GANES Global Alliance for Leadership in Nursing Education and Science

# GLOBAL PILLARS FOR NURSING EDUCATION

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## ACKOWLEGMENTS

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## INTRODUCTION

The World Health Organization (WHO) has called on the international community to transform, scale up, and strengthen the capacity and quality of nursing education in order to address a critical global need for well-qualified nurses (WHO, 2016a).

In response to this urgent call for action, the Global Alliance for Leadership in Nursing Education and Sciences (GANES) has developed a framework of global standards for nursing education programs.

## PURPOSE

The goal in developing and disseminating a framework for nursing education is to promote high-quality education for entry-level registered nurses globally by providing internationally developed, educational guidelines that specify expectations for three interrelated pillars.

Pillar I: Expectations for graduates formulated as learning outcomes

Pillar II: Expectations for entry level nursing education programs formulated as standards

Pillar III: Expectations for educational institutions formulated as standards

## OBJECTIVES

The objectives guiding the development of the global pillars for nursing education were to formulate expectations that meet the following criteria:

1. reflect international best practices;
2. are adaptable to the sociocultural context;
3. promote local relevance.

## BACKGROUND

Despite socio-economic progress, the global disease burden is increasing and becoming more complex (WHO, 2016a). People over 60 now outnumber children under five worldwide (WHO, 2014). Non-communicable diseases and long-term conditions are becoming more prevalent globally while communicable diseases such as HIV/AIDs, tuberculosis, malaria, Zika, and Ebola virus diseases continue to take a devastating toll on communities. Moreover, climate change, warfare, and population mobility are bringing significant new international health challenges.

Nurses are essential in strengthening a health system's response to current health challenges (Canadian Association of Schools of Nursing, 2015). They provide care to people of all ages, in all settings, across the continuum of care, and in multiple roles. They are often first responders in disease outbreaks and natural disasters, care for persons with long-term conditions, monitor and manage treatment of life-threatening conditions, provide palliative and end-of-life care, work with families and communities, promote health, and contribute to the prevention of illness and injury (All-Party Parliamentary Group on Global Health, 2016).

Despite the value nurses bring to health services, far too often they are prevented or unable to work to their mandated scope of practice (All-Party Parliamentary Group on Global Health, 2016). Moreover, they are underrepresented in decision making, health care planning, and policy roles, and they are often poorly positioned to influence transformations in health care (American Association of Colleges of Nursing, 2016).

Increasing the quality and relevance of health professional education strengthens health systems and improves health outcomes (WHO, 2016b). By responding to health care system requirements in a proactive and measured manner, studies demonstrate that health professional education is integral to positive transformations of health care (Frenk et al., 2010). Scaling up nursing education is a key mechanism to develop a nursing workforce with the competencies, leadership abilities, and motivation to improve the health of the populations they serve (da Conceição Bento , Cruz Mendes, Fernandes, Amaral, & Neto Leitao, 2015).

## METHODOLOGY

The methodology for developing the global pillar framework involved a multi-step, iterative process over a two-year period. This process included a comprehensive literature review of international and national guidelines for health professional education, the creation of an initial draft of the pillars by a small international working group, a series of face-to-face consultations with stakeholders in Miami, United States of America, Barcelona Spain, and Lima Peru, with subsequent revisions of the pillars, and an international validation survey among nursing faculty. The face-to-face consultations included asking stakeholders whether a baccalaureate degree should be the entry-to-practice requirement for nurses. There was consensus at each consultation that it should be.

The validation survey was disseminated in English, French, Spanish, and Portuguese by the member organizations of GANES. A snowball sampling approach was used and respondents represented the following regions: Africa, Asia, Europe, the Middle East, and South, Central and North America.

