing nursing curricula, and improve at the level of undergraduate programs which will form an essential part to the direction of the profession and necessary for nursing education on future to ensure provide safe, quality, and patient-centred care across all settings (Khodaveisi, Pazargadi, Yaghmaei & Bikmoradi, 2012). Hence, the changes in the educational changes/developments require a review of programs to ensure its appropriateness and respond to societal needs through preparation the quality of nurse educators, participated in the terms of the curriculum, assessments and clinical experiential learning (Kalb, 2008).

Nursing education is considered dynamic and continuously changing. Where, during the history of nursing education, the nursing programs offered have been a direct reflection of social, political and economic trends and issues. In the 20th century, nurse educators and leaders tried to face the changes in health care, they advocated for reforms to improve the delivery of health care through quality nursing education, they have responded to changing needs by offering a variety of nursing programs. Furthermore, they have put the accreditation standards and instructions for changing and developing a curriculum of the patient-centred care the nursing profession tries to provide. These programs in nursing education need to be made available for nurses at all the levels, all nurses must take responsibility for their personal and professional growth by developing and exercising their competencies across all care settings, planning for fundamental (Walker & Holmes, 2008).

In the 1980s, nursing education experienced what was known as the curriculum revolution which began when the National League for Nursing asserted for nursing schools to examine what students learn and how they learn (Tanner, 2007). Therefore, teachers were requested to evaluate the education they were using to better prepare students for nursing practice, that has led teachers to avoid passive learning strategies (e.g., lectures) and promote student-centred, active learning (e.g., problem-based learning, cooperative learning and service learning) that assist to fill the gap between nursing theory and practice. So, there are several strategies of education are developed that enhance nursing students' critical thinking, reflective thinking and problem solving skills which enhance nursing students to make sound clinical judgments and to provide safe patient care (Scheckel & Ironside, 2006). Also, simulation is one of the important and creative strategies that allows nursing students to function in an environment that is as close as possible to a real-life situation and enhance critical thinking, an understanding of patients' values and needs and making decision (Scheckel, 2009).

There are several issues that are considered important in nursing and influenced nursing education as **Patient Safety**, which is considered as a priority in nursing education and has taken on greater importance, especially in recent years, due to the wide increase of medical errors. So, the role of nursing educators is improving patient safety by investigating how curriculum and education are contributing to students to reduce making errors and taking action to change teaching systems (Gregory, Guse, Dick & Russell, 2007). **Cultural Competence**, in nursing education, as society continues to become increasingly different and global in nature, there is an increased emphasis on teaching concepts related to cultural competence in nursing curriculum during integrating coursework and clinical experiences related to cultural diversity and global health care. In addition, nursing faculty should develop a guide to prepare nursing students to care for the elderly population through

integrating **Gerontology** concepts and experiences in nursing curriculum to provide students with the skills required to care for both the well-being and ill elderly (Thornow, Latimer, Kingsborough & Arietti, 2006). Today's nursing students learn **Evidence-based Practice** through various activities like use of research studies and theories from within nursing and outside of nursing (e.g., medicine, psychology, sociology anthropology) to make clinical decisions. In addition, using various **Technologies and Informatics** as medical tools, information retrieval and documentation technologies assist students to improve their clinical judgment and ensure patient quality and safety (Maffei, 2006; Newman & Howse, 2007).

2. Method

The aim of this review is to review and summarise how changing values, educational paradigm and learner-educator profiles and roles have affected the future of nursing education. We started with the following research questions: *What are the predictions and determinants about the future of nursing education?, How will changing values and paradigms affect and build nursing education in the future?, How will the teacher and student profile change in the future in nursing education? In particular, this paper seeks to identify the central issues of nursing education.*

This literature review investigates the breadth of te research on a particular topic, in this case, generating an intellectual overview of what is known about the topic as concerns the future of nursing education. A systematic search without time limitations was conducted in December 2018 across the following electronic databases: EBSCO, CINAHL, Medline, PubMed, DynaMed and ERIC. A manual search was also performed. Searches were limited to English language studies and focused on peer-reviewed publications with a full-text available. In order to explore further, additional publications were identified by hand-searching the reference lists of the studies included in the review and those studies in ResearchGate which cited the studies included in this review.

