International Journal of Nursing Studies 50 (2013) 34–43

Contents lists available at SciVerse ScienceDirect

International Journal of Nursing Studies

journal homepage: www.elsevier.com/ijns

Nurses' and managers' perceptions of continuing professional development for older and younger nurses: A focus group study

Inge Pool [a,*], Rob Poell [b], Olle ten Cate [c]

[a] Vocational Education and Training Centre, University Medical Centre Utrecht, HB 4.05, P.O. Box 85500, 3508 GA Utrecht, The Netherlands
[b] Department of Human Resource Studies, Tilburg University, The Netherlands
[c] Centre for Research and Development of Education, University Medical Centre Utrecht, The Netherlands

ARTICLE INFO

Article history:
Received 31 January 2012
Received in revised form 18 June 2012
Accepted 12 August 2012

Keywords:
Age groups
Continuing professional development
Focus groups
Nurses
Older nurses
Workplace learning

ABSTRACT

Background: Continuing professional development of nurses is increasingly necessary to keep abreast of rapid changes in nursing care. Concurrently, the nursing workforce is growing older. Therefore, future strategies for continuing professional development should be directed at both younger and older nurses. Although there is some evidence that various personal, organisational and social factors result in lower participation of older workers in development activities, age-related differences in continuing professional development among nurses remain under-explored.
Objective: This study explored nurses' and their managers' perceptions of the differences in continuing professional development between younger and older nurses.
Design: A qualitative study using focus groups. The interviews were analysed using a thematic analysis strategy.
Settings: A large academic hospital in the Netherlands.
Participants: 22 nurses in three age groups (20–34 years, 35–49 years and 50–65 years) and 10 nurse managers participated in four focus groups.
Results: Six themes regarding differences in continuing professional development for younger and older nurses emerged from the data: (1) level of focus, (2) creating possibilities to leave the bedside, (3) ambitious young nurses, (4) same resources, different requirements, (5) ceiling in courses for older nurses, and (6) social status and self esteem. Overall, participants seemed to conceptualise continuing professional development along three dimensions: purpose, level of formality of learning activities, and scope of development.
Conclusions: The findings suggest that participants perceive differences in continuing professional development between younger and older nurses. Its purpose and the contributing learning activities are considered to change during the lifespan. When developing strategies for continuing professional development, the requirements and needs of different age groups need to be taken into account. Whether the scope of professional development is confined to "keeping up to date" or used more broad, including "expansion of skills and knowledge" seems to relate more to nurses' attitudes towards work than to their age.

What is already known about the topic?

- Continuing professional development is needed: it improves quality of care and nurses' job satisfaction.

* Corresponding author. Tel.: +31 06 277 444 22.
E-mail addresses: i.a.pool@umcutrecht.nl (I. Pool), R.Poell@uvt.nl (R. Poell), T.J.tenCate@umcutrecht.nl (O. ten Cate).

0020-7489/$ – see front matter © 2012 Elsevier Ltd. All rights reserved.
http://dx.doi.org/10.1016/j.ijnurstu.2012.08.009

- The concept of continuing professional development is contested; in particular opinions diverge on the learning activities it encompasses.
- Age and participation in formal, and to a lesser extent, informal learning activities appear to be negatively related.
- Various individual, organisational and social factors lead to lower participation in learning activities by older workers.

What this paper adds

- The concept of continuing professional development has three dimensions: purpose, level of formality of learning activities, and scope of development.
- The purpose of continuing professional development and the type of learning activities appear to differ among age groups.
- The scope of development appears to be related to nurses' attitudes towards work rather than to their age.

1. Introduction

Continuing professional development (CPD) of nurses is increasingly necessary to keep abreast of rapid changes in patient care due to advancements in knowledge and technology (Atack, 2003; Berings, 2006; Gopee, 2001). Concurrently, the nursing workforce is growing older. In Dutch hospitals, the percentage of workers over 50 years of age has grown from approximately 19% in 2003 to 27% in 2009 and is expected to grow further to 36–39% in 2018. The average age, 41 in 2008, is likely to increase in coming years (Van der Windt et al., 2009). This demographic trend is seen in other western countries, such as the United Kingdom (Harris et al., 2010; Wray et al., 2009), Canada (Spinks and Moore, 2007) and the United States (Letvak, 2002; Stewart-Amidei, 2006).

These two issues underscore the importance of understanding and managing CPD of older nurses. Employers, nurses associations and national health agencies, used to a workforce traditionally dominated by younger nurses (Palumbo et al., 2009), are challenged to develop CPD approaches geared towards the needs of all age groups (Andrews et al., 2005; Lammintakanen and Kivinen, 2012). As different age groups have different work-related concerns due to differences in experience, level of seniority, and skill set (Buchan, 1999; De Lange et al., 2009; Wray et al., 2009), it is likely that they also have different CPD needs.

1.1. Continuing professional development

There is no doubt about the importance of CPD in nursing. CPD benefits patient care, the organisation and the individual (Nolan et al., 2000; Wood, 1998). It reportedly contributes to higher job satisfaction, organisational commitment, and lower stress (Berings, 2006; Chien et al., 2008). Lack of CPD appears to influence nurses' decisions to leave their profession (Hallin and Danielson, 2008) and to retire early (Andrews et al., 2005; Armstrong-Stassen and Schlosser, 2008).

Therefore, employers, nurses' associations and national health agencies are developing strategies to promote CPD. In several countries, such as Canada and the United Kingdom, CPD is required for renewal of registration as a nurse (Nursing and Midwifery Council, 2010; Cutcliffe and Forster, 2010). This is different in the Netherlands, where nurses can voluntarily register their CPD activities in a National Quality Register developed by the Dutch Nurses Association (V&VN, n.d.).

