

Professional Development and Career Pathway in Nursing

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Abstract: The professional (registered) nurse needs to possess the necessary skills and competencies in discharging her duty to the society. These skills are acquired through professional development, clinical experiences and educational advancement. The nurse personally develops the ambition while the institution helps to actualize this. Professional development is one of the criteria that make nursing to be a profession especially in this world of professional leadership tousle among health care workers. It is expected that the nurse develop herself through evidenced base practices, reflective practices and continue education. The competent nurse engages in ongoing self-directed learning with the understanding that knowledge and skills are dynamic and evolving; in order to maintain competency one must continuously update the knowledge, she also demonstrates leadership in nursing and health care through the understanding that an effective nurse is able to take a leadership role to meet client needs, improve the health care system and facilitate community problem solving. Ensuring that nurses have the appropriate skills, knowledge, competencies and professional values to achieve reform objectives is contingent upon their engagement in higher education. The time has come for the nursing profession to outline a preferred future for the preparation of nurse educators to ensure that these individuals are appropriately prepared for the responsibilities they will assume as faculty and staff development educators and to implement strategies that will serve to retain a qualified nurse educator workforce.

Keywords: Career Pathway, Professionalism, Competency, Educational Advancement, Specialization

Introduction

The nursing shortage continues to be a significant threat to health care. This problem is not new and is a constant threat to the nursing profession (Cooper, 2014; Donelan, Buerhaus, DesRoches, Dittus, and Dutwin, 2012). Increasing nurse retention and satisfaction by creating a culture of professional development in health care institutions is one way to combat the nursing shortage (Lannon, 2012; Cooper, 2014).

Nursing has evolved and there is a paradigm shift globally. It is a change from a humanitarian service to professionalism. The compassionate aspect of nursing is no longer a virtue but a professional principle with scientific reason. These mean that all the old philosophies originating from the servant, paramilitary and feminine disposition of nursing is dead and the new philosophy is from a scientific background where every action, every smile, every intervention, every words and even the dressing of a nurse have a scientific rationale, it is no longer garbage in garbage out. Many nurses in Nigeria, old

and young are yet to accept this new philosophy. The reason why the current status of nursing as a deprived profession has been so poor is that, everything we need such as significance, good remuneration, respect etc must come out through nursing and by nurses. The profession must be sound in leadership, education and practice to achieve that. The fact that the profession is not thriving like in Canada etc is because one cannot earn what you she does not offer and one cannot offer what she does not have. It takes skills and energy to work, it takes even greater skill to claim appropriate reward for the job done (Collins, 2013)

A **profession** is defined as a disciplined group of individuals who adhere to ethical standards. This group positions itself as possessing special knowledge and skills in a widely recognized body of learning derived from research, education and training at a high level, and is recognized by the public as such. A profession is also prepared to apply this knowledge and exercise these skills in the interest of others (Professions Australia, 2014). A

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professional is a member of a profession. Professionals are governed by codes of ethics, and profess commitment to competence, integrity and morality, altruism, and the promotion of the public good within their expert domain. Professionals are accountable to those served and to society (Crues, Sharon and Richard, 2015)

What makes nursing a profession?

According to Ahmad, (2014), there are many criteria which can make the nursing become a profession:

1. There is an educational background required to ensure safe and effective practice. A practitioner must complete Board certified educational programs or meet minimum criteria to be eligible for licensure.
2. Members are accountable for continuing education and competency.
3. Members of the profession adhere to a code of ethics.
4. Members participate in professional organizations.
5. Members publish and communicate their knowledge and advances in the profession.
6. Members of the profession are autonomous and self-regulating
7. Members of the profession are involved in research
8. They are involved in community service
9. The profession develops, evaluates and uses theory as a basis for practice

Professional development is the continuous process of acquiring new knowledge and skills that relate to one's profession, job responsibilities, or work environment. It plays a key role in maintaining trained, informed, and motivated employees, regardless of job classification (Austin Community College District, 2015). Process of improving and increasing capabilities of staff through access to education and training opportunities in the workplace, through outside organization, or through watching others perform the job. Professional development helps build and maintain morale of staff members, and is thought to attract higher quality staff to an organization, also called staff development (BusinessDictionary, 2015). Professional development can also be referred to a constant commitment to maintain one's knowledge and skill base. This commitment ensures that a nurse's skills and knowledge are current and relevant (Lannon, 2012). Several approaches have been developed to increase professional development among nurses. The pathway is flexible in that it can be undertaken on a full-time or part-time basis and nurses can step on and off the pathway at various points, and at different facilities (Blair, 2013).

Professional development allows nurses to increase skill levels and advance through the levels of competence as described by Benner (1984). Competence implies that a nurse is accountable to society for an ongoing commitment to remain current and safe in the profession of nursing (American Nurses Association, 2014). Ahmad (2014) further described professional competency to be the values, attitudes and practices that competent nurses embody and may share with members of other professions. Nursing care competency is defined as relationship capabilities that nurses need to work with clients and colleagues, the knowledge and skills of practicing the discipline and competencies that encompass understanding of the broader health care system. To him, the competent nurse engages in ongoing self-directed learning with the understanding that knowledge and skills are dynamic and evolving; in order to maintain competency one must continuously update the knowledge, she also demonstrates leadership in nursing and health care through the understanding that an effective nurse is able to take a leadership role to meet client needs, improve the health care system and facilitate community problem solving.

Professional development can be as specific as skills training or as broad as enhanced personal development. The commitment to professional development is essential for a nurse to be able to deliver safe and effective health care (Gould, Drey and Berridge, 2012). Professional development requires a personal pledge to lifelong learning (Lannon, 2012). Each nurse must take responsibility for personal, professional development (Twaddell and Johnson, 2012).

Professional development is significant to nursing and health care institutions. Meaningful professional development opportunities offered at nurses' places of employment may increase nurse retention (Ulrich, Buerhaus, Donelan, Norman, and Dittus, 2013). Andrews (2014) reported that continuing opportunities for professional development must be provided for nurses to have the skills necessary to provide quality patient care. Professional development is needed so that nurses can keep up with the technological and scientific changes that are occurring in health care settings. A career pathway can help nurses focus their career interests (National Career Pathways Network, 2012)

Encouraging professional development and increasing professional development opportunities for nurses leads to a positive work environment and may increase nurse retention (Erenstein and McCaffrey, 2012). Professional development also increases job satisfaction. This is important to health

care institutions because nurses who have higher job satisfaction levels have been reported to provide quality, safe, cost-effective patient care (Buiser, 2012; Perry, 2013). Professional development is listed as one of the essential forces in the structural empowerment component (Funderburk, 2012; Laschinger, Almost and Tuer-Hodes, 2013). Gould et al. (2012) stated that professional development is important because it increases safe nursing care.

