NURSE EDUCATOR CORE COMPETENCIES

World Health Organization

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CORE COMPETENCIES

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CONTENTS

ACKNOWLEDGEMENTS

ABBREVIATIONS

ACNM	American College of Nurse Midwives
CAM	Canadian Association of Midwives
CQI	continuous quality improvement
GANM	Global Alliance for Nursing and Midwifery
ICM	International Confederation of Midwives
ICN	International Council of Nurses
M&E	monitoring and evaluation
MDGs	Millennium Development Goals
MECC	Midwifery Educator Core Competencies
NECC	Nurse Educator Core Competencies
OSBE	objective structured behavioural exam
OSCE	objective structured clinical exam
UNFPA	United Nations Population Fund

FOREWORD

The education of health workers, including nurses, is constantly evolving. The appropriate preparation of nurse educators is critical to the development of knowledge, skills and attitudes, of nurses. The education system alone cannot bring about the required changes in the schools of nursing and training colleges. Ministries of health, regulatory bodies, health professionals and communities (as recipients of the education outcomes) must be involved and support the education of nurses. A competent nurse educator should have the knowledge, skills and attitudes to adopt new approaches in planning, organizing, implementing and evaluating nurse education programmes.

The World Health Organization has developed these Nurse Educator Core Competencies to enable educators to effectively contribute to the attainment of high quality education, and the production of effective, efficient and skilled nurses who are able to respond to the health needs of the populations they serve. This will enable the attainment of objective 1 and two of the Global strategy on human resources for health: Workforce 2030 and is also a priority in the updated Global strategic directions on nursing and midwifery 2016-2020.

The competencies have been prepared based on the acknowledgment that nursing education and practice are changing. Entrants to the nursing profession must practise, lead and adapt to new evidence, increasingly diverse populations and changing needs. Education is an important starting point for change. The utility of the proposed competencies will determine their ability to bring about the desired changes. Appropriate use of technology can help to expedite such changes.

Much effort has gone into the preparation of the Nurse Educator Core Competencies. It is the aim of the World Health Organization that they will facilitate nurse educators to attain increased proficiency in assisting student nurses to acquire all the knowledge, skills and attitudes necessary to practise nursing effectively in the 21st century.

Sincere appreciation to experts from all six WHO regions who gave their expertise and time to the development of this document.

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INTRODUCTION

A competent health workforce is central to achieving universal health coverage (WHO, 2006). Quality education is the foundation for developing competent health workers who are equipped with the knowledge, attitudes and skills necessary to deliver quality care. There is evidence, however, that health workers, including nurses, may not be adequately prepared to meet the needs of society, especially in developing countries. It is therefore imperative that educational institutions are provided with support and guidance to develop competence-based curricula for their education programmes.

In support of this vital cause, the World Health Organization and its partners have compiled a list of core competencies for nurse educators in support of Member States' efforts to improve nursing education and, ultimately, the quality of nursing services. This work is the result of concerted efforts by key partners in response to World Health Assembly resolutions, in particular: WHA59.23 Rapid scaling up of health workforce production (2006); WHA59.27 Strengthening nursing and midwifery (2006); WHA62.12 Primary health care, including health system strengthening (2009); WHA64.6 Health workforce strengthening (2011); WHA64.7 Strengthening nursing and midwifery (2011); and global mandates such as the Sustainable Development Goals and the commencement and development of competencies for health professionals, beginning with the Midwifery Educator Core Competencies (WHO, 2014).

This document presents nurse educator core competencies which were developed through an elaborate consultative process to ensure the competency statements are comprehensive, relevant, adaptable and accessible globally. It is anticipated that if the competencies are appropriately adopted and/or adapted, educational institutions will be equipped to prepare educators to provide high quality nursing education, which meets the needs of their respective countries in terms of quantity, quality and relevance.

The challenges to be met in the adoption and/or adaptation of these competencies include diversity in regional nursing and midwifery education programmes and the resources available to implement the programmes. This document offers a starting point for defining the attributes of competent nurse teachers as a basis for developing a competence-based curriculum for nurse educators. Set within a programme framework, the core competencies relate to key cognitive, affective and psychomotor learning domains.

The process undertaken to develop the competencies is described in this document and various annexes further catalogue the process. Other relevant documents pertaining to this initiative are available on the WHO website (http://www.who.int/hrh/nursing_midwifery/educator_competencies/en/).

DEVELOPING THE NURSE EDUCATOR CORE COMPETENCIES

The process for developing the Nurse Educator Core Competencies (NECC) was participatory and entailed extensive consultation. The process and stages are outlined below.

Aims

The aim of this publication is to provide a clear outline of Nurse Educator Core Competencies and performance expectations, which can form the basis for developing a competence-based curriculum encompassing the cognitive, affective and psychomotor skills and behaviours expected of nurse teachers. The competencies are intended to help guide the educational preparation of nurse teachers; ensure educational quality and accountability; and, ultimately, contribute to improving the provision of nursing care and outcomes of health services.

Partnership and collaboration

In the development of the competencies, a Delphi process was employed, similar to the one used in developing the Midwifery Educator Core Competencies (WHO, 2014). The first stages involved drafting a list of suggested competencies, then inviting global input through an iterative process, until agreement was reached on the final core competencies and domains. Criteria used during the consultative processes included comprehensiveness, relevancy, adaptability and accessibility.

THE PROCESS

The development of the nurse educator competencies evolved in various stages which are illustrated below.

1 Literature review

2 Global Delphi survey

3 Initial Validation of the Nurse Educator Core Competencies

4 Integration

The initial process of the Nurse Educator Core Competence development involved re-examining and reviewing a broad collection of publications on the subject, including global policy documents and literature from professional health councils and associations (American Association of Colleges of Nursing, 2013; Australian Nurse Teachers Society, 2010; Davis, Stullenbarger, Dearman and Kelley, 2005; EdCaN, 2008; International Council of Nurses, 2005; Kalb, 2008; National League for Nursing, 2003, 2005; and others – see References). A review of research articles examining the competence and preparation of the health practitioner faculty and competence of teachers of nursing, medicine and physical therapy, was also undertaken (see Annex 1). This review culminated in the first draft of 28 Nurse Educator Core Competencies. These competencies were then further developed and refined based on input from nurse educators.

2. Global Delphi survey

A Delphi process was used to garner expert input on the essential competencies required of nurse educators. For the first round, the 28 nurse educator competency statements were converted to survey format using LimeSurvey Version 1.92+, an online OpenSource survey application. A six point Likert-type scale was used to record the level of agreement with each statement (strongly disagree, disagree, neutral, agree and strongly agree). Under each statement and at the end of the survey, comment boxes were available for narrative responses. Participants

were asked to provide suggestions for any modifications to the survey format and the proposed competency statements and/or suggest deletions or additional competencies. In the first round, 13 of the 20 invited nurse educators completed the survey (65% response rate). Based on the feedback from the participants, some competency statements were revised, some components were deleted, and some competencies were added, resulting in a total of 49 competencies. Minor revisions were made to the survey format, based on suggestions to improve ease of use and clarity.