Despite the importance of CPD, there seems to be little consensus on its definition. Several related concepts, such as continuing professional education (CPE) and life-long learning are used interchangeably, but sometimes with different meanings (Gallagher, 2007; Gopee, 2001). There is confusion on the definition of CPD, its purpose, the related learning activities and its beneficiaries (Friedman and Phillips, 2004).

The American Nurses Association (ANA) has defined nursing professional development as "a life-long process of active participation by nurses in learning activities that assist in developing and maintaining their continuing competence, enhancing their professional practice, and supporting achievement of their career goals" (ANA, n.d.). This is a useful definition because it encompasses different purposes of CPD. It fits with nurses' perceptions of CPD as important for enhancing service provision, maintaining safety for patients and themselves, and increasing career and personal opportunities (Gould et al., 2007).

Nurses develop their expertise through a broad range of learning activities varying from formalised courses to interactions with colleagues and other daily work experiences (Berings, 2006; Eraut, 2007; Estabrooks et al., 2005). Opinions vary on the learning activities that can be qualified as CPD (Friedman and Phillips, 2004). Some confine CPD to formal learning or CPE, referring to intentionally planned learning in an educational setting. Others use a broader definition of CPD, and include informal learning, defined as learning in a workplace environment. Both the Dutch Quality Register and the UK PREP (CPD) standards hold this broader perspective, providing nurses the opportunity to record formal and informal learning (Nursing and Midwifery Council, 2010; V&VN, n.d.).

1.2. Age-related differences in CPD

In nursing, little research has been done on the relationship between participation in CPD activities and age, and existing data seem to be contradicting. Dorsett (in Letvak, 2002) found that age was a predictor of updating behaviour: older nurses (defined as age 40 and older) were more likely to keep up to date. This was confirmed by Lammintakanen and Kivinen (2012) who showed that of three age groups the youngest nurses participated least in CPD. In contrast, Wray et al. (2009) found that nurses over 50 years undertook fewer development activities than nurses under 50.

These contradicting findings might be explained by differences in research design. Lammintakanen and Kivinen (2012) investigated participation in 23 different CPD activities, both formal and informal learning activities,

while Wray et al. (2009) appeared to investigate formal learning activities. Research in other professions shows that in general, older workers tend to be less likely to participate in CPD, especially when considering formal CPD activities and workers in late career (older than 50/55 years) (Maurer et al., 2003; Taylor and Urwin, 2001).

Age differences in CPD participation rates can be caused by several factors. First, ageing can result in a higher level of knowledge and expertise. This might reduce the need for older workers to participate in learning activities (Wray et al., 2009; De Lange et al., 2009) and might influence their preferences for certain CPD activities. Daley (1999) showed that more experienced nurses preferred work-based activities such as dialogue with colleagues, while novice nurses reported to learn more from formal training. This was supported by Lammintakanen and Kivinen (2012), who found similar variation in CPD activities among nurses from different ages.

Second, lower participation in CPD by older workers might also be a result of a lack of training opportunities, limited employer support for older workers (De Lange et al., 2009; Taylor and Urwin, 2001; Lankhuijzen, 2002) and less encouragement from co-workers and others (Maurer et al., 2003; Van Roekel-Kolkhuis Tanke, 2008). This lower social support can be caused by existing stereotypes of older workers (Maurer, 2001; Gray and McGregor, 2003).

One stereotype is that older workers are often perceived as less able to learn than their younger colleagues (Maurer, 2001; Gray and McGregor, 2003). Two meta-analyses seem to confirm this. Ng and Feldman (2008) found older workers' performance in training to be slightly lower than that of younger workers. Kubeck et al. (1996) concluded from their meta-analysis that older adults showed less mastery of training material, completed the final task more slowly, and took longer to complete the programme. However, these findings should be interpreted with caution as the outcome differences could also reflect pre-training differences, and laboratory samples showed larger age differences than field samples (Kubeck et al., 1996). In addition, a large proportion of the studies in this meta-analysis focused on technology training (Ng and Feldman, 2008). These findings therefore seem to have limited implications for informal learning. Schulz and Stamov Roßnagel (2010) found that success in self-regulated workplace learning activities is not contingent on age. They argued that these learning activities offer workers opportunities to compensate for cognitive effects of ageing.

Another stereotype is that training of older workers is a poor investment because they will retire shortly. This view is difficult to sustain as new skills often become obsolete after a few years (Gray and McGregor, 2003). Therefore, updating skills of an older worker who still has ten or more years of employment has the same benefit as doing so for a younger worker (Sterns and Doverspike, 1989). The issue of 'return on investment' becomes more complex when considering that younger workers leave organisations more often than older workers (Gray and McGregor, 2003).

To summarise, there is some evidence that age influences participation in formal learning activities and, to a lesser extent, in informal learning activities. This seems to be due to a complex set of interrelating factors, including internal attributes in nurses as well as factors outside the individual worker. However, the exact relationship between age and CPD remains poorly understood. Therefore more research on this theme is needed (Lammintakanen and Kivinen, 2012; Schalk et al., 2010).

1.3. Aim of the study

The aim of the present study was to explore nurses' and their managers' perceptions of the differences in CPD between younger and older nurses. Understanding of the relationship between age and CPD will help to better adjust CPD approaches to the needs of different age groups.

2. Methods

We employed a qualitative, exploratory study design using focus group discussions in a Dutch university medical centre.

2.1. Participants and groups

Four focus groups with different groups of participants (nurses in three age groups, and one group of managers) were arranged, to enable the exploration of different views (Bloor et al., 2001). As it was expected that nurses' perceptions of CPD are influenced by their age and career stage, three successive age groups were created. In accordance with previous research (Schulz and Stamov Roßnagel, 2010; Van der Heijden, 2006), the following groups were distinguished: group I (20–34 years), group II nurses (35–49 years) and group III (50–65 years). The fourth focus group consisted of nurse managers. This group was added as their management styles and views of CPD may be different and are thought to affect employees' perceptions (Hughes, 2005; Keeling et al., 1998).

