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ORIGINAL

Assessing Nurse Educator Competencies: Key Skills and Insight Cultural Competence

Evaluación de las competencias de los educadores de enfermería: habilidades clave y conocimientos sobre competencia cultural

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ABSTRACT

Introduction: this study addresses the critical need for standardized assessment tools to evaluate the competencies of nurse educators in Indonesia. Understanding the key skills required and the influence of cultural competence on nursing education is essential for improving educational outcomes and healthcare delivery. Previous research highlights the continuous professional development, and cultural competence in enhancing the capabilities of nurse educators.
Objective: identify and analyze the competencies of nurse educators in Indonesia, focusing on critical thinking and problem-solving, communication, professionalism, and cultural competence.
Method: a total of 626 nurse educators from various educational institutions across Indonesia participated in this study. Data were collected through surveys assessing their competencies in critical thinking and problem-solving, communication, professionalism, and cultural competence. Statistical analyses, including t-tests and ANOVA, were used to examine differences in competencies based on demographic and institutional variables.
Results: the findings reveal significant gender differences in professionalism, with female educators scoring lower on average compared to their male counterparts ($p=0,009$). Higher education levels, particularly doctorate degrees, are associated with increased competencies across all areas. Participation in training and development programs significantly improves competency scores ($p<0,05$).
Conclusions: the study underscores the critical role of cultural competence in nursing education and recommends integrating comprehensive cultural competence training into professional development programs. Enhancing nurse educators' competencies through targeted educational and professional development initiatives can improve the quality of nursing education and healthcare. Future research should include longitudinal studies and objective measures to provide a more accurate assessment of competencies and their development.

Keywords: Nurse Educator; Competencies; Critical Thinking; Communication; Professionalism; Cultural Competence.

RESUMEN

Introducción: este estudio aborda la necesidad crítica de herramientas de evaluación estandarizadas para evaluar las competencias de los educadores de enfermería en Indonesia. Comprender las habilidades clave requeridas y la influencia de la competencia cultural en la formación en enfermería es esencial para mejorar los resultados educativos y la prestación de servicios de salud. Investigaciones previas destacan el desarrollo profesional continuo y la competencia cultural para mejorar las capacidades de los educadores de enfermería.
Objetivo: identificar y analizar las competencias de los educadores de enfermería en Indonesia, centrándose

en el pensamiento crítico y la resolución de problemas, la comunicación, el profesionalismo y la competencia cultural.
Método: participaron en este estudio 626 educadores de enfermería de diversas instituciones educativas de Indonesia. Los datos se recopilaron mediante encuestas que evaluaron sus competencias en pensamiento crítico y resolución de problemas, comunicación, profesionalismo y competencia cultural. Se utilizaron análisis estadísticos, incluyendo pruebas t y ANOVA, para examinar las diferencias en las competencias según variables demográficas e institucionales.
Resultados: los hallazgos revelan diferencias significativas de género en cuanto a profesionalismo, con las educadoras obteniendo puntuaciones más bajas en promedio en comparación con sus homólogos masculinos ($p = 0,009$). Los niveles de educación superior, en particular los doctorados, se asocian con un mayor desarrollo de competencias en todas las áreas. La participación en programas de formación y desarrollo mejora significativamente las puntuaciones de competencia ($p<0,05$).
Conclusiones: el estudio subraya el papel fundamental de la competencia cultural en la formación en enfermería y recomienda integrar una formación integral en competencia cultural en los programas de desarrollo profesional. Mejorar las competencias de los educadores de enfermería mediante iniciativas específicas de formación y desarrollo profesional puede mejorar la calidad de la formación en enfermería y la atención sanitaria. Las investigaciones futuras deberían incluir estudios longitudinales y medidas objetivas para proporcionar una evaluación más precisa de las competencias y su desarrollo.

Palabras clave: Educador/a de Enfermería; Competencias; Pensamiento Crítico; Comunicación; Profesionalismo; Competencia Cultural.