The revised 49 competency statements were organized under 13 domains (Annex 2) and placed into a new LimeSurvey for the next round, which took place between August and October 2014. Distribution included, first, the Technical Working Group with subsequent dissemination to:
• American College of Nurse Midwives (ACNM);
• Canadian Association of Midwives (CAM);
• Global Alliance for Nursing and Midwifery (GANM) web-based discussion group;
• Health Information for All by 2015 (HIFA 2015) web-based discussion group;
• International Confederation of Midwives (ICM);
• International Council of Nurses (ICN);
• Midwifery and reproductive health research web-based discussion group;
• Midwifery, reproductive and women's health education web-based discussion group;
• United Nations Population Fund (UNFPA).

In October 2014, 71 participants responded to the survey, with 36 responding to all of the 49 competency statements on the questionnaire. The quantitative results indicated consensus on most of the core competencies suggested. Participants indicated that further work was required to refine the competency framework and differentiate the core competencies (those which are central) from the non-core activities that may be peripheral to the nurse educator role. One sentiment that appeared consistently in the qualitative data was concern that the lack of funding and resources may hinder the implementation of the competency framework. The quantitative results and general comments from this global consultation provided a comprehensive basis upon which to validate and develop a clear framework for the Nurse Educator Core Competencies.

3. Initial Validation of the Nurse Educator Core Competencies

The process for the initial validation and development of the NECC to produce Version 3 entailed detailed review from key informants; the incorporation and consolidation of suggestions and comments; and the addition of cognitive, affective and psychomotor learning domains. Through the validation process, almost all the NECC from Version 2 were retained, but some were integrated with other relevant core competencies.

The final phase in the validation of Version 3 involved 10 countries that were identified by the WHO Regional Office for East Mediterranean. The countries included Tunisia, Pakistan, Egypt, Iran, Sudan, the Kingdom of Bahrain, Sultanate of Oman, State of Kuwait, Kingdom of Saudi Arabia and the United Arab Emirates. The key informants were identified in consultation with the Regional Nurse Adviser and included 21 qualified nurse educators.

The validation tool was adapted from the New Hampshire Department of Education Competency Validation Rubric (2010), which was also used to validate the Midwifery Educator Core Competencies. The validation criteria (Annex 3) included relevancy, concepts, depth of knowledge, assessment, clarity, comprehensiveness and adaptability. The domains, core competencies and validation criteria were merged into table format with a space provided for suggestions (Annex 4). Participants were given the validation criteria explanatory notes, and asked to review and validate the competency domains and core competencies, indicating their agreement or disagreement on the competency statements. They were also given open-ended questions to include their views and suggestions. The final review culminated in the eight broad competency domains and 37 core competencies listed in Version 3 (Annex 5).

4. Integration

Following the validation process, the Nurse Educator Core Competencies were further categorized within cognitive (knowledge), affective (attitudes and behaviours) and psychomotor (skills) domains of learning. It is expected that integrating the competency domains and core competencies within the domains of learning will help facilitate the development of comprehensive educational programmes, better assessment methods and reduce repetition of learning outcomes within curricula.

Cognitive, affective and psychomotor learning domains were identified across the eight competency domains and the related core competencies (Table 1). For example, under *Domain 5: Communication, collaboration and partnership* there is one core competency and three core competencies, which are directed towards a single goal, i.e. to improve nurse educators' collaborative communication and partnership. In reality, nurse educators will merge their knowledge, skills and behaviours in any given situation towards an optimum or ideal performance. Such performance complexity calls for integration of teaching and learning domains to reduce repetitious and redundant elements in the design of curricula.

The nurse educator competencies

THE NURSE EDUCATOR COMPETENCIES

1. THEORIES AND PRINCIPLES OF ADULT LEARNING
2. CURRICULUM AND IMPLEMENTATION
3. NURSING PRACTICE
4. RESEARCH AND EVIDENCE
5. COMMUNICATION, COLLABORATION AND PARTNERSHIP
6. ETHICAL/LEGAL PRINCIPLES AND PROFESSIONALISM
7. MONITORING AND EVALUATION
8. MANAGEMENT, LEADERSHIP AND ADVOCACY
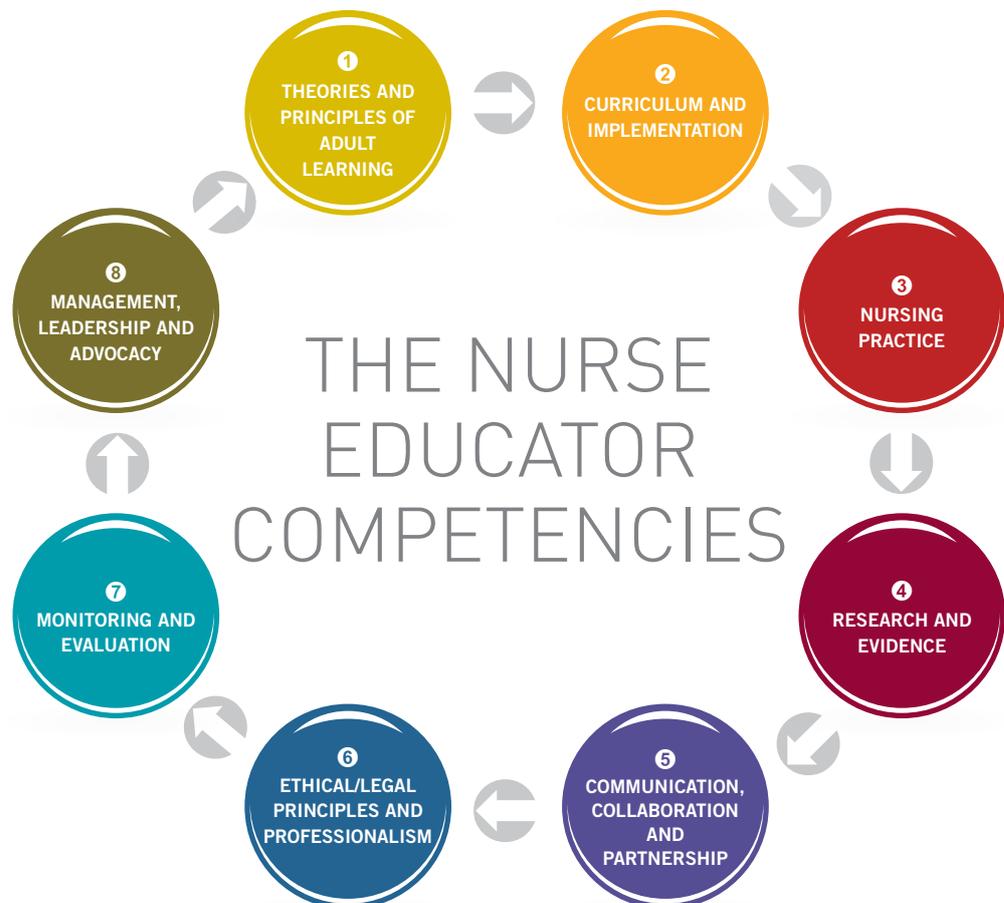
CORE COMPETENCIES INTEGRATED WITH DOMAINS OF LEARNING AND TEACHING

The Nurse Educator Core Competencies are outlined in Table 1. These are the minimum competencies that a qualified nurse educator should possess.

