



Strategies for continuing professional development among younger, middle-aged, and older nurses: A biographical approach



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ABSTRACT

Background: A nursing career can last for more than 40 years, during which continuing professional development is essential. Nurses participate in a variety of learning activities that correspond with their developmental motives. Lifespan psychology shows that work-related motives change with age, leading to the expectation that motives for continuing professional development also change. Nevertheless, little is known about nurses' continuing professional development strategies in different age groups.

Objectives: To explore continuing professional development strategies among younger, middle-aged, and older nurses.

Methods: A qualitative study using semi-structured interviews, from a biographical perspective. Data were analysed using a vertical process aimed at creating individual learning biographies, and a horizontal process directed at discovering differences and similarities between age groups.

Participants: Twenty-one nurses in three age groups from general and academic hospitals in the Netherlands.

Results: In all age groups, daily work was an important trigger for professional development on the ward. Performing extra or new tasks appeared to be an additional trigger for undertaking learning activities external to the ward. Learning experiences in nurses' private lives also contributed to their continuing professional development. Besides these similarities, the data revealed differences in career stages and private lives, which appeared to be related to differences in continuing professional development strategy; 'gaining experience and building a career' held particularly true among younger nurses, 'work-life balance' and 'keeping work interesting and varied' to middle-aged nurses, and 'consistency at work' to older nurses.

Conclusions: Professional development strategies can aim at performing daily patient care, extra tasks and other roles. Age differences in these strategies appear to relate to tenure, perspectives on the future, and situations at home. These insights could help hospitals to

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orientate continuing professional development approaches toward the needs of all age groups. This should be particularly relevant in the face of present demographic changes in the nursing workforce.

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What is already known about the topic

- Nurses are active agents who give meaning and direction to their continuing professional development strategies.
- Nurses can have different CPD motives and use various CPD activities.
- Age influences work-related motives.

What this paper adds

- Continuing professional development strategies triggered by daily work and extra tasks were important in all age groups, but their intensity appeared to be related to the number and frequency of new tasks to be executed.
- CPD activities undertaken by nurses appeared to be related to CPD motives that were linked to career stage and private life.
- By distinguishing different CPD motives and activities, a nuanced picture of nurses' professional development arises, which contests the stereotypical view that older workers are not motivated to learn.

1. Introduction

People learn continuously throughout their lives (Billett, 2010). From birth until death, humans encounter new experiences and acquire new skills and knowledge (Alheit and Dausien, 2002). This learning can be trivial or meaningful, but people cannot *not* learn and are therefore inherently lifelong learners (Alheit and Dausien, 2002; Grotendorst and Van Wijngaarden, 2005). In society, the importance of lifelong learning is stressed increasingly (CEC, 2000, 2010; OECD, 2012). Lifetime employment with one employer is no longer guaranteed (D'Amato and Herzfeldt, 2008), and people need to develop continuously to remain informed and maintain their value on the labour market. Moreover, changing demographics increase the need for organisations to retain older workers and sustain their employability beyond existing retirement ages (Billett et al., 2011). As a result, continuing professional development (CPD) has become essential for the individual worker, organisations, and society in general (Alheit and Dausien, 2002; Billett, 2010).

This also holds for healthcare. Nurses work in rapidly changing environments due to the pace of technological change and advancements in knowledge (Gopee, 2001). Continuous learning plays a vital role in improving patient care and job satisfaction (Skår, 2010). Therefore, managers and educators create various CPD approaches, such as organising training programmes and introducing personal development plans. The research community has

responded accordingly. We now know much more about nurses' learning activities (Berings, 2006; Eraut, 2007; Estabrooks et al., 2005), stimulating factors and barriers for engagement in professional development (Brekelmans et al., 2013; Gould et al., 2007), and perceptions of CPD (Gopee, 2001; Hughes, 2005).

Remarkably little is known about differences in nurses' continuing professional development between age groups (Pool et al., 2013b). With an aging workforce, this knowledge becomes more relevant. Currently, the healthcare field employs four distinct generations of nurses with different values, work-related motives, and competencies (Lammintakanen and Kivinen, 2012). Employers, used to a workforce dominated by younger nurses (Palumbo et al., 2009), face the challenge of developing CPD approaches geared towards the needs of all groups (Andrews et al., 2005; Lammintakanen and Kivinen, 2012). In this study, we aim to explore nurses' professional development strategies in different age groups.

1.1. Continuing professional development strategies

Nurses engage in professional development when they have reasons to do so (Govranos and Newton, 2014). As active meaning makers who do a great deal to shape the direction and intensity of their learning processes, they participate and learn in ways directed towards the continuity of their interests and goals (Billett, 2006, 2010). Nurses' ideas and beliefs regarding CPD can differ from those of other stakeholders in healthcare, such as employers and professional bodies (Griscti and Jacono, 2006; Nolan et al., 2000). Therefore, individuals determine how to engage with what is afforded to them (Billett, 2006). This may be particularly relevant in countries without national professional development requirements. In the Netherlands, nurses have to demonstrate a minimum practice requirement to renew registration. There is no mandated requirement on continuing professional development. Nurses can register their learning activities in a National Quality Register voluntarily (V&VN). In other countries, such as the United Kingdom, both minimum practice and professional development are required to maintain registration (Cutcliffe and Forster, 2010). Also in these countries individuals can exercise agency. Workers may engage superficially or wholeheartedly in learning, depending on their appreciation of the importance of a particular practice (Billett, 2006). Poell and Van der Krogt (2014) showed that nurses act strategically in their professional development; they create individual learning paths, which comprise a set

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