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Article

The Importance of Continuing Professional Development to Career Satisfaction and Patient Care: Meeting the Needs of Novice to Mid- to Late-Career Nurses throughout Their Career Span

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Abstract: This paper provides insights into the role of ongoing training and education on nurses' career satisfaction across different career stages and their ability to provide quality patient care. Eighteen focus groups were conducted over the course of five months in 2015 (January to May) in eight Canadian provinces. There were a total of 185 focus group participants. Each focus group lasted approximately 1.5 h and included 8–15 participants who self-selected in one of three distinct career stages (students, early-career, mid- to late-career). A thematic analysis of the data revealed that ongoing professional development is an expressed need and expectation for nurses across the various career stages. Student and early-career nurses expected sufficient training and education to facilitate workplace transitions, as well as continuing education opportunities throughout their careers for career laddering. For mid- to late-career nurses, the importance of lifelong learning was understood within the context of maintaining competency, providing quality patient care and enhancing future career opportunities. Training and education were directly linked to nurses' career satisfaction. Healthy work environments were identified by nurses as those that invested in continuing professional development opportunities to ensure continuous growth in their practice and provide optimal quality patient care. Training and education emerged as a cross-cutting theme across all career stages and held implications for patient care, as well as retention and recruitment.

Keywords: intergenerational issues; professional development; retention and recruitment

1. Introduction

There is a well-recognized need for a sustainable nursing health human resources strategy to ensure quality patient care in light of a potential nursing shortage and staffing shortfalls, as well as an aging workforce. This research [1] builds on the Canadian Federation of Nurses Unions' (CFNU) previous work on generational diversity [2] with the objective of informing health human resources (HHR) planning.

In terms of organizational HHR sustainability, turnover represents a significant cost in the form of potential declines in organizational productivity, capacity and cohesion, as well as financial losses. For health care organizations, the financial cost is potentially significant with \$25,000 as the average cost per nurse associated with nurse turnover [3]. Further, the turnover rate for new nurses is 30%–60% in the first two years [4] (pp. 41–52); [5] (pp. 130–137); [6] (pp. 493–501), suggesting a cumulative loss for organizations that have invested resources in recruitment and training. As such, for organizations seeking to retain staffing resources, understanding the expectations, experiences

and needs of nurses at each career stage has the potential to result in the retention of staff, with the resulting organizational benefits.

Traditionally, health human resources studies have focused on generational differences, examining the three distinct generations—baby boomers (born 1946–1964), Generation X (born 1965–1979), and the millennials (born 1980–2000)—working side by side to better understand the workforce dynamics and tailor retention and recruitment strategies accordingly. For health care organizations eager to attract and retain new nurses, the evidence in generational theory suggests that younger generations of nurses have lower levels of organizational commitment than baby boomers, and as a result, they are more likely to consider leaving a position if they are dissatisfied with their work environment, schedule or work to pursue a position more aligned with their expectations [4] (pp. 41–52); [7] (pp. 108–119). The lower level of organizational commitment identified as a characteristic of new nurses may be related to specific values, traits and expectations which may influence the long-term satisfaction of early-career nurses.

However, recently generational theory has been criticized for making generalizations about cohort characteristics based predominantly on age/birthdate [8]. Generational typologies may oversimplify the characteristics of each cohort, while failing to account for variation and overlap. Individuals born close to the beginning or end of a generational era have been shown to display attributes of more than one cohort [9]. Moreover, in a review of research literature from 1980 to 2009, Wolff et al. [10] (pp. 948–969) found that research on age diversity within the workforce produced limited evidence of its workplace impact. The research concluded that nurses often share experiences and expectations of the workplace and work environment based on their career stage, rather than their age. For example, there has been a wealth of research on the needs of nurses entering the profession (new graduates and novice nurses). To a lesser extent, there has been research on nurses in mid/late career, focused on the effect of an aging workforce on the cusp of retirement. Given the trend towards multiple careers and lifelong learning (both personal and professional), generational differences may also become a less relevant identifying factor than the career stage of an individual.