Table 1. Nurse Educator Core Competencies and domains of learning and teaching

DOMAIN 1: THEORIES AND PRINCIPLES OF ADULT LEARNING	
Competency	**Learning and teaching domains**
Core Competency 1: Nurse educators possess a sound understanding of contemporary educational theories, principles and models underlying the design of curricula and the value of adult learning. *Competency 1.1:* Exhibit an understanding of conceptual and theoretical foundations and principles related to health profession education and adult learning. *Competency 1.2:* Analyse domains of learning (cognitive, affective and psychomotor) and their application in different academic contexts. *Competency 1.3:* Demonstrate knowledge of curriculum development which incorporates educational theories, principles and models.	Cognitive domain (knowledge of): • Theories, principles and philosophies of adult education. • Pedagogy, andragogy and geragogy. • Learning domains (cognitive, affective and psychomotor). • Context analysis underlying educational purposes and competency development. • Concepts and conceptual frameworks. • Competency-based education. Affective domain (attitude and behaviour to): • Model critical and reflective thinking. • Show enthusiasm for teaching, learning and nursing that inspires and motivates students. • Foster a relationship of mutual trust and respect. • Nature and roles of teachers and learners. • Purpose and values of adult education. • Content, process and outcome-based curricula. Psychomotor domain (skills and ability to): • Use educational approaches reflecting contemporary educational theory and practice.

DOMAIN 2: CURRICULUM AND IMPLEMENTATION	
Competency	**Learning and teaching domains**

Core Competency 2: Nurse educators demonstrate the skills and abilities to design, implement, monitor and manage curricula based on sound, contemporary educational models, principles, and best evidence.
 	
Competency 2.1: Design curricula which support context-based nursing practice needs and reflect current trends in the health-care environment.
 	
Competency 2.2: Develop and implement a relevant course based on innovative teaching and learning strategies that facilitate active learning and achievement of learning outcomes.
 	
Competency 2.3: Facilitate theoretical and clinical reasoning among diverse learners with different learning styles and unique learning needs.
 	
Competency 2.4: Integrate evidence-based teaching and learning processes, and help learners interpret and apply evidence in their clinical learning experiences.
 	
Competency 2.5: Create and maintain a safe environment that is conducive to learning in theoretical, clinical simulation and practice settings.
 	
Competency 2.6: Use transformational and experiential strategies that develop context-based nursing knowledge, skills and professional behaviours.
 	
Competency 2.7: Incorporate and engage learners with the use of appropriate information technologies (including eLearning, eHealth) in teaching and learning processes.
 	
Competency 2.8: Formulate evaluation tools for teaching and learning experiences, and use results to monitor learners' performance and desired outcomes of courses.
	Cognitive domain (knowledge of):
	• Theory and methodology of educational needs assessment and national health priorities.
	• Teaching strategies grounded in educational theory and evidence-based teaching practices.
	• Social and human relationships and the conditions for learning.
	• Interaction between educator and learner.
	• Construct learning outcomes/objectives.
	• Educational and learning resources and materials based on best available evidence.
	• Development of cognitive, psychomotor and affective learning domains.
	
	Affective domain (attitude and behaviour to):
	• Acknowledge students as adult learners.
	• Encourage critical and reflective thinking.
	• Show motivation for teaching nursing that inspires student learning.
	• Demonstrate interest and mutual respect for learners.
	• Support learners' continuous life-long learning as professional nurses.
	• Use personal attributes of caring, confidence, patience, integrity and flexibility to facilitate learning.
	• Engage in advice and counselling methods that help learners meet their learning goals.
	
	Psychomotor learning domain (skills and ability to):
	• Develop syllabi and class/course outlines including learning outcomes, target audience, content of subject, teaching materials and evaluation methods.
	• Choose and develop appropriate teaching and learning materials and resources that are matched to the learning domains.
	• Use educational approaches reflecting contemporary educational theory and practice including:
	  ◦ Problem-based learning
	  ◦ Case-based learning
	  ◦ Discussion and group work
	  ◦ Seminar presentations
	  ◦ Experiential learning (physical examination, history taking, role plays, simulations)
	  ◦ Workshops
	  ◦ Projects
	  ◦ Active participatory lectures.
	• Develop learning activities as tools for acquiring and mastering learning outcomes/objectives.
	• Use information technologies to support the teaching and learning process.
	• Effectively use audio-visual materials and eLearning.
	• Create opportunities for learners to develop critical thinking/reasoning skills and innovative thinking.
	• Ensure safe and appropriate physical learning environments, including classroom conditions such as space, light, temperature, desk arrangement and number of students.
	• Provide educational resources to diverse learners that help meet their individual learning needs.
	• Create learning environments that foster socialization of the role of the nurse and facilitate learners' self-reflection and personal goal setting.
	• Develop learners' abilities to engage in critical and constructive self-assessment and peer feedback.

