

Perspectives of Thai Nurses About Nurse Educators' Competencies for Teaching Graduate Education: A Qualitative Descriptive Study

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Abstract: Nurse educators' competencies are essential for teaching at the graduate level. However, previous studies report educators lacking some competency aspects, such as pedagogical or research competencies. Developing nurse educators' competencies is necessary to design and shape high-quality education for future nurses working in healthcare settings. The aim of this qualitative study was to explore Thai nurse educators' viewpoints on improving new nurse educators' competencies in educating graduate students. A qualitative descriptive research approach was used. Researchers interviewed 15 nurse educators in Phitsanulok, Thailand, with expertise in graduate education. Data were analyzed using content analysis.

The study revealed that developing new nurse educators to educate graduate students involved changing mindsets regarding such education and continuous learning. For example, there were two themes focusing on 1) changing perspectives of nurse educators, such as teaching at the graduate education level as teaching adult learners, and the goal of teaching was enhancing students to be systematic thinkers, and 2) ongoing education for faculty, such as attending a meeting or conducting research and learning from other faculty members. Based on the study findings, educational institution administrators should identify strategies to improve the mindsets of nurse educators and enhance continuous learning through mentorship, study trips, and conducting knowledge management forums for graduate nurse educators. Nurse educators should also use these strategies to improve their competencies and be prompt in teaching quality graduate education.

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Introduction

Graduate education is a vital component in assisting people to improve their higher-level abilities to remain competitive in today's knowledge-based society.¹ As a result, many people take postgraduate studies to enhance their competitiveness.¹ Meanwhile, nurse educators are expected to teach, research, and provide academic services. In the role of graduate

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educator, all faculty should provide high-quality instruction by constructing, supporting, or adjusting learning environments for their students.² They also

should be experts in their subjects and allied fields.³ In addition, new nurse educators should be prepared to develop their competencies because they are the primary mechanism for driving excellent education. In addition, they are directly responsible for arranging lessons, assessing and evaluating learners, and researching for learning development.² Therefore, new nurse educators need pedagogical preparation in curriculum development, teaching strategies, and evaluation methods.⁴ The essential core competencies of nurse educators proposed by the World Health Organization have eight domains: 1) theories and principles of adult learning, 2) curriculum design and implementation, 3) nursing practice, 4) research and evidence, 5) communication, collaboration, and partnership, 6) ethical/legal principles and professionalism, 7) monitoring and evaluation, and 8) management and leadership.⁵

Whereas all competencies of nurse educators are needed for nursing education implementation, one study in Poland reported that nurse educators received the lowest scores for their pedagogical competencies.⁶ Similarly, a previous study reported that the ethical and moral aspect was rated at the highest level in Thailand but in contrast, research and academic services aspects were rated at the lowest level by Thai nurse educators.⁷ In the meanwhile, a previous study reported that the professional development programs for new faculty were more likely to address other components of faculty development, such as research training or developing personalities but failed to address teaching preparation.⁸ Similarly, a recent integrative review reported that doctoral programs emphasize research training more than providing teaching training for doctoral students. As a result, inadequate preparation of new educators to transit to their academic nursing faculty occurred.⁹

A major challenge is the nurse shortage, a worldwide issue, particularly during the COVID-19 pandemic. So, nursing education institutes should plan to produce more nurses promptly to fulfill the healthcare systems' needs for new nurses and graduate nurses.

However, investment by governments to enable this to happen is urgently needed. Meanwhile, systematic preparation to nurture future nurse educators should be considered.¹⁰ Worldwide, healthcare professionals are experiencing an increasingly "VUCA" (volatile, uncertain, complex, and ambiguous) healthcare and educational system. Therefore, all the healthcare workforce, including nurse educators, needs specific skills to manage these changes.¹¹ New nursing curriculum is warranted to ensure that future nurses are well prepared to meet healthcare needs.¹² Nurse educators should also understand national and global healthcare system reform to increase nursing students' national and global health competencies.¹³ Finally, nurse educators should remember that continuing professional development is also essential to nurses' lifelong learning for keeping nurses' knowledge and skills up-to-date.¹⁴ A previous study described nurse educators' competencies using a cross-sectional survey design,¹⁵ but the purpose of our qualitative study was to explore experienced nurse educators' perspectives on what and how to prepare new nurse educators effectively. This information will help build a better professional development program for new nurse educators and improve the competencies of educators, present and future.