**Table 1: Respondents by Region and by Area of Employment**

| | Number of Respondents | Educators | Not for Profit Employment | Public Sector Employment | Other type of nursing employment |
|---|---|---|---|---|---|
| Africa | 23 | 20 | 1 | 1 | 1 |
| Asia | 86 | 69 | 4 | 7 | 6 |
| Middle East | 1 | 1 | | | |
| Americas (South/Central/ North) | 220 | 163 | 9 | 18 | 30 |
| Europe | 27 | 25 | 1 | 1 | |
| | 357 | 278 | 15 | 27 | 37 |

Respondents were asked for their feedback and level of agreement with each of the expectations in the global pillars. Agreement was very high. For 39 of the 42 expectations, over 90% of participants strongly agreed or agreed; over 80% either strongly agreed or agreed with the remaining three expectations. These three included the following: *Demonstrate leadership in health care systems and the ability to influence policy; Lead and manage change in the workplace and in the health and well-being of people*, and *There is meaningful enrollment to meet anticipated health system needs.* Some comments about the first two expectations identified above suggested they were too high for new baccalaureate graduates. Input regarding the third expectation indicated that meaningful enrollment needed clarification.

Ninety-nine respondents provided detailed feedback on the expectations, and a systematic, thematic analysis of this input was carried out. Final modifications of the expectations were made based on this analysis. The most common feedback received was to add another expectation or to add to an existing expectation (21); the next most common was to increase the specificity or clarity of an expectation (10); 3 were to remove a concept from an expectation; and 3 were to make a minor modification of an expectation. The comments were further categorized as convergent (coming from more than one respondents); single recommendation (coming from a single respondent); and divergent (contradictory recommendations). There were 20 convergent comments to add or clarify expectations and were all addressed. Comments from a single respondent were primarily to add to the expectations. They were

addressed if the concept to be added represented a broad area of nursing and were supported in current nursing literature. Tables 2, 3, 4, and 5 (see Appendix) provides a summary of this thematic analysis. Finally, there were five divergent recommendations:

- *Increase research expectation of students/ Reduce research expectations of students*
  The level of research expectations was reduced from participating in research to use of research to inform practice.
- *Add more on nursing theory/remove nursing theory*
  The term nursing theory was changed to nursing knowledge.
- *Increase leadership expectations of students to reduce level of leadership expectation of students*
  Nursing leadership skills were levelled.
- *BN unrealistic/BN should be the entry-to-practice qualification (an assumption of the pillars)*
  BN as entry-to-practice was maintained. (There was over 75% agreement that it should be the entrance requirement and was supported at all face-to-face consultations.)
- *Internet and library use necessary/Internet and library use unrealistic*
  Although a guiding assumption is that global standards must be adaptable to local standards, as use of evidence in practice is a key international best practice, this was maintained.

# GLOBAL PILLARS FRAMEWORK

The framework includes the assumptions underpinning the global pillars for nursing education, the principles guiding their development, and the three pillars specifying expectations for graduates, expectations for the education program, and expectations for the institution.

*Pillar I: Learning Outcomes*
*Pillar II: Nursing Education Program Standards*
*Pillar III: Educational Institution Standards*

## Assumptions

The following assumptions underpin the three pillars:

1. Entry-level education must be at the baccalaureate level to prepare nurses adequately for their mandated scope of practice.
2. Global standards must be adaptable to local contexts to ensure nursing education is aligned with population needs.

## Guiding Principles

Principles for strengthening nursing education for transformative practice, drawn from the literature review, guided the development of the standards.

Nursing education needs to address the following:

- Target the continuum of care
- Promote inclusive, people-centred services and social accountability
- Integrate the social determinants of health in curricula
- Prepare globally competent but locally relevant graduates
- Integrate interprofessional collaboration and teamwork
- Prepare graduates for leadership
- Deliver the curriculum through well qualified faculty
- Continuously monitor and assess the education program
- Administer and govern the program in a manner that strengthens quality
- Provide resources required to produce competent graduates
- Operate with effective institutional, fiscal, and human resources that support system processes, clinical learning and education needs

# Pillar 1: Learning Outcomes

The program prepares graduates to implement the following knowledge, skills, and attitudes.

