

From novice to expert: Sharing professional development experience in different practice settings

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Abstract

Nursing professional development is a lifelong learning process through continuing education. The main goal is to maintain nursing competency to enhance nursing practice and patient outcomes. The rapid change in healthcare delivery systems and new sophisticated health information technology has driven the learning needs for health care professionals. Individuals learning needs and healthcare organisation support are significant components in enhancing continuing education programme and activities for nursing professional development. Nurses are responsible to understanding and recognising their own learning needs and then make plan for their own professional development. Healthcare organisations also play a significant role in supporting nurses and providing the continuing education programmes and activities. The purposes of this paper are to share the author's experience on professional development in different healthcare settings, and to discuss the continuing education programmes/activities and professional development in the current practice.

Introduction

Nursing professional development has been defined as "the lifelong process of active participation by nurses in learning activities that assist in developing and maintaining their continuing competence, enhance their professional practice, and support achievement of their career goal" (American Nurses Association, 2000, p. 1, as cited in Dickerson, 2010). The development begins with basic nursing education and continues throughout the career through continuing education and advanced academic education. All nurses have a responsibility for nursing profession to maintain and develop nursing knowledge and practice to be able to provide optimal health care services to patients and community (Fowler, 2011). Nursing knowledge and practice have changed in a fast pace and it requires to increase nurses competency. For example, the rapid introduction of health information technology and new medications has increased learning needs for nurses (Covell, 2009). New regulations, accreditations, professional standards for nursing practice also require nurses to gain and sustain competencies in providing patient care. As a result, safety, quality, efficiency, and effectiveness of practice are often emphasised in the nursing continuous learning programmes.

It has been almost five years since I shifted my career from a bed-side nurse in intensive care unit (ICU) to an educator working in academic setting. I often thought back when I was a young nurse and wondering how I have come this far. I worked in ICU at a hospital in Bangkok, Thailand, for five

years. Then, I went to America and worked as a nurse for 12 years. Throughout my nursing career, I attended numerous classes, workshops, conferences, and etc., to sustain and increase my nursing competency. The purposes of this paper are to share my experience and perception on nursing professional development, briefly in Thailand and America, and to discuss on the continuing nursing education and professional development in the current practice.

Experience on professional development

I received my Bachelor of Science in Nursing (BSN) degree in 1991, from a university in Thailand, and received my licence right after the graduation. I started working as a registered nurse in ICU, and attended a one-day hospital orientation. After the hospital orientation, I had to follow a nurse preceptor for one month. I remembered that I did not have to attend any in-services, workshop, or conference, except one basic life support class. Most of the time, I just went to work and tried to complete doctors' orders. I only talked to the doctor when they asked me about patient family and patients' parameter. The charge-nurse would follow rounds and discussed with the doctor for me. At that time, I found that work was easy because I just mainly focused on patient care and complete the doctors' orders. I was not motivated and did not feel the needs to increase my knowledge or advance my education. However, Thai nurses now are very busy with their professional development plans that have been provided by the employers. The healthcare systems, standard of nursing practice, and continuing education programmes have changed dramatically after I left Thailand to America in 1997.

In America, as a foreign nurse, I had to pass two examinations to be eligible to work as a registered nurse. The first examination was the Commission on Graduates of Foreign Nursing Schools (CGFNS) examination. The second one was the National Council Licensure Examination (NCLEX). The CGFNS certificate is required for the foreign nurses before taking the NCLEX in some states, but some States do not. The CGFNS certificate is very important document in applying for working-permit and green card (permanent resident). If you do not have the CGFNS certificate, the Homeland Security may not give you permission to work as a nurse unless your family is American citizen or they apply the green card for you. According to the NCLEX, it is a national nursing board examination that

is required for nursing students before she/he becomes a registered nurse. Most of nursing schools have used the NCLEX passing rate as an outcome measure for the success of the undergraduate programmes. The NCLEX is not an easy test to pass. I had to take the examination three times before I became a registered nurse. The licence has to renew every two years, and certain continuous education hours are required for each State Board of Nursing. Because of the strong and structured nursing board registration, I started to plan my professional development to meet the nursing registration criteria.

In 2000, I was hired to work in a telemetry unit in a hospital in Virginia. During my first year of working, I gained more understanding of the healthcare delivery system in America via the orientation and preceptorship programme. The orientation programme for a new nurse took almost one week and it was conducted by the teaching and learning department in the hospital. All lectures were delivered by nurse educators. After the orientation programme, I had to learn and work closely with my preceptor for three months. During the three months period, I was sent to attend several classes, such as basic life support, electrocardiogram, in-services, workshops, and hospital and unit (ward) competencies. There were a lot of learning opportunities that the organisation provided me. I realised later that the hospital had put a lot of investments on the professional development of their employees. They believed that the better health outcomes and organisational performance came from high competency of healthcare providers. I worked in telemetry for two years and then was transferred to ICU.