DOMAIN 3: NURSING PRACTICE	
Competency	**Learning and teaching domains**
Core Competency 3: Nurse educators maintain current knowledge and skills in theory and practice, based on the best available evidence. Competency 3.1: Maintain competence in nursing practice. Competency 3.2: Practice nursing in ways that reflect evidence-based, up-to-date knowledge. Competency 3.3: Plan a variety of teaching and learning activities that foster creativity and innovation of nursing practice and the health-care environment.	Cognitive domain (knowledge of): • All areas of the theoretical component of the nursing curriculum. • Areas of clinical practice in nursing. • Evidence-based and up-to-date nursing content and related subjects. Affective domain (attitude and behaviour to): • Demonstrate willingness to participate in professional development activities to increase performance effectiveness. • Adhere to professional codes of ethical practice. • Desire to provide high quality standard care. • Demonstrate belief in the value of life-long learning. Psychomotor domain (skills and ability to): • Provide safe, competent and effective nursing care to patients in different settings. • Apply research findings in practice. • Fulfil legal and ethical requirements of nursing regulating/ registration body.
DOMAIN 4: RESEARCH AND EVIDENCE	
Competency	**Learning and teaching domains**
Core Competency 4: Nurse educators develop their critical inquiry and the ability to conduct research and utilize findings to identify and solve educational and practice-based problems. Competency 4.1: Synthesize, use and generate knowledge pertinent to nursing education and practice. Competency 4.2: Engage in debate and reflection with peers to generate and apply new ideas that contribute to the improvement of nursing education and practice. Competency 4.3: Develop future nurse scholars by nurturing a spirit of sharing, inquiry and self-reflection. Competency 4.4: Engage in scholarly writing and publication.	Cognitive domain (knowledge of): • Available research resources. • Qualitative and quantitative research approaches. • Evidence-based practice and levels of evidence. • Critical enquiry. • Demonstrate and encourage inquiry and sharing. • Role model critical thinking in areas of teaching. Affective domain (attitude and behaviour to): • Provide positive feedback for research endeavours. • Demonstrate and encourage inquiry. • Role model critical thinking in all areas of teaching. • Encourage questioning and reflection. • Create a climate of inquiry. Psychomotor domain (skills and ability to): • Use online resources to locate research and clinical guidelines relevant to issues. • Interpret the quality and applicability of research papers and reports. • Use relevant research in teaching and in practice. • Involve students in incorporating research into practice. • Model questioning and reflection as methods in teaching.

DOMAIN 5: COMMUNICATION, COLLABORATION AND PARTNERSHIP	
Competency	**Learning and teaching domains**
Core Competency 5: Nurse educators demonstrate effective communication skills that promote collaborative teamwork and enhance partnership among health profession educational and clinical practice. Competency 5.1: Demonstrate intercultural and interdisciplinary competence in the development of curricula, course design, teaching and nursing practice. Competency 5.2: Communicate best practice in nursing education with peers, students and other stakeholders. Competency 5.3: Facilitate and foster teamwork and collaboration at educational and clinical institutions both locally and with the wider regional and international community.	Cognitive domain (knowledge of): • Professional communication skills. • Intercultural and interdisciplinary partnership. • Collaboration and teamwork between education and practice. • Presentation methodologies. • Report writing. • Principles of counselling. • Maintaining health-care records. • Impact of power relations, racism and sexism. • Human rights. Affective domain (attitude and behaviour to): • Demonstrate an awareness of self and others. • Demonstrate cultural humility. • Recognize the influence of teaching styles and interpersonal interactions on learning outcomes. • Demonstrate caring, confidence, patience, integrity and flexibility to facilitate learning. • Be considerate of power relations. Psychomotor domain (skills and ability to): • Use oral, written and electronic communication in order to achieve learner outcomes. • Produce clear, concise reports and presentations. • Demonstrate professional/interpersonal communication skills in clinical teaching with patients, learners and other members of the health-care team. • Teach students how to engage in health education of patients and their families. • Document and maintain accurate records. • Counsel students and engage in conflict resolution as necessary. • Demonstrate public speaking and active listening skills. • Employ advising and counselling strategies that help learners meet their learning goals. • Use technology appropriately and effectively. • Respect and protect human rights

DOMAIN 6: ETHICAL/LEGAL PRINCIPLES AND PROFESSIONALISM	
Competency	**Learning and teaching domains**
Core Competency 6: Nurse educators demonstrate professionalism including legal, ethical and professional values as a basis for developing nursing education policies, procedures and decision making. Competency 6.1: Promote social justice and the protection of human rights in teaching and learning processes and in the health care environment. Competency 6.2: Promote ethical and legal principles of integrity, academic honesty, flexibility and respect through role modelling. Competency 6.3: Participate in ongoing professional self-development and support the professional learning of colleagues. Competency 6.4: Facilitate professionalization for learners by creating learners' self-reflection, personal goal setting and socialization within the role of the nurse. Competency 6.5: Maintain a professional record (curriculum vitae and/or portfolio) that demonstrates current nursing and teaching competence.	Cognitive domain (knowledge of): • Local knowledge, regional and international ethical code of conduct and obligations related to nursing education and practice. • The law and regulation relating to teaching and nursing practice. • Law pertaining to social justice and human rights. Affective domain (attitude and behaviour to): • Demonstrate ethical behaviours of respect, dignity, responsibility and academic honesty. • Respect the rights of patients when teaching or delivering nursing care. • Recognize potential ethical issues and dilemmas in the workplace and discuss with students and other appropriate persons. • Act at all times in compliance with legal and regulatory statutes. • Ensure students comply with legal and regulatory statutes. Psychomotor domain (skills and ability to): • Use knowledge of ethical code of conduct as a basis for designing, implementing and evaluating academic policies and procedures. • Incorporate legal and regulatory requirements into nursing education including the implementation and assessment of teaching and learning. • Maintain current self-development activities and a curriculum vitae and portfolio.

DOMAIN 7: MONITORING AND EVALUATION

Competency	Learning and teaching domains

Core Competency 7: Nurse educators utilize a variety of strategies to monitor and evaluate nursing programmes, the curricula and mastery of student learning.
 	
Competency 7.1: Monitor, assess and evaluate teaching and learning methods and experiences in relation to nursing outcomes and learner needs.
 	
Competency 7.2: Evaluate own teaching competencies by seeking input from peers and students. Use feedback to improve role effectiveness.
 	
Competency 7.3: Develop a variety of assessment tools and methods to ascertain student competence in cognitive, affective and psychomotor domains. Provide timely constructive verbal and written feedback to learners.
 	
Competency 7.4: Foster learners' self-assessment skills and reflection on teaching and learning activities.
 	
Competency 7.5: Collaborate with colleagues to develop, manage and evaluate curriculum, programmes, courses, and clinical teaching and learning experiences.
	Cognitive domain (knowledge of):
	• Principles and framework for programme, curriculum, course monitoring and evaluation.
	• Formative and summative assessment methodologies.
	• Relationship between assessment modalities and domain of learning outcomes/goals (cognitive, affective and psychomotor).
	• Licensing, accreditation and certification policies and requirements.
	
	Affective domain (attitude and behaviour to):
	• Display honesty in all monitoring and evaluation processes, and in learners' competence assessments.
	• Display sensitivity when counselling unsuccessful students to enhance their performance and capabilities for safe and effective nursing practice.
	• Fairly and accurately assess students' acquisition of required competencies and capabilities for graduation and provision of safe nursing practice.
	