Nurses who worked as a registered nurse in direct patient care and belonged to one of the specified age groups met inclusion criteria for the study. Nurse team leaders were used as intermediaries in the recruitment process.

Nurse managers had to have worked as a mid-level manager (at the level between nurse team leaders and department managers) for at least 1 year to be eligible for the study. Nurse managers are responsible for the organisation of the ward, for development of local policies in line with hospitals policies and the objectives of the department manager, and they supervise and guide nurse team leaders. Nurse managers were recruited through personal invitation e-mails. Based on their willingness and availability, a suitable meeting date was chosen.

Correspondence with potential participants included information on the aim and design of the study, participant inclusion criteria, the audio recording, and the researcher's telephone number and e-mail address. All participants received a confirmation e-mail specifying a meeting date, time, and place.

2.2. Data collection

In December 2009, data were collected using a semi-structured interview guide, which had been pilot tested among a group of seven experts and nurses resembling the intended study group. The discussions started with an exploration of general perceptions of CPD. Participants were encouraged to think of a nurse who 'develops continually' and a nurse who does not, and to describe the differences. Dialogue was encouraged using follow-up questions about why the first nurse develops continually while the other does not, and whether the ward staff reacts differently to developing and non-developing nurses.

The second part of the discussion revolved around perceived differences between CPD for younger and older nurses. This was initiated by the question, 'Do you see differences in the way younger and older nurses develop continually?', with follow-up questions, such as 'Do the same CPD standards apply to younger and older nurses?' As we were interested in participants' perceptions of CPD for younger and older nurses we did not define CPD, nor did we precisely define young and old.

The focus groups were held in a conference room in the hospital. The duration of each focus group was 2 h. They were audio recorded, and transcribed verbatim, using established methods for focus group transcription (Bloor et al., 2001). The discussions were facilitated by a moderator and field notes were made by the first author.

2.3. Ethical considerations

Consistent with national practice in the Netherlands, no ethical approval was required for this study because no patients were involved. The Academy of Human Resource Development standards on ethics and integrity (Russ-Eft et al., 1999) were followed. Participants were informed, both in writing and verbally, about the study's objectives and methods before providing written consent. Participants were asked to treat all information confidentially. Transcripts maintained participants' anonymity and individuals were not identifiable. The audiotapes were only accessible to the first author and the transcriptionist, and the transcripts only to the authors and a second coder.

2.4. Data analysis

Data analysis followed three steps in accordance with methods described by Miles and Huberman (1994). Analysis began after the first focus group. The transcript from this group was read several times to ensure understanding of its content and to assign codes to text segments. Then, texts from the other focus group sessions were reviewed and coded in a consecutive fashion. Codes were developed based on constant comparison and contrasting of data across focus groups. The second step of analysis involved identifying themes and trends, while the third step consisted of developing and testing propositions for constructing an explanatory framework (Miles and Huberman, 1994). To aid in the coding and retrieving of data, Maxqda (2007) software was used.

2.5. Validity and reliability

To enhance reliability, the first text was coded independently by the first author and a second coder (see Acknowledgements) (Miles and Huberman, 1994). Codes were compared, differences in opinion were discussed, and, if necessary, codes were changed. Code checking with the second coder was also performed for approximately one-fifth of the second text. The third and fourth texts were coded by the first author only. For the text that was coded by two coders, the same codes were applied by both most of the time and there were only a few differences in interpretation that required discussion and were subsequently resolved.

To increase the study's credibility member validation was performed (Bryman, 2008). Participants were invited to react to the accuracy and completeness of the preliminary findings by e-mail (Chioncel et al., 2003). This validation process did not lead to any changes.

3. Findings

In total, 22 nurses and 10 managers from various wards in a Dutch university medical centre participated. Table 1 shows that age and tenure are highly interrelated: ageing coincided with years of working experience as a nurse.

The findings were grouped in two categories: perceptions of CPD in general and of differences in CPD between younger and older nurses.

3.1. Perceptions of CPD associated with three dimensions

Participants in all groups perceived nurses who develop continually as up to date, equipped to gain in-depth knowledge, enrolling in courses, having an intrinsic desire to develop, and open to feedback. They were seen as innovative, critically reflective, and were perceived to be

Table 1
Participants in focus groups.

	Nurses			Managers
	Group I 20–34 years	Group II 35–49 years	Group III 50–65 years	
Gender	1 male 6 female	3 male 5 female	1 male 6 female	2 male 8 female
Mean age (SD)	29.1 (4.6)	42.1 (6)[a]	54.6 (2.6)	47.9 (5.6)
Mean years of experience (SD)	7.6 (3.6)	16.4 (4.7)[a]	27.4 (7.6)	15 (7.2)
Total number	7	8	7	10

[a] Of one person this information is not known.

key contributors to the development of the hospital ward. Participants frequently mentioned that CPD-inclined nurses tend to share their knowledge freely and invite others into their development process.

Participants identified nurses who do *not* develop continually as people who complete only their designated work and do not engage in extra tasks. However, these perceptions became ambiguous when the 'non-developing' distinction was linked to performance. Only a few participants related non-development to poor job performance. Most associated this with nurses who actually function well in direct patient care, even though they do not participate in special assignment teams, enrol in courses, or go to symposia. The general perception was that these nurses stay up to date to the degree necessary to keep abreast of changes in health care. Participants were however divided whether staying up to date should 'count' as CPD.

These ambiguous perceptions of nurses 'who do not develop continually' are likely linked to participants' divergent views on different dimensions of CPD. Three dimensions emerged from the focus groups: purpose, level of formality of CPD activities and scope of development.