Before starting working in ICU, again, I had to attend two-week orientation programme for critical care unit. This programme intensively taught by ICU nurse educators. Then, I had to follow an ICU preceptor for three months. I had to take ownership of the patients, perform a head-to-toe assessment on every patient and every shift (12-hours shift), document patient assessment and all parameters, provide nursing care and comfort, work closely with the family and healthcare team, discuss directly with the doctor about patient conditions and plan of care, and collaborate with other healthcare professionals independently. The majority of patient and family were well educated. So, I had to inform the patient and family almost everything that I had to do. Because of the high standard of nursing practice and demand of the healthcare service,

current knowledge on the diseases, health policy, protocol, guideline, etc., my knowledge and skills need to be updated. The hospital was very supportive on professional development and provided a lot of opportunities for continuing learning. The hospital provided tuition assistance as one of employees' benefit without any contract. I was able to pursue my doctorate in nursing, and at the same time, was working as a bed-side nurse until I graduated.

Discussion

Based on my experience, there are two keys components that enhance the continuing professional development and career success; one is the individual learning needs and the other one is the organisational support. In literature, enhancing nursing professional development is through nursing continuing education and organisational investment in professional development activities (Covell, 2009; Ulrich, 2006). Mensik, Scott, Martin, and Horton (2011) developed a framework for professional nursing practice and development based on the scope and standards of practice of American Nursing Association (ANA), 2010. The framework comprises of three core contributions; 1) to patients, 2) to nursing profession, and 3) to society. The connections of the three components resulted excellent patient care. According to the framework and literatures, the optimal goal for nursing continuing professional development is to provide an excellent patient care and best healthcare services for the society. To achieve the goal, nurses and healthcare organisation administrators have to work closely together.

Nurses can achieve their own learning needs through their own experiences and formal education programmes which may or may not be part of a continuing education plan of healthcare organizations (Jantzen, 2007; Munro, 2008). Jantzen (2007) conducted a qualitative study to explore learning experiences of first-line acute care nurses in Canada. She found that learning through experience was a significant domain theme, which included learning from one's own experience and the others' experience. Most of nurses have learned from their own and others' mistakes. However, fear and stigma might be factors that contribute to covering up the mistakes (Edmondson, 2000, cited in Jantzen, 2007). As a result, it decreases opportunities for individuals and organisational learning in clinical practice. Individuals learning needs are associated with employers or

healthcare organisations' policy or demands. If there is a conflict between individual personal ambitions and the organisation's demands, it can create tension within the organisation (Munro, 2008). It is important for nurses and organisation administrators to clarify on the individuals' learning needs and the organisations' professional development plan at the beginning of the employment to prevent the conflict and problem. Gould, Drey, and Berridge (2006) explored nurses' experiences of continuing professional development in the United Kingdom and found that, nurses experienced the insufficiency of existing courses' content related to practice. However, some nurses felt valued and motivated through the opportunities to undertake the continuing education development programmes/activities that were offered by the healthcare organisations. In this case, it suggested that the continuing education programmes should be relevant to current clinical practice to keep nurses' interest and motivated.

Organisational culture/environment, mission, vision, and managerial style clearly impact on nursing continuing professional development (Covell, 2009; Jantzen, 2007; Murphy & Calway, 2008). Healthcare organisations have to ensure public safety and nursing professional registration through the maintenance of employees' competencies with continuing education programmes (Munro, 2008). The definition of competency in nursing is not only focused on clinical skills, but also understanding the science beside the skills and reflecting/evaluating nursing abilities to achieve the desire outcomes (Allen et al., 2008). Hence, the continuing nursing programmes/activities are trend to follow the new scope and standards of nursing practice from nursing registration guidelines to fulfil the goal of nursing professional development.

Many organisations now are offering nurses financial support for professional development activities, such as attending conferences, workshops, specialty certification, and tuition assistance/reimbursement for college and university courses (Covell, 2009). Organisations' in-service and access to online learning, books, journal, and clinical-simulation laboratories are also conducted within the organisations. These are considered as the organisational investment on nurses' professional development. Therefore, the outcomes of the investment are expected to be measured and evaluated on nurses individually, patient, and organisations' outcomes (Covell, 2009). Examples of expected outcomes of the continuing professional

development programmes are; increasing nurses' knowledge, maintaining professional competency, increasing self-confidence, facilitating career development, and enhancing clinical decision-making skills (Gould et al., 2006; Hughes, 2005). In addition, patients had greater satisfaction with care, and organisations were able to recruit and retain nurses and maintain a good standard of patient care (Gould, Drey & Berridge, 2006). The successful of professional development programme can be measured as indicators mentioned above.

Conclusion

The awareness of my professional development was started when I obtained the nursing license in America, and then I was more aware when I worked in the hospital. To me, the Board of Nursing and healthcare organisations played a significant role in the professional development process. The Board of Nursing establishes the scope and standard of nursing practice and registration regulations, and then healthcare organisations used that to guide the professional development programme for nurses. As mentioned, the goal of professional development is to provide the best care to patients and community. To achieve the goal, the continuing learning programmes should be planned based on both individual and healthcare organisation needs. The individuals learning needs and healthcare organisation expectations should be clarified and discussed at the beginning of the employment to prevent conflict. The continuing education programmes need to be relevant to current nursing practice. Finally, the continuing education programmes and activities need to be evaluated on nurses, patients, and organisations outcomes.

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