	Psychomotor domain (skills and ability to):
	• Use appropriate methods of assessment and evaluation of learning that are linked to learning outcomes/goals, including:
	  ◦ Single/multiple choice examination
	  ◦ Essay writing
	  ◦ Seminar presentation
	  ◦ Case study
	  ◦ Projects
	  ◦ Objective structured clinical exams (OSCEs)
	  ◦ Objective structured behavioural exams (OSBEs).
	• Construct assessment tools including examination blueprints, examination item writing, item validity, and reliability.
	• Participate in setting pass or fail standards and assessment criteria.
	• Provide learners with timely, constructive feedback.
	• Use assessment and evaluation data to enhance the teaching/learning process.
	• Maintain accurate records of student progress and achievement for continuous quality improvement (CQI) and external validation.
	• Participate in programme, curriculum and course evaluation.
	• Adapt, design and use tools for assessing and documenting clinical practice.
	• Make objective judgements about the competence/proficiency of students including cultural competency and respectful care.

DOMAIN 8: MANAGEMENT, LEADERSHIP AND ADVOCACY	
Competency	**Learning and teaching domains**
Core Competency 8: Nurse educators demonstrate the skills of system management and leadership to create, maintain and develop desired nursing programmes and shape the future of education institutions. Competency 8.1: Incorporate the mission and strategic plan of the parent institution with the goals of the nursing programme when proposing and managing change. Competency 8.2: Assume leadership roles at various levels for institutional governance, education development and enhancing nursing practice. Competency 8.3: Demonstrate effective and efficient human and financial resource management. Competency 8.4: Engage in quality reviews to assess strengths and weaknesses of the programme based on set criteria, and use the results for benchmarking and ongoing progress. Competency 8.5: Use a variety of advocacy strategies to promote nursing education and practice. Competency 8.6: Identify opportunities for positive change and effectively manage the change process both at individual and organizational levels.	Cognitive domain (knowledge of): • Leadership theory and educational management. • Curriculum design and development. • Timetabling and scheduling. • Change management. • Interdisciplinary collaboration. • Advocacy strategies. • Organizational operation/function. Affective domain (attitude and behaviour to): • Integrate interpersonal values of respect, collegiality, professionalism and caring to build a positive organizational climate. • Foster the development of positive learning environment for students and faculty. • Demonstrate integrity, courage, perseverance, vitality and creativity. • Develop collegial working relationships with clinical agency personnel to improve clinical teaching and learning practice. • Engage in self-development and continued learning. • Display confidence in debate and presentation. Psychomotor domain (skills and ability to): • Develop nursing curricula integrating the institutional vision, mission and philosophy, current health-care trends and community needs. • Develop the clinical aspect of curricula, integrating the complex, dynamic, multicultural health-care environment. • Efficiently manage time and resources. • Work in multidisciplinary, interdisciplinary team to address health-care and educational needs. • Create and maintain community and clinical partnerships that support educational goals. • Provide organizational leadership at various levels of institutional governance. • Enhance the advocacy and the visibility of nursing identity and its contributions to the academic community. • Implement and manage organizational change. • Mentor and support colleagues. • Act as a team member, communicate and make inclusive and collaborative decisions. • Demonstrate a leadership role outside institutions, e.g. with government and professional associations.

Requirements for becoming a nurse educator

To acquire the title of qualified nurse educator, the requirements identified in Table 2 must be attained.

Table 2. Requirements for nurse educators

Nursing education	Satisfactorily completed a recognized nursing education programme, including both theoretical and practical components.
Nursing qualification	Holds a current licence/registration or other form of legal recognition to practise nursing.
Clinical nursing experiences	Completed a minimum of two years' full-time clinical experience across the scope of practice within the last five years.
Educational training	Acquired formal teaching preparation either before or soon after employment as an educator.

Implementation

The core competencies presented in this document are applicable to diploma and degree level educators. However, any adaptation would have to take into account the depth of the desired programme. The competencies also form the basis for the development of curricula content including learning and methods of teaching, assessment and evaluation. Resources should be made available to implement these competencies.

MONITORING AND EVALUATION

Monitoring and evaluation (M and E) are part of effective academic and professional management at all levels. Monitoring and Evaluation takes place within an organizational context and requires group skills, management abilities, accountability and sensitivity to different stakeholders. Monitoring and Evaluation culture emphasizes fairness, openness and, above all, ethical behaviour.

Monitoring and evaluation can provide information concerning the inputs, process of implementation and programme outcomes. This can help to ascertain the relevance of the educational programme/curriculum and the different roles and responsibilities of a nurse educator, including theoretical and clinical teaching, leadership and research.

The consistent use of the assessment of core competencies in nursing education would enhance confidence in nursing standards at the national and international level. It would also facilitate the ability to compare educator competencies and the performance of students. A competency framework, which includes a monitoring and evaluation process, offers the opportunity for a critical reflection on programme content and on appropriate teaching and learning approaches.

Nursing education institutions are encouraged to develop a competency-testing tool to monitor and evaluate aspects of the eight domains, core competencies and the related competencies. It is important to include both quantitative and qualitative dimensions in order to have in-depth information on the usefulness of the NECC, limitations and areas for improvement.

Nursing educator core competencies could be assessed at three levels:

1. Educator self-evaluation – to assess own performance in teaching and professional growth.
2. Training institution – to address education and professional development needs of the faculty or for research purposes.
3. National evaluation in nursing education – to ensure educational quality assessment and performance of educators in meeting the required standards and inform planning for appropriate interventions.

Quality reviews can be coordinated, for example by a country's ministry of health and/or nursing and midwifery council and ministry of education. Competencies for nurse educators form an element within a larger system where nurse education curricula are developed and implemented. The oversight process for building the entire nurse educator programme requires an array of mechanisms including policies, standards, regulation, leadership, management and organizational structures.

SUMMARY

Globally there is an urgent requirement for more skilled nurses. Equally, there is a need to provide a system to educate teachers. Interventions in nursing education need to be carefully assessed and strategically planned and coordinated.

Improving and maintaining the qualities and competencies of nurse educators requires keeping pace with shifting health-care expectations, evolving practice requirements, new information technologies, and rapidly expanding evidence-based health services. These challenges call for reformed approaches on the part of health professionals and educators alike. The development of nurse educators can facilitate the transference of competencies to new nursing generations and contribute to maintaining and enhancing the quality of health services.

The competency themes in this document reflect a need for clinical competence; sound teaching and assessment skills reflective of an adult learning approach; and organizational and communication skills. Participants noted that values and ethics, personalities, and personal qualities, such as having a leadership role in the profession and acting as a change agent and a role model for students, are important for nurse educators. Socialization of students into clinical practice was stressed as an important aspect of the role of nurse educators. Continuous improvement and ongoing professional development are expected for all nurses. It is important to recognize that nurse educators function at different levels within a school, however, the development of basic or core competencies, common to all teachers of health practitioners, is an essential prerequisite to attaining high standards in nursing practice.