Nurses face barriers in advancing their professional development. Night work, staff shortages, heavy workloads, poorly defined concepts of nursing, and personal commitments all create barriers to professional development (Gould et al., 2012; Jantzen, 2012). Given these barriers, it is crucial that health care institutions provide guidance to help nurses develop personalized, unit-specific professional development plans (Tourigny and Pulich, 2012). Partnerships between health care institutions and their nurses will increase the success of such plans (Twaddell and Johnson, 2012).

An institutional culture must be created that encourages professional development. Culture is the sum of the beliefs and values that shape an organization. An organizational culture that values professional development is essential (Bally, 2012). For a health care institution to create a culture of professional development, all stakeholders must agree that such a culture has value. Also, an infrastructure must be created to support this culture. Professional development in the hospital setting assumes a partnership between the institution and the individual that promotes lifelong learning. Professional development activities can enhance knowledge and ensure that skills and abilities remain current and relevant. Effective professional development activities are self-motivating and valued by individuals. They are perceived as mutually beneficial to the nurse and the institution.

A Tool for Professional Development

A milestone pathway was created to enhance professional development. This milestone pathway provides each nursing unit with a customized tool and each nurse with a personalized professional development plan. To implement the program, a project coordinator works with the nurse manager to outline the specific expectations for the unit. To personalize the pathway for the unit nurses, the following information is needed: types of unit-specific experiences of the nurses; progression of tasks and skills; and mandatory learning activities in the unit. The coordinator uses this information to create a personalized milestone pathway. All types of nursing units can use this tool. Initially, a concept map is created. This provides a visual of three

important concepts: orientation experiences, unit experiences and progress, and leadership opportunities. These three concepts are modified to fit the specific nursing unit, making the tool unique. All nurses enter the unit through an orientation program. Orientation includes classroom activities and precepted clinical rotations. These are followed by clinical days with a mentor. The length of orientation varies by the experience levels of nurses. Educational classes provided by the institution may or may not be required for nurses.

Nurses may enroll in classes for educational credit at the institution or regionally and nationally throughout their careers. Regarding unit experiences and progress, nurses in the intensive care unit have experiences such as caring for transplant patients or ventricular assist devices. These experiences are unique to that unit. The concept of leadership opportunities examines those at the unit, hospital, and professional levels (Fink, 2003 in Cooper, 2014)

A milestone pathway template details the expected professional growth for the nurse. It provides a unit-specific chart that outlines the nurse's practice level and expected skill base as well as offers suggestions to help the nurse succeed in meeting the expectations. Next, a personal professional development plan milestone pathway is created that allows each nurse to set professional development goals. Fink (2003) believes that setting goals and using reflective dialogue will increase learning and therefore enhance professional development. The milestone pathway is completed with a facilitator who encourages reflective dialogue about short- and long-term goals. The facilitator can be the coordinator of the project, the nurse manager, or one of the leadership members of the specific unit. Once these goals have been identified, ideas to meet them are generated. This project is introduced to all of the nurses at staff meetings. A review of the unit-specific concept map, milestone pathway template, and personal professional development plan must be completed individually with each nurse. One-on-one reflective dialogue is missing from many professional development plans. Institutions should have an interest in helping their nurses meet their personal goals. The milestone pathway is one approach to helping nurses meet their goals. Creating a means for nurses to advance their individual professional development is essential for retention and satisfaction (Fink, 2003). The unit nurse must commit to completing surveys, reading professional development materials, and taking part in a one-on-one professional development session to set individual goals. (Cooper, 2014)

Benner's Practice Levels/Pathway

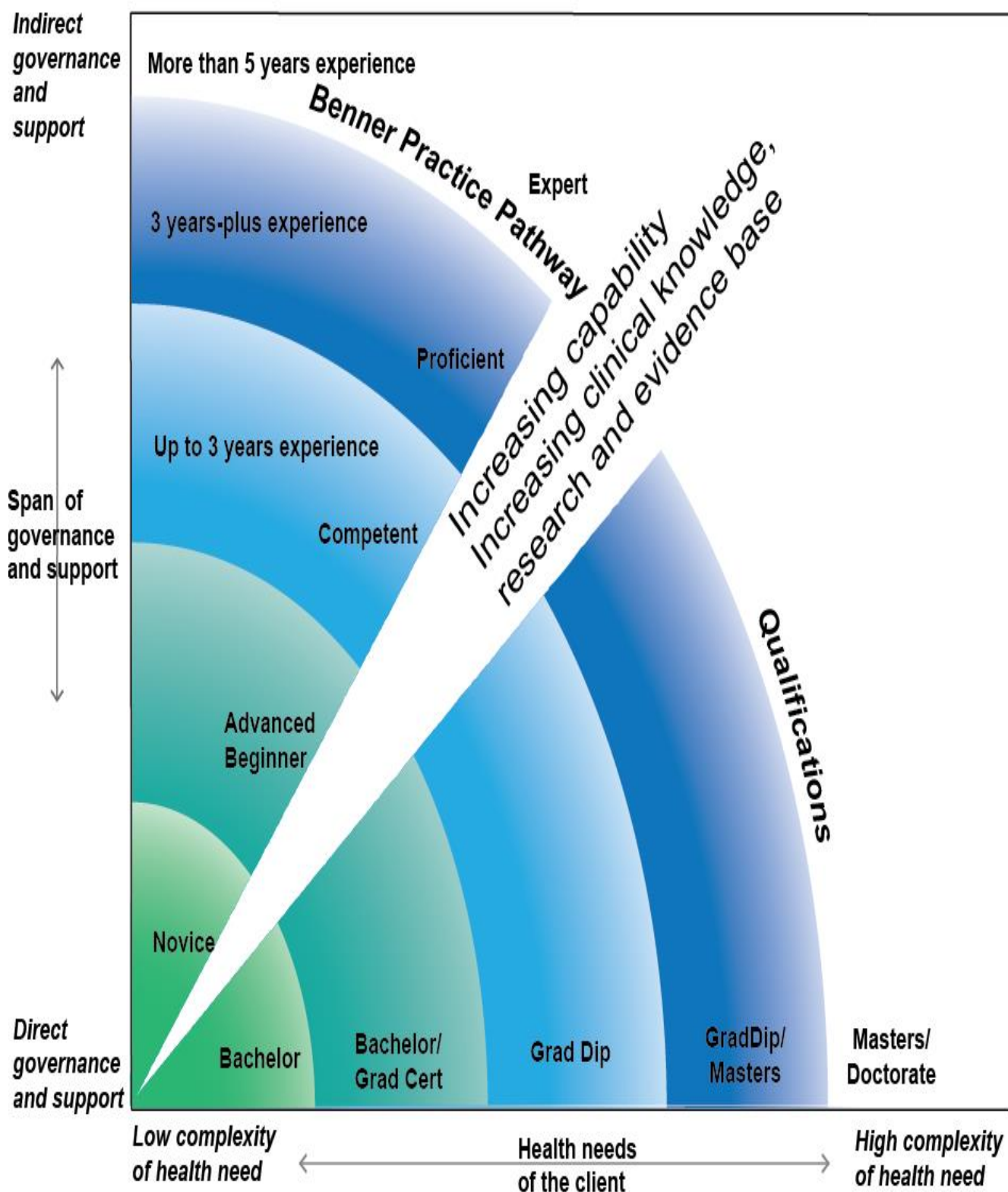
Each nurse has unique educational and experience levels. Understanding these practice levels and determining them for individual nurses are important to effective professional development. Recognition of these practice levels can guide the creation of appropriate education and professional development packages. Benner (1984) proposed that nursing knowledge develops through research and integration into clinical practice and experience. Importantly, experience is not a time based activity but can only develop in the context of education and knowledge acquisition. Characteristics acquired throughout the registered nurse professional career contribute towards a sustainable profession through role modeling, clinical leadership, mentoring and coaching, supervision, teaching and research. Benner described five levels of nursing capability and capacity and she asserted that nursing skills increased and developed over time depending on experience and education.