3. Result

At the 21st-century, nursing is continuing transformation globally and nursing education gaining socio-economic attention towards the development as a profession in health care delivery system (Heller, Oros & Durney-Crowley, 2012). In addition, there are multiple trends changing faced by nurse educators which influence the educational institution, such as diversity in demographics, an explosion of technology, the globalisation of health care, market-driven economic policy and the knowledge explosion. Therefore, the nursing profession and academic institutions require to be responsive and responsible for these changes for preparing the next generation of nurses, whereas the mission for changing is to promote excellence in nursing education to build a strong and diverse nursing workforce to improve health care.

3.1. Diversity in demographics

Lead to increasing of an aging population, increasing of differences in morbidity, mortality and access to care which consequently demands preparation of nurses to care them and make changes in nursing practice and education that reflect and respect diverse values and beliefs through focusing nurses on spiritual health, as well as the physical and psychosocial health of the population. On the other hand, there are changing student demographics, which increasing the dramatically ethnic and racial diversity of nursing schools creating a rich cultural environment for learning (Heller et al., 2012).

3.2. The explosion of technology

It has already a radical impact on health care delivery and the education of nurses that made it necessary to learn new skills in technology and contribute to professional development and has processing capacity and speed; in addition, the electronic nursing/medical record has replaced

traditional documentation systems. In nursing education, there are technically complex pre-clinical simulation laboratories which stimulate critical thinking and skill acquisition in a safe and accessible environment which have facilitated the accessibility of clinical data across settings, reduce time and improved both outcomes and care management (American Health Information Management Association & American Medical Informatics Association, 2008; Heller et al., 2012).

3.3. The globalisation of health care

There are new forms are part of well-developed health care systems such as inpatient and home-based hospice, spiritual practices and support groups. So, today's patient an active member of the health care team is more informed than ever because of the accessibility to the information regarding his/her health. Consequently, nurses require enough knowledge and competencies to meet patients' needs through expanding nursing education and practice by focusing on managing ethical conflicts and questions, preparing graduates for a significant role in these fields, presenting management skills at both the organisational and patient care levels, and integrating these concepts into the nursing curriculum (Heller et al., 2012).

3.4. Globalisation of world society and economy that affect market-driven economic policy

There are both unusual risks and amazing benefits. Along with the potential for rapid disease transmission, there is potential for dramatic improvements in health due to the knowledge transfer between cultures and healthcare systems. So, nursing education needs to address health care issues and research must become more internationally focused to disseminate information and benefit from the multicultural experience. Furthermore, the marketplace will control costs and utilisation issues (too many hospitals, specialists and duplicative technology), which that means nurses educators will work in a market-driven, highly competitive system of higher education preparing the next generations of nurses to work in a market-driven, highly competitive, health care system (Heller et al., 2012).

3.5. Knowledge explosion

To produce more graduate nurses and ensure the provision of effective and efficient continuing education, there should have enough of nurses and opportunities for lifelong learning and workforce development nursing educational institutions. On the other hand, using technology in innovative ways assist to engage students in acquiring, managing and promoting nursing knowledge (Skiba, 2013). Also, there are required a wide range of knowledge and skills to effectively and efficiently manage the comprehensive needs of patients through various teaching methods as critical thinking, problem-solving and discussion that includes opportunities for interdisciplinary education, and required collaborative practice to prepare nurses for their unique professional role to understand of other disciplines in the care of patients.