Several studies of new nursing graduates have found that this cohort enters the workforce anticipating a workplace that will support them in their endeavours to provide high-quality care congruent with the fundamental values of nursing [11] (pp. 472–484). This is an important consideration when creating early-career retention and recruitment strategies. The incongruence between the environment from which a nurse is indoctrinated and the professional environment they enter upon licensure can cause discord and dissatisfaction. This disconnect between preconceived notions and real-world practice is often referred to in the nursing literature as transition or reality shock [6] (pp. 493–501); [12] (pp. 636–643); [13] (pp. 910–918); [14], [15] (pp. 176–182). In addition, new graduates seek employment situations that support their continued learning through orientation programs, internships, apprenticeships, laddering and supernumerary positions that improve their confidence and competence and refine their clinical skills [16] (pp. 58–70); [17] (pp. E16–E20); [18] (pp. 142–149); [19].

The literature demonstrates that early-career nurses seek employment in supportive work nursing environments with a focus on quality patient care. They want to be appropriately rewarded for their efforts and they seek employers that will actively support their transition to practice and assist them to adjust to increased workloads and job demands, for example, through full-time supernumerary positions [11] (pp. 472–484); [19]. Further, in the current environment where continuing education is increasingly the norm across all professions, and nurses are expected to keep their skill sets up-to-date, early-career nurses may expect that their employers will support them in seeking professional development, so as to augment their skills throughout their careers.

Mid- to late-career nurses comprise the largest cohort of nurses in the workforce. Although mid- to late-career nurses are moving towards retirement, the literature demonstrates that they are willing to remain employed if their work environments are viewed as positive and supportive of older workers [20]. Modified work arrangements, flexible working hours (with more scheduling

options), opportunities for professional development and retirement planning have been cited as aspects of their jobs that could be improved to enhance satisfaction [21] (pp. 50–64); [22] (pp. 531–537). More importantly, mid- to late-career nurses expect a work culture that provides respect and recognition for their wealth of experience and dedication to their employers. Recognition can take the form of feeling like they are autonomous practitioners who have decision-making authority within their organizations [20].

For mid- to late-career nurses, professional development opportunities emerge as a significant issue in terms of upgrading skills in order to continue to grow in their professional practice, and continue to provide optimal, quality patient care. As such, training and education are also regarded as important components of any retention strategy. Armstrong-Stassen et al. [21] identified educational support as a highly important retention strategy for nurses over age 50. Educational support can include release time with pay for continuing education, educational leaves and tuition reimbursement. Even with education ranked as being highly important by late-career nurses, there was a lack of perceived effort by the hospitals to engage in and support educational opportunities with only 12% of registered nurses (RNs) reporting that their hospitals were engaged in and supportive of educational opportunities [21] (pp. 50–64). As well as late-career nurses, 54.7% of mid-career nurses in the McGillis Hall et al.'s [22] (pp. 531–537) study also noted continuing education as an important retention factor.

A review of the extant literature identified distinct considerations for nursing at different career stages and recognizes some overlap in the challenges facing nurses. Despite recognition in the literature for a continued focus on retention and recruitment, there is a gap in our current understanding of the career needs and expectations of nurses throughout the career span. Therefore the aim of this qualitative descriptive study was to understand the experiences of nurses across all career stages as they relate to their professional development and work environment.

2. Materials and Methods

This study employed a qualitative descriptive approach and thematic analysis, as per a naturalistic inquiry approach, to explore the career needs and expectations of students, early-career and mid- to late-career nurses.

2.1. Data Collection

Prior to participating in the study focus groups, all participants signed an informed consent form ensuring that their name and identifying information would be removed from any study findings and publications. Focus groups were held with CFNU members coinciding with scheduled provincial member organization meetings from January to May 2015. Participants at the member meetings were invited by their member organization to participate in one of two targeted focus groups: one for early-career nurses (employed 0–5 years) and another for mid- to late-career nurses (employed 6+ years). Participants were asked to self-select which focus group aligned best with their career stage. On average, two focus groups were conducted over the course of each meeting—one with early-career nurses and one with mid- to late-career nurses. Student nurses attending the Canadian Nursing Students' Association Annual General Meeting were also invited to participate in focus groups, targeted at student nurse participants. In total, 18 focus groups were completed, with nurses from eight different provinces including two student nurse focus groups, seven early-career nurse focus groups and nine mid- to late-career focus groups.

Focus groups were facilitated by one lead investigator and consisted of 8 to 15 participants per career cohort. Each focus group lasted 60–90 min and followed a semi-structured interview guide aimed at understanding the experiences of early-career and mid- to late-career nurses with respect to their values, motives and goals as they relate to their work environment. Each focus group was audiotaped, and a CFNU affiliate staff person typed detailed notes during each session to record participant responses.