Due to the COVID-19 pandemic and other changes worldwide, the nursing profession must promptly prepare graduate nurses for these changes.¹⁶ As a result, nurses need higher education, such as a master's degree, to be better prepared and have the skills and knowledge to manage these changes. Therefore, nurse educators responsible for developing the nursing education systems should have competencies for improving nurses' knowledge and skills.^{11,12,13,14} Graduate education level is now necessary so that nurses will know how to conduct research or apply recent and relevant evidence in a clinical setting.¹⁷ In the meanwhile, providing a better system to educate nurse educators is needed because quality nurse educators will be able to facilitate the good competencies of new nurses and contribute to the quality of healthcare services.⁵

Previous studies report that nurse educators should be highly competent in various aspects, including teaching, research, clinical practice, management, communication, and ethics.^{3,18, 19} As mentioned above, the World Health Organization reported eight-core competencies for nurse educators, however, previous studies have demonstrated that all necessary aspects of nurse educators' competencies are lacking and might not be fulfilled.^{6,7,8} For example, German nurse educators needed a training program for integrating digital technology into teaching.²⁰ Previous studies also demonstrate that nurse educators' competencies are multidimensional, but a lack of competencies is still reported.¹⁵ Therefore, exploring the ways to develop nurse educators' competencies is warranted.³ A previous qualitative study in the US reported that ways to develop competencies among nurse educators could be categorized into non-formal, informal, self-directed, and self-regulated learning.²¹ This might be related to a system to prepare nurse educators at the doctoral level, either research-focused (PhD) or practice-focused (DNP), designed to prepare them for a faculty role.²²

Study Aim

This study aimed to explore experienced Thai nurse educators' perspectives on what and how to prepare new nurse educators effectively.

Methods

Study Design: The study employed a descriptive qualitative approach because this research approach is a method that can describe a comprehensive summarization, in simple terms, who, where, and what ways new nurse educators should do to prepare themselves for teaching at the graduate education level.²³ This qualitative study was guided by nurse educators' core competencies, composed by the World Health Organization.⁵ The Consolidated Criteria for Reporting Qualitative Studies (COREQ) checklist served as a guide to report the study.²⁴

Study Setting and Sample: This study was conducted with nurse educators experienced in teaching graduate education from a university in northern Thailand. Data were collected from August 1 to August 31, 2021. Recruitment of the participants used the purposive sampling method. First, the researcher approached the participants face-to-face. Next, the researcher selected eligible participants based on the inclusion criteria: 1) work as a nurse educator, 2) have experience in teaching graduate education level of at least five years, and 3) willing to participate in the study. Fifteen nurse educators agreed to participate in the study, and all participants provided rich data to understand the study phenomenon.

Ethical Considerations: The Naresuan University Regional Research Ethics Committee approved the study protocol (RREC. No.026/64). Written informed consent was obtained before the interviews. The participants were informed of the study purpose, the researcher's approach and methods, and the participant's right to withdraw from the study at any time without any adverse effects from work. In addition, to protecting participants' confidentiality and study rights, they were informed that their data would be kept in a secure and locked cabinet and would be destroyed after the study was completed in three years. All data were presented as a whole, not linked to specific individuals.

Data Collection: After research approval, the first researcher (AW) contacted the dean of the faculty of nursing from a university in northern Thailand for permission to conduct the study and find potential participants. We conducted in-depth interviews in the offices of the participants. During the interviews, only the participants and the researcher were present. The first author conducted the interviews, starting by informing the study's purpose and ranging from 30 to 60 minutes once. We had established no personal relationship before study commencement. The interview guide was developed considering the literature, piloted before use, and served as a conversational framework. We also observed participants' activities and used

audio recordings during the interviews. The interviews began with broad, open-ended questions that focused on the participants' teaching experiences at the graduate level. Examples of the introductory questions were "How long have you taught nursing students at the graduate education level?" and "At the graduate education level, what is the most frequent teaching philosophy?" The interviewer then continued to ask individual questions concerning teaching at the graduate education level to elicit personal replies. Examples of questions were: "How should new nurse educators be prepared before teaching at the graduate level?" and "When having academic problems, how should new nurses seek help?" We framed open-ended questions to prevent participants from simply agreeing or disagreeing to avoid participant bias. All researchers were female nurse educators, with PhDs and experience in carrying out qualitative research. We collected data until data saturation occurred from 15 participants, as no new data were unveiled after reading and rereading the transcripts.