3.1.1. Purpose

Participants in all groups acknowledged that nurses could develop in order to move away from direct patient care and undertake extended nursing roles, such as teaching or becoming a team leader. However, it was stressed that nurses could also improve their direct patient care capabilities through CPD. Participants described a dichotomy: pursuing career-related learning was associated with development 'away from the patient', while becoming a better nurse was connected to development 'around the patient'. One manager articulated this as follows:

> "Really, I recognize two groups. There is a group that develops in care, I mean the caring for patients. And there is a group that develops in the direction of manager or something similar." (*Manager*)

3.1.2. Level of formality of CPD activities

Most participants thought of CPD as a broad range of learning activities. They perceived that nurses develop professionally through continuing education, clinical teaching sessions, reading professional journals, learning from students and other colleagues, or learning from experience. A few participants related CPD primarily to formal learning activities, such as taking a course or studying for a Master's degree in Nursing. These participants changed their views during the session influenced by reactions from the other participants in the focus groups.

In general, the importance of informal learning was emphasised. Nurses who take many courses were not necessarily perceived as 'good nurses'. After a course, one should take time to practice what has been learned. The importance of learning by experience was emphasised, as one nurse explained:

> "It is also important that what you have learned is not immediately followed by another course. Things you have learned, you have to apply in practice. That is sometimes forgotten." (*Nurse, 50–65 years*)

3.1.3. Scope of development

Participants agreed that nurses have to keep up to date to avoid becoming incompetent, but differed in their views as to whether this qualifies as CPD. Participants seemed to associate keeping up to date with 'reactive learning' whereby learning occurs merely as a reaction to changes on the ward. A nurse was positive that this qualifies as CPD as she said:

> "The basic level of nursing is what you have to keep up with. You should already call this development. Surpassing this basic level is not the only sign of development." (*Nurse, 35–49 years*)

Another nurse doubted that this 'narrow scope of development' could be seen as CPD, when she said:

> "The question is this: Do we call keeping up to date "development"?" (*Nurse, 21–34 years*)

Participants contrasted this narrow scope with a 'broad scope of development', involving the acquisition of new knowledge and skills. They associated this kind of development with highly proactive nurses, motivated not just by changes on the ward, but also by an intrinsic desire to grow and to improve health care. A nurse, however, raised the question if this proactivity is necessary:

> "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*)

The question about the desired scope of CPD was also linked to nurses' perceptions of their profession. One manager felt strongly about this:

> "That difference in perception is a barrier in our profession. Some nurses say, "Just attending patients on the ward should be enough: not using the electronic patient record, nor participating in the multidisciplinary consultation meetings. I wash the patient, I talk to the patient, I clean it here and at half past ten he lies fresh and clean 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*)

3.2. Differences in CPD for younger and older nurses

Six themes emerged from the discussions on differences in CPD for younger and older nurses. Table 2 shows which themes emerged in which focus groups.

3.2.1. Level of focus

Two focus groups (managers and group III) acknowledged that younger nurses may not yet have a well-defined purpose of development. The world remains open to them and they are searching for what they ultimately want to do. They tend to pursue various developmental activities, especially compared to older nurses, who tend to focus their development more narrowly.

Table 2
Themes in CPD for younger and older nurses emerging from the focus group data.

Themes	Focus groups			
	I 20–34 years	II 35–49 years	III 50–65 years	Managers
Level of focus			×	×
Creating possibilities to leave the bedside	×	×		
Ambitious young nurses		×	×	×
Same resources, different requirements	×	×	×	×
A 'ceiling' in courses for older nurses			×	
Social status and self-esteem		×	×	×

"Young nurses are searching more and have many possibilities to switch—'maybe I will do this or maybe I will do that'—so the range is much bigger from which they can choose. [...] Older nurses are more focused. At the moment they want something, their ideas show a definite shape and they go for it." (*Manager*)

3.2.2. Creating possibilities to leave the bedside

The nurses in the two other focus groups (groups I and II) did not mention differences in focus between younger and older nurses. However, the discussions in these groups revealed that several of them pursue developmental activities to become a better nurse, but also to create possibilities to leave direct patient care in the future.

"While I am working in my team, I just want to be a good nurse there. But, when I look at myself and my personal development I think I do not want to stay at the bedside, so I am going to take up a new study." (*Nurse, 21–34 years*)

3.2.3. Ambitious young nurses

Participants in three focus groups (group II, group III and managers) perceived some young nurses as being especially ambitious. This ambition occasionally led to incomprehension and even annoyance. The eagerness of some young nurses for further career opportunities gave them the impression that these young colleagues did not find their work appealing. One nurse stated:

"Those people that apply for a nurse job and say 'I will do this for two years and then I like to move on'. Then I think, it will take you two or three years to fully learn this work by doing it. I don't appreciate it when people think they can do my job easily [...] for just two years and then move on." (*Nurse, 35–49 years*)

3.2.4. Same resources, different requirements

In all focus groups, participants expressed that CPD for younger and older nurses was judged by the same standards and both get the same CPD resources and opportunities.

"All have the same opportunities. If you do not want to, in some respects it will also be OK. But when I, at 55+, like to do a specific course and there is also a 30-year old nurse who wants to enrol for it, I do not believe that will make a difference. No I do not think so." (*Nurse, 50–65 years*)

However, it was acknowledged that the requirements are sometimes less strict for older nurses. Occasionally, older nurses take on less complex patients.

"At our ward continuing development is more for the younger people. They seize the opportunities. The older nurses take care of different patient categories than the younger people. That is accepted. You can see that clearly." (*Nurse, 21–34 years*)

Older nurses' decisions to not attend symposia were also more readily accepted.