Benner's five levels are comprised of:

1. *Novice*—a beginner with no experience, behaviour is rule governed, limited and inflexible.
2. *Advanced beginner*—has gained prior experience in actual situations and is able to recognize recurring meaningful components. Principles based on experiences begin to be formulated to guide actions.
3. *Competent*—plans own actions based on analytic thinking; achieves efficiency and organization.
4. *Proficient*—holistic decision making, able to modify plans based on learning from experience.
5. *Expert*—intuitive knowing in clinical situations with flexible highly proficient performance.

Pathway to optimized practice

Building on the identified guiding principles, the Australian Qualification Framework, Benner's 'novice to expert' model, and with consideration of enablers and barriers to practice, **diagram one** below, represents an idealized pathway through which the optimization of nursing will be achieved.



Note: timeline is an indicative guide only.

Figure one: Pathway to optimized practice

Optimized practice is able to be achieved at each progression point through Benner's practice pathway. The 'novice', 'advanced beginner', 'competent', 'proficient' and 'expert' registered nurse is able to optimize their practice regardless of whether they intend to continue along the practice pathway or if they are professionally and personally content with their current role.

Figure one details that the role the registered nurse assumes will depend on their initial nursing qualification for initial registration (for clarity the diagram does not reflect entry to practice Masters level qualifications), specialized post graduate education qualifications, informal training and clinical experiences.

Following initial registration, the 'novice' is able to focus on continued professional development and post graduate qualifications relevant to identified areas of 'specialization' and/or contexts of practice. Additional education and experience builds greater competency so that eventually, the 'novice' becomes the 'advanced beginner', who in turn moves through being 'competent' to 'proficient' and finally to 'expert'. At the expert level, the registered nurse is able to provide care to patients with complex health needs and requires only indirect governance and support.

Throughout the journey across the practice pathway, the registered nurse is protected by significant safety and quality frameworks which are themselves underpinned by evolving legislation, registration standards, professional practice standards and policies that align with best practice and evidence.

Future roles and models

Through the effective utilization of the professional and regulatory frameworks, informed through education and relevant experience, registered nurses can lead service transformation. Possible examples of new ways of working and new models of care may include:

- ☐ Nurse proceduralists undertaking new diagnostic functions such as endoscopy
- ☐ Nurse-led clinics delivering integrated care to palliative care patients
- ☐ Nurse triage models to streamline referral pathways into outpatient and specialist services
- ☐ Public-private partnerships for nurse practitioners, including admission privileges that enhance consumer choice
- ☐ Registered nurses working in sustainable and economically viable self-employment models focused on community chronic disease management
- ☐ Nurses delivering care and ongoing management to rural and remote patients through outreach services delivered through use of technology and telehealth.
- ☐ Expanded access to diagnostics and medicines to improve the patient journey and deliver services closer to a patient's home.

Career structure

A professional framework designed to facilitate the provision of improved health care, develop excellence in nursing and allow career advancement

and remuneration for demonstrated competence, experience and education preparation at different levels within and across all fields of nursing: nursing management, nursing education, clinical practice and nursing research (International Council of Nurses, 2014). Practitioners and employers alike identify the need to map a career pathway for clinical academics. A desire to encourage professional development activities by staff nurses led to the investigation of methods that would assist in bridging the gap between their current practice and ever-evolving practice changes and in preparing for the roles and responsibilities that they envision for their future. As nurses assess their strengths and growth opportunities, they formulate short- and long term goals. A nurse may have only a vague sense of career direction, but the pathway suggests incremental steps toward professional advancement. Joining professional organizations or becoming active on organizational committees becomes more attainable when included in a personal development plan (Williams and Jordan, 2014).

Continuing education and professional development

According to Cooper (2014) continuing education and professional development is the key to the registered nurse contribution to health and development of their professional pathway throughout their career. Experience in the absence of ongoing education, professional development, governance and support will not develop practice that increases the individual's capability. Each step in the registered nurse practice pathway builds on previous education, experience and the development of practice knowledge, competence and confidence in practice.

The initial education program for entry to practice that a registered nurse has completed is designed to develop assessment and problem solving skills and to enable the graduate nurse to manage resources to deliver complex physical, psychological and behavioural care in a lawful and ethical manner. Registered nurses are required to contribute to education and research; practice nursing that is underpinned by nursing theories and continually develop practice through translation of evidence into clinical practice.

