Younger and older nurses’ perceptions of continuing professional development: A qualitative analysis based on focus groups

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Abstract
Over the last few years, the call for lifelong learning in the field of nursing has grown (Berings 2006; Gopee 2001; De Wit 2007). Continuing professional development (CPD) is considered necessary to maintain good and safe health care (Page 2004). The work context of nurses is altering rapidly due to changes in care, innovative technologies, and the emergence of new knowledge. Continuous growth of new expertise is therefore required.

Most measures taken by hospitals and nurses associations to promote CPD focus on continuing professional education (CPE), that is, on formal training rather than other types of learning activity. This one-sided emphasis could fall short as formal education does not necessarily lead to the desired changes in behaviour. Nursing expertise develops through multiple learning activities, only one of which is CPE. Moreover, people differ in learning preferences among others influenced by their age (Van Roekel-Kolkhuis Tanke 2008) and level of expertise (Daley 1999).

Little is known about nurses’ own perceptions of CPD. How do nurses determine to what extent they and their colleagues develop professionally? Do they use similar standards for younger and older nurses? The aim of this study is to provide an insight into the perceptions that nurses have of CPD as undertaken by themselves and their colleagues.

In December 2009 we conducted four focus groups in a university medical centre: three groups of nurses (n=22), and one group of managers (n=10) for multi-rater purposes. Nurses were chosen from different age groups: 7 were 20-34 years old, 8 were 35-49 years old, and 7 were 50-65 years old.

A topic list was employed to guide the focus groups, which revolved around perceptions of nurses who develop continuously versus nurses who do not and the perceived differences between CPD of younger and older nurses. The discussions were audio recorded and
transcribed verbatim. Data analysis followed three steps, in accordance with Miles and Huberman (1994): coding the transcription, identifying themes and trends, developing and testing propositions to create an explanatory framework. The results showed three main themes:

- **Perceptions of nurses who are viewed as developing versus those who are not.** The first were thought to be innovative, flexible, up-to-date, and contribute to the development of the hospital ward. Perceptions of nurses who do not develop were somewhat ambiguous, varying from nurses who function well in direct patient care but who do not join courses nor go to symposia, to nurses who cannot function independently anymore as they are not up-to-date.

- **Dimensions of the concept of CPD.** CPD turned out to be an ambiguous concept. This ambiguity seemed to be caused by different positions being taken on three dimensions: ‘activities’, ‘purpose’ and ‘depth’ of CPD.

- **Differences of CPD in younger and older nurses.** There seemed to be some differences in the dimensions ‘activities’ and ‘purpose’. Some older nurses sensed a ‘development ceiling’ and tended to prefer on-the-job learning activities to formal training outside the ward. With regard to ‘purpose’ some younger nurses seemed to focus CPD both on becoming a better nurse and on creating opportunities to leave direct patient care. Older nurses, however, focused their CPD on one end of the dimension, on development ‘around the patient’.

The three dimensions can be used to define the concept of CPD more clearly. An unambiguous definition is necessary if we are interested in developing adequate CPD promotion strategies that take into account differences between younger and older nurses.

**Key words:** continuing professional development, nurses, focus groups, workplace learning

**Background**

There is no doubt about the importance of continuing professional development (CPD) in nursing (Berings 2006; Gopee 2001; Attack 2003). Continuous learning is necessary to maintain good and safe health care (Page 2004). As the work context of nurses alters rapidly, continuous growth of new expertise is required. In addition, continuing professional development contributes to higher job satisfaction, organisational commitment and less stress (Berings 2006). On the other hand, lack of CPD influences nurses’ decision to leave the profession (Hallin and Danielson 2008; Boer and Hövels 2003; Veer et al. 2008).

**From courses to learning at the workplace**

In many countries employers, nurses associations and national health agencies take measures to stimulate CPD by nurses. These measures may be ineffective if not developed on the basis of a sound understanding of how continuing professional development takes place. Many investigators, therefore, have done research on CPD in the nursing profession. Until recently this research mainly focused on formal education and training (Barriball, While and Norman 1992; Furze and Pearcey 1999; Griscti and Jacono 2006).

However, there has been a shift from a ‘unilateral focus on institutionalised education, into recognising that learning is “lifewide”, taking place at work and elsewhere’ (Skule 2004), p.8). The growing concern on maintaining workers’ competence has led to increased attention to ongoing development at the workplace and to development through work experiences (Harteis and Billett 2008). As a result, the number of studies on learning-on-the-job has increased. Several researchers found that nurses develop through many more learning activities than just formalised courses and education alone (Veer et al. 2008; Eraut 2007;
In general, nurses appear to prefer to learn from colleagues and work experiences, and to a lesser extent from formal learning activities such as courses and symposia (Berings 2006; Estabrooks et al 2005; Lisman, Natte and Poell 2007).

