

**This is a self-archived version of an original article. This version may differ from the original in pagination and typographic details.**

**Author(s):** Koskimäki, Minna; Lähteenmäki, Marja-Leena; Mikkonen, Kristina; Kääriäinen, Maria; Koskinen, Camilla; Mäki-Hakola, Hanne; Sjögren, Tuulikki; Koivula, Meeri

**Title:** Continuing professional development among social- and health-care educators

**Year:** 2021

**Version:** Accepted version (Final draft)

**Copyright:** © 2020 Nordic College of Caring Science

**Rights:** In Copyright

**Rights url:** <http://rightsstatements.org/page/InC/1.0/?language=en>

**Please cite the original version:**

Koskimäki, M., Lähteenmäki, M., Mikkonen, K., Kääriäinen, M., Koskinen, C., Mäki-Hakola, H., Sjögren, T., & Koivula, M. (2021). Continuing professional development among social- and health-care educators. *Scandinavian Journal of Caring Sciences*, 35(2), 668-677.  
<https://doi.org/10.1111/scs.12948>

### **Continuing Professional Development of Social and Healthcare Educators**

The running title: Continuing professional development

Minna Koskimäki<sup>a\*</sup>, Marja-Leena Lähteenmäki<sup>b</sup>, Kristina Mikkonen<sup>c</sup>, Maria Kääriäinen<sup>d</sup>,  
Camilla Koskinen<sup>e</sup>, Hanne Mäki-Hakola<sup>f</sup>, Tuulikki Sjögren<sup>g</sup> and Meeri Koivula<sup>h</sup>

<sup>a</sup>Doctoral candidate, MNs, Faculty of social sciences, Nursing science/ Health sciences, Tampere university, Tampere, Finland, *Mailing Address:* Nursing science, Faculty of social science, Arvo Building, Arvo Ylpön katu 34, 33520 Tampere ,

*Tel.:* +358 50 3137624, *Email:* minna.koskimaki(at)tuni.fi

<sup>b</sup> Head of rehabilitation education, PhD; Tampere University of Applied Sciences , Tampere, Finland, <sup>c</sup> Senior research fellow, PhD; Research Unit of Nursing Science and Health Management, University of Oulu, Oulu, Finland; Twitter: (at) Kristinamikkon; ORCID: <https://orcid.org/0000-0002-4355-3428>, <sup>d</sup> Professor, PhD; Research Unit of Nursing Science and Health Management, University of Oulu, Oulu, Finland; Medical Research Center Oulu, Oulu University Hospital and University of Oulu, Oulu, Finland, <sup>e</sup> Professor, PhD; Department of Caring and Ethics, Faculty of Health Sciences, University of Stavanger, Associate professor, Faculty of Education and Welfare Studies, Åbo Akademi University, Vaasa, Finland, <sup>f</sup> Senior Lecturer, MA, Vocational Teacher Education, Tampere University of Applied Sciences, <sup>g</sup> University Lecturer, PhD; Faculty of Sport and Health Sciences, University of Jyväskylä, Jyväskylä, Finland,

<sup>h</sup> University Lecturer, PhD; Faculty of Social Sciences, Tampere University, Tampere, Finland

**Acknowledgements:** This study is part of the TerOpe project funded by the Ministry of Education and Culture in Finland, Grant [OKM/61/523/2017].

We would like to acknowledge the Ministry of Education and Culture for providing us this opportunity.

**Conflict of Interest:** Author Koskimäki, Author Lähteenmäki, Author Mikkonen, Author Kääriäinen, Author Koskinen, Author Mäki-Hakola, Author Sjögren and Author Koivula declare that they have no conflict of interest.