Education, Professional Development and Competence

The Registered Nurse or the Enrolled Nurse will require ongoing support and professional development appropriate to the area of practice to ensure advancement. Another option for professional development for the Enrolled Nurse (RN) is to gain

entry into a Bachelor of Nursing or equivalent program of study.

It is essential that the graduate Registered or Enrolled Nurse has comprehensive orientation, mentoring, support, guidance, coaching, planned, professional development opportunities and a safe environment to be able to consolidate competence in the practice setting. It is vital that each graduate Registered Nurse is to be able to engage in a formal first year of practice program that has been designed to ensure development of competence and results in a formal qualification.

A Registered Nurse can progress to become expert in a number of ways which include relevant clinical experience combined with ongoing professional development activities, increasing self awareness and reflection on practice. Because progression is competence based it does not have to be linear. Formal education programs are available to assist the Registered Nurse to engage in these activities which facilitates progression to the next level of practice. For competent Registered Nurses to continue to develop, support from more experienced nurses in a safe environment, a commitment to some form of clinical/professional supervision, and resourced, planned professional development activities are essential.

Three Phases of Articulation in Nursing Education and Practice

Donley and Flaherty (2012) present three phases in the evolution of career ladders in nursing education and practice and discussed their development, maturation, and institutionalization over a span of forty years. In phase one, academic career ladders were spiral staircases, complex, confusing, and poorly articulated entry and exit pathways. Phase two saw the maturation of career ladders across all levels of nursing education and practice. In phase three, academic and clinical career ladders built upon theoretical perspectives have enriched academic programs and clinical practice and are increasingly being integrated into the curriculum, clinical advancement programs.

Phase One: The Spiral Staircase in Nursing Education

The first phase of career ladders in nursing is spiral staircases rather than ladders and were easier to describe than to achieve. Nursing and allied health programs became particularly popular academic offerings in community colleges. The elaborate educational entry and exit path to professional nursing was recognized by early leaders in the community college movement as a prototype of

Reissman's and Popper's, (2012) career ladder. Students could become licensed practical nurses, work while they completed associate degree programs, and achieve eligibility to write the National Council Examination for Registered Nurses. In the 1960s, registered nurses who sought Bachelor of Science in Nursing (BSN) degrees embarked on a program involving an additional two to three years of study in a baccalaureate program. It was easier for ADN's than for hospital school graduates to articulate career ladders.

Diploma graduates learned that while their hospital-based programs emphasized clinical competence, their transcripts did not show academically recognized courses in basic and social sciences and the liberal arts. In addition to the complexity of articulating nursing curriculums across schools, there were policy disagreements among nursing leaders, including different interpretations of policy documents; ambiguity about the nature of career ladders and modes of entry and exit; and disagreements about whether there should be separate programs for diploma/ADN (RN) and generic students or a unified curriculum for all undergraduate nursing students (Ramphal, 2012).

Phase Two: A Career Ladder in Nursing

Social forces encouraged the development of achievable academic career ladders. These forces included the 1965 American Nurses Association's (ANA's) first position statement on the education of nurses; work place policies requiring BSN degrees for advancement; early support from nursing associations, and the National Student Nurses Association; growth in associate degree programs; closure of many diploma schools; and enhanced financial aid for all levels of nursing education. Later, the success of the nurse practitioner movement, acceptance of certification for advanced practice nurses, and improved employee benefits which provided tuition assistance and a growing professionalization in the nursing community encouraged more nurses to return to school (Department of Health and Human Services [DHHS], 2012).

According to Farley's (2012), high risk students could be highly successful with proper curriculum plans, and that career ladders in nursing education were economically sound and could decrease attrition in community colleges. However, Yordy (2012) traced the traditional and emerging educational pathways and plotting time lines for program completion and demonstrated that even in neutral climates, articulated educational programs that allow

nurses to earn higher degrees in nursing still do take time to complete.

These more mature career ladder programs focused attention away from particular courses and progression policies toward the end point, the achievement of the desired terminal degree as quickly as possible. The second phase in nursing's career ladder trajectory expanded and extended academic articulation beyond entry-level programs, blurring the boundaries which separated the levels in nursing's academic hierarchy. Once nursing overcame hurdles to success on career ladder programs by developing accessible, feasible, academic-articulation patterns, it spawned an amazing number of curricular ladders and lattices. These included: BSN programs for college graduates (accelerated programs); first professional degree programs at the master's level; nurse doctorate programs (ND); ADN to Master's of Science in Nursing (MSN) programs; BSN to clinical nurse leader (CNL) programs; BSN to MSN and BSN to PhD programs; BSN to the Doctor of Nursing Practice (DNP); MSN to PhD; and MSN to DNP programs (Donley and Flaherty, 2012).

Phase Three: Professional Advancement in Nursing

The third phase of the career ladder continuum links academic progression to the development and demonstration of clinical and professional competence and to advancement in the workplace. This third phase of the career ladder continuum is characterized by variety and diversity in the number and type of clinical and educational advancement pathways. Diversity is reflected in established clinical pathways in both acute and long term healthcare environments. Recently, attention has been given to clinical/academic career pathways for clinicians, as more clinicians are engaged by schools of nursing to teach clinical courses (Donley and Flaherty, 2012). Most advancement programs integrate education, certification, increased responsibility and authority over practice, and increased salary. Clinical ladders are now integral components of Human Resources programs in healthcare settings. Contemporary language used to describe career mobility and advancement, reflects integration of professional practice models, theories, and evidence-based practices into care delivery systems (ANCC, 2014).

Changes in governmental, academic, and accrediting organizations' emphasis on outcomes and evidence-based practice have also influenced the third phase of career ladders and professional advancement. Nurse educators, who led the curriculum revolution of the 1980s (Valiga and Ironside, 2012), and competency-

based education of the 1990s (Lenburg, 2012; Lenburg, 2012; Redman, Lenburg and Walker, 2012) were prepared conceptually and philosophically to reshape and evaluate academic and clinical ladders around professional competencies and desired outcomes. The transition to competency-based curricula changed the structure of advancement ladders in academia and practice. Academically speaking, measuring competencies and outcomes encourages programs to prepare graduates able to achieve program outcomes in a more efficient and economic manner (Lenburg, 2012).