Data Analysis: We analyzed data using the conventional content analysis approach.²⁵ All researchers coded the data. The analysis included four steps: contextualization, re-contextualization, classification, and compilation. First, we reviewed each transcript several times during the operation. After that, we established the coding for transcripts. Next, we examined all elements to see if the content met the study's objectives. We then identified themes and classifications from the data. Finally, analyzing data and writing this up discovered the essence of the phenomena under investigation.²⁶

Trustworthiness: The study's trustworthiness was accomplished utilizing Lincoln and Guba's concepts of credibility, confirmability, dependability, and transferability. To achieve credibility, prolonged engagement was done by spending enough time to increase trust and interview participants. To confirm confirmability, member checking was done by asking the participants to verify data accuracy during the interview. Dependability was established by auditing the trail from data collection to data analysis. Finally,

for transferability, the study's design and findings served as an exemplar for others to use when replicating the study in similar populations.

Findings

Demographic characteristics

Fifteen participants took part in the study, with an age range of 51–60 years old and a range of years of experience teaching at the graduate level of 5–20 years. All were female and taught master's level students in clinical and lecture courses with 5–10 nursing students per class.

Emerging two significant themes from this study included 1) changing perspectives of nurse educators and 2) ongoing education for faculty. The following is a description of each theme and its sub-themes:

Theme 1: Changing perspectives of nurse educators

This theme was defined as adjusting mindsets regarding teaching at the graduate level of nurse educators. Two sub-themes emerged for changing the perspectives of nurse educators who teach at the master's degree level: 1) teaching at the graduate level is teaching adult learners, and 2) the goal of teaching at the graduate level is teaching students to be systematic thinkers.

Sub-theme 1: Teaching adult learners

Key participants pointed out that there should be a shift in educators' perceptions of adult learners when teaching graduate students. Understanding learners is critical in graduate teaching since graduate students have previously worked, as mentioned by participants No. 2 and No.7.

"Teaching graduate students is teaching adults. They have many questions and have various experiences. It requires good preparation. We must prepare comprehensive information. Some students may ask us questions we have never heard before. What will we do under these circumstances? It will be a challenge. So, educators should be keen on the subjects they teach." (No.2)

“It differs from teaching a bachelor’s degree in that we educate students about illnesses in a bachelor’s degree, but we teach them to think more in a master’s degree. So, instructors must spend more time preparing and reading. We must grasp the theory and devise instructional strategies that allow students to think about and apply what they have learned.” (No.7)

Sub-theme 2: Teaching students to be systematic thinkers

Teaching undergraduate level may take more on nursing content. However, teaching with a master’s degree should not just be about serious nursing content but teach more about the thinking process. Many participants noted that educators should teach graduate students to foster a systematic thinking process and use it in real-life circumstances, as stated by key participants No. 1 and No. 14.

“Graduate students can do their searches to learn whatever they need to know. So, content instruction is essentially unneeded. Systematic thinking is critical since we are constructing the nation’s power. If we continue to educate them through lectures, their knowledge will eventually disappear. Teachers need to tell them how to think in new ways.” (No.1)

“Teaching a master’s degree is different from teaching a bachelor’s degree because we train them to think systematically. So, nurse educators should find teaching methods that enhance students’ thinking process and help them screen and analyze information” (No.14).

Theme 2: Ongoing education for faculty by learning by themselves and learning from others.

This theme had two sub-themes to clarify nurse educators’ methods of continuous learning for nurse educators.

Sub-theme 1: Learning by themselves

One key aspect of teaching graduates to think critically and apply knowledge in practice is that educators should continually improve their knowledge and

skills in different ways, as stated by key participants No. 8 and No. 10.

“I attended the course evaluation meeting to observe how the course was. It was informative for me to prepare teaching approaches for graduate education.” (No.8)

“We should conduct qualitative research if we know we will teach a qualitative research class. We must discover ways to develop our skills. Speaking with other faculty members is also helpful.” (No.10)

Sub-theme 2: Learning from other sources

Learning from mentors was one approach for strengthening the competencies of new graduate educators who desire to teach at the graduate level, as crucial participants No.3 and 14.