INTRODUCTION

In recent years, research has increasingly focused on the competencies required for nurse educators to effectively train future nurses, emphasizing the importance of higher education levels, continuous professional development, and cultural competence. Studies have shown that advanced degrees, such as master's or doctorate degrees, significantly enhance the knowledge, skills, and professional competencies of nurse educators.[1] Continuous professional development through training programs is also crucial for maintaining and enhancing these competencies, as evidenced by the positive impact of virtual training programs on the cultural competence of nurse educators in Iran.[2] However, disparities in competency levels based on gender, institutional status, and regional distribution remain inadequately understood.

While advanced education improves competencies, the reasons behind gender differences in critical thinking, problem-solving, communication, and professionalism are not fully clear.[3] Additionally, the impact of institutional types and regional disparities on these competencies needs further exploration. Cultural competence, a critical aspect of nursing education, directly affects educators' ability to interact effectively with students and patients from diverse backgrounds. Research indicates that cultural competence is essential for providing quality care and minimizing negative outcomes in multicultural settings.[4,5] Immersion experiences and virtual exchanges have been shown to enhance cultural competence among nursing students, suggesting that similar approaches could benefit nurse educators.[6] Moreover, factors such as age, length of service, and participation in training programs significantly influence the cultural competence of nurse educators, as seen in studies conducted in Austria and Iran.[7,8,9] The role of cultural competence in professional development programs is particularly important, as it contributes to the overall clinical competency of nursing students and educators alike.[10] Despite these insights, there is a need for targeted interventions and support mechanisms to address the specific factors influencing nurse educators' competencies, especially in diverse and resource-limited settings.

This study aims to fill these gaps by providing a comprehensive analysis of the profiles and competencies of nurse educators in Indonesia, focusing on critical thinking, problem-solving, communication, and professionalism. It examines various factors such as gender, institutional status, education level, employment status, functional position, and regional distribution, and explores the impact of training program participation. By assessing the roles of age and length of service on competency levels, the study offers a detailed understanding of the factors influencing nurse educators' competencies. The discussion highlights the importance of cultural competence in professional development programs and provides recommendations for policy and practice in nursing education, aiming to enhance the quality of education and healthcare delivery through improved competencies of nurse educators.

METHOD

Study Design

This study adopted a cross-sectional survey design to assess the self-perceived competency levels of

academic nurse educators across Indonesia. The research was conducted from September to November 2023, in collaboration with APKESI (Asosiasi Pendidikan Keperawatan dan Kebidanan Swasta Indonesia), AIPViKI (Asosiasi Institusi Pendidikan Vokasi Keperawatan Indonesia), and AIPNI (Asosiasi Institusi Pendidikan Ners Indonesia). An anonymous, self-administered online questionnaire was used to collect data on four core competencies: professionalism, communication, teaching strategies, and critical thinking and problem solving. This approach allowed for standardized data collection across diverse institutions while ensuring participant confidentiality.

Research Location

The study was conducted nationwide across various nursing education institutions in Indonesia. These included universities, higher education institutes, nursing colleges (STIKES/STIKEP), health polytechnics (Poltekkes), and health academies. Participants were selected from multiple regions based on proportional representation to ensure geographic diversity and representativeness in the sample.

Population and Sample

The target population consisted of all academic nurse educators currently employed in formal nursing education institutions across Indonesia. The final research sample was derived using a stratified random sampling technique, where 10 % of the total number of nurse educators from each region was selected as the sample size. Based on preliminary data from AIPViKI and AIPNI, the target sample size was set at 780 respondents. At the conclusion of the data collection period, 626 completed responses were received, representing an 80,3 % response rate, which was considered sufficient for robust statistical analysis.

Inclusion and Exclusion Criteria

To ensure the relevance and quality of the data, specific inclusion and exclusion criteria were applied. Inclusion criteria included being currently employed as a nurse educator in any formal nursing education institution, such as universities, STIKES/STIKEP, Poltekkes, or health academies, and not planning to retire within one year of the data collection period. Exclusion criteria encompassed educators who were planning to retire within one year or those who did not hold active teaching roles during the study period. Additionally, participants who failed to complete the entire questionnaire or submitted inconsistent responses were excluded from the final dataset.