"I am accommodating towards older nurses. They follow all the ward-based training courses. They keep up to date regarding nursing care. But when an older nurse says to me, "I'd rather not go to a symposium or conference", I say, "That is fine with me". With younger nurses I will not easily do that." (*Manager*)

Finally, some older nurses may need more time especially when computer skills are involved, as one manager explained:

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

3.2.5. A 'ceiling' in courses for older nurses

Focus group III raised the issue of a 'ceiling' in training courses. It was suggested that when nurses have many years of experience and reached a high level of expertise, formal education might provide less added value. In these cases, development takes place through informal learning activities such as daily experiences. One nurse made the following observation:

"I do not think that development means you have to do 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 [introduction of the] electronic patient record. Yes, that takes more energy." (*Nurse, 50–65 years)*

Undergoing unit-based training was widely seen as essential for keeping up to date. However, training sessions that were considered repetitive and did not bring something new were questioned. One nurse stated:

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

3.3. Social status and self-esteem

In all groups, except for group I, issues of social status related to CPD emerged. Participants sensed a social pressure to develop continually, but they also felt that some CPD activities and purposes were more rewarding than others. They suggested that social standards favoured formal learning activities over others. In addition, they described that development 'away from the patient' often resulted in higher salary and status than growth in direct patient care competence. According to one participant:

"The proficient nurse has the same salary as the nurse who recently started. But you want status and you want recognition. That recognition should also be translated in your salary." (*Nurse, 35–49 years*)

Participants noticed two negative effects of these social standards. First, the emphasis on career advancement could result in nurses leaving direct patient care:

"All people want to climb higher, but who stays with the patient? That is the problem." (*Nurse, 50–65 years*)

Second, these social standards could negatively affect the self-esteem of nurses who have worked in nursing for a long time:

"When I tell them that I have worked in nursing for 25 years, they say: "What, are you still there?" People from outside think that you stagnate, while I think, "I do not stand still."" (*Nurse, 50–65 years*)

"So I never take courses, at least not those which result in a diploma. This always feels a bit like "failing", as if I do not develop." (*Nurse, 50–65 years*)

In contrast with these perceived social standards, participants valued nurses who stayed in direct patient care and developed through informal learning activities. Both nurses and managers stressed the importance of a diverse team composition, in which nurses who remain in a fixed position for a long time are necessary:

"If you have a team with nurses who all want to develop professionally, that does not work either as they all leave at some point. They grow too fast and want to move on". (*Manager*)

4. Discussion

This study used a qualitative design that centres on nurses' and managers' perceptions of differences in CPD between younger and older nurses. Its findings confirm and extend existing data on this topic. Like others (Friedman and Phillips, 2004), we found that participants have different perceptions of CPD. Their perceptions were found to diverge on three dimensions of CPD. In addition, six themes regarding differences in CPD between younger and older nurses were found. When combining these three dimensions and six themes (see Fig. 1) age-related differences appear in two dimensions: the purpose of CPD and the level of formality of learning activities. The study did not uncover age-related differences in the scope of CPD.

The first dimension of CPD is 'purpose of CPD'. Consistent with others (Drey et al., 2009; Friedman and Phillips, 2004; Gould et al., 2007) we found that CPD can aim for retention of core skills, improvement of career opportunities and extension of nursing roles. New in this study is the distinction between professional development 'around the patient' and 'away from the patient'.

The themes 'level of focus', 'creating possibilities to leave the bedside' and 'ambitious nurses' suggest that the purpose of CPD can be different for younger and older nurses. Older nurses were perceived as bringing more focus to their development, compared to younger nurses whose career paths remained more open. Younger nurses seemed focused on becoming a better nurse, but also pursued opportunities to leave direct patient care after some years. The nurses in focus group III appeared to focus mainly on development in direct patient care, on CPD 'around the patient'. These findings are consistent with the Selection, Optimisation and Compensation Theory (Baltes et al., 1999), which underscores age-related differences in goal orientation. Younger adults have a primary goal focus

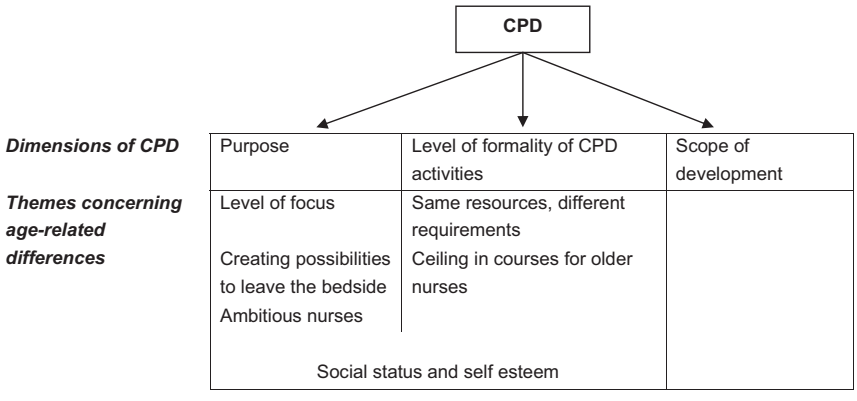

Fig. 1. Relationship between 3 CPD dimensions and 6 themes concerning age-related differences.

on 'growth', while older adults focus more on 'maintenance and loss prevention' (Ebner et al., 2006). Age-related changes in purpose of CPD can also be expected based on the Socioemotional Selectivity Theory (Carstensen et al., 1999), which posits that selection of goals is influenced by a changing time perspective. People select goals in accordance with their perceptions of the future as being open-ended or limited. When growing older, people become more present-oriented and less concerned with the distant future (Carstensen et al., 1999).