## 1.1 Knowledge and Practice Skills

1.1.1 Apply nursing knowledge, health sciences including genetics, genomics and epigenetics, behavioural and social sciences, across the continuum of care.

1.1.2 Master locally relevant entry-to-practice competencies that reflect evidence-based international best practices.

1.1.3 Care for individuals across the lifespan, families, communities, and populations.

1.1.4 Manage and monitor complex care of clients in stable and unstable contexts to improve health outcomes.

1.1.5 Provide comfort care that addresses pain, symptom management, and psycho-social and spiritual needs throughout the illness trajectory including end-of-life.

1.1.6 Provide culturally sensitive, culturally safe, holistic, and person-centred care that integrates the social determinants of health.

1.1.7 Apply a global education perspective of human rights, health equity, social justice, global awareness, and the interconnectedness of systems.

## 1.2 Communication and Collaboration

1.2.1 Implement relational skills including listening, questioning, empathy, reflection, and sensitivity to emotional contexts when providing care.

1.2.2 Provide clear, accurate, timely, and appropriate documentation of care.

1.2.3 Communicate with empathy and respect in interactions with clients, families, members of the health care team, and others.

1.2.4 Counsel and provide information and health teaching to the client, family, and community.

1.2.5 Communicate effectively with members of the health care team.

1.2.6 Collaborate interprofessionally and intersectorally in the best interest of the client.

## 1.3 Critical Thinking, Clinical Reasoning, and Clinical Judgement

1.3.1 Systematically seek, interpret, and critically evaluate information, evidence, and practice observations.

1.3.2 Use research evidence in providing care.

1.3.3 Use clinical reasoning and problem solving to inform decision-making and caregiving in diverse practice settings.

1.3.4 Recognize and respond to rapidly changing client conditions and contexts including disasters.

## 1.4 Professionalism and Leadership

1.4.1 Demonstrate a reflective understanding of ethical codes and ethical principles in providing care.

1.4.2 Practice within regulatory, legal, and ethical standards and contribute to a culture of patient safety.

1.4.3 Demonstrate the ability to analyze and influence public policy related to health.

1.4.4 Respond professionally to the needs of the individual, family, and community.

1.4.5 Demonstrate leadership skills in promoting health and influencing change.

1.4.6 Advocate for clients and their family to optimize health and well-being.

# Pillar 2: Nursing Education Program Standards

The nursing education program meets the following expectations.

## 2.1 Curriculum

2.1.1 Faculty teaching and student learning are guided by a curriculum that is systematically developed and reviewed.

2.1.2 The curriculum is responsive to the changing health care needs of the local population and the health care system.

2.1.3 Key stakeholders including employers, faculty, students, and alumni are consulted and provide input into curriculum development and review.

2.1.4 There is a systematic process for ongoing monitoring and improvement of the quality and relevance of the curriculum.

2.1.5 There is a systematic process for updating the curriculum as health needs, knowledge, and technology change.

## 2.2 Admissions

2.2.1 Student enrollments are aligned with faculty resources to ensure high-quality education and responsiveness to the health care needs of the community.

2.2.2 Admission standards are set in relation to academic and practice demands, communicated clearly to applicants, and are respected.

2.2.3 Admission standards are reviewed regularly to ensure they meet current needs.

## 2.3 Learning Experiences

2.3.1 The education program includes practice experience through simulation and placements in a variety of clinical settings and with diverse populations.

2.3.2 Practice experiences are organized to provide students with increasingly complex learning opportunities.

2.3.3 Gender and cultural influences that may have an impact on learning are taken into account.

2.3.4 Interprofessional education is integrated into the curriculum.

# Pillar 3: Educational Institution Standards

The educational institution meets the following expectations.

## 3.1 Faculty/Instructors/Preceptors

3.1.1 Nursing faculty with graduate-level education and expertise in the areas in which they teach, ensure optimum delivery of the program in classroom, distance, laboratory, and clinical courses.