#### **Authorship**

Name	Contribution
Minna Koskimäki	Conception, design, acquisition of data, data analysis, drafting and revising the manuscript
Marja-Leena Lähteenmäki	Data analysis, comments of manuscript
Kristina Mikkonen	Conception, design, acquisition of data, comments of manuscript
Maria Kääriäinen	Conception, design, acquisition of data, comments of manuscript
Camilla Koskinen	Acquisition of data, comments of manuscript
Hanne Mäki-Hakola	Comments of manuscript
Tuulikki Sjögren	Comments of manuscript
Meeri Koivula	Conception, design, data analysis, comments of manuscript

#### **ORCID**

Minna Koskimäki <https://orcid.org/0000-0002-1568-1123>

## **Continuing Professional Development of Social and Healthcare Educators**

Future social and healthcare educators are required to have versatile competence in educating skilled professionals for constantly changing healthcare environments and meeting divergent clients. The meaning of continuing professional development is to increase educators' competence and wellbeing as well as organization's effectiveness. The aim of the research was to describe educators continuing professional development and identify continuing education role. Due to minor findings of previous literature, the

research was conducted with a qualitative approach. The research has followed the Finnish guidelines of research ethics and good practice. The data was collected by group interviews of 35 experienced social and healthcare educators in six institutions of higher education and two vocational schools across Finland. The data was analyzed by inductive content analysis; 39 subcategories, 11 categories and three main categories were formed. Three main categories were: educators' approaches for developing professional competence, barriers in continuing education and educators' continuing education needs. Educators maintain and develop their competence in versatile ways. Educators continuing professional development takes place both in formal continuing education and in collaboration at daily work. As barriers to continuing education, educators experienced the lack of planning and the lack of resources such as time and money. According to educators their continuing education needs are individual and should be taken into account as well as organization's needs. The selected groups of highly experienced educators can be considered limitations of the research and the data collection was limited only to the social and healthcare field. The results of the research can be utilized when designing the continuing professional development of educators at individual, group and organizational levels.

**Keywords:** continuing education, continuing professional development, educator, social and healthcare education, vocational education

## Introduction

Educators play a key role in educating skilled social and healthcare professionals for clinical practice (1). According to Mikkonen et al. (2) systematic review educators' competence includes three categories; knowledge, skills and attitude. Educators need to have good knowledge about their subject and how to integrate theory into practice (2). Good skills in pedagogy, guidance and interaction are essential (3, 4, 5). In the future, educators' skills will emphasize leadership and cooperation skills, identification of multiculturalism (6, 7, 8) and the continuing development of their own competence (9, 10).

In Finland, the social and healthcare educators in universities of applied sciences are educating social and healthcare professionals such as registered nurses, public health nurses, paramedics, midwives, physiotherapists, bioanalysts, dental technicians, dental hygienists, opticians, auxiliary technicians, radiotherapists, naprapaths, osteopaths, rehabilitation counselors, occupational therapists and social workers (11). Vocational schools educate practical nurses who are working for instance in old peoples' homecare, day care centers, disabled facilities and dentist consulting (12, 13). To become an academic health and social care educator in Europe, the requirements differ (14, 15), and there is no common understanding regarding equal qualifications of nurse educators (16). In Finland, academic educators are required to have a professional degree in health or social care, three to five years of clinical experience and a Master and/or Doctoral degree in addition to pedagogical studies for 60 ECTS (17).

Continuing professional development takes place after formal education in the form of working life, such as continuing education, as well as learning at work and in everyday life (18,19). Since continuing professional development has elements of

**Commented [A1]:** biomedical laboratory scientist???

**Commented [A2R1]:** yes, that is better

different forms of learning, the theories of lifelong learning, social learning and self-directed learning theories are described as the theoretical approach of this study.

Lifelong learning should be seen as a process, which challenges the traditional understanding of learning, where learning is defined more as a product. Lifelong learning usually includes a vision of a learning society where learners are able to find social circumstances in which learning can happen in the workplace (20). However, dominant lifelong learning processes in the workplace are informal and incidental learning. The learning process usually starts with an existing problem and follows with examining the problem and producing the solution (21).

Social learning theory (22) emphasizes reflective learning that happens informally in social situations and communities (21). Also, according to self-directed learning theory, the learning happens in a social context where other people are the most important learning resource. The learners are independent, setting the goals and assessments for their own learning (23).

Continuing professional development should be relevant, respond to the needs of employee learning (24) and be based on the special features of adult learning like voluntary participation, collaborative determined objectives and measurable satisfaction (25). Van der Bergh (26) sees the transfer of new knowledge into practical teaching situations, together with learning and active reflection, as a key element in the professional development of teachers. Avalos (27) notes the professional development of teachers is a complex process in which the methods and needs of development are very individualized. The purpose of professional development is to increase the professional expertise, competence and wellbeing of the individual, and to improve the organization's competitiveness and effectiveness (18, 28, 24, 29). The core of professional development is to improve educators' teaching and their students learning (30).