**Influence of age and expertise**

This preference for certain CPD activities is influenced by several factors. From a wide range of work experiences and learning activities, workers choose whatever is relevant for their development (Van der Krogt 2007). This choice depends, among other things, on the age of the worker. If age increases, the number of learning activities decreases (Bekker, Ester, and Wilthagen 2005; Lankhuijzen 2002). At least this seems true for formal training activities. There appears to be a negative relationship between age and participation in formal education. One of the reasons is a lack of training opportunities and limited employer-support for older workers (Lankhuijzen 2002; Billett and van Woerkom 2008).

The relationship between on-the-job learning activities and age seems less clear. It appears that older workers are motivated to learn (Van Roekel-Kolkhuis Tanke 2008). However, they prefer to learn from and in daily work. They learn more effectively if they can organize their learning process themselves without many restrictions and obligations (Van Roekel-Kolkhuis Tanke 2008).

It is not very clear if this decrease in formal training activities and preference for learning through work is caused just by age or also by experience. Usually the level of expertise of older workers is higher than that of younger people because years of experience are needed to build up expertise. At each level of expertise nurses benefit from different types of learning activity (Benner 1984). A study of novices and experts shows that the first group benefits from having formal training opportunities such as access to nurse educators and conferences, while the latter group prefers work-based opportunities like dialogue with colleagues (Daley 1999).

**CPD: an ambiguous concept**

Although CPD is widely promoted, there is little consensus on the definition of the concept in the human resource development (HRD) and nursing literature. Several related concepts emanating from distinct theories and initiatives, such as continuing (professional) education and lifelong learning are used interchangeably, partly referring to the same, partly having different meanings (Gopee 2001; Gallagher 2007). A study by Friedman and Phillips (2004) among different professions confirms that CPD is an ambiguous concept.

They show that individuals have different perceptions of the nature and purpose of CPD. The majority see it as a way of keeping up-to-date, while a minority perceive it as means of maintaining their position on the labour market (Friedman and Phillips 2004). A study among nurses reveals that they perceive CPD as being important for enhancing service provision, maintaining safety for patients and themselves, and for career and personal development (Gould, Drey and Berridge 2007).

Secondly, employees differ in their views on who is the beneficiary of CPD: the individual professional or the employing organisation (Friedman and Phillips 2004). Several scholars stress that CPD can address different, sometimes conflicting, needs such as those of the organisation and the individual employee (Nolan et al. 2000; Munro 2008; Poell 1998).

Thirdly, the study by Friedman and Phillips (2004) shows that people have different ideas on the activities that are part of CPD. Formal training courses are obviously seen as CPD while most people doubt that other learning activities such as self-directed reading should be considered CPD activities. Reflecting on the applicability of journal articles and learning from work experiences are not even recognised as CPD.
Lastly, there seems to be a paradox. Most workers think that, by participating in CPD, their learning receives formal recognition. But at the same time they believe that their competence cannot be demonstrated by these programmes (Friedman and Phillips 2004).

Nurses’ perceptions of CPD
Several studies have been done on nurses’ perceptions of CPD (Gopee 2001; Gould, Drey and Berridge 2007; Nolan et al. 2000; Hughes 2005; Hughes 2005), although it is not always clear which definition of CPD is used. These studies reveal factors that affect participation in CPD activities, such as the influence of combining work with CPD and family life; or the crucial role of managers in encouraging staff for ongoing development.

Despite the growing body of research on CPD, still little is known about what nurses perceive CPD exactly is. The aim of this study was to elucidate this. It focused on their views of the differences between nurses that develop themselves continually and those that do not, and of CPD by younger and older nurses. The research questions were:

1) How do nurses and managers determine to what extent their nursing colleagues develop professionally?

2) Do nurses and managers use similar standards for CPD in younger and older nurses?

Method

Design
To elucidate perceptions of CPD a qualitative design using focus group discussions was carried out. Four differently composed focus groups were conducted in order to explore different visions and to enable comparing and contrasting data (Bloor et al. 2001). Nurses participated in three focus groups with different ages: 20-34 years, 35-49 years and 50-65 years. In addition, there was one focus group with managers organised.

Participants
In total, 22 nurses and 10 managers from various nursing wards in a Dutch university medical centre participated (see Table 1).