The second dimension of CPD is 'level of formality of CPD activities'. This finding supports previous work (Berings, 2006; Eraut, 2007; Estabrooks et al., 2005) on nurses' learning activities. Participants acknowledged that both formal and informal learning activities are part of CPD. It was stressed that courses should be followed by informal learning in the workplace, to extend and reinforce what was learned in courses by applying it to work situations (Eraut, 2001).

The themes 'same resources, different requirements' and 'a ceiling in courses for older nurses' suggest age-related differences in this dimension. The findings of the study suggest that managers and colleagues sometimes express lower expectations of older workers by allowing them to participate in fewer CPD activities and to take on less complex work than their younger colleagues. This, however, reduces their opportunities for continuing development (Van Roekel-Kolkhuis Tanke, 2008). Surprisingly, CPD resources seemed to be the same for all nurses. Nevertheless, the findings suggest that some older nurses may use fewer of these resources as they perceive a 'ceiling' in relevant courses. Experienced workers might feel that they have learned enough, causing a barrier for participating in formal CPD activities. This is in agreement with Gould et al.'s (2007) findings, which showed that a few very senior and highly specialised nurses perceived a lack of courses that meet their needs.

The theme 'social status and self-esteem' can be linked to both the dimension 'purpose' and 'level of formality of CPD activities'. Some positions on these dimensions (namely, CPD away from the patient and formal learning activities) were perceived as garnering more social recognition and appreciation than others, thereby negatively influencing nurses' self-esteem and their intentions to remain within direct patient care. This seems consistent with earlier research indicating that nurses perceived longer courses with an academic emphasis to be promoted at the expense of training courses on clinical skills and experienced-based learning (Gould et al., 2007).

The third dimension of CPD is 'scope of development'. Nurses with a narrow scope of development seem to learn as a reaction to changes at the ward. Their learning is merely confined to keeping up to date. Nurses with a broad scope of development seem to be more proactive and intrinsically motivated to develop and improve their work. This dimension shares traits with the cognitive styles of adaptation vs. innovation (Kirton, 1976). Nurses signified as "adaptors" focus on performing tasks better, learn within existing frames of reference, and are engaged in lower levels of learning. "Innovators" consider how tasks can be done differently, are more prepared to challenge existing paradigms, and are engaged in learning at a higher level. This dimension also resonates with the distinction between adaptive and developmental learning made by Ellström (2001).

The study did not reveal age-related differences in this dimension, but the scope of development seems to be linked closely to nurses' work attitude. Innovative nurses who share knowledge with others were distinguished from nurses who do their work but are not willing 'to go the extra mile'. It is interesting to note that the learning of the former group is unmistakably perceived as CPD, whereas the keeping up to date of the latter is not always counted as CPD. This implies that CPD is perceived as related to extra-role behaviour, which Organ (1988) and others (Chien et al., 2008) referred to as 'organisational citizenship behaviour' (OCB). Nurses engaging in this behaviour, which is neither mandatory nor directly compensated for by a formal reward system, can be much more readily identified as continually developing nurses than nurses who do not engage in such behaviour.

4.1. Strengths and limitations

In interpreting the results, the study limitations should be considered. The qualitative design and the convenience sampling methods limit the generalisablity of the findings.

Another limitation is the use of focus groups with nurses of similar age. This increases the risk of attributing stereotypes and the results should therefore be interpreted with caution. Observed differences in CPD between younger and older nurses might reflect stereotype perceptions rather than age differences. However, by asking the focus groups to reflect not just on CPD of other age groups but also on their own CPD, it was possible to analyse which perceptions were shared and which were attributed to another age group only. Despite the risk of attributing stereotypes, the focus group discussions revealed findings that would probably not have been found with more heterogeneously composed groups (Bloor et al., 2001).

In addition, we are not able to determine from this data if differences in CPD are related to chronological age or to other age-related factors. This study showed that chronological age and years of working as a nurse often coincided. Several scholars emphasise that age in itself is not a useful indicator of behavioural change (Kooij et al., 2008; Settersten and Mayer, 1997). During their lives people change in biological, psychological, and social functioning (Sterns and Miklos, 1995). Age differences in CPD can therefore be influenced by several age-related factors, such as years of experience, career stage, life stage and cognitive changes (Kooij et al., 2008; Schalk et al., 2010; Sterns and Miklos, 1995). Since we did not define 'younger' and 'older' specifically, the discussions were not confined to chronological age. Participants seemed to associate 'younger and older' with different age-related factors, such as caring for young children or having many years of experience. Although the results show that CPD can be different for younger and older nurses, further research should be done to investigate which of these age-related changes influence CPD over time.

4.2. Implications of findings

The study shows that the concept of CPD can be understood along three dimensions. These dimensions might support nurses associations, employers and health agencies in defining CPD. To prevent miscommunication it seems essential to define CPD by describing its purposes, the contributing learning activities and the required scope.

The data suggest that the purpose of CPD and the learning activities might change during a life time. To keep nurses committed, CPD has to take their needs and aspirations into account (Nolan et al., 2000). This implies that a 'one size fits all' approach to CPD will not work. While some younger nurses, for instance, might need support getting a realistic picture of the nursing job and focusing their development, some older workers might need assistance in finding learning activities that suit their level of experience.

The results indicate age-related differences in CPD. This supports earlier research. However, more research is needed to investigate if these data indeed reflect age differences or are merely based on stereotypical perceptions. There is also a need to establish nurses' CPD needs in different phases of life. In addition, more information on the perceived 'ceiling' in courses would help to take appropriate steps in enhancing older nurses' participation in formal learning activities. Are courses that meet their needs not available, or does a higher level of experience lead to a feeling that formal education is no longer needed and to a preference for informal learning activities?