While there is a number of studies concerning the clinical nursing faculty competencies (31,32,33,34,35), there has been internationally few studies about the continuing professional development of educators in social and healthcare educational institutions. The results reported educators' desired continuing education topics, such as the use of teaching and assessment methods, competence in teaching subject (36, 37, 38) and the meaning of a single education event to the educators' practical work (39). Educators are participating actively in continuing education events, in Vilen's (38) survey 80% of educators had taken part in continuing education during the year.

Continuing education had helped educators in their work challenges, increased well-being, unified educators' working processes and gain their knowledge (40, 41). Also according to Koivula et al. (42) the continuing education had relationship to the educators' teaching methods.

Earlier studies relate to clinical nursing faculty competencies or social and healthcare educators' professional development only from a narrow field; formal continuing education and therefore do not give an overall picture of the phenomenon. Previous studies have been carried out from healthcare educators' viewpoint, and studies related to the professional development of social work educators are almost completely absent.

The aim of this research was to describe educators continuing professional development and identify continuing education role in it. The research question was: How do social and healthcare educators describe continuing professional development?

## **Research Data and Method**

### ***Data collection***

The research method was qualitative descriptive study because there is only little knowledge about the phenomenon. A qualitative descriptive study provides broad information on a diverse phenomenon such as the continuing professional development of social and healthcare educators (43). Multi professional focus group interview was chosen because the aim of research was to study both social and healthcare educators' experiences and also to get different perspectives of the phenomenon (44). The object of the focus group interview was that the educators were able to openly express their thoughts, they could react of others' opinions and share experiences. The goal was also that through group interview versatile and authentic information could be generated (44).

The educators who had teaching experience at least ten years were purposively selected from six universities of applied sciences and two vocational schools in different parts of Finland. Seven universities were Finnish and one was Swedish speaking. Educators were invited via email by contact person from each institution. Contact persons were head in the field of social and healthcare. All educators who wanted to participate were interviewed.

The group interviews were conducted by the main author and six other project investigators from January to April 2018. Interviewers had either a master or doctoral degree in health sciences and they were all educators and researchers in universities. In a group were 2-5 educators of various professions from the social and healthcare field. There were 10 groups and 35 educators participating. The background questions were age, education, work experience and status (Table 1). The interviews were conducted with open questions of semi-structured interview (44). The structure included questions of continuing education: competence development and features of good continuing education were based on previous literature. The questions were pilot tested with two educators.

**Commented [A3]:** mitä tarkoittaa? 6 amkia ja 2 ammattiopistoa edellisessä lauseessa ja tässä 7 yliopistoa ja 1 ruotsinkielinen? luvut eivät täsmää...

**Commented [A4]:** tehtiinkö muutoksia sen jälkeen?



The interviews were carried out at the educators ' workplaces, either in the meeting room or in the classroom, at a suitable time for the educators. The interviews lasted for an average of 1.5 h and only the participants and researcher were present. The interviewer made field notes after the interview. Educators were allowed to talk freely, and the facilitator moved next question when the previous topic seemed to be finished. The interviews were recorded and transcribed. Transcriptions were not returned to participants for commenting.

[Table 1. Characteristic of participants in groups near here]

### **Analysis**

The inductive content analysis sought to analyze a large number of subjective information as objectively as possible (45). The preparation started with selecting the analysis unit and it was decided to be a word or short phrase relating to continuing education or to professional development (46). Also was decided to analyse only the manifest content. In the preparation phase researchers read the written material through several times and immersed in the data (45). At this point research questions were particularized.

Organizing the data included open coding, creating categories and abstraction (45). In open coding a word or short phrase were underlined by three researches and headings were written in order to describe all aspects of the content after researchers had found an agreement about them. The 491 open codes were categorized by similarities into 39 different sub-categories and eventually into 11 categories. Three researchers were discussing about sub-categories and categories to find common interpretation. In abstraction, categories were organized into three main categories to give a general description of educators continuing professional development (45).