Inclusion criteria for the nurses were: working as a nurse in direct patient care (not as a teacher, team leader etc.) at a nursing ward or outpatient clinic, fitting the age group and having at least two years of work experience as a registered nurse. Inclusion criteria for the managers were: working for at least one year as a mid level manager, i.e. supervising nursing team leaders.

The nurses were recruited using intermediaries. Managers and team leaders from all hospital divisions were sent an e-mail with a request to recruit one nurse for each age group. An invitation letter for potential participants was attached. The managers were recruited by sending an invitation e-mail to all nursing managers of the hospital. Based on their willingness and availability a suitable date was chosen. All recruitment correspondence included information on the aim and design of the study, participant inclusion criteria, audio recording and a telephone number and e-mail address to contact the researcher. All participants received a confirmation e-mail with date, time and place.
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**Table 1 Participants in focus groups**

*Data collection*

In December 2009 data were collected using a semi-structured question guide, which was pilot tested with a small group of experts and potential participants (Krueger 1998). The discussion started with the question: “Keep in mind a nurse who ‘develops continuingly professionally’ and tell us what you see”. The discussion revolved around the perceptions of what CPD is and around perceived differences between CPD in younger and older nurses. The conversations lasted approximately two hours, were audio recorded and transcribed verbatim, using established methods for transcribing focus groups (Bloor et al. 2001).

*Data analysis*

Data analysis followed three steps, in accordance with Miles and Huberman (1994). It started with the first focus group. The transcript was reviewed. All names and identifiers were removed. The text was read several times to understand the content and to assign codes to text segments. To enhance reliability and definitional clarity the first text was also coded by a second encoder (Miles and Huberman 1994). Codes were compared, differences were discussed and if necessary codes were changed. Then the three other texts were reviewed and coded one after another. Based on continuous comparison and contrast of the data across focus groups, the codes developed. Check-coding was also done on approximately one-fifth of the second text. Segments of the third and fourth texts that were difficult to interpret were discussed among the coders and resolved.
In the second step, themes and trends were identified, while in the third step propositions to construct an explanatory framework were developed and tested (Miles and Huberman 1994, p.92). To aid the coding and retrieval of data, software for qualitative data analysis, MAXQDA (2007), was used.

Results

Perceptions of CPD
In general, participants had a perception of nurses who develop continually professionally. These nurses are up-to-date, gain more in-depth knowledge, undertake studies, have an intrinsic desire to develop and are open to feedback. They are innovative by having a critical self-reflection and by contributing to the development of the hospital ward. Participants frequently mentioned that these nurses tend to share their knowledge and take along others in their development. They draw a picture of a group of nurses who are the informal leaders on a nursing ward.

Nurses who do not develop continually were associated with nurses who do their work, but not many extra things. These perceptions became ambiguous when ‘non-developing’ was linked to functioning. Some participants had nurses in mind who are not able anymore to fulfil all nursing tasks independently; they are not up-to-date, or carry out tasks without reviewing them critically. However, most participants associated non-development with nurses who actually function well in direct patient care, but who do not participate in working groups, do not join courses nor go to symposia. Participants acknowledged that these nurses do develop in a certain way. As health care changes fast, this group has to keep up-to-date. Yet, they were divided as to the question of whether this kind of development would ‘count’ as CPD.

This ambiguous perception of nurses who do not continually develop is probably caused by the fact that the participants associated CPD with three different dimensions, whose end positions they weighted differently. This way a mother who does not take up studies, but works well, could be perceived as a ‘non-developing’ nurse. While others perceived her as a ‘developing’ nurse assuming that she at least keeps herself up-to-date. The dimensions discussed in the focus groups were:

Dimension ‘activities’. In first instance, some participants related CPD to formal training activities, such as a study program. Other participants, however, stressed that CPD more than the participation in studying:

‘Undertaking a study is not necessary for being involved and continuously developing’. (Nurse, 50-65 years)

According to them development was also possible by on-the-job learning activities, such as attending clinical teaching sessions on the ward or learning from experience.

Dimension ‘purpose’. The participants discussed different goals for nurses’ CPD. On the one hand, they described how nurses can focus on getting better in direct patient care. On the other hand, they told how nurses can develop and move away from direct patient care, for instance to become a team leader. Participants linked the purpose of CPD to career perspective: career was often associated with development ‘away from the patient’, while becoming a better nurse was connected to development ‘around the patient’. For example, one manager distinguished the following purposes for development:
‘Really, I recognize two groups. There is a group that develops in care, I mean the caring of patients. And there is a group who develops in the direction of manager or so’. (Manager)

*Dimension ‘depth’.* Participants agreed that all nurses must keep up-to-date. If not, they are at risk of getting incompetent. Participants’ opinions strongly differed whether this ‘keeping up-to-date’ is part of CPD. For example, one nurse stated:

‘The question is: Do we call keeping up-to-date ‘development’?’ (Nurse, 21-34 years)

Some participants thought that to keep up-to-date is part of CPD while others argued that CPD has to be more than that. Keeping up-to-date seemed to be associated with staying competent and with reactive learning as a result of developments in the near environment of the nurse. For example, a nurse stated:

‘That basic nursing level you have to keep up-to-date. You should already call this development. Surpassing this basic level is not the only sign of development’. (Nurse, 35-49 years)

On the opposite of ‘keeping up-to-date’ seemed to be development that goes along with acquiring more content depth. Those nurses are proactive on developments, not only in the near environment, but also in the broader nursing profession. They do this not just because external factors force them, but from an intrinsic motivation to grow. One nurse described this difference between reactive and proactive development as follows:

‘I think development is more than working with the EPR [electronic patient record] just because you have to’. (Nurse, 21-34 years)

Although the participants agreed that nurses must keep up-to-date, this minimum requirement is not very well defined. It did not become clear in what respect nurses must keep up-to-date. There appeared to be a distinction between developments at the nursing ward and in the nursing profession, where the first seemed to be counted as a minimum requirement. One nurse stated:

‘What is development? What for? If a basic nurse is ok and you have to keep up-to-date, that is something different than always knowing the last developments such as best practices’. (Nurse, 35-49 years)

Initially, many participants thought of medical and nursing-technical developments. Development of other competencies did not always seem evident. The issue was raised whether all nurses have the same perception of the scope of nursing profession. One manager, for example, stated:

‘That difference in perception is a barrier in our profession. Some professionals say: ‘Just attending patients on the ward should be enough and not the electronic patient record, nor the multidisciplinary consultation. I wash the patient, I talk to the patient, I clean it here and at half past ten he lies fresh and sound in his bed. This is my thing’. As long as a part of our professional group says this we fall short: it is about total care’. (Manager)
**CPD of younger and older nurses**
The focus groups also discussed CPD of younger and older nurses. The following themes emerged.

**Level of focus**
Younger nurses more often still have to find their way in their development, according to the other participants. The world is still open to them and they are looking around what they, in the end, want to do. They seem to take up all sorts of developmental activities, especially in comparison to older nurses who know better what they want and who give more focus to their development.

‘What I see with young nurses is that they are searching more and have many possibilities to switch. Maybe I do this or maybe I do that: so the range is much bigger from which they can choose. [...] The older nurses are more focused. At the moment they want something their ideas have definite shape and they go for it’. (Manager)

**Curbing CPD of younger nurses or stimulating other CPD activities?**
Participants perceived part of the younger nurses as very ambitious. This perception was confirmed in the focus group with younger nurses. Some of them indicated they wanted to develop themselves as a nurse, but they also wanted to create a possibility to leave direct patient care after a while. This ambition sometimes leads to incomprehension and irritation by nurses in the two other focus groups. Asking for carrier possibilities when starting as a nurse gave them the impression that the nursing profession is not perceived as appealing enough. A nurse stated:

‘People are just focused on going to the Intensive care. Whereas I think that you will become a better IC-nurse when you first work three years on a ward’. (Nurse, 35-49 years)

Several participants stressed that recent graduated nurses must keep developing, but emphasized the importance of getting experience before new nurses can take up another study or move on to another function. However, younger nurses can feel slowed down by this.

In general, the importance of not taking up studies one after another was highlighted. After a course one should take time to practice what has been learned. Older participants draw attention to the value of informal learning activities next to formal learning activities:

‘It is also important that what you have learned is not immediately followed by another learning moment. Things you have learned, you have to apply in practice. That is sometimes forgotten’. (Nurse, 50-65 years)

**Appropriate CPD activities for older nurses**
The older nurses indicated they still developed themselves, but some of them preferred more informal learning activities. This perception was confirmed by participants in the other focus groups. It was stated that a nurse can reach a ‘ceiling’ in development. Then, study and courses can seem meaningless. In that case, development takes place through more informal learning activities like daily experiences and unit-based training.