3.6. Changing educational paradigm in nursing education

Educational paradigms in nursing education programs should reflect a change of teaching methods through shifting content-driven curricula to the new learner-centred approach as a result of rapidly changing health care, student market, growing demand to train highly qualified nurses, and an intercollege competition (Allen & Beyea, 2002). Therefore, nursing education has moved towards in several caring paradigms based on as, the humanistic frame, traditional education, theoretical perspective, online education and constructivism that affected nursing education, practice and profession. **In the humanistic paradigm,** nursing education is moving towards caring paradigm based on the humanistic frame where caring has the main effect to act in the teaching–learning process, especially by focusing on connection, having a holistic view, respecting people's

identities, sharing ideas and feelings and choices, as well as commitment and respond to the needs of the society (Begum & Slavin, 2012; Brown, 2011; Paterson & Crawford, 1994) while in **traditional education,** which began with Florence Nightingale in the 1850s; she created the theoretical model that emphasised discipline, good character, a nursing service hierarchy, and a strong ability to follow protocols and physicians' orders (Dattilo & Brewer, 2007). At that time, independent thinking and intellect were not noted as desirable attributes for nurses, not considered criteria for admission into hospital training schools, and prepared nursing students to be a source of cheap labour (Bramadat & Chalmers, 1989). Also**,** in **theoretical perspective,** students are receiving and applying the knowledge as it is given by the teacher because the student is not a participant in the process and receives information that is chosen by the teacher. Therefore, separation the theoretical and practical often leads to the depersonalisation of the processes of nursing education (Brown & Doane, 2007). In these traditional approaches to nursing education remain to move towards the established status, the teacher's authority and resistance to change (Ironside, 2001; Mooney & Nolan, 2006; Myrick & Tamlyn, 2007). **Online education** is defined as teaching–learning processes that occur outside the traditional, face-to-face classroom setting (Murrell, Russell, Hartig & Care, 2012). Furthermore, distance education is one suggested solution to educating more nurses to reduce the nursing shortage, it is an effective strategy in increasing the learners' comfort and understanding with technology, it helps to bring and retain highly qualified nurses, and increase staff member satisfaction because of the availability and accessibility of learning opportunities (Cao & Taylor, 2004; Mancuso-Murphy, 2007). While, **constructivism,** it believes that learners build up their own meanings and understanding of a topic and that they discover the basic principles for themselves (Schunk, 2000). In nursing education, constructivism positively contributes because it leads to best learning outcomes that based on learner-centred, it helps educators as a facilitator of learning actively engage learners and help promote lifelong learning, problem-solving, critical thinking and creativity.

3.7. Changing learner-educator role in nursing education

Teaching is demanding and complex task. Implicit in the widely accepted and far-reaching changes in nursing education is a changing role for the nurse educators (Harden & Crosby, 2000). NCSBN The Faculty Qualifications Committee (2008) recognises that nurse educators have multiple functions in their educator roles, including, but not limited to: administrative, advisor for matriculation and career, clinical coach, continuing quality improvement of education, distance learning coordination, educator in the classroom, global representative, laboratory instructor, maintaining clinical relevancy, mentor to novice faculty members, mentor to preceptors, online course development, professional leadership, research/scholar and simulation instructor. In order to understand the future roles of the nurse educators more conceptually, NCSBN The Faculty Qualifications Committee members have developed the following categories, based on a literature review. According to this, nurse educator is at the same time collaborator, director of student learning and role model. American Association of Colleges of Nursing (AACN) (2008a) asserts that nurses should be educated differently in these rapidly changing times in science, technology and clinical practice. In order to meet these new demands in nursing education, faculty must collaborate with educators from the natural sciences, social sciences and humanities (AACN, 2008b; Halstead, 2007), as well as those in practice (Wolf, Dunbar-Jacob & Greenhouse, 2006). This collaborative mindset will enhance student learning and prepare students for the future. Additionally, collaboration in clinical practice and across disciplines (Garman, Leach & Spector, 2006; McKay & Crippen, 2008) is essential in today's health care environment. Collaborative relationships have been linked to better patient outcomes, decreased costs of healthcare and greater responsiveness of health care providers (McKay & Crippen, 2008). Besides, nurse educators act as role models for their students. Role modelling is, especially, important during clinical experiences where students learn how to relate to patients, assess the situation and make decisions. In order for nurse educators to act as role models for their students, and others, faculty members should have advanced clinical preparation in their areas of expertise. Preparation for the role of director of student learning

is crucial for providing faculty with the essential background in teaching–learning pedagogies, curriculum designs and the complex issues associated with the assessment of student learning, the curriculum and the nursing program (Jackson et al., 2008).