“As a senior educator, I will assign novel educators to teach an appropriate topic for them. It should be a subject they have taught in a bachelor’s degree program. We attempted to keep them on the same page. It will assist them in shedding light on those issues.” (No.3)

“Attending with senior educators informed us of our responsibilities. We should pay attention and manage our time to assist them in classes. They will instruct us on how to select a clinical practice setting for our students.” (No.14)

Similarly, for new educators with no prior teaching experience in a master’s degree program, supervising students to do a thesis is a novel experience. As a result, several key participants encouraged learning by serving as a co-advisor with a senior mentor, as mentioned by participants No.6 and No.10.

“Seniors can teach us a lot about how to advise students to conduct a thesis. We can learn about each other’s styles. When the students arrived, we went over to see how senior educators offered advice to the students.” (No.6)

"To become a thesis supervisor, a new educator should work as a co-advisor for a few years before moving to a major advisor position. We learned from various significant gurus since each had a unique approach we incorporated into our own." (No.10)

Study tours to educational institutions with graduate degrees are available. Sharing the knowledge gained from the excursions is another option for new educators teaching at the graduate level to improve their skills, as mentioned by vital participants No.5 and 7.

"It is beneficial to take study visits to various educational institutions. Knowledge management might share what they have learned. It would be beneficial if we could share lesson-learning by breaking them into small groups, such as junior, middle, and senior educators." (No.5)

"Because we cannot envision how we will educate, studying visits from different educational institutions was a terrific learning experience." (No.7)

Discussion

The study's findings revealed that the main themes for competency development of new nurse educators who want to teach at the graduate level could be divided into 1) changing perspectives of nurse educators and 2) ongoing education for faculty. Because most graduate students were of working age and had a job experience, the study's findings revealed that educators should focus on teaching styles for adult learners. A previous study reported that educators' roles in adult education were to guide, encourage, coordinate, and assist learners in overcoming false beliefs from social conditioning or work environments to ensure that their students meet the necessary skills for taking care of patients.²⁷ That means educators' purpose was not simply to convey knowledge but should

encourage students to seek knowledge independently.²⁷

In addition, a previous study reported that adult learners confront various situational challenges, including income, family life, health, job conflict, and transportation.²⁸

Furthermore, institutional impediments were university regulations and procedures that may restrict them from engaging in educational activities. Finally, for these adult learners who return to school after a break, dispositional obstacles or person-specific qualities, such as fear of failure, attitude toward intellectual work, and judgments of skills, may provide problems. These issues highlighted the need for graduate educators' understanding.²⁸

The globe has altered dramatically; teaching at the graduate level aims to enhance graduates to be systematic thinkers. The study findings might be related to the rapid changes in environments, such as the VUCA world, aging society, and the national and global health care system reform. Therefore, the participants agreed that teaching nursing students at the graduate level should enhance them to be systematic thinkers.^{11,12,13}

In addition, because things change so quickly, higher education professors should have five critical competencies: 1) knowledge of their subject of study, 2) the capacity to design teaching methods, 3) the ability to assess learners' potential and deliver training that is appropriate for various learners, 4) continual learning, and 5) ongoing research.²⁹ Similarly, a previous study reported that nurse educators required the integration of skills, attitudes, standards, and theoretical knowledge and the skill of collaboration with other multi-disciplines.⁶

In addition, since the Thai national nursing curriculum and global healthcare system have been reformed rapidly, nurse educators should not stop learning, but they should have skills for life-long learning to increase their competencies to understand all related-nurse education changes.¹⁴ The study's findings revealed that ways to increase the competencies of graduate educators could be performed by themselves either by attending a meeting or conducting research, or learning from other outsources, such as having

a mentor and studying tours. This research's findings matched those of a previous study, which revealed that having a mentor was good for the growth of both new and experienced higher education instructors.³⁰ Mentors assisted new instructors in learning various topics, including academic society duties and expectations and vital skills that would help them grow up in their academic careers.³¹ Training with mentors was a beneficial procedure that might assist new educators in getting more knowledge and skills in their professions, including teaching preparation and research skills.³¹ The conversation is an excellent technique for new instructors in mentoring. A previous study emphasized that interactions between mentors and novice instructors on various topics might lead to independent professional growth. Although mentors may have felt at the time that they were not assisting new instructors as much as they could have been, trainees affirmed that mentors provide many advantages.³²