**Commented [A5]:** käsite?

**Commented [A6]:** käsite?

**Commented [A7]:** tarkemmin kuvaus, montako alkupeärisilmaisua oli ja ne pelkistettiin ja pelkistetyt ilmaiset ryhmiteltiin samanlaisuuksien ja erilaisuuksien perusteella alaluokiksi ja edelleen yläluokiksi....

## **Ethics**

The research has followed the guidelines of the Finnish Research Ethics Advisory Board on Good Practice (47) and has received an ethical permission from University of Jyväskylä Ethical Permission Board on December 2017. All universities and vocational schools, where the interviews were carried out, had given a research permission. Educators were invited to interview through contact persons and had the opportunity to refuse. Educators received information letter about the research by e-mail before the interview and in the beginning of the interview they had the opportunity to read it again from the paper. The information letter provided information on the purpose of the research, research permission, collection and preservation of data, and reporting of results. The voluntary and confidentiality of the research was emphasized. Informed consent was obtained from all individual participants included in the study. Data was anonymized and stored in security folders in University of Jyväskylä. Interviewed and background data will be stored for ten years in archive folders according to regulations for GDPR (48).

## **Results**

Participants educational background was mainly the master's degree in health science (15 educators), two educators had master's degree in management sciences, two in education sciences, two in social sciences and two had a vocational teacher education. Six educators had a PhD degree, two educators had a licentiate degree and one had a Bachelor's degree. Three educators' information was missing.

As result of inductive content analysis three main categories were found: educators' approaches for developing professional competence, barriers in continuing education and educators' continuing professional development needs. (Table1)

### ***Educators' approaches for developing professional competence***

Educators' approaches for developing professional competence were active participation, through multifaceted collaboration, working in projects, taking part to international activities of educational organization and self-study.

Active participation consists participation in continuing education, professional fairs, congresses and working life. Educators told they like to participate in both internal and external formal education and they experienced it gives them updated information and new teaching methods, which also benefits students. Formal education helps them manage their work better and is necessary for the educators 's competence. From one of the participants:

Continuing education is often the answer to a lot of questions, and one is coping with work. Although studying is an additional job, I still get oxygen and views and get into new circles. There will be networking if there are people from different organizations who do quite different jobs so I get a lot of intellectual capital. (group 10)

On the other hand, teachers experienced they are learning all the time even though they do not participate in formal education. Formal education is one way of developing their competence, but not the only one.

I would look more at the development of competence that continuing education is one way, but there are lots of other ways. You do not always have to go on continuing education to be up-to-date with your own

knowledge or your own skills. I have to think about when I've been in continuing education? I constantly learned new things all the time, but I have never been in any continuing training. (group 3)

Educators participated in the professional fairs and conferences of their own field and felt them particularly important for substance knowledge and networking.

The Aged People Nursing- fair is very good and there are experts who speak about nursing of aged people from their own perspective. They are really good and interesting. (group 5)

Multifaceted collaboration means networking, team teaching, getting help from colleagues and co-operation with working life. Educators are networking with educators of their own organization, employees from the working life, and their own substance partners, and also internationally. Educators learn by comparing the practices of other organization and updating information is easy with a broad network.

I see networking with teachers nationwide, I can quickly update my own knowledge when I talk to people. That is a quite nice, comfortable way. It is better to talk to a colleague than searching for information on the various schools' websites. You will get the relevant information right from your colleague. They are interested in the same things and conversations often bring new perspectives and you think what this could mean in our school. (group3)

Educators experienced their competence is developing by team teaching with another educator. Another educator may have more knowledge in one area and that knowledge can be shared. Educators learn also when getting concrete help from their colleagues, such as sharing teaching material or advice.

I know that if I need help, then I get it from xx. I'll get the help from the teacher. If I put it in some of our helpdesks, it's technical, but the teacher also knows it pedagogically. (group 4)

Educators experienced working life periods essential for their continuing professional development. In working life educators are able to quickly update their substance skills and knowledge and also learn what is the most important in the subject they are teaching.