Issues in the Articulation of Nursing Education and Practice

One issue is the value which nursing bestows on the achievement of clinical experience in educational programs. Nursing leaders have failed to reach agreement or consensus about the amount, type, and measurement of the clinical experience necessary for academic or clinical advancement. Additionally, divergent opinions exist among nursing's leaders, faculty, and nurses at the point-of-service regarding the clinical experience needed before seeking additional academic preparation. There are also differences of opinion about the amount, type, and measurement of clinical experience necessary to meet licensing, accreditation, and certification standards. These issues will be discussed below (Donley and Flaherty, 2012).

Nursing's Belief in the Value of Clinical Experience or Practice in Nursing Education Programs

Commonly held opinions suggest that a specified number of clock hours/clinical practice credits are essential for students in pre-professional and specialty programs. The provision for adequate and supervised clinical experience is embedded in nursing's academic tradition. Anderson (2012) comments that accelerated or entry-level MSN programs that recruit students with degrees in other disciplines must address and overcome lack of clinical experience. Rodgers and Healey (2012), reflecting on their twelve years of experience with second-degree, entry-level master's programs, commented that faculty and nurse preceptors hold different opinions about the wisdom and feasibility of accepting students into programs or clinical practical without nursing backgrounds or experience. These beliefs shape admission requirements and curriculum development, especially in advanced practice programs, in entry-level master's or doctoral programs and in BSN to PhD or DNP offerings.

Practice as a Pre-Requisite for Higher Education in Nursing

Some faculty and nursing staff think that registered nurses should have “experience,” and sometimes experience in a particular role or with a particular patient population, before returning to school. These assumptions remain untested. Some faculty and nursing staff think that registered nurses should have “experience,” and sometimes experience in a particular role or with a particular patient population, before returning to school. Although these assumptions remain untested, they often guide admission decisions and clinical placement. A minimum of one year of experience is an entrance requirement for admission to advanced practice programs.

The Search for Modalities to Assess Initial and Ongoing Competency

No one doubts the importance of competency for practicing in our very fast-paced, unstructured, technologically driven, and under-resourced healthcare systems. However, approaches for assessing and measuring this needed competency remain elusive. In the 1980s, Benner noted the limitations of commonly used methods of validating competency. These methods included, for example, expert consensus using the nursing process as a framework, descriptions of “typical” nursing behaviors, industrially oriented job analysis, and analysis of behavioral events (Benner, 1984). Although nursing science has developed since the 1980s, there remain a limited number of nurse-sensitive outcomes that are grounded in science and able to document competency. Ill- structured clinical

environments also make it difficult to assure or predict competency beyond a few situations where there is clarity around desired patient outcomes and a limited number of variables to control. Until research supports better answers about the amount, type, and measurement of clinical experience or practice, nurses in academia, practice, and regulatory bodies will continue to act out of their beliefs and accept their traditions. In a more desirable world, decisions about academic and clinical progression would be supported by evidence. (Donley and Flaherty, 2012)

Sharp Grossmont Career Path and Professional Development

Sharp Grossmont Hospital encourages and promotes career advancement and professional development among our nurses. The Clinical Ladder is a method designed to recognize and reward an individual nurse for developing clinical expertise and give the nurse progressive responsibility and authority for practice. It provides nurses who have developed their practice an opportunity to voluntarily apply for advancement.

Multiple growth and advancement opportunities such as charge, preceptor, lead, advanced clinician exist in each patient care area at Sharp Grossmont. Nursing leadership continuously communicates these opportunities and encourages all staff.

The chart below illustrates the Tiers of the Nursing Clinical Ladder — a method designed to reward individual nurses at Sharp Grossmont for clinical expertise and guide a career path toward progressive responsibilities and authority (Sharp, 2014).

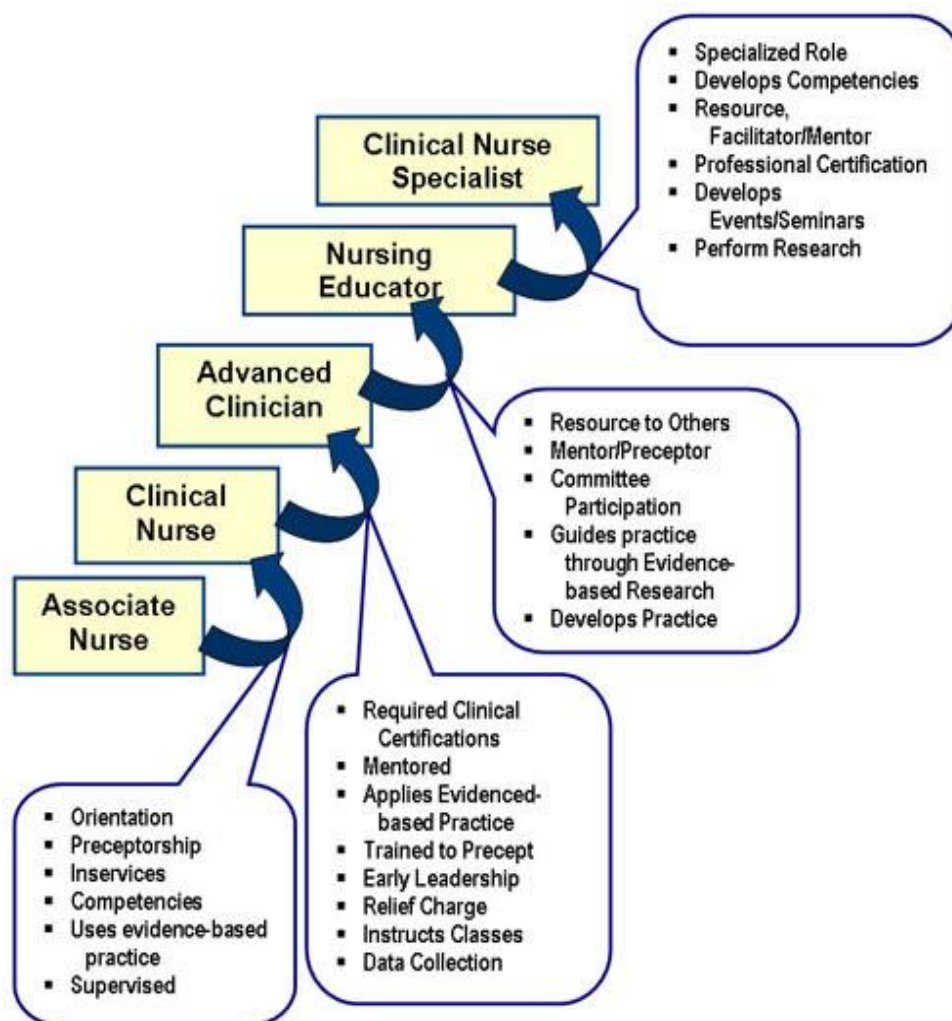


Figure 2: Sharp Grossmont Career Path and Professional Development (Sharp, 2014)