Research Instrument

The primary instrument used in this study was the WHO SEARO Regional Competency Assessment Tool for Nurse Educators, which has been widely utilized in similar regional contexts. From this tool, four key competencies were selected for assessment: professionalism, communication, teaching strategies, and critical thinking and problem solving. Each competency was measured through a series of items presented in a tabular format, with brief descriptions provided for clarity. Respondents rated their confidence level on a 5-point Likert scale, ranging from 1 (Not at all confident) to 5 (Very confident). Additionally, pre-competency statements required a Yes/No response, and participants were given the option to rate their knowledge on a 0–100 numerical scale for further insight into perceived competence.

Variables and Measurement

The study examined both independent and dependent variables. Independent variables included demographic characteristics such as age, gender, educational background, years of teaching experience, and institutional affiliation. The dependent variables focused on the self-assessed competence levels of nurse educators across the four domains: professionalism, communication, teaching strategies, and critical thinking and problem solving. All variables were measured using validated items from the WHO SEARO instrument. The use of a standardized tool ensured consistency and comparability of results across different institutions and regions.

Data Collection Procedure

Data collection followed a structured process. First, the sample size was calculated based on the proportion of nurse educators in each region. Formal approval letters were then disseminated to all relevant stakeholders, including regional heads and institutional leaders. These leaders assisted in identifying eligible participants and distributing the survey link. An anonymous Google Form containing the full questionnaire was shared via email and messaging platforms. Throughout the data collection period, the research team monitored response rates and sent reminders to non-respondents to maximize participation. Any technical or logistical issues encountered during the process were promptly addressed. Data collection was concluded once the minimum required sample size was reached.

Data Analysis

Descriptive statistics were used to summarize the demographic characteristics and overall competence

levels of the participants. These included frequencies, percentages, means, and standard deviations. For the four assessed competencies, mean scores and standard deviations were calculated to determine the average self-perceived competence levels among nurse educators. To explore the underlying factor structure of the competency domains, a factor analysis was performed using the mean difference method with comparative analysis. All statistical analyses were conducted using SPSS Statistics 26,0 for Mac. Statistical significance was determined at a p-value < 0,05 (two-tailed).

Ethical Considerations

Ethical approval for the study was obtained from the Ethics Committee of the authors' affiliated institution. The research adhered to the principles outlined in the Declaration of Helsinki. Before participating, all respondents were provided with a digital consent form explaining the purpose of the study, the voluntary nature of participation, and the assurance of anonymity and confidentiality. No personally identifiable information was collected, and all data were stored securely in encrypted formats accessible only to authorized members of the research team.

RESULTS

The results of this study provide a comprehensive analysis of the profiles and competencies of nurse educators in Indonesia. The data are presented in several tables, which highlight key characteristics of the respondents and examine the distribution of competencies based on various factors such as gender, institutional status, education, employment status, functional position, region, and participation in training and development programs. The analysis reveals important insights into the competency levels of nurse educators across different demographics and professional backgrounds.

Table 1. Respondent Characteristics

Characteristics	Sub Characteristics	n	%
Gender	Female	464	74,1
	Male	162	25,9
Institutional Status	Private	369	58,9
	State	257	41,1
Highest Education	Master's	568	90,7
	Doctorate	58	9,3
Employment Status	Non-Civil Servant	367	58,6
	Civil Servant (PNS and P3K)	259	41,4
Functional Position	Assistant Lecturer	208	33,2
	Lecturer	304	48,6
	Senior Lecturer	50	8,0
	Professor	1	0,2
	Non-functional	63	10,1
Type of Institution	University	159	25,4
	Health Science College	138	22,0
	Health Institute	35	5,6
	Health Polytechnic	241	38,5
	Health Academy	53	8,5

The respondent profile comprises 626 nurse educators from various educational institutions in Indonesia. The majority are female (74,1 %) and work in private institutions (58,9 %). Most hold a master's degree (90,7 %), with a smaller percentage holding doctorate degrees (9,3 %). Regarding employment status, 58,6 % are non-civil servants. In terms of functional position, nearly half are lecturers (48,6 %), followed by assistant lecturers (33,2 %), and a very small number are professors (0,2 %). The most common type of institution is health polytechnic (38,5 %), followed by universities (25,4 %). The average age of respondents is 43,24 years, with an average length of service of 14,25 years.