The study's findings revealed that study trips and information sharing were practical approaches for graduate educators to strengthen their skills. The study results were similar to a previous study that discovered that study tours offered benefits to teachers as they helped improve their professional and personal development.³³ However, when the study tour was over, the best way for graduate educators to enhance their potential was to share their expertise. Sharing information among scholars will lead to efficient network structures, which in turn, it will help educators to produce teaching and learning innovations.³⁴ In addition, information sharing will assist educators in planning practical teaching, knowing how to convey knowledge to learners, and managing time efficiently.³⁵

Limitations

This study's limitation was that this was the descriptive experience of Thai nurse educators in northern Thailand. Therefore, the study findings could not represent nurse educators to other populations throughout the

country or other parts of the world. Future research to see if these viewpoints on the issue that we should create an approach to develop competencies for teaching students at the graduate level are comparable or different is needed.

Conclusions and Implications for Nursing Practices

This qualitative descriptive study's findings provide knowledge and understanding about preparing new nurse educators who want to teach at the graduate level. This study showed that new nurse educators need to change their mindset that teaching at the graduate level is teaching adult learners with the ultimate goal of enhancing them to be systematic thinkers. In addition, new nurse educators can prepare themselves by attending a meeting, conducting research, or learning from other sources such as mentors and studying tours.

These findings highlighted several important issues for developing graduate educator competencies. First, administrators can use data to build the competencies of graduate educators. For example, senior mentors should prepare new educators who desire to teach graduate students. There is also a need for a competency development program for instructors who will mentor students for their thesis work. Meanwhile, educators may use this knowledge to build their competencies to become successful graduate educators, whether via developing their area of expertise or as competent thesis advisers.

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References

1. Rhee KS, Sigler TH. Transforming graduate education: developing leaders for the 21st century. *J Leadersh Educ.* 2020;19(2):105–19.

2. Bardach L, Klassen RM. Smart teachers, successful students? A systematic review of the literature on teachers' cognitive abilities and teacher effectiveness. *Educ Res Rev.* 2020;30:100312. doi:10.1016/j.edurev.2020.100312.
3. Satoh M, Fujimura A, Sato N. Competency of academic nurse educators. *SAGE Open Nurs.* 2020;6:237796 082096938. doi:10.1177/2377960820969389.
4. Crider C. Pedagogical content knowledge for nurse educators: an intersection of disciplines. *Teach Learn Nurs.* 17(4): 449–54. doi:10.1016/j.teln.2022.01.001.
5. World Health Organization. Nurse educator core competencies [Internet]. 2016 [cited 2022 May 25]. Available from: <https://www.who.int/publications/i/item/nurse-educator-core-competencies>
6. Ozga D, Mędrzycka-Dąbrowska W, Gutysz-Wojnicka A, Heikkilä A, Salminen L. Requirements for teachers in the context of postgraduate nursing education: Polish experiences. *J Nurs Soc Sci Relat Health Illn.* 2020;23(1):52–7.
7. Turner K, Sitanon T, Charoensuk S, Von bormann S, Sawaengdee K. Nurse competencies and associated factors in the context of nursing education institutions in Thailand. *J Nurs Div.* 2020;46(3):1–19 (in Thai).
8. van Dijk EE, van Tartwijk J, van der Schaaf MF, Kluijtmans M. What makes an expert university teacher? A systematic review and synthesis of frameworks for teacher expertise in higher education. *Educ Res Rev.* 2020;31:100365. doi:10.1016/j.edurev.2020.100365.
9. Bullin C. To what extent has doctoral (PhD) education supported academic nurse educators in their teaching roles: an integrative review. *BMC Nurs.* 2018;17:6. doi:10.1186/s12912-018-0273-3.
10. Han HR, D'Aoust R, Gross D, et al. Preparing future nursing faculty: integrating enhanced teaching and leadership development curricula into PhD education. *J Adv Nurs.* 2022;78(1):e3–5. doi:10.1111/jan.14982.
11. Maini A, Saravanan Y, Singh TA, Fyfe M. Coaching skills for medical education in a VUCA world. *Med Teach.* 2020;42(11):1308–9. doi:10.1080/0142159X.2020.1788713.
12. Spader C. Partnerships and innovation: the future of nursing education. *Am Nurse J.* 2021;15(6):1–7.
13. Hwang WJ, Jo HH. Development and application of a program for reinforcing global health competencies in university nursing students. *Front Public Health.* 2020;8. <https://www.frontiersin.org/articles/10.3389/fpubh.2020.00263>
14. Mlambo M, Silén C, McGrath C. Lifelong learning and nurses' continuing professional development, a meta-synthesis of the literature. *BMC Nurs.* 2021;20(1):62. doi:10.1186/s12912-021-00579-2.
15. Salminen L, Tuukkanen M, Clever K, et al. The competence of nurse educators and graduating nurse students. *Nurse Educ Today.* 2021;98:104769. doi:10.1016/j.nedt.2021.104769.
16. de Tantillo L, Christopher R. Transforming graduate nursing education during an era of social distancing: tools from the field. *Nurse Educ Today.* 2020;92:104472. doi:10.1016/j.nedt.2020.104472.
17. National League for Nursing. Graduate preparation for academic nurse educators [Internet]. 2017 [cited 2022 May 25]. Available from: https://www.nln.org/docs/default-source/uploadedfiles/about/nln-vision-series-position-statements/vision-graduate-preparation2.pdf?sfvrsn=f0aaa80d_0
18. Kuivila HM, Mikkonen K, Sjögren T, et al. Health science student teachers' perceptions of teacher competence: a qualitative study. *Nurse Educ Today.* 2020;84:104210. doi:10.1016/j.nedt.2019.104210.
19. Mikkonen K, Tuomikoski AM, Sjögren T, et al. Development and testing of an instrument (HeSoEduCo) for health and social care educators' competence in professional education. *Nurse Educ Today.* 2020;84:104239. doi:10.1016/j.nedt.2019.104239.
20. Jobst S, Lindwedel U, Marx H, et al. Competencies and needs of nurse educators and clinical mentors for teaching in the digital age – a multi-institutional, cross-sectional study. *BMC Nurs.* 2022;21(1)240. doi:10.1186/s12912-022-01018-6.
21. Collazo SEJ. Nursing professional development educator competency learning and development [Internet]. 2017 [cited 2022 May 25]. Available from: [file:///C:/Users/BCNBC-185/Downloads/StephanieCollazo_SOE_DissertationSOEApproved_clean3withcorrections%20\(2\).pdf](file:///C:/Users/BCNBC-185/Downloads/StephanieCollazo_SOE_DissertationSOEApproved_clean3withcorrections%20(2).pdf)
22. National Advisory Council on Nurse Education and Practice. Preparing nurse faculty, and addressing the shortage of nurse faculty and clinical preceptors [Internet]. 2020 [cited 2022 May 25]. Available from: <https://www.hrsa.gov/sites/default/files/hrsa/advisory-committees/nursing/reports/nacnep-17report-2021.pdf>