When you have been teaching for a long time without being actively involved, when you go there (hospital), the subject will again clarify. Then I will be able to come back to teaching again, my back even more straight. I'm speaking with deep experience. It will disappear, if you have been separated from it for years. (group 8)

Working in projects is carrying out projects with own institution, various educational projects, projects with working life and with international partners. According to educators' experience the projects with own institution, working life and also educational projects, where educator works in a multi-professional group, provides new perspectives on work. Projects with working life increase educator's perceptions of pedagogical competence and provide information on the skills needed for future working life.

I feel that co-operation with the information systems and technology teachers and students as well has been the key-thing for us. (group 3)

International activities of organization consists teaching students from different cultures and participating international exchange programs. Educators told that international activities are part of their daily work.

For example, we have students from different countries, we have a lot of countries, and then we get a cultural experience. (group 7)

Self-study means studying at work time and at free time, following current issues and adding cultural knowledge. Educators told they are studying independently many issues related to teaching during working hours. Being updated also requires free-time learning about pedagogics, didactics and also keeping up with society. Traveling abroad on free time gives them sight from other cultures.

It is important to keep your eyes on, what is happening in society and internationally, in the whole area and what it means in education. (group 1)

### ***Barriers in continuing education***

Educators experienced that continuing education is hampered by lack of planning in staff development, there are barriers in education related factors and lack of resources.

Lack of planning in staff development means that information about education comes too late or not at all, there is no planned participation in continuing education among the team and educators can not implement learned in their work. They experienced some suitable education remain unused because information is inadequate and sometimes poorly coordinated.

I recognize there is a shortage of my knowledge. I know there is 800 euros for my continuing education, and I go and look when there would be something suitable for me. It does not happen because I have eight hours on that day, thesis seminar. (group 4)

Educators experienced participation in education events is not planned within the working team. In their view, it is important for the whole team to participate in education if the goal is to develop organizational aims and to get the content of the education into practice. Sharing, what is learned, is difficult, if the educator participates alone in education.

I've been in a project together with the whole work community or a certain workgroup, and it's been worked out. That working together is just a thought I'm not going to the course alone. It just takes a while, the glow of new ideas. But when you are together with others you can produce just the idea of doing it together and perhaps tangling things about your own organization. (group 5)

Educators experienced the knowledge gained in education does not immediately and easily implement on their work. Educators experienced they do not always have enough time to practice new skills and they may not get enough support in a consequence that learned remain unused.

It is not so simple that I do training and then nothing else than to start to use that skill. Now I can, but I have to do it in the desert alone a few times before. That in a way it would start to live in your work. "(group 8)

Education related factors are education is not timely, the way of education event is carried out is not appropriate, education does not add knowledge and education related to clinical competence is not available. Educators experienced the time, method and content of the education is not always adequate for educators' individual needs.

We were trained in that Teams (application) and we'll get a certificate from that course. And there is not even any guarantee that it will be used one day.

That is not even agreed. (group 4)

Lack of resources are lack of financial resources, lack of time, fixed-terms educators are not entitled participate in continuing education and educators have no motivation. Interviewed educators experienced they could not access education courses or working life period because there is no money to pay for the costs. Educators

experienced also lack of time to attend education events or learn new job-related issues at work time.

I think there is really a small budget. How to get a working life period? It has been the last nine years and I had only two days working in hospital. I think it's just a little bit sad. I would feel happy that I could go to work for a few months. If you are tempted to go to working life period and you get off from your work and go to work in the hospital, then you lose all your vacations. Then it will happen again that you will not do it. (group 9)

### ***Educators' continuing professional development needs***

Educators need high quality and extensive professional development. The need for high quality professional development means planned and relevant continuing education where educators can reach also individual aims. Educators need also supervision of work.

According to educators, planning the participation, timing, content and methods of continuing education should be increased in organizations. The achievement of education should not be based on offers of educational markets. Educators' developmental needs must be not only the needs of the organization or the supervisors' views, but they should also be recognized by the educators themselves.

I have to be constantly in control of what I need, knowing I have to get this knowledge with some experience, reading something or somewhere. If I can not, I will say to my supervisor that I need to go to this education. No superior can tell us that "you need that knowledge," the superior can not know it. (group 2)



In the social and healthcare field, educators experienced their work involves a great deal of interpersonal contact because they are meeting with many students, teachers and other staff. Sometimes there are problems in interaction which requires dealing with emotions and educators need for supervision of work.