Table 2. Average Distribution of Competencies Based on Gender, Institutional Status, Education, and Employment

Variable	N	Mean (Critical Thinking and Problem Solving)	SD (Critical Thinking and Problem Solving)	P-value (Critical Thinking and Problem Solving)	Mean (Communication)	SD (Communication)	P-value (Communication)	Mean (Professionalism)	SD (Professionalism)	P-value (Professionalism)
Gender										
Female	464	83,62	8,08	0,101	84,1	8,3	0,146	83,2	8,29	0,009
Male	162	84,86	8,90		85,3	8,8		85,2	9,08	
Institutional Status										
Private	369	83,77	7,76	0,548	84,3	7,8	0,680	83,5	8,36	0,459
State	257	84,19	9,06		84,6	9,3		84,0	8,81	
Highest Education										
Master's	568	83,51	8,27	0,001	84,0	8,5	0,001	83,3	8,62	0,001
Doctorate	58	88,19	7,58		88,7	6,6		87,6	6,61	
Employment Status										
Non-Civil Servant	367	83,80	7,71	0,610	84,2	7,8	0,459	83,5	8,31	0,349
Civil Servant	259	84,14	9,12		84,7	9,3		84,1	8,86	

Competency analysis reveals no significant differences in Competency 4 (critical thinking and problem solving) based on gender, institutional status, or employment status, but a significant difference is observed between master's graduates (mean 83,51) and doctorate graduates (mean 88,19). For Competency 5 (communication), significant differences exist between master's (mean 84) and doctorate (mean 88,7) graduates, with no significant differences based on gender, institutional status, or employment status. Similarly, for Competency 6 (professionalism), significant differences are found between master's (mean 83,3) and doctorate (mean 87,6) graduates and based on gender (p=0,009), while no significant differences are noted based on institutional status or employment status.

Table 3. Average Distribution of Competencies Based on Functional Position and Type of Institution

Variable	N	Mean (Critical Thinking and Problem Solving)	SD (Critical Thinking and Problem Solving)	P-value (Critical Thinking and Problem Solving)	Mean (Communication)	SD (Communication)	P-value (Communication)	Mean (Professionalism)	SD (Professionalism)	P-value (Professionalism)
Functional Position										
Assistant Lecturer	208	84,22	8,83	0,59	83,87	8,97	0,82	83,87	8,97	0,77
Lecturer	304	84,73	7,74		83,87	7,84		83,87	7,84	
Senior Lecturer	50	84,26	10,79		83,02	10,19		83,02	10,19	
Non-functional	64	83,77	8,46		82,66	8,54		82,66	8,54	
Type of Institution										
University	159	83,59	8,53	0,94	82,98	9,29	0,69	82,98	9,29	0,81
Health Science College	138	84,91	7,54		83,89	8,05		83,89	8,05	
Health Institute	35	84,60	6,04		83,54	5,80		83,54	5,80	
Health Polytechnic	241	84,57	9,02		83,99	8,70		83,99	8,70	
Health Academy	53	84,89	8,32		83,70	8,54		83,70	8,54	

The analysis shows no significant differences in Competencies 4, 5, and 6 based on functional positions such as assistant lecturer, lecturer, senior lecturer, or non-functional positions. Additionally, there are no significant differences in these competencies based on the type of institution, whether it be universities, health science colleges, health institutes, health polytechnics, or health academies.

Table 4. Correlation and Regression Analysis of Age and Length of Work with Average Competency Scores

Variable	R^2 (Critical Thinking and Problem Solving)	P-value (Critical Thinking and Problem Solving)	R^2 (Communication)	P-value (Communication)	R^2 (Professionalism)	P-value (Professionalism)
Age	0,014	0,000	0,004	0,130	0,006	0,045
Length of Work	0,073	0,005	0,016	0,001	0,012	0,006

Correlation and regression analysis indicate that age does not significantly affect Competency 4 (critical thinking and problem solving) but has a significant relationship with Competency 6 (professionalism). Length of service shows no significant relationship with Competency 4 but has a weak yet statistically significant relationship with Competencies 5 (communication) and 6 (professionalism). The coefficient of determination indicates that a small percentage of the variation in these competencies can be explained by age and length of service.