3.1.2 Nursing instructors and/or preceptors in practice settings possess clinical experience and expertise in the area in which they are instructing or mentoring students.

3.1.3 The number of students, in classroom, online/distance, laboratory, and clinical courses fosters optimum learning outcomes.

## 3.2 Resources

3.2.1 Library and internet resources support the development of evidence-informed practice and critical thinking among students.

3.2.2 Material, pedagogical, and andragogical resources support optimum learning outcomes.

3.2.3 Financial resources covering the human and material resources needed to deliver the program are sufficient to allow for the continuity of the program.

### 3.3 Leadership and Administration

3.3.1 The governance structure is clearly defined and the administration actively supports the delivery of high quality nursing education.

3.3.2 A registered nurse with a graduate degree is responsible for the nursing education program.

3.3.3 The leadership and administration of the nursing education program collaborate effectively with health service agencies to provide students with optimum practice learning opportunities.

### 3.4 Outcomes

3.4.1 An evaluation plan guides the assessment of the program, the educational institution, and the program outcomes.

3.4.2 There is ongoing implementation of the evaluation process and analysis of the evaluation data collected.

3.4.3 Evaluation data are used to improve the educational institution, the nursing education program, and student outcomes.

# GLOSSARY

| | |
|---|---|
| Cultural safety: | This goes beyond cultural awareness and the acknowledgement of difference to incorporate an understanding of the power differentials inherent in health service delivery and the need to redress the inequalities (Aboriginal Nurses Association of Canada, Canadian Association of Schools of Nursing, & the Canadian Nurses Association, 2009). |
| Family : | Family is a group of two or more individuals with membership being defined by the family (Stanhope & Lancaster, 2018). |
| Interprofessional education: | Students from two or more professions learn about, from and with each other to enable effective collaboration and improve health outcomes. |
| Intersectoral collaboration : | Includes a horizontal and vertical dimension. The horizontal involves collaboration between members of a given health sector with other sectors such as other government sectors (i.e., finance, justice, environment, and education) as well as with non-governmental organizations from the voluntary, non-profit, and private sectors. The vertical dimension involves collaboration of different levels within a given sector. |
| Person-centred care: | Refers to an approach to care in which health professionals partner with persons receiving health services to plan, develop and monitor care that meets their needs, values, family situation, and social circumstances. Treating people with dignity, compassion and respect is integral to person-centred care. |
| Population : | A collection of individuals who have one or more personal or environmental characteristics in common. |
| Simulation : | Refers to the creation of a situation or environment in which a student or practitioner experiences a representation of a real event in order to practice a skill, learn new abilities, gain an understanding of systems or human actions, or for the purpose of performance evaluation (Loprieato et al., 2016). In health professional education, it includes a wide range of learning modalities including high fidelity computerized manikins, interactive computer videos, standardized patients, three dimensional virtual realities, non-computerized mannikins, task trainers, and role play. |
| Social determinants of health: | Refers to the conditions in which people are born, grow, live, work and age. These circumstances are shaped by the distribution of money, power, and resources at global, national and local levels. The social determinants of health are responsible for health inequities. (WHO, 2013). |

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# APPENDIX

**Table 2: Convergent Recommendations - Addressed**

| Category | Convergent Recommendations | Addressed | Rationale |
|---|---|---|---|
| *Clarify* | ▪ Purpose of pillars | Introduction of the document | The purpose of the pillars is not sufficiently articulated; several comments indicate their purpose isn't clear |
| | ▪ What are meaningful enrollments?<br>▪ Meaning of appropriate qualifications?<br>▪ Meaning of adequate leadership expectations (students)?<br>▪ What leadership expectations (head)?<br>▪ What financial resources are needed?<br>▪ Meaning of collaboration with service?<br>▪ Meaning of diverse placements? | All expectations listed reformulated to provide greater specificity without being prescriptive | Need for greater specificity while maintaining local adaptability |
| *Add* | • Populations<br>• Ethical development<br>• Holistic care<br>• End-of-life care<br>• On-line as a delivery modality<br>• Global education health equity, social justice, diversity, social determinants<br>• Lexicon | Added 1.1.3<br>Added 1.4.1<br>Added 1.1.6<br>Added 1.1.5<br>Added 3.1.1: 3.1.2<br>Added 1.1.7<br>Lexicon added | Concepts added are broad areas of nursing supported/ promoted in current nursing literature |
| *Change* | • Change abilities to attitudes | Change Pillar 1 learning outcome | Knowledge, Skills, Attitudes are commonly identified as domains of learning |