Educators needed extensive development; development of digital competence, enhancing clinical competence, developing pedagogical competence, knowledge for working with culturally diversity students as well as with challenging students and also change management. The most important were utilization of digital technology in their work and to increase of clinical competence. Digitalization is developing fast and educators experienced they are behind it. Educators needed more competence in basic digital issues and combining digital content with teaching in an appropriate way.

I want something that connects digitalization and pedagogy and all these systems you are using in your everyday life, what is all digitalization you can use in teaching. (group 10)

Educators knew the working environment of future professionals is changing rapidly and they need to update their clinical skills and knowledge through working life.

Learning at work, I mean really clinical, practical work life, where I have good experiences, that I have been working there for a while to see how things are done there. (group 7)

Educators needed more pedagogical competence to find out the most relevant contents, combine different teaching methods and to manage with large groups.

They are so terribly heterogeneous groups here, from the masters of law to hairdressers [students who are studying second profession] . The bigger challenge is to know the students and to modify my own teaching so that the heterogeneous student groups feel them meaningful. (group 3)

Educators experienced working with students from different countries requires cultural competence and special pedagogical skills because students often have weak Finnish language skills. Students may also have weaker baseline knowledge than Finnish students. Educators are worried about students who do not follow with rest of a group and they do not understand correctly what is taught.

Although the tasks are done, but he (student from different country) do not understand what it is about and where they are related. He says that he does not understand any of these questions even though he has faithfully written things on the paper. (group 9)

Educators needed more knowledge and understanding in the different life situations of today's young people. Some students have mental health and substance abuse problems, concentration problems and neuropsychological problems, according to teachers experience these students need special support for their studies.

Have some tips about how to act in a classroom situation when there is a variety of problems in the classroom and you have to guide the students and there are really good ones and there are those who can't focus at all and they have to move all the time. (group 5)

Educators wanted to develop their competence and stay involved in rapid change. From educators point of view the adaptation to change is a key factor in coping with working life.

Again, I point out this too fast-changing reality, where we are training professionals, I need competence for that and perhaps continuing education.  
(H8)

They experienced change management requires flexibility, crossing boundaries of their own competence and networking. In addition educators ought to know the future professional competencies which are needed in the social and healthcare field.

## Discussion

The aim of research was to describe social and healthcare educators continuing professional development and identify continuing education role in it. Experienced educators from universities of applied science and vocational schools described their perceptions of their professional development. The results present educators' multiple ways for professional development and also the meaning of continuing education in it.

The continuing education has an essential role for educators' professional development; however, one part of professional development includes learning as part of daily work (18,19), which was also confirmed in this study. Educators learn in versatile ways, but it appears that these ways of learning are not well recognized in organizations. These findings are following the lifelong learning theoretical approach where learning usually happens at workplaces informal and incidental (20). Educators were aware of their learning, but it was not planned or organized. Most commonly, learning at work was through collaboration in different forms, which is supported by the social learning theory (22) and previous studies (25, 27, 50,51). It is evident that collaborative learning starts with an educational culture, which also facilitates networking and joint projects (27).

Töytäri et. al (49) found a different result in their study, where individual learning was typical, especially for educators under 50 years old. In this study, the mean age of educators was 56 years, and it is possible that this explains the different results.

Educators described some obvious barriers that prevent them from having the full benefit of educational events like time and financial resources. Similar results have been

Commented [A8]: en ymmärrä tätä lausetta?

found in earlier studies (27, 38) that background factors such as policy environment and school conditions are affecting on continuing education. Educators also told about educational needs, which are always bound by time and, therefore, are not so remarkable, but they certainly give an overall picture of today's current and challenging issues in the social and healthcare educational fields.

This study reveals also the lack of planning how continuing education is carried out. Educators pointed out several issues to be considered when planning continuing education; including benefits for both individual and organization, and individual needs and ongoing education. Longer educational interventions are better than short ones with different learning tools and reflection of experiences (27). The overall result is a picture of social and healthcare educators continuing professional development which is centralized around continuing education, where is no use for various opportunities to learn in daily work. As known, the multiple demands for social and healthcare educators' competence in the future require effective and continuous professional development, which should be a planned, evaluated and ongoing learning process (27).