ANNEXES

Annex 1: Literature review

There has been substantial work on competency development in nursing practice. However, less attention has been given to core competencies for nurse educators. Most competency frameworks and models have been developed at regional or national level, with a few at the international level; no nurse educator competencies were found developed appropriately for global application. Furthermore, some competencies that were developed previously may no longer be relevant in current health-care and education contexts, even at a national level. For example, Guy et al (2011) surveyed Australian nurse educators to gain their perspective on whether Australian nurse educator competencies developed in 1996 were reflective of the current roles of nurse teachers. The results of their study showed that while some of the competencies remain relevant, several needed to be revised. Staykova's (2012) Delphi study on competencies of nurse educators at a private college in Virginia, USA, revealed a dearth of empirical research on nurse educator competencies. After obtaining inconclusive results in her study on the relevance and applicability of American-based competencies, the researcher suggested that 'a full-scope study with larger population may enlighten the questions of what competencies nurse educators must demonstrate' (p.117).

Frenk et al (2010) highlighted that global inequities in health persist partly because health professional education is based on 'fragmented, outdated and static curricula that produce ill-equipped graduates' (p.1). Indeed, findings by the Lancet Commission (Frenk et al, 2010) indicate that fundamental changes in health professional education are required, including improving harmonization between education and health systems; developing more enlightened health leaders and change agents in education and health care; and improving the global flow of education content and health information. The commission emphasized that in order for health equity to be acheived, a transformative and interdependent professional educational system for health professionals which encompasses 'rapid adaptation of core comptencies based on transnational, multiprofessional, and long-term perspectives to serve the needs of individuals and populations' is needed (Frenk et al, 2010, p.32).

The WHO document on transforming and scaling up health professionals' education and training (WHO, 2013) further reiterated the inadequacies of the current health workforce, both in terms of numbers and in their educational preparation. There is ample evidence of the need for education systems to be transformed to equip health professionals with new competencies that enable them to effectively serve the needs of society (WHO, 2005; WHO, 2007; Benner et al, 2010; Global Health Workforce Alliance, 2011). These competencies must encompass proficiency in critical enquiry, effective use of information technologies and a renewal of professionalism (American Association of Colleges of Nursing, 2013; Crisp and Chen, 2014).

There is no question that a well-educated, competent nursing workforce, beginning with competent nurse educators, is critical to the provision of quality health services and the achievement of health equity; however, the quality of educational preparation of nursing faculty is of growing concern. The sixty-fourth World Health Assembly (WHA64.7) (2011) recognized the need to improve the education of nurses including:

the development of competencies for the educational and technical preparation of nurses and midwives and systems for sustaining those competencies; hence giving consideration to the development of the continuum of education that is necessary for attaining the required level of expertise of nurse and midwifery researchers, educators and administrators (pp.2–3).

2006) underlined the importance of identifying 'competencies and models for their implementation as they reinforce interprofessional health-care culture, and vision' (p.110). From their examination of competencies in medicine, nursing, physiotherapy and occupational therapy, these researchers concluded that competency models assist health-care professionals to establish performance expectations and improve the effectiveness of educational programmes.

Annex 2: Domains and revised Nurse Educator Core Competencies (Round 2)

DOMAIN	COMPETENCY
1. Ethical and legal principles of nursing education	Nurse educators demonstrate and promote ethical and legal practice in teaching/learning activities. Competency 1: Behave in ways that reflect the ethical standards of the teaching and nursing professions. Competency 2: Convey an understanding of the legal and regulatory statutes relevant to nursing education and practice. Competency 3: Incorporate social justice, ethical and legal concepts into teaching/learning activities. Competency 4: Act as a role model for the teaching and provision of ethical and legal nursing practice.
2. Nursing practice	Nurse educators maintain current knowledge and skills in theory and practice, based on the best evidence available. Competency 5: Maintain competence in nursing practice. Competency 6: Practice nursing in ways that reflect evidence-based and current knowledge. Competency 7: Maintain a professional record (curriculum vitae, portfolio, etc.) that demonstrates current nursing and teaching competence in relevant areas of practice. Competency 8: Plan a variety of teaching and learning programmes and experiences which support nursing practice and the health-care environment.
3. Educational theory and conceptual learning	Nurse educators create an environment that facilitates theoretical and conceptual learning. Competency 9: Plan, select and/or design teaching and learning strategies, materials and resources to achieve educational goals and outcomes. Competency 10: Facilitate the creation and maintenance of a safe environment that is conducive to learning in theoretical (classroom/online) settings. Competency 11: Engage in ongoing critical reflection to generate and apply new ideas that contribute to the improvement of nursing education, practice and leadership. Competency 12: Demonstrates cultural competence in course design and development, teaching and nursing practice.
4. Teaching and learning in the clinical area	Nurse educators create an environment for effective clinical teaching of nursing care. Competency 13: Facilitate a safe learning environment in the clinical setting. Competency 14: Foster individualized experiential learning. Competency 15: Facilitate clinical reasoning among diverse learners who may have different learning styles and unique learning needs.
5. Integration of theory and practice (praxis)	Nurse educators foster the integration of theory into practice. Competency 16: Implement a variety of effective teaching strategies that facilitate active learning across a range of educational and practice settings. Competency 17: Foster theoretical and clinical reasoning among diverse learners who may have different learning styles and unique learning needs. Competency 18: Incorporate and engage learners with the use of appropriate information and communication technologies (including eHealth, mHealth, clinical simulation, gaming, etc.) in teaching/learning.

6. Assessment and evaluation of students and course/ programme outcomes	Nurse educators are responsible for the monitoring, evaluation and assessment of courses, programme and students. Competency 19: Continuously monitor, assess and evaluate teaching/learning methods, experiences and programmes in relation to nursing outcomes and learner needs. Competency 20: Evaluate own teaching competencies by seeking input from peers and students. Competency 21: Foster assessment skills in learners by including strategies for self-assessment and peer assessment in teaching/learning activities. Competency 22: Assess student competence and provide timely, constructive and thoughtful feedback to learners.
7. Educational programme development and evaluation	Nurse educators participate in designing, implementing and evaluating curricula and formulating and evaluating policy and programme outcomes. Competency 23: Participate in designing, implementing and evaluating curricula. Competency 24: Implement, evaluate and revise nursing programmes.
8. Programme management and administration	Nurse educators manage educational programmes efficiently and effectively. Competency 25: Integrate the goals of the nursing programme with the mission of the parent institution when proposing change or managing issues. Competency 26: Assume a leadership role in various levels of institutional governance. Competency 27: Manage human and financial resources effectively and efficiently. Competency 28: Organize and manage the administration, support systems and activities that enable the effective running of nursing education programmes.
9. Leadership and advocacy	Nurse educators function as advocates, change agents and leaders. Competency 29: Advocate for education and practice environments that have the organizational and human support systems and the resource allocations necessary for safe, competent and ethical nursing care. Competency 30: Use a variety of advocacy strategies to promote nursing education and practice including professional, community, human rights and structural advocacy. Competency 31: Integrate advocacy strategies into the curriculum. Competency 32: Identify opportunities for positive change and effectively manage the change process both at individual and organizational levels. Competency 33: Demonstrate leadership to improve nursing education and practice.
10. Effective communication	Nurse educators are effective communicators. Competency 34: Communicate effectively with students, peers and others who have a stake in best practice in nursing education. Competency 35: Communicate effectively using a variety of methods and in diverse settings. Competency 36: Demonstrate cultural competence in course design and development, teaching and nursing practice.

