

Hatfield, Lindy (2016) Researching South African registered nurses' perceptions and experiences of personal and professional development. In: 3rd SA Nurses Conference, 24-26 February 2016, Johannesburg, South Africa. (Unpublished)

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DENOSA 2016 Conference

Researching SA Registered Nurses' perceptions and experiences of Personal and Professional development (PPD)

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Why research this subject?

Global requirement for women who are RN's to undertake PPD.

As Healthcare evolves, this in turn effects PPD,

Many elements and factors associated directly and indirectly with PPD.



Objectives:

1. Carryout a cross cultural **comparison** between UK and SA RN's (global aspect)
2. Find out what women's **perceptions and experiences** were of PPD
3. Find out what **difficulties** women face (all areas of their lives)
4. Find out what women perceived the **benefits and rewards** of PPD.
5. To identify **effective ways** in which women as RN's have approached their PPD
6. Question to how the **findings** can **influence the theory and knowledge** of PPD, in **supporting and developing** RN's.



Research Design



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, set open ended questions in an interview and short questionnaire collecting demographic information.

Ethics permission was gained from universities based in the NW England, and Scotland, UK and from 2 universities based in the Western Cape, SA

Results and Findings

So far

Definition, Perceptions & Experience of PPD



Women's definition, perceptions and understanding of PPD were similar. UK and SA women held a general perception to what personal and professional development meant. This was that nurses needed "to grow" (a SA term) to continue to develop and learn.

The majority of SA women felt the **Personal & Professional** were **joined together**, though some other RN's perceived that this wasn't the case.

Arguing that they were **separate** because professional development was viewed to be managed and controlled by employers, and **not by women themselves**.


(Fig. 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



Women perceived employers as having a different approach to PPD than their own (Fig. 1.)



(Fig. 2.)

Women's Perceptions of Nurse Led PPD (Different levels of activity starting with A as the lowest level, and F as the highest level).

- ▶ (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's Aspirations that may be fulfilled through PPD

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

Women were also found to link their perceptions of PPD with their **aspirations**, that could be achieved through PPD activities.



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 role 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 used this time and space, to complete academic work.
- ▶ **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 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, because of family commitments. They often studied at night when other family members were asleep.
- ▶ **Not finishing work on time;** A common experience for UK nurses. In this research only SA women working in rural area said they commonly experienced this (however this may not be a true reflection of SA nurses experiences).



The sub-themes specific to SA women were;

Professional jealousy; Members of the work team were found to question to why they had the opportunity to carry out PPD activities, rather than themselves (even if they did not apply for support).

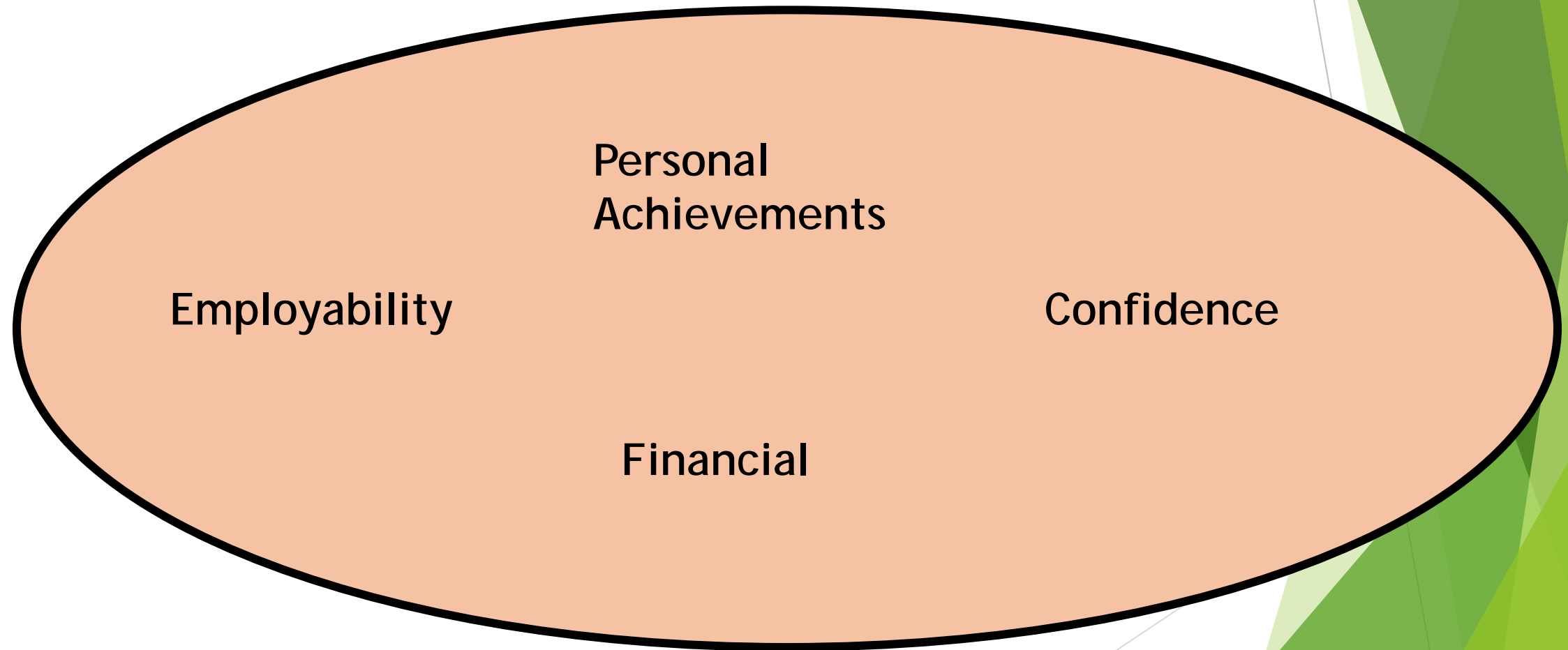
The written and un-written rules around PPD; Several women faced obstruction from their line managers when trying to access the **Exam Day** and other study leave:

- ▶ The **SPMS** 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. Others, whom lacked of confidence and/ or writing skills were unsuccessful.
- ▶ Women **waiting for their appraisal** (if they had one) to discuss and request PPD support, they took their managers’ advice to see if they could apply 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 (this was often incorrect).
- ▶ 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





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



Conclusion

PPD has moved from being employer led, to being led and shaped by the individual.

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.

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.

How we, as nurses, can influence the development of SA nurses? By recognising that there is a range of different ways in which WE CAN SUPPORT Nurses.

This research reveals the theory and practice of PPD. We can support nurses better if we understand the theory and practice of PPD.

Confident nurses, actively engaged in PPD activities challenge the standards of patient care, and strive to improve care of our patients.

Thank you to the staff, students and nurses in both the UK and SA who kindly supported me in this research project: University of Western Cape, University of Cape Town, University of Edinburgh and the University of Cumbria.

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