Situation in Nigeria

Recently, the entry point to nursing academic programs becomes at least, five O/level credits including English language, Mathematics, Physics, Chemistry and Biology. There are two possible programs for beginners; School of nursing to have diploma certificate or University-based nursing program to have Bachelor degree in nursing. Furthermore, the nurse with diploma certificate advances to specialize in one aspect of nursing or the other, for instance, midwifery, psychiatric, occupational health, paediatric, perioperative, ENT, ophthalmic, orthopaedic nursing etc. All these are diploma programs. The nurse with bachelor degree in nursing advances to choose an area of specialty at master's level, such as, nursing education, administration, MCH, medical-surgical nursing, community health nursing etc. She later proceeds to PhD to become an authority in her area of specialty.

In a review carried out by Omisakin, Igbinlade and Olubiyi in 2013, the Nigerian nursing education has

experienced significant change in recent years and faces considerable challenges in continuing to provide world class healthcare services providers. Nurse educators play a pivotal role in strengthening the nursing workforce, serving as role models, and providing the leadership needed to implement evidence-based practice and improve patient outcomes (Bartels, 2005; Omisakin, Igbinlade and Olubiyi, 2013). According to Sayers, Digoacomo and Davidson (2011), the nurse educator role is critical to the continuing professional development of the nursing and broader health workforce and influences the delivery of safe, quality patient care. The preferred credential for teaching in the academic setting is the doctoral degree programs that prepare nurses to assume the full faculty role and open doors to leadership opportunities. However, nurse graduates with PhD degree in nursing are not recognized by the Nursing and Midwifery Council of Nigeria as nurse educator and are denied registration. Instead Registered Nurse (RN) who holds a post basic diploma in nursing education are registered as nurse

educators, and they are often seen as the gold standard for becoming a nurse educator in Nigeria.

Ensuring that nurses have the appropriate skills, knowledge, competencies and professional values to achieve reform objectives is contingent upon their engagement in higher education. The time has come for the nursing profession to outline a preferred future for the preparation of nurse educators to ensure that these individuals are appropriately prepared for the responsibilities they will assume as faculty and staff development educators and to implement strategies that will serve to retain a qualified nurse educator workforce (Omisakin, Igbinlade and Olubiyi, 2013).

Increasingly, professional associations, employers and governments introduce requirements for continuing professional education for nurses (Drennan, 2008 in Omisakin, Igbinlade and Olubiyi, 2013). As the demand for greater academic status has increased, doctoral degrees have become increasingly more attractive to nurse educators, and, indeed, a new generation of nurse researchers worldwide. Unfortunately, at a time when doctoral degrees have become increasingly important to up-skilling a significant component of the nursing profession, there is no consensus, consolidating the professional identity of nurse graduates with PhD in Nigeria. Therefore it is timely to consider establishing a gold standard for nurse educators in Nigeria.

Therefore, it is essential that nurses in Nigeria engaged in standard academic programs to maintain their skills and provide a link between education and practice. Attaining high educational status and maintaining credibility as a scholar has not been set as an integral part of their role. The habit of attaining high educational status should develop without an external mandate from either the regulatory bodies such as the Nursing and Midwifery Council of Nigeria or from the employers (Omisakin, Igbinlade and Olubiyi, 2013).

One way to continue to try to add to the body of knowledge specific to nursing profession is to prepare nurses up to doctoral level (Cotterill-Walker, 2012; Omisakin, Igbinlade and Olubiyi, 2013). The minimum requirement for the registration of nurse educators in Nigeria should be raised to baccalaureate and higher degree programs. This change is necessary with the emergence of a health workforce of increasingly divergent knowledge and skills. It is obvious that the nurse graduate with PhD is most qualified and most suited to be registered as nurse educators/administrators (Omisakin, Igbinlade and Olubiyi, 2013).

Collins (2013) further stated that since professionalism is a status attributed to a knowledge based field and knowledge is a product organized in an institution to prepare unique people for unique purpose, certain knowledge however can only be acquired in certain institution. Our nursing schools may have produced nurses that can perform the existing nursing function in our country where there is no model, facilities and environment for evidence based practice which we are familiar with because people are talking about it but a lot of us including many lecturers are yet to deeply digest the concept of this phenomenon in nursing. The truth is that nursing schools have not, will not and can never produce nurses with capacity of advancing the course of nursing in education, leadership or practice without such nurse continuing her education in nursing in the university. Nursing school is not just about the certificate or the qualification therein, it is about the philosophy that drives it and her curriculum which is narrow, stereotype and a system that turns smart young women and men into shallow thinkers, timid, withdrawn and resistant to positive change (consciously or unconsciously). The today's nursing schools if her facility, curriculum upgraded and philosophy changed will become tomorrow's colleges of nursing or even may remain schools of nursing but this time offering only degree certificate because it is now offering a "universal education" that universities are offering. But the one we have now was never founded to do so. It is just a starting point in the journey of professionalism in nursing but that starting point is currently outdated. From UK to USA, from Canada to Australia, France, South Africa etc Professional Nursing starts with degree (BNSc, BSN etc). Other cadres only exist to assist and practice in areas where these groups cannot reach because they possess the basic knowledge to feel the space.