In addition to focus groups, each participant completed a brief demographic questionnaire which asked questions related to their age, gender, years in the workplace, preferred career setting, current employment status, and whether or not nursing was a second career for them (Appendix A).

Research results were reviewed by a CFNU advisory committee, with representation from three provinces, prior to publication.

2.2. Data Analysis

Data was analyzed using a thematic analysis in which detailed notes and transcripts from each focus group were initially coded into basic concepts that captured the meaning associated with the coded data. Analysis was conducted by the lead researcher and a research assistant, and coding was verified by the other team members to enhance rigour—a process known as investigator triangulation. Each group of cohort transcripts (student, early-career, mid- to late-career nurses) were first analyzed separately, and then examined and coded across groups to determine common themes among the career stage cohorts.

2.3. Limitations

All early-career and mid- to late-career nurse participants were attending the CFNU provincial member organizations' meetings. By only targeting nurses who are actively engaged in the same organization, it is possible that only certain concerns, career expectations, etc. will be highlighted, and others may be overlooked depending on the organizational focus.

Some Canadian provinces and territories were not represented in this report. The findings represent the views of nurses from eight provinces.

3. Focus Group Results

A thematic analysis of the focus groups for the three groups (students, early-career, mid-to late-career) revealed a number of different themes. While a number of cross-cutting issues emerged in the focus groups, the potential to access training and education opportunities were important to nurses' career satisfaction and retention.

Training and education emerged as a cross-cutting issue for all groups. Given the need to provide evidence-based care, and in recognition of the fact that professional development is an essential component of a career in nursing, nurses from all three career cohorts identified needs in relation to continuing education and training. The following discussion of findings presents training and education as it relates to each of the three participant cohorts and is presented under the headings of students, early-career, and mid- to late-career nurses.

3.1. Students

Adequate training and orientation when starting their career, and continuing education throughout their career, were of significant importance to student nurses. Continuing education was seen as a career-long component of a nursing career. Student nurses viewed their formal education as a starting point, with an understanding that additional training, learning and education would take place throughout their career.

I think continuing education is huge, because when you graduate they encourage you to graduate as a generalist, and a lot of nursing is becoming very specific. So in order for you to, say, work in the ER, or the ICU, or palliative, or pediatrics, you need to have specialty courses.

Student nurses wanted sufficient time to adjust to their new positions. Orientation programs were viewed as crucial to supporting successful transitions—a time in which students could increase their confidence and knowledge of unit-specific needs and protocols. Student nurses believed orientation programs were essential to their ability to confidently work on any unit.

A proper orientation with time to adjust to where you're going to be, regardless of if it's your first job or your fifth job. I think because nursing is so broad, you actually need a proper orientation that can't be skipped out on.

Student nurses often identified that the workplace environment directly impacted their orientation experiences. Students recognized that understaffed units would negatively impact their orientation. Experienced nurses on understaffed units were often described as being too busy to properly orient and mentor student nurses, which made learning difficult.

When your nurse is not swamped by having five patients and can actually take the time to show you how to do things and oversee what you're doing, you learn so much faster.

Several student nurses also expressed concern that the formal education they were receiving in school was not always adequately preparing them for real-world nursing environments. One nurse described only being trained to care for two to three patients but then ultimately being responsible to care for upwards of 10 patients when starting her career.

We're coming onto these units where our patient ratios are off the chart, and we're expected to function without having much time to figure out how to organize ourselves properly. We've only ever had two or three patients, no more than that, then all of a sudden you have 10, and we just don't spend enough time on the floor; that on-the-job training, I think, is really lacking for lots of us.

Collectively, student nurses described a lack of confidence in their skills upon graduation, which fueled their desire to receive more training and mentorship to increase their unit-specific skills.

3.2. Early-Career Nurses

Early-career nurses believed that nursing was a career which required lifelong learning. The opportunity for continuing professional development and growth was regarded as an attractive feature of the nursing profession. They were educated to recognize the importance of evidence-based practice and expressed a strong desire to constantly learn new things.

[Nursing] has lots of different opportunities, ways to learn, and I've already found in the couple of years that I've been working—I've been learning every day.