23. Doyle L, McCabe C, Keogh B, Brady A, McCann M. An overview of the qualitative descriptive design within nursing research. *J Res Nurs JRN*. 2020;25(5):443–55. doi:10.1177/1744987119880234.
24. Tong A, Sainsbury P, Craig J. Consolidated criteria for reporting qualitative research (COREQ): a 32-item checklist for interviews and focus groups. *Int J Qual Health Care*. 2007;19(6):349–57. doi:10.1093/intqhc/mzm042.
25. Shava G, Hleza S, Tlou F, Shonhiwa S, Mathonsi E. Qualitative content analysis. *IJRISS*. 2021;5(7):553–8.
26. Assarroudi A, Heshmati Nabavi F, Armat MR, Ebadi A, Vaismoradi M. Directed qualitative content analysis: the description and elaboration of its underpinning methods and data analysis process. *J Res Nurs*. 2018;23(1):42–55. doi:10.1177/1744987117741667.
27. Lewis N, Bryan V. Andragogy and teaching techniques to enhance adult learners' experience. *J Nurs Educ Pract*. 2021;11(11):31–40. <https://doi.org/10.5430/jnep.v11n11p31>
28. Bok GI. Adult learners' challenges in distance learning: a case study in Universiti Sains Malaysia. *Issues Educ Res*. 2021;31(1):19–36.
29. Shankar S, N G, Surekha TP. Faculty competency framework: towards a better learning profession. *Procedia Comput Sci*. 2020;172:357–63. doi:10.1016/j.procs.2020.05.055.
30. Gupta A. Faculty mentoring in higher education: results from a pilot program at Jammu, India Mentor Tutoring Partnersh Learn. 2021;29(3):261–83. doi:10.1080/13611267.2021.1922973.
31. Schwan A, Wold C, Moon A, Neville A, Outka J. Mentor and new teacher self-perceptions regarding the effectiveness of a statewide mentoring program. *Crit Quest Educ*. 2020;11(3):190–207.
32. Voytko ML, Barrett N, Courtney-Smith D, et al. Positive value of a women's junior faculty mentoring program: a mentor-mentee analysis. *J Womens Health*. 2018;27(8):1045–53. doi:10.1089/jwh.2017.6661.
33. Lagos E, Dolphin A, Kerlin F. Designing and running overseas study tours. In: Beeton S, Morrison A, editors. *The study of food, tourism, hospitality, and events: 21st-century approaches*. Springer Publishing; 2019. pp. 143–53.
34. Stasewitsch E, Dokuka S, Kauffeld S. Promoting educational innovations and change through networks between higher education teachers. *Tert Educ Manag*. 2022;28(1):61–79. doi:10.1007/s11233-021-09086-0.
35. Ngoc-Tan N, Gregar A. Impacts of knowledge management on innovation in higher education institutions: an empirical evidence from Vietnam. *J Sci Pap Econ Sociol*. 2018;11(3):301–20. <https://doi.org/10.14254/2071-789X.2018/11-3/1>

