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My research has been on Registered Nurses **Personal and Professional Development (PPD)** in the UK and South Africa. My Living Theory development has been based on looking at the levels of engagement and using the **PPD Model** that I have developed that demonstrates the personal and professional journeys that RNs undertake that differ from traditional career frameworks and advice that only focuses on the professional, and to how this **excludes “the personal”**. The PPD model can **empower** RN's development through self recognition of where they are within their PPD journeys, considering what impacts them now, what things will change over time, what they can change in the future, and what their PPD aims are, planning to how they will get there.

Challenging the invisibility of the depth of PPD planning to aid success, (which is not undertaken in work appraisal meetings/ PPDR and conversations with line managers).

Discussing what is perceived by the individual, as barriers and exploring strategies to overcome these, are essential to successful PPD journeys. Success is what the **individual perceives as success**.

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“Joining
the Dots”

Senior Lecturer in Masters Practice Development,
Module Leader for Masters Dissertation accessed
by many students from Healthcare Professional,
management and leadership and Army
backgrounds

Using my role as personal, module
tutor, and programme leader to
facilitate discussions and give
feedback that may aid RNs and other
Health Care Professionals, own
perceptions that can aid their PPD
journeys

Researching Registered Nurses' Perceptions and Experiences of Personal and Professional Development (PPD)

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THE UNIVERSITY of ED

60 Years of Nursing Study

Background: It is becoming a global requirement for women who are Registered Nurses (RN's) to undertake PPD. Literature suggests many different elements and factors associated both directly and indirectly with PPD (Gould, Drey & Berridge (2007) Munro (2008) and Hughes (2005). Women face particular gender related issues and challenges when undertaking PPD (Fox 2015). As healthcare services continue to evolve, this in turn affects RN's PPD (Rispe & Bruce 2014).

Objectives: To identify South African (SA) women's perceptions and experiences of Personal and Professional Development (PPD). Comparing these with UK women's perceptions and experiences of PPD.

To identify effective ways in which SA women as RN's have approached their PPD and how this can influence the theory and knowledge of supporting and developing RN's.

Sample: Data was collected from 9/2013 - 4/2014 from a total of 39 RN's who were currently studying, or had recently completed studies at universities in the UK and SA. These women were at different stages of their nursing careers. Ages ranged from 25-62 years old.

Methods: Qualitative: Feminist approach, interviews and short questionnaire. **Ethics permission** was gained from universities based in the NW England, and Scotland, UK and from two universities based in the Western Cape, South Africa.

Results and Findings: This comparative study identified commonalities between RN's in SA and the UK. Women's definition, perceptions and understanding of PPD were similar. This was that nurses needed "to grow" (a SA term) to continue to develop and learn. The majority of SA women felt that personal development & professional development were joined together, though some others perceived that this wasn't the case. That they were separate because professional development was viewed to be managed and controlled by employers, and not personally by women themselves. Women perceived (and some experienced) their employers, as having a different approach to PPD than their own (Figure 1). Women's perceptions of nurse led PPD varied, this in turn was reflected in the level of PPD activity that they were engaged in (this is all dependant on work/home/personal circumstances that changes throughout life). The level of PPD activity was often found to be linked to their aspirations (Figure 2).

Figure 1: Women's Perceptions of Employer led PPD

- Core training and assessment required for employees to undertake
- Job descriptions and job roles
- Service needs and service developments
- Line management

Figure 2: Women's Perceptions of Nurse Led PPD; the differing levels of PPD activity

- A) A job role as a RN: PPD core training & assessment
B) A job role as a RN: PPD to keep the nursing role interesting
C) A job role as a RN: PPD to adapt to the changes in the job role
D) A job role as a RN: PPD to remain employable and to be up to date with knowledge, skills and qualifications and to accommodate the changing service needs
E) A new job role: PPD knowledge, skills and qualifications that need to be achieved by a set date
F) A job role as an RN: PPD knowledge, skills and qualifications that facilitate women's aspirations.
- Women were found to move from different levels of PPD activity (a-f) depending on their **perception** and their individual **circumstances in that time in their lives**

Women's Aspirations that may be fulfilled through PPD Activities

- **Financial Aspirations**
- **Professional Aspirations**
- **Personal Aspirations** – often the achievement of an academic certificate or qualification, gaining the ability to write at an academic level

The Costs of PPD

Common sub-themes from both countries:

- **Exhaustion of working and studying at the same time:** Many women were continuing with their roles as the prime carer for children and relatives, managing the household and doing housework.
- **Phoning into work as sick:** As a result of exhaustion, and the need to recover. Some women used this time and space, to complete PPD activities.
- **Line managers:** A small number said that their line managers were supportive in their PPD activities. Some praised their manager who could not offer financial support, but were creative in supporting them in other ways.
- **Embracing PPD, rejected by service & employer needs:** Some women experienced and/or perceived that their line managers and their employers did not support PPD activities.
- **Unsupportive attitudes and behaviours:** This was experienced by many, at work.
- **'Not academic':** Lack of confidence/writing/reading and writing in English/academic skills/computer skills. For competent older women, they found learning computer skills an additional difficulty.
- **Isolation:** Many had no choice but to study alone, for some this was due to the course level/subject. For many it was because of family commitments. They often studied at night when other family members were asleep.
- **Not finishing work on time:** A common experience for both UK & SA nurses (in this research on SA only women working in rural area said they commonly experienced this).

The sub-themes that were specific to South African women:

- **Professional jealousy:** Both UK and SA women spoke about jealousy. SA women used this term. Research revealed that it is when member/s of the work team were found to question to why someone else had the opportunities to carry out PPD activities, rather than themselves? (even if they did not apply or ask for support). Some SA women viewed the core issue is the perceived threat that groups or individuals felt; if a member of the team goes ahead and away from the team, to gain higher qualifications, this broke the status quo of team hierarchy.
- **The written and un-written rules around PPD:** Several women faced obstruction from their line managers when trying to access use of the Exam Day and time away from work for PPD activities.
- For those who had good written skills and confidence to write, they were **positive** about the success of receiving the 'brown envelope' of **bonus monies** (SPMS). Others, whom lacked of confidence and/or writing skills were unsuccessful, viewing it as an unfair system.
- Women **waiting for their appraisal** (if they had one) to discuss and request PPD support, they sought their managers' advice (incorrect or correct advice) on applying for financial support.
- Other women said that their line manager told them that they (the line manager), had to give them **permission to engage in PPD** activities carried out inside or outside of paid working hours.
- Some women who had qualified in the last 3-5 years or more were told that even if they gained academic qualifications, that they would still need to have "X" number of years' experience to be able to apply for the job.
- **Unsupportive attitudes and behaviours outside of work:** Some partners/ husbands were obstructive towards women who were wanting to study and develop themselves.

Benefits and Rewards of PPD

Personal Achievement
Employability Confidence
Financial

Effective ways used by women to approach and manage their PPD activities

Approaching the line manager informally	Tidy house, tidy mind
The importance of planning	'Not academic'
Sharing the experience of PPD activities	Space to Study
Women silently developing themselves	Requesting to work selected shifts
Refusing to wait (years) for support from the employer for PPD activities	

Conclusions

The findings bring us to consider **how we can influence the development of nurses**. Women perceive employers to not be interested in supporting women's individual PPD needs. That the lack of monies made available to fund PPD activities, and the short staffing of nurses that prevents nurses time away to study, adds to this perception. In addition only a few nurses, spoke of having benefited from the support of their line managers. These line managers (often role models in being actively engaged in PPD themselves) were creative in finding different ways to support their staff.

PPD has moved from being employer led, to being led and shaped by the individual. As a result of this women are finding other ways to approach and manage their PPD activities, despite the difficulties that they face at work and/or at home. For many have their own aspirations that they wish to achieve through PPD activities. More women are finding ways to self-fund their studies, so that they can progress in their nursing careers. (It needs to be noted that none of the women in this research, had considered looking for support for funding outside the work area, nor did they have an awareness of other **funding opportunities**).

Many women have experienced the benefits that PPD gives such as; confidence, the choice to grow and develop, and to have control over their own careers. Nurses who experienced working in jobs, in which they were expected to use their knowledge and skills. But, were not paid in accordingly, were found to be more assertive in seeking to work for new employers. **Financial rewards** are regarded as **recognition for women's highly qualified nursing knowledge and care**, which in turn has a positive impact on **patient care**. In this study, nurses who wanted to develop, were found to be leaving employers who did not offer support their PPD activities. Seeking to work for those, who did support timely PPD opportunities. **Nursing leaders need to recognise this change in nurses' behaviours, and to re-evaluate the ways in which we can support and retain highly qualified nurses within our healthcare organisations.**

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