It is a good thing for all of us whether in the university or nursing school because these new era come with big status and opportunities that nursing have been missing out for many years that is postgraduate specialties in nursing. Post basic training is also outdated. At the level of RN/RM/RP/RG/RV/RZ or R1000 and "R" we could acquire in school of nursing and post basics. Nurses are still not qualified to apply for a lot of jobs, and these are highly paid ones. Nurses cannot be a director in any local or international government and non-governmental organizations. In fact nurses are constantly faced with limitations and inferiority complex within the league of other professionals because they will constantly lead the team, out-earn the nurses and are giving the professional recognition. Nurses cannot stand shoulder to shoulder with professionals in medicine, physiotherapy, law

etc. No-matter how smart they are, there is something missing, and that thing is not a degree certificate, it is an advanced and non stereotype education, exposure and interactions that is beyond the lecture room in the university, but also, other platform that these universities system offers. In fact, without university, there can be no recognizable career pathway in nursing, no future and no pride. To be a professor of nursing, one must be a degree holder first. A clinically rewarding career pathway must be knowledge based with theoretical training in the university followed by evidenced based advanced clinical demonstration in the hospital. 90 per cent of nurses in Nigeria retire without job satisfaction because they have lived in the shadow of doctors and others all through their career (Collins, 2013).

According to WHO (2013) nursing and midwifery expertise continues to be developed through post-basic education, mentoring and other career development activities. Increasingly, approaches and programmes are being more efficiently implemented so that nurses and midwives can build on their qualifications and experience to become effective leaders and managers.

Summary

Professional development is personal to individual nurse professional, she needs high level of clinical expertise, education, leadership opportunities, commitment and competency, develops herself through personalized training, researches, evidenced base practice among others. To develop clinical expertise, self study (opportunity for continued learning through online resources, e-learning modules) and skills and knowledge updates (engaging in in-service training, conferences and skill fairs logically and regionally). After having gained a few years of experience, nurses are encouraged to become involved in becoming a preceptor for students, participate in skills fairs or act as a mentor for junior staff.

Conclusion

Although nursing science has developed since the 1980s, there remain a limited number of nurse-sensitive outcomes that are grounded in science and able to document competency. This article has described three phrases of the development of career ladders in the US. The need for evidence-based answers regarding the amount of clinical experience needed in an educational program and the amount of clinical practice needed before seeking an advanced degree has been identified. The authors have also highlighted the need for more research and dialogue regarding the amount, type, and measurement of clinical work needed for safe and effective patient

care. Although the various stages of career ladders have indeed advanced the nursing profession, we need to continue seeking evidence to support the most promising career pathways in nursing.

Creating a culture in which nurses feel encouraged to grow professionally should be emphasized in all health care settings. Increasing nurses' opportunities for professional development has proven helpful in increasing nurse retention and satisfaction and the quality of care provided. The milestone pathway is one tool that encourages such growth. The milestone pathway produces a customized guideline for each nursing unit. Through personalized plans, nurses are able to establish goals that are specific to their needs and desires. The tool is unique because it is unit specific and also personalized for each nurse.

It is therefore recommended that, creating a culture in which nurses feel encouraged to grow professionally should be emphasized in all health care settings as increasing professional development opportunities in health care settings has been shown to affect nurse retention and satisfaction. A milestone pathway tool was developed to enhance the professional development of registered nurses. This unique tool provides a unit-specific concept map, a milestone pathway template, and a personal professional development plan (Cooper, 2014).

References

- 1) American Nurses Association. (2014). *Scope and standards of practice for nursing professional development*. Washington, DC: Author.
- 2) American Nurses Credentialing Center. (2014). *Magnet recognition program: New model*. Retrieved May 15, 2014, from www.nursecredentialing.org/Magnet/NewMagnetModel.aspx
- 3) Anderson, C. (2012). A reservoir of talent waiting to be tapped. *Nursing Outlook*, 50, 1-2. <http://dx.doi.org/10.1067/mno.2002.122217>
- 4) Andrews, D. (2014). Fostering ethical competency: An ongoing staff development process that encourages professional growth and staff satisfaction. *The Journal of Continuing Education in Nursing*, 35(1), 27-33.
- 5) Austin Community College District. (2015). Professional Development Overview. Retrieved January, 15 2015 from <http://www.austincc.edu/hr/professional/developments/pdfport>.
- 6) Bally, J. (2012). The role of nursing leadership in creating a mentoring culture in acute care environments. *Nursing Economics*, 25(3), 143-149.
- 7) Bartels J (2005). Your career as a nurse educator. *American Association of College of Nursing*. 52(1): 42 - 44.
- 8) Benner, P. (1984). *From novice to expert: Excellence and power in clinical practice*. Menlo Park, CA: Addison-Wesley. <http://dx.doi.org/10.1002/nur.4770080119>
- 9) Blair L. (2013). Career Development Pathway for the Nurses. *Operating Theatre association in*
- 10) *Perioperative Nursing Excellence*. 3(1), 4-6 <http://dx.doi.org/10.1016/j.aorn.2014.09.003>
- 11) Buiser, M. (2012). Surviving managed care: The effect on job satisfaction in hospital-based nursing. *MEDSURG Nursing*, 9(3), 129-134.