When starting their career, early-career nurses felt support, guidance and training were essential to transition them from students to nurses. They wanted to feel supported during this initial career phase and looked to other nurses, mentors and preceptors for this support.

I think that's such a crucial period of time, right? You go from being a new student and learning all of this stuff in the classroom and out of a book, but going and actually practicing nursing and being out there... You just grow so much more, but to have that support during that period of time, it's crucial. If you do have mentors and preceptors and co-workers who are supportive, it can be the most amazing experience, but if you don't have that, it can be frightening.

Unfortunately, many early-career nurses described receiving inadequate orientation when starting their careers, which was often associated with a lack of staffing or time to train new hires. This left early-career nurses feeling unsupported, as if they had to "figure it out on [their] own".

More often than not when I was orienting to the unit we'd be short-staffed so I'd have a patient with me.

Adding to an initial feeling of minimal support was the belief that their formal education did not always provide a realistic view of what their nursing career would look like.

You have this idea of what it means to be a nurse when you're in school, and you do your practicum, and you think you're going to start nursing and you're going to work in this really supportive

environment, and patient-centred care is your priority. Then you go into the workforce, and your colleagues want to be supportive but they're busy with their own assignments. So I kind of felt like you just get thrown in there and you have to figure things out as best you can...you feel like you're out there alone.

Participants who described feeling supported in their student-to-career nurse transition often associated it with a new graduate transition program that provided these nurses with a feeling of confidence and preparedness.

What helped me the most with my career was—I graduated about a year ago now—was the new grad initiative, and I found that to be something very valuable in terms of transitioning from being a student nurse into a working nurse.

Overall, many early-career nurses felt unprepared when starting their careers, and often they felt they were given too much responsibility too soon.

I had expected a lot more support as a new grad...I was trained for charge within two months of graduating, and I don't feel that I was qualified to do that, but they said, 'oh you can do it, you'll be fine,' and you're a new grad so you say 'okay,' and thankfully nothing happened, but the expectation of new grads is very high.

Once through the initial career transition from student nurse to working nurse, early-career nurses had a strong desire to continue their training and education. They described how they wanted to take part in educational opportunities and training sessions but often felt unsupported in their efforts. A lack of time off and minimal funding support often left early-career nurses unable to continue with the education and training that they desired.

We have a great general education that gives us a great head start, but now I'm looking for education, I'm looking for more specialized training and I'm finding it's really hard to find.

If you're expected to come in on your only two days off to do education, it just gets to the point where you don't even want to come in.

Significant importance was given to the training and support that early-career nurses received from more senior nurses they worked with. In the absence of formal, structured orientations, education and training opportunities, this informal mentorship and support from more experienced nurses was especially important. Intraprofessional support was acknowledged as a valuable resource, especially for new graduates.

I'm very pleased with the support that certain nurses have for other nurses...I find our support for each other is very strong.

It's so important to just advocate for yourself if you can't handle something. I'm very lucky at my hospital where our teamwork is so good, and I like the staff that I work with. I'm thankful for every day because when things like that happen, especially as a newer nurse, you need those seasoned nurses just to come and assess the patient and to sometimes even calm you down when you're in a situation you're not used to.

Positive co-worker relationships and teamwork were often able to fill the training void that many early-career nurses described. However, it was noted by some that when the unit was busy or understaffed, very little assistance was possible from other nurses.

I think there's an expectation when you go into nursing that you're going to have more support from your co-workers. You don't realize that they're going to have a huge assignment too so they don't really have time to mentor you as much as you might have imagined when you first came on.

Early-career nurses described a commitment to continuing education and training in order to increase their preparedness and confidence in providing quality patient care. The provision of optimal care to patients was the primary impetus for their desire for ongoing learning and skills development. Although transition supports were identified as helpful for new graduates, early-career nurses recognized that educational opportunities were needed beyond their first few months as a novice. While other more experienced or 'seasoned' nurses were a resource for new nurses, in the absence of a formal support structure many participants described feeling as if they were "out there alone".

3.3. Mid- to Late-Career Nurses

Training and education also emerged as a theme for mid- to late-career nurses, similar to students and early-career nurses. Mid- to late-career nurses identified nursing as requiring lifelong learning, but they believed that continuing education and training were not a priority from a management perspective.

Educationally, I had to jump through hoops to get it done while I'm working full-time...They'd like you to have all these things behind your name so it looks good for the organization, but for them to facilitate you accomplishing half, or some of it, it doesn't even exist right now.