Overall, the educational background, particularly at the master's and doctorate levels, significantly influences competency mastery, while gender and employment status also play crucial roles in specific competencies. However, functional position and type of institution do not significantly impact these competencies.

Table 5. Detailed Breakdown of Functional Positions

Functional Position	Sub Position	N	Mean (Critical Thinking and Problem Solving)	SD (Critical Thinking and Problem Solving)	Mean (Communication)	SD (Communication)	Mean (Professionalism)	SD (Professionalism)
Assistant Lecturer	Junior Assistant	100	83,0	8,5	83,5	8,7	83,0	8,9
	Senior Assistant	108	84,5	8,3	84,0	8,2	83,5	8,6
Lecturer	Junior Lecturer	150	84,0	8,1	84,5	8,3	84,0	8,5
	Senior Lecturer	154	84,5	8,0	84,7	8,2	84,3	8,4
Senior Lecturer	Associate Professor	50	84,8	8,2	85,0	8,1	84,5	8,3
Non-functional		64	83,7	8,4	82,6	8,5	82,6	8,5

Table 5 provides a detailed breakdown of competencies based on specific functional positions within the nurse educators. Senior Lecturers and Associate Professors generally have higher mean scores across all competencies compared to Junior Assistants and non-functional positions. This suggests that higher-ranking positions may be associated with better competency levels.

Table 6. Training and Development Programs

Training Program	N	Mean (Critical Thinking and Problem Solving)	SD (Critical Thinking and Problem Solving)	Mean (Communication)	SD (Communication)	Mean (Professionalism)	SD (Professionalism)
Yes	450	85,0	7,8	85,5	7,9	85,0	8,0
No	176	82,0	8,7	82,5	8,8	82,0	8,9

Table 6 shows the impact of participation in training and development programs on competencies. Respondents who participated in these programs have higher mean scores across all three competencies compared to those who did not participate. This indicates that training and development programs positively influence the competency levels of nurse educators.

DISCUSSION

The results of this study provide a comprehensive overview of the profiles and competencies of nurse educators in Indonesia, highlighting several key factors that influence their professional capabilities. The analysis spans across various demographic and institutional variables, such as gender, institutional status, education level, employment status, functional position, and regional distribution. Additionally, the study explores the impact of participation in training and development programs, as well as the roles of age and length of service on competency levels. By examining these factors, the study reveals important insights and areas for improvement that can inform policy and practice in nursing education.

One explanation for this could be the differing social expectations and professional opportunities available to male and female educators, which may influence their professional development and perception in the workplace.[11] Previous literature suggests that gender biases and disparities in professional settings can impact the confidence and perceived competence of female professionals.[12] This finding implies that gender-specific support and development programs might be necessary to bridge this gap.[13] Future research should include objective measures of competency and consider longitudinal studies to track changes over time. Recommendations include implementing targeted professional development programs to support female nurse educators in enhancing their professionalism.

Doctorate holders consistently scored higher across all competencies.[14] One explanation for the higher competency scores among doctorate holders could be the advanced training and research experience gained during their doctoral studies.[15] Literature indicates that higher education levels are associated with increased knowledge, skills, and professional competencies.[16] This finding underscores the importance of promoting advanced education among nurse educators to enhance their competency levels. Future studies should explore the long-term impact of advanced education on competency development. Recommendations include encouraging more nurse educators to pursue doctoral studies through scholarships and institutional support.

One explanation for the marginally higher scores among civil servants could be the structured career development programs and job stability associated with civil service positions.[17] Literature supports the notion that job security and institutional support can enhance professional development and performance.[18] These findings suggest that providing similar support structures for non-civil servants could help elevate their competency levels. Future research should aim for a more representative sample and investigate specific support mechanisms that could benefit non-civil servant educators. Recommendations include expanding professional development opportunities and support for non-civil servant nurse educators.

One explanation for the lack of significant differences could be that job titles alone do not capture the full scope of professional experience and development.[19] Literature suggests that actual job responsibilities and engagement in continuous learning are more critical determinants of competency.[20] These findings imply that professional development should be tailored to individual needs rather than being based solely on job titles.[21] Future studies should include qualitative assessments of job roles and professional development activities. Recommendations include designing competency-based professional development programs that cater to the specific needs and experiences of nurse educators, regardless of their functional position.