**Table 3: Single Participant Recommendations - Addressed**

| Category | Recommendation | Addressed | Rationale |
|---|---|---|---|
| *Add* | ▪ Relational skills<br>▪ Gender & culture (as influences on learning)<br>▪ Alumni (to stakeholders)<br>▪ Shared-decision making<br>▪ More on cultural sensitivity<br>▪ Program evaluation<br>▪ Genetics & genonomics<br>▪ Andragogy<br>▪ Evidenced-based (best practices)<br>▪ Timely (to documentation)<br>▪ To improve outcomes (added to monitor and manage) | 1.2.1<br>2.3.3<br>2.1.3<br>3.3.3<br>Added – 1.1.6; 2.3.3<br>Added 3.4; 3.4.1; 3.4.2; 3.4.3<br>1.1.1<br>3.2.2<br>1.1.2<br>1.2.2<br>1.1.4 | Concepts added are broad areas of nursing supported and promoted in current nursing literature |
| *Remove* | ▪ Sequential (from increasingly complex learning opportunities)<br>▪ Nursing process | 3.3.2 | Sequential - unnecessary qualifier to the expectation |
| *Change* | ▪ Demonstrate changed to implement (knowledge, skills, attitudes) | Pillar 1 learning outcome | |
| | | | |

**Table 4: Convergent Recommendation – Not Addressed**

| Category | Recommendation | Not addressed | Rationale |
|---|---|---|---|
| *Add* | • Technology | This is context dependent and, in contrast with accessing library resources online, is not essential | Pillars for nursing education are international |
| *Remove* | • Simulation | The assumption was that simulation refers to high fidelity simulators whereas it includes all types of simulation including role play | Some simulation modalities are used globally |
| *Change* | • Standards may disadvantage rural/underdeveloped countries<br>• Pillars aren't measurable | The intention was to identify high quality nursing education<br><br>The intention was to avoid being too prescriptive (adaptable to local context) | Pillars should reflect high standards and may be aspirational<br><br>Pillars should provide direction without being prescriptive |

**Table 5: Single Participant Recommendations Not Addressed**

| Category | Recommendation | Not Addressed | Rationale |
|---|---|---|---|
| *Add* | ▪ Assessing readiness | Too narrow, specific a topic | Pillars should provide direction without being overly prescriptive |
| | ▪ Health literacy | Too narrow, specific a topic | |
| | ▪ Drug resistance | Too narrow, specific a topic | |
| | ▪ Policy as curricular thread | Not a common prescription in the literature | Pillars should have broad support as an essential component of nursing education |
| | ▪ Support disadvantaged students | This recommendation is focused on the students' needs | |
| | ▪ Evidence-based medicine | Focused on medicine | Pillars address nursing education |
| | ▪ Student exchange | Valuable but not as a universal requirement | Pillars should have broad support as an essential component of nursing education |
| | ▪ Review clinical sites regularly | Too specific | |
| | ▪ Statistics, technology computerized learning, pharmacology | Too specific/narrow | Pillars should provide direction without being overly prescriptive |
| *Clarify* | • Faculty should have PhD | Graduate degree specified rather than PhD | Pillars should provide direction without being overly prescriptive |
| *Change* | • Family engaged Care | Patient and family centred care a guiding principle of the framework and drawn from the WHO documents | Patient and family centred care supported in the literature |

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