Mid- to late-career nurses recognized that there was an expectation for them to keep up with various training requirements and certifications. However, little support was provided to them at this later stage in their career in terms of getting time off or funding support for these educational initiatives.

Lack of opportunity for education, and if it is there, you foot the bill yourself, and they certainly don't give you time off work to do it. They don't foster an environment that allows growth and opportunity.

Nurses described continuing education as an investment in their expertise. They believed continued training and education would improve the care they were able to provide to their patients, and it was disappointing to them that management did not see this as essential.

I'd like for my employer to look at me like an investment. If you're paying me a salary then give me the opportunity for education with time off so that I will provide a higher level of care. I feel valued if I think my employer is going to invest time and money in me...If I'm happy I'm going to provide a higher level of care, so the patient is going to be happy.

Mid- to late-career nurses described that education *was* prioritized by employers and managers in the earlier stages of their careers. However, they described being frustrated by the shift away from continuing education as a priority for employers in the later stages of their careers, where increased knowledge could enhance the quality of patient care.

We need the time in order to take those courses. The other is financially. Back years ago in my career the employer used to pay for my registration in courses. Now they cry if they even have to pay for your wage for that day.

For mid- to late-career nurses, the lack of support for continuing education seemed to further reflect management's differing priorities and a lack of respect for their contributions to patient care. In addition, mid- to late-career nurses believed that although the nursing work environment relied heavily on their expertise, especially in the training and mentorship of new graduates, management often overlooked more senior nurses in terms of recognition and providing formal leadership opportunities.

Management will tend to empower the young ones, and you know what, I agree they're our future, and we need them to have the knowledge and skill set that you gain over time, but I find that when they empower the younger ones, they disempower the people that they taught at the beginning. We're the ones that taught them when they come into the system, and then once they get the knowledge and skills, management, sort of, supports backing them, and getting them into [leadership] roles instead of giving it to the senior nurses.

The opportunity for ongoing professional development and career progression opportunities not only were identified as demonstrating respect for mid- to late-career nurses' expertise and organizational commitment, but also were recognized as key elements in optimizing patient care, enhancing work environments and retaining experienced nurses.

4. Discussion

Generational differences in the workplace have been studied for more than forty years with a growing interest in the last decade in exploring intergenerational differences within the nursing workforce. This project focused on career stage (early- and mid- to late-career), rather than age (generational cohort), to explore and understand nurses' experiences, expectations and needs because generational typologies may tend to oversimplify the characteristics of each cohort, failing to account for variations and overlap, particularly in individuals born close to the beginning or end of the time period identified for the generational cohort. Focus group interviews with nurses across Canada provided great insight into how to best support their practice and the provision of quality patient care. There were more similarities than differences in the career experiences, expectations and needs across the three cohorts (students, early-career and mid- to late-career nurses). We heard from all groups that nursing practice *is* patient care, and that continuing education and professional development is essential towards this end.

For students and novice nurses, orientation, mentoring, and supernumerary positions were the focus. Early-career nurses began their careers while still deciding on their overall professional and life goals with confidence that nursing would support them in whatever direction they chose, including providing for portability of roles within different settings and geographic locations. Improved training and orientation were identified as valuable resources to prepare them for the realities of practice such as patient load and increased clinical responsibilities.

For all nurses—but in particular those in mid- to late-career—there was an understanding that best practices and patient care standards were constantly evolving, and there was a desire for access to information through training and education to provide the best care possible to patients. Nurses at this stage described continuing education as an investment in their expertise that would improve the care they were able to provide to their patients; it was disappointing to them that management did not see this as essential. Nurses did not believe that employers viewed training and education as a priority, especially for mid- to late-career nurses. Funding support was often not available, and accessing time off to complete training or courses was also minimally supported, if at all, often due to a lack of staff coverage.

Challenges and concerns identified by nurses, such as staff shortages, overtime, exhaustion and perceived lack of managerial support—including for ongoing training and education—were described as significant barriers to the provision of safe care to patients.

The results of this research further validate the findings from our literature review that issues such as overtime, scheduling, continuing education, managerial support, and work-life balance remain significant concerns to nurses, regardless of age or career stage. There is more than sufficient evidence for key stakeholders to address the needs of nurses, improve working conditions and ultimately enhance the provision of quality patient care.