Taken in this direction, learner-centred education tends to improve learner satisfaction with the learning experience and deepen learners' understanding of how the knowledge may be valued in their own lives (Bills, 1952; Nilson, 2010; Weimer, 2013). In nursing education, learner-centred approach used by the community of learners creating the syllabus, it increases the significance of knowledge gained due to the level of increased autonomy, control and input into their education, and increase the sense of value and dedication within the learning environment. In this direction, in clinical experiences, learners focus on patient-centred activities and they share in learning, focus on the whole process of patient care, not just completing the tasks (Milanese, Gordon & Pellatt, 2013). On the other hand, this approach creates a relaxed interactive learning environment as well as the differentiation of roles and responsibilities, learners seek inquiry in learning by questions, they enhance active learning by examining data and by seeking information, they work in teams and improve problem-solving skills (Plush & Kehrwald, 2014). While, educator role in nursing, as facilitator instructor to guide or mentor the learners in these tasks by helping them to critically think about how their assessments and their care correlate with the patient diagnoses. In addition, educator supports the students' views on the information that they need to start thinking about problem-based learning that they should be included in problem-based learning as people who could help teach learners how to become lifelong learners (Silen & Uhlin, 2008). On the other hand, educators provide different opportunities for learners to learn by changing teaching-learning strategies/methods, helping learners who have difficulties and consider their background, discussing with learners alternatives and trying to find their solutions, and they involving the learners in active learning (Harden & Laidlaw, 2013). Also, faculties that emphasise the elements which refer to learner-centred approach in nursing education as, the curriculum is designed that it helps to encourage a problem-based approach, by the use of virtual problems related to the subject (Harden & Laidlaw, 2013). Hence, learners should be included at all levels of curriculum design, implementation, and evaluation. As 'clients', and they need to be part of the process of developing a learner-centred curriculum (McLean & Gibbs, 2010). While, the schools of nursing should be supported differences of learners and individual learning needs, the psychological and social aspects of differences of learners, develop students' self-learning skills, allow time for independent learning and doing areas of interest, regularly review the core curriculum content, recognise that their education continues beyond graduation, provide an opportunity for learner professional development. On the other hand, the program of learner-centred teaching should emphasise tasks that interest students' attention, organise content and activities around subjects that are meaningful to the students, defining clear opportunities that allowed all students to develop their own learning, skills and progress to the next level of learning, organising activities that help students understand and improve their own viewpoints, developing global, interdisciplinary, and complementary activities, supporting challenging learning activities even if the learners find them difficult, emphasising activities that encourage students to work with other students in cooperation (Cubukcu, 2012).

The Institute of Medicine (IOM) 2003 report on health professions education challenged the nursing community to develop a new vision for health professions education. Given the complexity of health care today, it is important for nurse educators and regulators to collaborate so that we can design and implement innovative and better ways of educating our future nurses (Greiner & Knebel, 2003).

3.8. Future of nursing education

A require for change in nursing education has been in order to prepare the nurse of the future in a changing health care delivery system within increasing complexity (AACN, 1997; NLN, 2007). While the learning environment is changing, including the role of learners, educators and faculties; innovative instructions are suggested as a way to challenge traditional nursing education as self-

directed learning, problem-based learning, collaborative learning and critical thinking (Knowles, Howe & Aden, 1980).