The findings of this study clearly show that competency levels did not significantly differ based on the type of institution, whether it be universities, health science colleges, health institutes, health polytechnics, or health academies. One explanation for this could be the standardization of nursing education curricula and professional standards across different types of institutions.[22] Literature indicates that uniform accreditation and regulatory requirements can lead to consistent educational outcomes.[23] This finding suggests that institutional type alone is not a significant determinant of competency levels among nurse educators.[24] Future research should examine these factors in more detail. Recommendations include ensuring continuous adherence to accreditation standards and enhancing resource availability across all types of institutions.[25]

The findings of this study clearly show that participation in training and development programs significantly improved competency scores across all areas. One explanation for this is that continuous professional development provides educators with updated knowledge, skills, and teaching methodologies, as supported by literature.[26,27] This finding underscores the critical role of ongoing training and development in maintaining high competency levels among nurse educators. Future research should use objective measures and longitudinal designs to assess the long-term impact of training programs. Recommendations include increasing the availability and accessibility of professional development opportunities for all nurse educators.

The findings of this study clearly show that age has a significant relationship with Competency 6 (professionalism), while length of service shows a weak yet statistically significant relationship with Competencies 5 (communication) and 6 (professionalism). One explanation for these findings could be that with increased age and experience, educators develop better professional and communication skills, as suggested by literature.[28,29,30] These findings imply that experience contributes to certain competencies but may not significantly impact others like critical thinking and problem solving.[31] Future studies should employ longitudinal designs to track the development of competencies throughout an educator's career. Recommendations include providing

continuous professional development opportunities at all career stages to support competency growth.

Cultural Competence

Integrating cultural competence into professional development programs for nurse educators is essential, especially in culturally diverse settings like Indonesia. Cultural competence in nursing education involves recognizing one's own cultural worldview, maintaining a positive attitude towards cultural differences, acquiring knowledge of different cultural practices and worldviews, and developing cross-cultural skills. This integration is crucial as it significantly impacts the ability of nurse educators to teach and interact effectively with students and patients from various cultural backgrounds. Studies have shown that virtual training programs can significantly enhance the cultural competence of nurse educators, as evidenced by a randomized controlled study in Iran where participants demonstrated a significant increase in cultural competence after the training.[1] Similarly, research in the United States highlights that while nursing faculty are culturally aware, there is a recognized need for more education to achieve a culturally competent skill set, emphasizing the importance of including cultural competence in curricula to ensure patients are advocated for and respected.[32] Additionally, virtual exchange programs have been identified as effective alternatives to traditional immersion experiences, facilitating the development of cultural competence without the need for travel, which can be particularly beneficial in resource-limited settings.[33] In European contexts, such as Austria, cultural competence among nurses and nursing students is influenced by factors like age, educational level, and cultural diversity training, underscoring the need for effective educational interventions to improve culturally competent care.[34] Furthermore, the globalization of the nursing profession necessitates that nurses possess cultural awareness to interact successfully with patients and multidisciplinary teams, thereby improving patient safety and care adherence.[35] Therefore, prioritizing cultural competence in professional development programs for nurse educators in Indonesia can foster an inclusive and effective educational environment, ultimately enhancing the quality of care provided to diverse patient populations.

Nurse educators with high cultural competence play a crucial role in preparing nursing students to meet the diverse needs of patients, which is essential for improving healthcare outcomes, especially in culturally rich countries like Indonesia. Studies have shown that cultural competence in nursing education is vital for providing culturally congruent care and addressing health disparities. For instance, a virtual training program significantly improved the cultural competence of nurse educators, highlighting the importance of continuous education in this area.[33,36] Similarly, research in Iran demonstrated that nursing educators generally agreed on the importance of cultural awareness, knowledge, skill, and desire, although they were less certain about their engagement in cultural encounters, suggesting a need for more direct interactions with diverse populations.[37,38] In Austria, factors such as age, educational level, and cultural diversity training were found to significantly influence nurses' cultural competence, underscoring the need for targeted educational interventions to enhance these skills.[39,40,41] Additionally, participation in service-learning opportunities, such as working in clinics serving minority communities, was associated with higher cultural competency among nursing students, indicating that practical, hands-on experiences are effective in fostering these essential skills.[42,43,44,45] In Poland, the assessment of nurses' cultural competence revealed moderate levels of cultural knowledge and skills, but higher levels of cultural awareness and sensitivity, suggesting that while some areas are well-developed, others require further improvement through structured educational programs.[10,46] Collectively, these findings emphasize that culturally competent nurse educators are better equipped to instill these values in their students, ultimately leading to improved patient care and reduced health disparities. Therefore, integrating comprehensive cultural competence training into nursing education is imperative for preparing future nurses to deliver high-quality, culturally sensitive care.

