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Nurse educators are not all-knowing, they are constructors and facilitators of learning.

The era of paternalism and didactic teaching has overstayed its time in Higher Education (HE), most importantly in Nursing Education. Nurse educators are co-constructors of knowledge and facilitators of learning, not all-knowing instructors. Nurse educators should focus on developing and preparing nursing students for the expertise required in real-world settings (Mthembu and Mtshali, 2013). There is significant evidence that being a constructor of knowledge and facilitator of learning is critical to student nurses' confidence-building and positive student learning experiences (Flott and Linden, 2016) and can create and sustain civility in nursing education (Clark, 2017). To be a constructor of knowledge and facilitator of learning does not imply that nurse educators should indulge the students but entails the adoption of innovative and reflective thinking for teaching and learning to flourish (Ironsides, 2015; Patterson, 2021).

This commentary encompasses a practical account of how nurse educators can balance academic kindness and academic rigour to maintain a position of facilitators of learning and constructors of knowledge. Balancing both concepts is paramount to developing a powerful pedagogical strategy in nurse education. These concepts are underpinned by pedagogical theories of learning by Vygotsky cited in Vander Verr and Valsiner (1994).

I want to think about the contemporary society in which we live now (a global village) and the same time, ponder on present-day nursing education which is open to students of diverse origins, cultural experiences and beliefs. Student nurses are educated to be patient-focused, having the patients at the centre of every nursing activity. To provide patient-centred care, nurses must communicate in a way that contributes to the culture of care (Leininger, 2002) and optimises nurse-patient interactions, promotes patient experience and recovery (Kwame and Petrucka, 2021). This means that effective communication is a critical concept and a skill that student nurses are required to learn, to be patient-centred competent. The concept of effective communication is articulated in all the seven platforms underpinning the standards of proficiency for Registered Nurses (Nursing and Midwifery Council (NMC), 2018).

Communication in itself is a complex concept, yet instrumental to achieving patient-centredness. According to Papadopoulos et al. (2016), effective communication is paramount because it strengthens the capacity of nurses and healthcare professionals to provide culturally competent and compassionate care. Therefore, when I discuss patient-centred care with student nurses, I reflect on the learning theories proposed by Vygotsky. One of the theories states that social interaction and scaffolding are learning aids. On this theory, I anchor my concept of academic kindness. Academic kindness entails supporting the learners and providing them with scenarios that can guide their thoughts and help them focus their discussion on communication. As well, it includes asking the learners about their previous experiences with communication and allowing the students to work in a smaller group where

they can interact and share their experiences. When the students engage with one another, they improve their critical thinking around the topic of discussion- communication.

Second, Vygotsky proposed that frameworks and experiences encourage learners to expand and extend their knowledge, incorporating skills, understanding, and competencies. These concepts underpin the concept of academic rigour that I apply to teaching in nursing education. Academic rigour is activated when I present various theoretical frameworks such as the Culture Care Theory (Leininger, 2002), the Intercultural Communication Theory (Papadopoulos, 2006) and the NMC Code of Conduct (2018). These theoretical frameworks assist the students to widen their knowledge of the theoretical components and relevance of communication. Understanding the theories help the students to be culturally sensible, culturally sensitive and culturally competent.

Blending academic kindness and academic rigour enables the students to achieve their learning objectives on effective communication and patient-centred care. Through academic kindness, the students are inspired and empowered and through academic rigour, the students are enlightened to deepen their understanding and competence in communication. However, I acknowledge blending academic rigour and academic kindness is not as easy as it sounds due to factors such as staff shortages, workload issues, and organisational culture. It takes patience, principles, policies, intellectual ability and innovation.

In conclusion, it is worth reflecting on the proposition that nurse educators are facilitators of learning and co-constructors of knowledge. Educators should continually seek knowledge expansion, skills and approaches for knowledge construction and facilitation of learning by combining academic kindness and academic rigour-not only in nursing education, but in higher education at large.

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