The nursing education system is improved through achieving higher levels of education that promotes seamless academic progression for nurses which it ensures to attain the necessary competencies to deliver high-quality care, and safe, patient-centred care. In addition, education should include opportunities for seamless transition into higher degree programs from a licensed practical nurse/licensed vocational nurse diplomas; to the associate's (ADN) and bachelor's (BSN) degrees; to master's, PhD and doctor of nursing practice degrees. Also, nurses should be educated with physicians and other health professionals both as students and throughout their careers in lifelong learning opportunities, and emphasis should be put on making the nursing workforce more diverse, especially in the areas of gender and race/ethnicity (Fitzpatrick, 2010).

Institute of Medicine, gave following recommendations are do follow for future directions of nursing education, that include removal of obstacles which effect broad scope of nursing practice, expansion of diverse opportunities for nurses, nurses continue programs, increases in number of baccalaureate nurses, prepare and enable nurses to lead change to advance health and building of necessary infrastructure for advanced nursing education and research (IOM, 2011). Furthermore, other recommendations that related to the faculty of nursing for providing development through incorporating competencies in information and communication technologies throughout the program of learning, joining curriculum with current technological advances and consumer engagement, and enhancing faculties expertise in active learning teaching strategies with and about technology to better engage students in the learning process.

4. Discussion

In 2010, the IOM issued The Future of Nursing: Leading Change Advancing Health to inform and highlight the need for change in nursing education to meet the changing face of healthcare and to promote the nursing profession increase the number of registered nurses with a bachelor's degree in nursing (BSN) to 80% by the year 2020. While, The AACN report titled The Impact of Education on Nursing Practice, considered the different pre-licensure nursing education through three separate lenses which include different approaches to nursing education; recognising differences among nursing program graduates; and public and private support for BSN-prepared nurses. So, the mission for changing promotes excellence in nursing education to build a strong diverse nursing workforce advance the health of our nation and the global community. In nursing education, learner role concerned on experience better patient outcomes, higher competency in nursing practice, and increased skills, in communication, leadership, professional integration, research and evaluation (AACN, 2008). While, nurse educators keep shift with changes in health care, so the standards of schools are accredited need to change in curriculum and instruction, leaders and nurses educated within its systems keeping the patient at the centre of care.

In 2008, The Robert Wood Johnson Foundation (RWJF) (2010a) and the IOM launched a 2-year initiative to respond the need to assess and transform the nursing profession and improving the future of nursing which they confirmed more than 3 million members, the nursing profession is the largest segment of the nation's health care workforce. Furthermore, they developed messages to nurses that involved nurses should practice to the full extent of their education and training, should achieve higher levels of education and training, should be full partners, with physicians and other healthcare professionals and effective workforce planning and policy making. On the future, the nursing education system must be improved in the delivery of safe, patient-centred care, the quality of patient care, complicated patient needs, education should include opportunities for seamless transition into higher degree programs as well as nurses should be educated with physicians and other health professionals both as students and throughout their careers in lifelong learning opportunities. And, nurses need to attain the necessary competencies to deliver high-quality care especially for elderly people whereby according to data from World Population Prospects: the 2015 Revision (United

Nations, 2015), between 2015 and 2030, the number of people in the world aged 60 years or over is projected to grow by 56%, from 901 million to 1.4 billion, and by 2050, the global population of older persons is projected to more than double its size in 2015, reaching nearly 2.1 billion. Furthermore, The National League for Nursing supports nurse educators and practicing nurses to meet the needs of technology-rich health care and education environments.

5. Conclusion

   Nursing is the key partner of the health care industry/system which moving towards transformational changes considering diverse needs arise from the society and population in which it should be practiced. There is a diverse complex of political, economic, socio-cultural and environmental factors directly affect profession in many ways. On the other hand, the changing view of patient care, made by client engagement, practice-driven technologies and virtual health care provide a unique context for teaching and learning. During the undergraduate education, nursing students should be provided with those skills to be able to think about their future role and face the challenges connected with their work responsibilities. Therefore, nursing schools need to adapt learning models that focus on active students participation and enhance their self-learning skills and encourage integrate technology which improves active teaching strategies. The best learning occurs with a learner-centred, that faculties are required to be a more creative, application and facilitation skills are as important as the satisfaction derived from tending the learners develop and grow.

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