- 12) BusinessDictionary (2015). Professional development. Retrieved January 2015 from <http://www.businessdictionary.com/definition>
- 13) Collins O. (2013). BNSc Vs Speciality Nursing. Nursing Nigeria World. Retrieved 18/12/2013 from <http://www.nursingnigeriacorlrd/bnscvsspecialitynursing/aspix/>
- 14) Cooper E. (2014). Creating a culture of professional development: pathway tool for registered nurses. *The Journal of Continuing Education in nursing*. 40(11): 501-508 <http://dx.doi.org/10.3928/00220124-20091023-07>
- 15) Cotterill-Walker S (2012). Where is the evidence that master's level nursing education makes a difference to patient care? A literature review. *Nurs. Educ. Today*. (32): 57-64. <http://dx.doi.org/10.1016/j.nedt.2011.02.001>
- 16) Cruess, S. R., Sharon J., and Richard L. C. (2015) "Profession": a working definition for medical educators." *Teaching and learning in Medicine* 16. (1): 74-76. http://dx.doi.org/10.1207/s15328015tlm1601_15
- 17) Department of Health and Human Services (DHHS) (2012). *The registered nurse population*. Washington, DC: Government Printing Office.
- 18) Donley R and Flaherty M.J. (2014) Promoting professional development. Three phases of articulation in nursing education and practice. *OJIN*. Vol. 13(3). Manuscript 2
- 19) Donelan, K., Buerhaus, P., DesRoches, C., Dittus, R., & Dutwin, D. (2012). Public perceptions of nursing careers: The influence of the media and nursing shortages. *Nursing Economics*, 26(3), 143-151.
- 20) Drennan J (2008). Professional and academic destination of masters in nursing graduates: A national survey. *Nurse Education Today*. 28: 751 - 759. <http://dx.doi.org/10.1016/j.nedt.2007.12.003>
- 21) Erenstein, C., & McCaffrey, R. (2012). How healthcare work environments influence nurse retention. *Holistic Nursing Practice*, 21(6), 303-307. <http://dx.doi.org/10.1097/01.hnp.0000298615.25222.de>
- 22) Farley, V. (2012). *An evaluative study of an open curriculum/career ladder nursing program*. Pub. No. 19-1728, League Exchange No. 118. New York: NLN.
- 23) Fink, L. (2003). *Creating significant learning experiences*. San Francisco: Jossey-Bass. <http://dx.doi.org/10.1111/j.1541-4329.2007.00033.x>
- 24) Funderburk, A. (2012). Mentoring: The retention factor in the acute care setting. *Journal for Nurses in Staff Development*, 24(3), E1-E5. <http://dx.doi.org/10.1097/01.nnd.0000320652.80178.40>
- 25) Gould, D., Drey, N., & Berridge, E. (2012). Nurses' experience of continuing professional development. *Nurse Education Today*. (27): 602-609. <http://dx.doi.org/10.1016/j.nedt.2006.08.021>
- 26) International Council of Nurses (ICN). (2014). International career development for nurses: Working Document. Geneva. Pages 20-37
- 27) Jantzen, D. (2012). Reframing professional development for first-line nurses. *Nursing Inquiry*, 15(1): 21-29. <http://dx.doi.org/10.1111/j.1440-1800.2008.00394.x>
- 28) Lannon S. (2012). Leadership skills beyond the bedside: professional development classes for the staff nurse. *The Journal of Continuing Education in Nursing*. 38(1):17-23 <http://dx.doi.org/10.3928/00220124-20070101-06>
- 29) Laschinger, H., Almost, J., & Tuer-Hodes, D. (2013). Workplace empowerment and Magnet hospital characteristics. *Journal of Nursing Administration*, 33(7/8): 410-422. <http://dx.doi.org/10.1097/00005110-200307000-00011>
- 30) Lenburg, C., (2012). The framework, concepts and methods of the competency and performance assessment (COPA) model. *OJIN: The Online Journal of Issues in Nursing* 4(2). Retrieved on June 25, 2012, from www.nursingworld.org/MainMenuCategories?ANAMarketplace/ANAPeriodicals/OJIN/TableofContents/Volume4/COPAModel.aspx
- 31) Lenburg, C. (2012). Redesigning expectations for initial and continuing competence for contemporary nursing practice. *OJIN: The Online Journal of Issues in Nursing*, 4(2). Retrieved June 25, 2012, from www.nursingworld.org/ANAPeriodicals/OJIN/TableofContents/Volume42012/RedesigningExpectationsforInitialandContinuingCompetence.aspx
- 32) Omisakin F.D., Igbinlade A.S. and Olubiyi S. K. (2013). Establishing a gold standard for more nurse educators in Nigeria. *Sky Journal for Medical and Medical Science*. 1(4): 15-19
- 33) Perry, B. (2013). Shine on: Achieving career satisfaction as a registered nurse. *The Journal of Continuing Education in Nursing*, 39(1), 17- 25. <http://dx.doi.org/10.3928/00220124-20080101-06>
- 34) Professions Australia website (2014). Nursing as a Profession <http://www.professions.com.au/defineprofession.html>, accessed 26/8/14
- 35) Ramphal, M. (2012). Needed: A career ladder. *American Journal of Nursing*, 68(6), 1234-1237. <http://dx.doi.org/10.1097/00000446-196806000-00019>
- 36) Redman, R., Lenburg, C., & Hinton Walker, P. (2012). Competency assessment: Methods for development and implementation in nursing education. *OJIN: The Online Journal of Issues in Nursing*, 4(2). Retrieved June 25, 2012, from www.nursingworld.org/MainMenuCategories/ANAMarketplace/ANAPeriodicals/OJIN/TableofContents/Volume42012/InitialandContinuingCompetenceinEducationandPracticeCompetencyAssessmentMethodsforDeve.aspx
- 37) Reissman, F., & Popper, H. (2012). *Up from poverty: New career ladders for non-professionals*. New York: Harper & Row.
- 38) Rodgers, M. and Healey (2012). Developing an accelerated BSN program. *Nursing Leadership Forum*, 9(1). 18-22.
- 39) Sayers J., Digiacomo M., Davidson P. (2011). The nurse educator role in the acute care setting in Australia: Important but poorly described'. *Australian Nursing Federation*. 2011: 28 (4): 44 - 52.
- 40) Sharp (2014). Sharp Grossmont career path and professional development. *SharpHealthcare*. 12(3):11-12
- 41) Tourigny, L., & Pulich, M. (2005). A critical examination of formal and informal mentoring among nurses. *The Health Care Manager*, 24(1): 68-76. <http://dx.doi.org/10.1097/00126450-200501000-00011>
- 42) Twaddell, J., & Johnson, J. (2007). A time for nursing portfolios: A tool for career development. *Advances in Neonatal Care*, 7(3): 146-150. <http://dx.doi.org/10.1097/01.anc.0000278213.41510.22>
- 43) Ulrich, B., Buerhaus, P., Donelan, K., Norman, L., & Dittus, R. (2005). How RNs view the work environment: Results of a national survey of registered nurses. *Journal of Nursing Administration*, 35(9): 389-396. <http://dx.doi.org/10.1097/00005110-200509000-00008>
- 44) Valiga, T., & Ironside, P. (2012). *On revolutions and revolutionaries: 25 years of reform and innovation in nursing education*. New York: NLN.
- 45) Williams M. and Jordan K. (2014). The nursing professional portfolio: a pathway to career development. *Journal for Nurses in Staff Development*. Vol. 23(3):125-131 <http://dx.doi.org/10.1097/01.nnd.0000277181.24959.3b>
- 46) World Health Organization. (2013). Nursing and Midwifery Progress Report. *WHO Library Cataloguing-in-Publication*. WHO Document Production Services. Geneva. Switzerland.
- 47) Yordy, K. (2012). *The nursing faculty shortage: A crisis for health care*. Association of Academic Health Centers. Retrieved June 15, 2012, from www.rwjf.org/files/publications/other/nursingfuture4.pdf