The findings suggest that nurses are generally perceived to develop in some capacity, as most nurses make an effort to remain up to date. More insight is needed on *how* they do this and whether their strategies change during the lifespan. Overall, the question can be raised what has greater impact on nurses' continuing professional development during the lifespan: age, years of experience or attitude towards work?

Conflict of interest

There was no conflict of interest.

Funding

This study was funded by University Medical Centre Utrecht.

Ethical approval

Consistent with national practice in the Netherlands, no ethical approval was required for this study because no patients were involved. The Academy of Human Resource Development standards on ethics and integrity (Russ-Eft et al., 1999) were followed.

Acknowledgement

We would like to thank Aart Pool, PhD, for moderating the focus group discussions and assisting with the data analysis, and Dr. Sandrijn van Schaik for her helpful suggestions with a previous version of the manuscript.

References

ANA (American Nurses Association), n.d. American Nurses Association Continuing Education. Retrieved from http://nursingworld.org/CE/cewelcom.cfm (16.06.11).

Andrews, J., Manthorpe, J., Watson, R., 2005. Employment transitions for older nurses: a qualitative study. Journal of advanced nursing 51 (3), 298–306.

Armstrong-Stassen, M., Schlosser, F., 2008. Benefits of a supportive development climate for older workers. Journal of managerial psychology 23 (4), 419–437.

Atack, L., 2003. Becoming a web-based learner: registered nurses' experiences. Journal of advanced nursing 44 (3), 289–297.

Baltes, P.B., Staudinger, U.M., Lindenberger, U., 1999. Lifespan psychology: theory and application to intellectual functioning. Annual Review of Psychology 50 (1), 471–507.

Berings, M.G.M.C., 2006. On-the-job learning styles. Conceptualization and instrument development for the nursing profession. Unpublished Ph.D. Thesis. University Tilburg, Tilburg.

Bloor, M., Frankland, J., Thomas, M., Robson, K., 2001. Focus Groups in Social Research. Sage, London.

Bryman, A., 2008. Social Research Methods. Oxford University Press, Oxford.

Buchan, J., 1999. The 'greying' of the United Kingdom nursing workforce: implications for employment policy and practice. Journal of advanced nursing 30 (4), 818–826.

Carstensen, L.L., Isaacowitz, D.M., Charles, S.T., 1999. Taking time seriously: a theory of socioemotional selectivity. American Psychologist 54 (3), 165–181.

Chien, C.C., Chou, H.K., Hung, S.T., 2008. A conceptual model of nurses' goal orientation, service behavior, and service performance. Nursing Economic$ 26 (6), 374–383.

Chioncel, N.E., Van der Veen, R.G.W., Wildemeersch, D., Jarvis, P., 2003. The validity and reliability of focus groups as a research method in adult education. International Journal of Lifelong Education 22 (5), 495–517.

Cutcliffe, J., Forster, S., 2010. Professional regulatory nursing bodies: international variation in the protection of the public. International Journal of Nursing Studies 47 (11), 1343–1345.

Daley, B., 1999. Novice to expert: an exploration of how professionals learn. Adult Education Quarterly 49 (4), 133–147.

De Lange, A.H., Taris, T.W., Jansen, P., Kompier, M.A.J., Houtman, I.L.D., Bongers, P.M., 2009. On the relationships among work characteristics and learning-related behavior: does age matter? Journal of Organizational Behavior 31 (7), 925–952.

Drey, N., Gould, D., Allan, T., 2009. The relationship between continuing professional education and commitment to nursing. Nurse Education Today 29 (7), 740–745.

Ebner, N.C., Freund, A.M., Baltes, P.B., 2006. Developmental changes in personal goal orientation from young to late adulthood: from striving for gains to maintenance and prevention of losses. Psychology and Aging 21 (4), 664–678.

Ellström, P.E., 2001. Integrating learning and work: problems and prospects. Human Resource Development Quarterly 12 (4), 421–435.

Eraut, M., 2001. Do continuing professional development models promote one-dimensional learning? Medical Education 35 (1), 8–11.

Eraut, M., 2007. Learning from other people in the workplace. Oxford Review of Education 33 (4), 403–422.

Estabrooks, C.A., Rutakumwa, W., O'Leary, K.A., Profetto-McGrath, J., Milner, M., Levers, M.J., Scott-Findlay, S., 2005. Sources of practice knowledge among nurses. Qualitative health research 15 (4), 460–476.

Friedman, A., Phillips, M., 2004. Continuing professional development: developing a vision. Journal of Education & Work 17 (3), 361–376.

Gallagher, L., 2007. Continuing education in nursing: a concept analysis. Nurse Education Today 27 (5), 466–473.

Gopee, N., 2001. Lifelong learning in nursing: perceptions and realities. Nurse Education Today 21 (8), 607–615.

Gould, D., Drey, N., Berridge, E.J., 2007. Nurses' experiences of continuing professional development. Nurse Education Today 27 (6), 602–609.

Gray, L., McGregor, J., 2003. Human resource development and older workers: stereotypes in New Zealand. Asia Pacific Journal of Human Resources 41 (3), 338–353.

Hallin, K., Danielson, E., 2008. Registered Nurses' perceptions of their work and professional development. Journal of Advanced Nursing 61 (1), 62–70.

Harris, R., Bennett, J., Davey, B., Ross, F., 2010. Flexible working and the contribution of nurses in mid-life to the workforce: a qualitative study. International Journal of Nursing Studies 47 (4), 418–426.

Hughes, E., 2005. Nurses' perceptions of continuing professional development. Nursing Standard 19 (43), 41–49.

Keeling, D., Jones, E., Botterill, D., Gray, C., 1998. Work-based learning, motivation and employer-employee interaction: implications for lifelong learning. Innovations in Education and Teaching International 35 (4), 282–291.