For students, who described the transition period from formal education to on-the-ground practice as one that required attention, the creation of collaborative transition support structures that commence in nursing school and continue throughout the first year of practice, with a permanent full-time position at the end of the transition period, should be considered. Both students and early-career nurses repeatedly described their confidence in transitions as being related to whether they had a sufficient length of orientation, with preceptored and supernumerary training, reinforcing the findings from the literature review that orientations, even when they are offered, are often too short to allow nurses to gain the confidence they need to excel in their positions [16] (pp. 58–70); [17] (pp. E16–E20).

For early-career nurses, who are still determining the course of their careers, portability is a priority and continuing education supports may be necessary to support their career transitions between care units, different specialties, organizations, sectors, and provinces. Just as our society places value on lifelong learning, early-career nurses based the value of nursing as a career, in part, on the variety of opportunities it afforded them in terms of their career trajectory. New nurses understood that today's workplace is continually changing, and many welcomed the chance to pursue further education, citing the desire to provide optimal patient care as the major motivation for their pursuit of learning opportunities. To further this objective, they indicated they needed support from employers through career mapping, opportunities for professional development, and leadership training [8]; [11] (pp. 472–484); [16] (pp. 58–70).

Both students and early-career nurses in the focus groups repeatedly recognized the value that mid- to late-career nurses represented in terms of the intellectual capital (experience and knowledge) they bring to the profession. Both groups noted that when experienced nurses were made available to them—through scheduling that allowed sufficient time for mentoring activities—these nurses were appreciated by students and early-career nurses for the knowledge and skills that helped ease their transition to the workplace, so they were able to better understand their roles within the health care team—and their respective scopes of practice—as well as for the guidance experienced nurses provided with respect to patient care.

Further, both the literature review and the focus groups confirmed the finding that mid- to late-career nurses are willing to stay in the workplace longer and forego retirement, provided there is recognition and respect for their collective years of experience by employers [20]; [21] (pp. 50–64); [22] (pp. 531–537). One way of acknowledging the importance of these older nurses would be to more actively involve them in the professional development of both students and early-career nurses. This would provide a great benefit to health care organizations, by ensuring sufficient training and mentorship for novice nurses, while helping to create a cohesive health care team. It would also serve as recognition of the value of mid- to late-career nurses to organizations in terms of organizational continuity and sustainability. The need for this recognition of the importance of experience was repeatedly referenced by older nurses in focus groups, who indicated it could help with organizational retention efforts.

Retention of older mid-career nurses emerged as a theme in a recent report on the nursing workforce by the Canadian Institute for Health Information (CIHI). The report found that the proportion of regulated nurses aged 35 to 54 declined by more than 10 percentage points between 2006 and 2015, meaning that this age cohort represented less than half (48.0%) of the supply of regulated nurses in Canada in 2015. According to the report, this cohort's decline, in relation to the rest of the nursing workforce, is an important trend to watch because these mid- to late-career nurses serve as "the foundation of the nursing workforce, often working autonomously while simultaneously supporting older regulated nurses and mentoring new regulated nurses in the workforce" [23] (p. 20).

Over the years, there have been a number of promising retention programs that have emerged—most recently in Ontario (Late Career Nurse Initiative), in Nova Scotia (80/20 Late Career Nurse Strategy), and Alberta (seven retention & recruitment programs)—with modified work arrangements. These programs were intended to help older nurses remain in their positions by affording older nurses the opportunity to make the transition to retirement through, for example, less physically demanding positions, reduced hours, flexible working hours (with more scheduling options), while giving them new opportunities that took advantage of their wealth of experience, for example, through formal mentoring programs. The research indicates that the employees' satisfaction with these programs was generally positive [24]; [25] (pp. 51–60); [26] (pp. 130–147). However, in order for retention programs to be successful, sufficient time and funding would need to be allocated by organizations, with retention recognized as a priority.

Organizational communications regarding professional development requirements emerged as an area for improvement. As such, providing education and ongoing communications regarding

professional development opportunities and requirements for all nursing designations are needed to ensure consistency in practice expectations. It was also recognized that in order to best promote collaborative teamwork, regular and ongoing intraprofessional training and education sessions should be provided.