Commented [A9]: ilmaisu hankala?

### **Limitations and Implications**

The trustworthiness of the research can be viewed and was improved thru researchers long time work with studied phenomenon which includes interviewing, transcribing, reading, analyzing data and discussion about data. Researchers were social and healthcare educators from university and university of applied sciences and they were aware of their experiences influence on analysis. The COREQ guidelines (52) were used to improve accuracy.

Even the sample was quite large and nation wide and the data was saturated (53), we have to be careful when thinking conclusions. The participants were very experienced educators who had versatile ways for learning and who described continuing education as a key element for their learning. Educators with less work experience might view professional development and meaning of continuing education differently.

The other limitation of this study is the selected sample; social and healthcare field, from universities of applied sciences educational field. Despite this, it could be possible to transfer these findings into different context and fields of vocational education and universities of applied sciences in Finland and also, depending from educational system, to other countries as well. Transferability has been confirmed by describing the research process as transparently as possible (54).

In the future would be important to design the survey study for educators in Finland and other countries and gain more information about this phenomenon. The results of the research can be utilized when designing the continuing professional development of educators at individual, group and organizational levels.

**Ethical Approval:** All procedures performed in this study involving human participants were in accordance with the ethical standards of the institutional and/ or national research committee and with the 1964 Helsinki declaration and its later amendments or comparable ethical standards. The study was approved by University of Jyväskylä Ethical Permission Board.

#### **References:**

- 1 Salminen, L., Stolt, M., Koskinen, S., Katajisto, J. & Leino-Kilpi, H. (2013).The competence and the cooperation of nurse educators. *Nurse Education Today*, 33, 1376-1381.

- 2 Mikkonen, K., Ojala, T., Sjögren, T., Piirainen, A., Koskinen, C., Koskinen, M., Koivula, M., ... Kääriäinen, M. (2018). Competence Areas of Health Science Teachers- A systematic review of quantitative studies. *Nurse Education Today*, 70, 77-86.
- 3 Bulman C., Lathlean J. & Gobbi M. (2017). The process of teaching and learning about reflection: research insights from professional nurse educator. *Studies in Higher Education*, 39(7), 1219-1236.
- 4 Cassum, S., Allana S. & Dias J. (2015). Experiences of adopting blended pedagogies in health assessment course in post RN Baccalaureate program of nursing in Karachi Pakistan. *Journal of Education and Training Studies*, 4, 221-228.
- 5 Duphily N. (2011). The experience of novice nurse faculty in an associate degree education program. *Teaching and Learning in Nursing*, 6(3), 124-130.
- 6 Felicida-Reynaldo, R. & Utely, R. (2015). Reflections of evidence-based practise in nurse educators' teaching philosophy statements. *Nursing Education Perspectives*, 36(2), 89-95.
- 7 Iqbal, S., Gul R., Lakhani A. & Rizvi A. (2014) Teachers' accounts of their perceptions and practice of providing written feedback to nursing students on their assessments. *International Journal of Higher Education*, 3(3), 70-80.
- 8 Beard, K. (2013). Teaching in a multicultural society: How nurse educators describe their role. *Journal of National Black Nurses Association*, 24(2), 64-71.
- 9 Elliot D. & Campbell T. "Really on the ball": exploring the implications of teachers' PE-CPD experience. *Sport, Education and Society*, 20 (3), 381-397.
- 10 WHO. (2016). Nurse Educator Core Competencies, Retrieved from [http://www.who.int/hrh/nursing\\_midwifery/nurse\\_educator050416.pdf](http://www.who.int/hrh/nursing_midwifery/nurse_educator050416.pdf)
- 11 Valtioneuvoston Asetus Ammattikorkeakouluista 1129/2014. (2014) [Government decree of the Universities of Applied Sciences 1129/2014]. Retrieved from <https://www.finlex.fi/fi/laki/alkup/2014/20141129?search%5Btype%5D=pika&search%5Bpika%5D=asetus%20ammattikorkeakoulusta#Pidp450128512>
- 12 Opetus- ja Kulttuuriministeriö. (2017). Asetus Ammatillisen koulutuksen tutkintorakenteesta [Regulation on Vocational Education Degree 680/2017]. Retrieved from <https://www.finlex.fi/fi/laki/alkup/2017/20170680>
- 13 SuPerin Eettinen työryhmä. (2015). Lähihoitajan Eettiset Ohjeet [Practical Nurse's Ethical Guidance]. Retrieved from