มุมมองของพยาบาลไทยเกี่ยวกับสมรรถนะของอาจารย์พยาบาลในการสอน บัณฑิตศึกษา: การวิจัยพรรณนาเชิงคุณภาพ

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บทคัดย่อ: สมรรถนะของอาจารย์พยาบาลมีความจำเป็นในการสอนนักศึกษาในระดับบัณฑิตศึกษา การวิจัยที่ผ่านมาพบว่าอาจารย์พยาบาลยังขาดสมรรถนะบางด้านเช่น สมรรถนะด้านการจัดการเรียนการสอน และการวิจัย การพัฒนาสมรรถนะของอาจารย์พยาบาลเป็นความจำเป็นสำหรับการออกแบบและทำให้คุณภาพการจัดการศึกษาสำหรับพยาบาลที่ทำงานในระบบบริการสุขภาพสูงขึ้น วัตถุประสงค์ของการวิจัยเชิงคุณภาพครั้งนี้เพื่อค้นหามุมมองของอาจารย์พยาบาลไทยเกี่ยวกับแนวทางการพัฒนาสมรรถนะของอาจารย์พยาบาลในการสอนนักศึกษาในระดับบัณฑิตศึกษา โดยใช้การวิจัยเชิงคุณภาพเชิงบรรยาย ผู้วิจัยสัมภาษณ์เชิงลึกอาจารย์พยาบาลที่มีความชำนาญในการสอนนักศึกษาระดับบัณฑิตศึกษา 15 คน วิเคราะห์ข้อมูลด้วยการวิเคราะห์เนื้อหา

ผลการวิจัยพบแนวทางการพัฒนาสมรรถนะอาจารย์พยาบาลใหม่ในการสอนระดับบัณฑิตศึกษา ประกอบด้วยการเปลี่ยนมุมมองเกี่ยวกับการศึกษาและการเรียนรู้อย่างต่อเนื่อง ตัวอย่างเช่น มี 2 ประเด็นหลัก ดังนี้ 1) ปรับมุมมองผู้สอนโดยมองการสอนระดับบัณฑิตศึกษาเป็นการสอนแบบผู้ใหญ่และมีเป้าหมายเพื่อให้ผู้เรียนเป็นผู้ที่มีความคิดเชิงระบบ และ 2) ผู้สอนต้องมีการเรียนรู้อย่างต่อเนื่องทั้งจากการประชุม การทำวิจัยและการเรียนรู้จากอาจารย์ท่านอื่น ผลการวิจัยสะท้อนให้เห็นว่าผู้บริหารสถาบันการศึกษาควรเตรียมการเพื่อหาวิธีการปรับเปลี่ยนมุมมองและเพิ่มช่องทางการเรียนรู้อย่างต่อเนื่องแก่อาจารย์พยาบาลโดยอาจใช้วิธีการจัดพี่เลี้ยง การศึกษาดูงานและจัดเวทีแลกเปลี่ยนเรียนรู้ร่วมกัน และอาจารย์พยาบาลเองก็ควรใช้แนวทางเหล่านี้ในการพัฒนาสมรรถนะของตนเองให้พร้อมสำหรับการสอนบัณฑิตศึกษาเช่นกัน

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