11. Collaboration and interdisciplinarity	Nurse educators promote and integrate interprofessional and interdisciplinary collaboration in the teaching and learning of nursing theory and practice.
	Competency 37: Collaborate with colleagues to design and develop nursing courses and programmes.
	Competency 38: Facilitate collaboration and teamwork in educational and practice settings.
	Competency 39: Foster partnerships among educational institutions, clinical institutions and the community.
	Competency 40: Demonstrate intercultural and interdisciplinary competence in course and curricular design and development, teaching and nursing practice.
12. Research	Nurse educators promote the use of research and use it to inform education and practice.
	Competency 41: Use research evidence to inform teaching and practice.
	Competency 42: Help learners interpret and apply research in nursing practice.
	Competency 43: Demonstrate a commitment to research and scholarship by participating in research activities, disseminating knowledge, and using knowledge from nursing practice to maintain and improve the nursing curricula.
	Competency 44: Develop future nurse scholars by nurturing a spirit of inquiry and self-reflection.
	Competency 45: Engage in scholarly writing and publication.
13. Professionalism	Nurse educators promote the professionalization of nursing.
	Competency 46: Facilitate professionalization for learners.
	Competency 47: Participate in ongoing professional learning.
	Competency 48: Support the professional learning of colleagues.
	Competency 49: Create teaching/learning environments that facilitate learners' self-reflection, personal goal setting and socialization in the role of the nurse.

Annex 3: Validation criteria explanatory notes

Relevance
- The competency statement is aligned with standards of health profession education, creating a conceptual understanding of content.
- Articulates clearly the main curriculum framework necessary for nurse educators' roles and responsibilities.

Concepts
- The competency statements include skills that are transferable across variety of settings and applicable in real-life situations.
- Concepts can be supported by topics and facts.
- Promotes understanding of relationships between theories, principles and concepts.

Depth of knowledge
- The competencies require depth of understanding of content and application of cognitive, affective and psychomotor skills in a variety of settings.
- Promotes conceptual connections and academic demand and rigour.
- Promotes deep knowledge using reasoning, planning, interpreting, investigating and debating.

Assessment
- The competency domains outline the cognitive and skill areas to be measured.
- Promotes multiple/varied opportunities to demonstrate evidence of learning and mastering of competencies.

Comprehensiveness
- The competencies include all essential elements of nurse educators' roles and are cognitively sound.

Adaptability
- The competencies can easily be adapted to various contexts.

Clarity
- Language level is clear and acceptable.
- The terminologies used are accessible.

Annex 4: Analysis and validation of Nurse Educator Core Competencies

Competency domain 1: Educational theories and principles of teaching and learning

CORE COMPETENCIES	COMPETENCY VALIDATION CRITERIA						
	Relevance	Concepts	Depth of knowledge	Assessment	Comprehensiveness	Adaptability	Clarity
Core Competency 1							
Competency 1.1	✓	✓	✓	0.1	0.2	✓	✓
Competency 1.2	✓	✓	✓	✓	0.2	✓	✓
Competency 1.3	✓	✓	✓	✓	0.1	✓	✓

Competency domain 2: Curriculum design, implementation and evaluation of programme outcomes

CORE COMPETENCIES	COMPETENCY VALIDATION CRITERIA						
	Relevance	Concepts	Depth of knowledge	Assessment	Comprehensiveness	Adaptability	Clarity
Core Competency 2							
Competency 2.1	✓	0.1	0.1	✓	✓	✓	0.2
Competency 2.2	✓	✓	✓	0.2	✓	✓	0.1
Competency 2.3	✓	✓	✓	0.2	0.2	✓	✓
Competency 2.4	✓	✓	✓	0.1	✓	✓	✓
Competency 2.5	✓	✓	✓	0.1	✓	✓	✓
Competency 2.6	✓	✓	✓	0.1	✓	0.1	✓
Competency 2.7	✓	✓	✓	✓	✓	0.1	0.1
Competency 2.8	✓	✓	✓	✓	✓	✓	✓

Competency domain 3: Nursing practice

CORE COMPETENCIES	COMPETENCY VALIDATION CRITERIA						
	Relevance	Concepts	Depth of knowledge	Assessment	Comprehensiveness	Adaptability	Clarity
Core Competency 3							
Competency 3.1	✓	✓	0.1	0.1	0.1	✓	0.1
Competency 3.2	✓	✓	0.1	✓	✓	✓	✓
Competency 3.3	✓	✓	0.2	✓	✓	✓	✓

Competency domain 4: Research and evidence

CORE COMPETENCIES	COMPETENCY VALIDATION CRITERIA						
	Relevance	Concepts	Depth of knowledge	Assessment	Comprehensiveness	Adaptability	Clarity
Core Competency 4							
Competency 4.1	✓	✓	0.1	✓	0.1	✓	0.2
Competency 4.2	✓	✓	0.2	✓	0.2	✓	✓
Competency 4.3	✓	✓	0.2	0.1	0.2	✓	0.1
Competency 4.4	✓	✓	✓	✓	✓	✓	✓

Competency domain 5: Communication, collaboration and partnership

CORE COMPETENCIES	COMPETENCY VALIDATION CRITERIA						
	Relevance	Concepts	Depth of knowledge	Assessment	Comprehensiveness	Adaptability	Clarity
Core Competency 5							
Competency 5.1	✓	✓	0.1	✓	0.1	✓	✓
Competency 5.2	✓	✓	0.1	✓	0.1	✓	✓
Competency 5.3	✓	✓	0.1	✓	✓	✓	0.1
Competency 5.4	✓	0.1	0.1	✓	0.1	✓	✓

Competency domain 6: Ethical/legal principles and professionalism

CORE COMPETENCIES	COMPETENCY VALIDATION CRITERIA						
	Relevance	Concepts	Depth of knowledge	Assessment	Comprehensiveness	Adaptability	Clarity
Core Competency 6							
Competency 6.1	✓	✓	✓	✓	✓	✓	✓
Competency 6.2	✓	✓	✓	✓	✓	✓	✓
Competency 6.3	✓	✓	✓	✓	✓	0.1	✓
Competency 6.4	✓	✓	✓	0.2	0.1	0.1	0.1
Competency 6.5	✓	✓	✓	✓	✓	✓	✓