5. Conclusions

Findings from this study reveal that ongoing professional development is an expressed need and expectation for nurses across all career stages. Ongoing training, education and professional development facilitate transition to practice for students and new graduates and also help to ensure competency and quality patient care throughout the span of nurses' careers. Healthy work environments were identified by nurses across all career stage cohorts as those that invested in continuing professional development opportunities to ensure continuous growth in their nursing practice and optimal quality patient care. For all nurses, given the investment employers make in individual employees—and the benefits to employers accruing from further education—it is important that continuing education funding be made available annually, alongside paid release time for coursework/credentialing. It is important to stress that a commitment to continuing education (including informal education, part-time courses, events, conferences, webinars, seminars, etc.) in order to provide optimal quality patient care based on current evidence-based practices, was referenced repeatedly by nurses at all career stages as being of fundamental importance to their nursing practice. Healthy work environments are ones that recognize the importance of nurses' professional development to career satisfaction. For nurses, united in their commitment to quality patient care, career satisfaction is dependent on employers' investments in continuing professional development opportunities so that nurses can continue to grow in their practice and enhance their ability to provide quality patient care [27].

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Appendix A

Appendix A.1. Student Demographics

Two focus groups of students from the Canadian Nursing Students' Association (CNSA) were completed with a total number of 27 student participants. Student participants ranged in age from 19 to 40, and the majority of participants (85%) were female. Most student participants were interested in full-time work when starting their career (85%) and preferred to work in an acute care setting (63%). See Figure A1 for a full demographic breakdown.

Student Nurses	
Total	27
Gender	
Male	4
Female	23
Age	
19–30	23
30–40	4
Preferred Work Setting	
Acute care	17
Long-term care	2
Combination of settings	4
Other	4
Preferred Employment Status	
Full-time (FT)	23
Part-time (PT)	1
Casual	2
FT/PT/casual	1
2nd Career	
Yes	6
No	21

Figure A1. Student Nurses.

Appendix A.2. Early-Career Nurse Demographics

For the purpose of this report, an early-career nurse was defined as a nurse who has been working for five or fewer years in the field of nursing. Seven focus groups were completed with a total of 58 early-career nurses. Each focus group represented nurses from a different province, for a total of seven provinces. These provinces included Alberta, Prince Edward Island, New Brunswick, Saskatchewan, Manitoba, Nova Scotia, and Ontario.

Early-career participants ranged in age from 20 to 54, and the majority of early-career participants were female (90%). The majority of participants worked in acute care settings (71%) and were employed full-time at the time of these focus groups (60%). See Figure A2 for a full demographic breakdown.

Early-Career Nurses	
Total	58
Gender	
Male	6
Female	52
Age	
20–39	47
40–54	10
Not stated	1
Work Setting	
Acute care	41
Community/home care	6
Long-term care	8
Other	3
Employment Status	
Full-time (FT)	35
Part-time (PT)	19
FT/PT	1
Casual	2
Not stated	1
2nd Career	
Yes	12
No	45
Not stated	1

Figure A2. Early-Career Nurses.

Appendix A.3. Mid- to Late-Career Nurse Demographics

For the purpose of this report, a mid- to late-career nurse was defined as any nurse who has been working in their nursing career for more than five years. A total of nine mid- to late-career focus groups were completed with a total of 100 nurses. Focus groups were done across Canada with each focus group representing a different province (with the exception of Ontario which had two mid- to late-career focus groups). Additional provinces represented in this report included Prince Edward Island, New Brunswick, Saskatchewan, Alberta, Manitoba, Nova Scotia, and Newfoundland and Labrador.

Mid- to late-career nurses ranged in age from 25 to 70+ with more than half of participants (62%) being above 50 years of age. The majority of participants were female (96%), and half (52%) of the mid- to late-career nurses were working in acute care. Most of the participants (73%) had full-time employment at the time of these focus groups. For a detailed breakdown of the mid- to late-career nurse demographics see Figure A3.

Mid- to Late-Career Nurses	
Total	100
Gender	
Male	4
Female	96
Age	
25–49	34
50+	62
Not stated	4
Setting	
Acute care	52
Community/home care	14
Long-term care	23
Other	7
Not stated	4
Employment Status	
Full-time (FT)	73
Part-time (PT)	18
FT/PT	3
Casual	4
Not stated	2
2nd Career	
Yes	16
No	78
Not stated	6

Figure A3. Mid-to Late-Career Nurses.

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