‘I do not think that development means you have to undertake one course after the other. Naturally, at a certain moment you have reached a ceiling and it is not necessary anymore. But I think you are developing every day. Day-by-day you hear new things
or you check things with your colleagues. [...] And sometimes it should be more than that. For instance, now with the electronic patient record. Yes, that takes more energy. (Nurse, 50-65 years)

All focus groups thought that CPD of younger and older nurses are judged by the same standards: they have to meet the same requirements and get the same facilities. Although it was mentioned that sometimes the requirements are less strict for older nurses. For instance, occasionally it was more readily accepted that older nurses do not want to go to a symposium or that they get less complex patients to attend. It was also stated that older nurses need more time for development sometimes, especially when computer skills are involved:

‘With older nurses you accept that it takes them twice as long’. (Manager)

Undergoing unit-based training was not brought up for discussion as these are needed to keep up-to-date. Nevertheless, older nurses did question these training sessions when they repeated themselves and did not bring any new information:

‘I have had it with those training courses on giving feedback. Those courses on feedback and teamwork, I have joined them often. If you work for a long time this comes along with a certain regularity’. (Nurse, 50-65 years)

Discussion and conclusion

In concordance with findings of others (Gopee 2001; Gallagher 2007), we found that the concept of CPD is ambiguous. The participants had different perceptions of CPD. One key finding that emerged from this study is that these differences were caused by different positions being taken on three dimensions.

The first dimension is ‘activities’. As in the study by Friedman and Phillips (2004), respondents distinguished between formal training activities, such as an academic nursing study, and on-the-job learning activities, such as ward-based training. In contrast to that study, nurses, in particular older nurses, did recognise learning resulting from gaining experience. The second dimension is ‘purpose’. CPD can focus on ‘developing around the patient’ or on ‘developing away from the patient’. This dimension resembles other discussions on the purpose of CPD (Friedman and Phillips 2004; Gould, Drey and Berridge 2007), with maintaining skills and career development on different ends, while personal development can take place at the whole continuum. Our findings showed a third dimension, namely, ‘depth’, that was not found in the literature. In contrast to the study by Friedman and Phillips (2004), participants in our study did not doubt whether certain learning activities could be counted as CPD. However, they did discuss whether keeping-up-to-date could be considered CPD or that CPD has more to do with growth.

A second finding is that whether nurses are perceived as developing or not, is associated with their attitude towards work. Two groups of nurses are distinguished. The first group has characteristics of the innovative professional (Weggeman 1992). These nurses reflect continually on their practice, produce new knowledge and try to search for new solutions for existing and new problems. Development means striving to cross borders. Their development takes place in an expanding domain. The second group resembles the routinely working professional (Weggeman 1992). These are competent and successful professionals, who are doing the same work over and over. Development is focused on a small domain, that
increasingly becomes smaller. This learning is focused at keeping up-to-date, which is not universally perceived as CPD.

The last finding is that there are some perceived differences in CPD for younger and older nurses. Nurses in all age groups and managers stressed the importance of CPD. In contrast to the literature (Lankhuijzen 2002; Billett and van Woerkom 2008; Gould, Drey and Berridge 2007) they felt that facilities and opportunities for all nurses are the same. Less participation in formal training, organised outside the nursing ward, might be explained by the fact that the older, and more experienced, nurses sensed a ‘development ceiling’ and preferred to learn from on-the-job learning activities. This emphasis on on-the-job learning by older and more experienced professionals confirms earlier studies (Van Roekel-Kolkhuis Tanke 2008; Daley 1999). In addition, the two focus groups with nurses over 35 years old stressed the importance of CPD to be more than just joining courses. They emphasized that learning from courses should be followed by practicing, and thereby learning, on-the-job (Eraut 2001).

Besides a different emphasis on the dimension ‘activities’, there also seemed to be a difference between young and old on the dimension ‘purpose’. Some younger nurses focus on both ends: on becoming a better nurse and on creating opportunities to leave direct patient care. Sometimes nurses over 35 have problems with a career focus of young nurses. It gives them a feeling of having a non-appealing profession. Older nurses, near retirement, direct their CPD on one end of the dimension. They focus on development ‘around the patient’. These differences stress the importance of an age-conscious approach in CPD.

When interpreting the results, two study limitations should be considered. First, the study took place in a university medical centre. This may influence the transferability of the results to nurses in other health sectors. CPD resources for university medical nurses may be better, especially since personnel regulations provide each nurse with a personal development budget. This in contrast to other health sectors where nurses have to finance their CPD more often themselves (Veer et al. 2007). Second, perceptions of CPD may be influenced by the professional culture of a country. For instance, nurses in countries with mandatory continuing education might perceive CPD a bit differently from nurses in the Netherlands where this is not obligatory.

In conclusion, this study revealed that nurses have different perceptions of the concept of CPD, partly influenced by age and years of work experience. Three distinctive dimensions can be used in defining the concept more clearly. If we are interested in promoting CPD, we need an unambiguous definition of the concept of CPD and promotion strategies that take into account differences in approaches to CPD, suitable for young and older nurses respectively.

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