Competency domain 7: Monitoring and evaluation

CORE COMPETENCIES	COMPETENCY VALIDATION CRITERIA						
	Relevance	Concepts	Depth of knowledge	Assessment	Comprehensiveness	Adaptability	Clarity
Core Competency 7							
Competency 7.1	✓	✓	✓	✓	0.1	✓	✓
Competency 7.2	✓	✓	✓	✓	✓	✓	✓
Competency 7.3	✓	✓	✓	✓	✓	✓	✓
Competency 7.4	✓	✓	✓	✓	✓	✓	✓
Competency 7.5	✓	✓	✓	✓	✓	✓	✓

Competency domain 8: Management and leadership

CORE COMPETENCIES	COMPETENCY VALIDATION CRITERIA						
	Relevance	Concepts	Depth of knowledge	Assessment	Comprehensiveness	Adaptability	Clarity
Core Competency 8							
Competency 8.1	✓	✓	0.2	0.1	✓	✓	✓
Competency 8.2	✓	✓	✓	0.2	✓	✓	✓
Competency 8.3	✓	✓	✓	0.2	✓	0.1	✓
Competency 8.4	✓	✓	✓	✓	✓	✓	✓

Annex 5: Nurse Educator Core Competencies and domains (Version 3)

DOMAINS	CORE COMPETENCIES
1. Theories and principles of adult learning	Nurse educators possess a sound understanding of contemporary educational theories, principles and models underlying the design of curricula and the value of adult education. Competency 1.1: Exhibit an understanding of conceptual and theoretical foundations and principles related to health profession education and adult learning. Competency 1.2: Analyse domains of learning (cognitive, affective and psychomotor) and their application in different academic contexts. Competency 1.3: Demonstrate knowledge of curriculum development including community needs assessment, analyses of purpose, philosophy, concepts and framework.
2. Curriculum design and implementation	Nurse educators demonstrate the skills and abilities to design, implement, monitor and manage curricula based on sound, contemporary educational models, principles and best evidence. Competency 2.1: Design curricula which support context-based nursing practice needs and reflect current trends in the health-care environment. Competency 2.2: Develop and implement a relevant course based on innovative teaching and learning strategies that facilitate student-centred learning and achievement of learning outcomes. Competency 2.3: Facilitate theoretical and clinical reasoning among diverse learners with different learning styles and unique learning needs. Competency 2.4: Integrate evidence-based teaching and learning processes and help learners interpret and apply evidence in their clinical learning experiences. Competency 2.5: Create and maintain a safe environment that is conducive to learning in theoretical, clinical simulation and practice settings. Competency 2.6: Use transformational and experiential strategies that develop context-based nursing knowledge, skills and professional behaviour. Competency 2.7: Incorporate and engage learners with appropriate information technologies (including eLearning, eHealth) in teaching and learning processes. Competency 2.8: Formulate evaluation tools for the teaching and learning experiences, and use the results to monitor learner performance and desired outcomes of courses.
3. Nursing practice	Nurse educators maintain current knowledge and skills in theory and practice, based on the best evidence available. Competency 3.1: Maintain competence in nursing practice. Competency 3.2: Practice nursing in ways that reflect evidence-based approach and current knowledge. Competency 3.3: Plan a variety of teaching and learning activities that fosters creativity and innovation in nursing practice and the health-care environment.
4. Research and evidence	Nurse educators develop their critical inquiry and the ability to conduct research and utilize findings to identify and solve educational and practice-based problems. Competency 4.1: Synthesize, use and generate knowledge pertinent to nursing education and practice. Competency 4.2: Engage in debate and reflection with peers to generate and apply new ideas that contribute to the improvement of nursing education and practice. Competency 4.3: Develop future nurse scholars by nurturing a spirit of sharing, inquiry and self-reflection. Competency 4.4: Engage in scholarly writing and publication.

5. Communication, collaboration and partnership	Nurse educators demonstrate effective communication skills that promote collaborative teamwork and enhance partnership among health profession educational and clinical practice.
	Competency 5.1: Demonstrate intercultural and interdisciplinary competence in the development of curricula, course design, teaching and nursing practice.
	Competency 5.2: Communicate best practice in nursing education with peers, students and other stakeholders.
	Competency 5.3: Facilitate and foster teamwork and collaboration at educational and clinical institutions both locally and with the wider regional and international community.
6. Ethical/legal principles and professionalism	Nurse educators demonstrate professionalism including legal, ethical and professional values as a basis for developing nursing education policies, procedures and decision making.
	Competency 6.1: Promote social justice, and protection of clients' rights while engaged in teaching and learning processes and delivering nursing care.
	Competency 6.2: Promote ethical and legal principles of integrity, academic honesty, flexibility and respect through role modelling.
	Competency 6.3: Participate in ongoing professional self-development and support the professional learning of colleagues.
	Competency 6.4: Facilitate professionalization for learners by creating learners' self-reflection, personal goal setting and socialization in the role of the nurse.
	Competency 6.5: Maintain a professional record (curriculum vitae and/or portfolio) that demonstrates current nursing and teaching competence.
7. Monitoring and evaluation	Nurse educators utilize a variety of strategies to monitor and evaluate nursing programmes, curricula and mastery of student learning.
	Competency 7.1: Monitor, assess and evaluate teaching and learning methods and experiences in relation to nursing outcomes and learner needs.
	Competency 7.2: Evaluate own teaching competencies by seeking feedback from peers and students. Use feedback to improve role effectiveness.
	Competency 7.3: Develop a variety of assessment tools and methods to ascertain student competence in cognitive, affective and psychomotor domains. Provide timely constructive verbal and written feedback to learners.
	Competency 7.4: Foster learners' self-assessment skills and reflection on teaching and learning activities.
	Competency 7.5: Collaborate with colleagues to develop, manage and evaluate curriculum, programmes, courses and clinical teaching and learning experiences.
8. Management and leadership	Nurse educators demonstrate the skills of system management and leadership to create, maintain and develop desired nursing programmes and shape the future of education institutions.
	Competency 8.1: Incorporate the mission and strategic plan of the parent institution within the goals of the nursing programme when proposing and managing change.
	Competency 8.2: Assume leadership roles at various levels for institutional governance, education development and enhancing nursing practice.
	Competency 8.3: Demonstrate effective and efficient human and financial resource management.
	Competency 8.4: Engage in quality reviews, to assess strengths and weaknesses of the programme based on set criteria. Use the results for benchmarking and ongoing progress.
	Competency 8.5: Use a variety of advocacy strategies to promote nursing education and practice.
	Competency 8.6: Identify opportunities for positive change and effectively manage the change process both at individual and organizational levels.

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