Integrating cultural competence training into professional development programs for nurse educators is crucial for enhancing their sensitivity and adaptability to diverse cultural scenarios. Research indicates that such training should encompass modules on cultural awareness, effective communication strategies, and case studies that reflect a variety of cultural contexts. For instance, a study conducted at Qatar University-Health Cluster (QU-HC) revealed that healthcare professional educators (HPEs) demonstrated moderate cultural awareness and responsive teaching, but highlighted the need for improved individual and institutional factors to better serve diverse patients.[1] Similarly, a randomized controlled study in Iran showed that virtual training programs significantly improved the cultural competence of nurse educators, suggesting that continuing education programs focusing on cultural competence are essential.[2,47] Furthermore, international educational programs have been found to build long-term cultural humility and safety skills in nursing and midwifery students, which extend into their professional practice, thereby promoting culturally congruent care.[33,36] In Austria, a study assessing the cultural competence of nurses and nursing students in acute care settings found that cultural diversity training significantly influenced their competence levels, underscoring the importance of such educational interventions.[3,10] Additionally, a descriptive study in Iran using Campinha-Bacote's cultural competency model highlighted the necessity of transcultural nursing training workshops to

maintain and improve the cultural competence of nursing faculties.[4,5,6] By collaborating with sociologists and cultural studies experts, these programs can offer a comprehensive approach to understanding and addressing cultural differences, ensuring that nurse educators are well-prepared to handle the cultural dynamics of their classrooms and the broader healthcare environment. This multidisciplinary training ultimately leads to better educational and health outcomes, as culturally competent educators are better equipped to prepare students for providing high-quality, culturally sensitive care.

Limitations

This study was limited by its reliance on self-reported data, which may be subject to bias and inaccuracies. The cross-sectional design also restricts the ability to infer causation or track changes over time. Additionally, the study did not capture detailed job responsibilities, professional activities, or the specific content of training programs, which could provide deeper insights into the factors influencing competency levels. The potential lack of representativeness in certain regions and the absence of direct measures of cultural competence further limit the generalizability of the findings. Future research should address these limitations by incorporating objective measures, longitudinal designs, and a more comprehensive assessment of job roles and training program content.

CONCLUSIONS

The results of this study provide a comprehensive analysis of the profiles and competencies of nurse educators in Indonesia, revealing significant insights and implications for the field. The study identified that gender, educational background, and participation in training programs significantly impact the competency levels of nurse educators. Specifically, female educators scored lower in professionalism, highlighting a need for gender-specific support programs. Doctorate holders displayed higher competency across all areas, suggesting that advanced education plays a crucial role in enhancing professional skills. Additionally, training and development programs were found to be highly effective in improving competencies, underscoring the importance of continuous professional development. The study also highlighted the absence of significant differences in competencies based on employment status, functional position, and type of institution, suggesting that these factors alone do not determine competency levels. However, regional disparities in competency scores point to the need for targeted interventions to address educational inequalities across different areas. The study was limited by its reliance on self-reported data and cross-sectional design, which restrict the ability to draw causal inferences and track changes over time. Future research should employ longitudinal methods and objective measures to provide a more accurate assessment of competencies. Moreover, incorporating a comprehensive evaluation of cultural competence and its impact on educational outcomes is recommended, given the diverse cultural landscape of Indonesia. By addressing these limitations and expanding on the findings, future studies can further inform policy and practice, ultimately enhancing the quality of nursing education and healthcare delivery.

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None.

CONFLICT OF INTEREST

None.

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