Kirton, M., 1976. Adaptors and innovators: a description and measure. Journal of Applied Psychology 61 (5), 622–629.
Kooij, D., de Lange, A., Jansen, P., Dikkers, J., 2008. Older workers' motivation to continue to work: five meanings of age. A conceptual review. Journal of Managerial Psychology 23 (4), 364–394.
Kubeck, J.E., Delp, N.D., Haslett, T.K., McDaniel, M.A., 1996. Does job-related training performance decline with age? Psychology and Aging 11 (1), 92–107.
Lammintakanen, J., Kivinen, T., 2012. Continuing professional development in nursing: does age matter? Journal of Workplace Learning 24 (1), 34–47.
Lankhuijzen, E.S.K., 2002. Learning in a self-managed management career: the relation between managers' HRD-patterns, psychological career contracts and mobility perspectives. Ph.D. Thesis. University Utrecht, Utrecht.
Letvak, S., 2002. Retaining the older nurse. Journal of Nursing Administration 32 (7/8), 387–392.
Maurer, T.J., 2001. Career-relevant learning and development, worker age, and beliefs about self-efficacy for development. Journal of Management 27 (2), 123–140.
Maurer, T.J., Weiss, E.M., Barbeite, F.G., 2003. A model of involvement in work-related learning and development activity: the effects of individual, situational, motivational, and age variables. Journal of Applied Psychology 88 (4), 707–724.
Maxqda, 2007. VERBI software, Germany.
Miles, M.B., Huberman, A.M., 1994. Qualitative Data Analysis. An Expanded Sourcebook. Sage, Thousand Oaks.
Ng, T.W.H., Feldman, D.C., 2008. The relationship of age to ten dimensions of job performance. Journal of Applied Psychology 93 (2), 392–423.
Nolan, M., Owen, R., Curran, M., Venables, A., 2000. Reconceptualising the outcomes of continuing professional development. International Journal of Nursing Studies 37 (5), 457–467.
Nursing and Midwifery Council, 2010. The Prep handbook. NMC, London.
Organ, D.W., 1988. Organizational Citizenship Behavior: The Good Soldier Syndrome. Lexington Books, Lexington.
Palumbo, M.V., McIntosh, B., Rambur, B., Naud, S., 2009. Retaining an aging nurse workforce: perceptions of human resource practices. Nursing Economic$ 27 (4), 221–232.
Russ-Eft, D., Burns, J.Z., Dean, P.J., Hatcher, T.G., Otte, F.L., Preskill, H.S., 1999. Standards on Ethics and Integrity. Academy of Human Resource Development, Baton Rouge, LA, USA.
Schalk, R., Van Veldhoven, M., De Lange, A.H., De Witte, H., Kraus, K., Stamov-Rossnagel, C., Tordera, N., Van der Heijden, B., Zappala, S., Bal, M., Bertrand, F., Claes, R., Crego, A., Dorenbosch, L., De Jonge, J., Desmette, D., Gellert, F.J., Hansez, I., Iller, C., Kooij, D., Kuipers, B., Linkola, P., Van den Broeck, A., Van der Schoot, E., Zacher, H., 2010. Moving European research on work and ageing forward: overview and agenda. European Journal of Work and Organizational Psychology 19 (1), 76–101.
Schulz, M., Stamov Roßnagel, C., 2010. Informal workplace learning: an exploration of age differences in learning competence. Learning and Instruction 20 (5), 383–399.
Settersten Jr., R.A., Mayer, K.U., 1997. The measurement of age, age structuring, and the life course. Annual Review of Sociology 23, 233–261.
Spinks, N., Moore, C., 2007. The changing workforce, workplace and nature of work: implications for health human resource management. Nursing Leadership 20 (3), 26–41.
Sterns, H.L., Doverspike, D., 1989. Aging and the training and learning process. In: Goldstein, I.L., associates, (Eds.), Training and Development in Organizations. Jossey-Bass, San Francisco, pp. 299–332.
Sterns, H.L., Miklos, S.M., 1995. The aging worker in a changing environment: organizational and individual issues. Journal of Vocational Behavior 47 (3), 248–268.
Stewart-Amidei, C., 2006. Getting older, getting better. Journal of Neuroscience Nursing 38 (2), 71–82.
Taylor, P., Urwin, P., 2001. Age and participation in vocational education and training. Work, Employment & Society 15 (4), 763–779.
V&VN [Dutch Nurses Association], n.d. Kwaliteitsregister Verpleegkundigen en Verzorgenden [National Nurses' Quality Register]. Retrieved from www.kwaliteitsregistervenv.nl (10.06.11).
Van der Heijden, B.I.J.M., 2006. Age differences in career activities among higher-level employees in the Netherlands: a comparison between profit sector and non-profit sector staff. International Journal of Training and Development 10 (2), 98–120.
Van der Windt, W., Van der Velde, F., Van der Kwartel, A., 2009. Arbeid in zorg en welzijn 2009. Stand van zaken en vooruitblik voor de sector zorg en sector welzijn en maatschappelijke dienstverlening, jeugdzorg en kinderopvang. (Labour in Health Care and Welfare 2009. The State of Affairs and a Preview of the Sectors of Health Care, Welfare, Youth Care and Nursery).Prismant, Utrecht.
Van Roekel-Kolkhuis Tanke, I.R., 2008. Competent blijven werken in latere loopbaanfasen. (Keeping Competent in Later Stages of the Career).-Eburon, Delft.
Wood, I., 1998. The effects of continuing professional education on the clinical practice of nurses: a review of the literature. International Journal of Nursing Studies 35 (3), 125–131.
Wray, J., Aspland, J., Gibson, H., Stimpson, A., Watson, R., 2009. "A wealth of knowledge": a survey of the employment experiences of older nurses and midwives in the NHS. International Journal of Nursing Studies 46 (7), 977–985.