[https://www.superliitto.fi/site/assets/files/4599/lahihoitajan\\_eettiset\\_ohjeet\\_148x148\\_12s.pdf](https://www.superliitto.fi/site/assets/files/4599/lahihoitajan_eettiset_ohjeet_148x148_12s.pdf)

- 14 Pallisera M., Fullana J., Palaudarias J. & Padosa M. (2013). Personal or Professional Development (or Use of Self) in Social Educator Training. An Experience Based on Reflective Learning. *Social Work Education*, 32 (5), 576-589.
- 15 Spitzer A. & Perrenoud B. (2006). Reforms in Nursing Education Across Western Europe: From Agenda to Practice. *Journal of Professional Nursing* 22(3), 150-161.
- 16 Jackson, C., Bell, L., Zabalegui, A., Palese, A., Sigurðardóttir, ÁK. and Owen, S. 2009. A review of nurse educator career pathways; a European perspective. *Journal of Research in nursing* 14 (2): 111-122.
- 17 Valtioneuvoston asetus ammattikorkeakouluista [University of Applied Science Act 1129/2014] (2014). Ministry of Education and Culture , Finland.
- 18 Collin K., Van der Heijden B. & Lewis P. (2012) Continuing professional development. *International Journal of Training and Development*, 16(3), 155-163.
- 19 Van der Rijst, R., Baggen, Y. & Sjoer, E. (2019). University teachers' learning paths during technological innovation in education. *International Journal for Academic Development*, 24(1), 7-20
- 20 Hager P. (2004) Lifelong learning in the workplace? Challenges and issues. *Journal of Workplace Learning* 16(1), 22-32
- 21 Watkins K., Marsick V., Wofford M. & Ellinger A. The Evolving Marsick and Watkins (1990) Theory of Informal and Incidental Learning (2018). *New Direction for Adult and Continuing Education* 159, 21-36.
- 22 Andrew N., Tolson D. & Ferguson D. (2008). Building Wenger: Communities of practice in nursing. *Nurse Education Today* 28, 246-252.
- 23 Brookfield S. (1985). *Self-Directed Learning: From Theory to Practice*. Jossey-Bass Inc. Publishers, San Francisco, 17-31.
- 24 McMahan, G.T. (2017). The Leadership Case for Investing in Continuing Professional Development. *Academic Medicine*, 92(8), 1075-1077.
- 25 Rachal, J. (2002). Andragogy's detectives: A critique of the present and a proposal of the future. *Adult Education Quarterly*, 22(3), 210-227.

- 26 Van der Bergh, L., Ros, A. & Beijjaard, D. (2014). Improving teacher feedback during active learning: effects of a professional development program. *American Educational Research Journal*, 51(4), 772-809.
- 27 Avalos, B. (2011). Teacher professional development in Teaching and Teacher Education ten years. *Teaching and Teacher Education*, 27, 10-20.
- 28 Dymoc, D. & Tyler, M. (2018). Towards a more systematic approach to continuing professional development in vocational education and training. *Studies in Continuing Education*, 40(2), 198-211.
- 29 Stoll, L., Bolam, R., McMahon, A., Wallace, M. & Thomas, S. (2006). Professional learning communities: A review of the literature. *Journal of Educational Change*, 7, 221-258.
- 30 Huang Hoon, C. (2016). Fostering community, building trust, and navigating risks in academic development [Editorial]. *International Journal of Academic Development*, 21(3), 163-165.
- 31 Labrague L., McEnroe-Petitte D., D'Souza M., Hammad K. & Hayudini J. (2019). Nursing faculty teaching characteristics as perceived by nursing students: an integrative review. *Scandinavian Journal of Caring Sciences*, 1-11.
- 32 Shinael A., Nam-Jul L. & Haena J. (2018). Patient Safety Teaching Competencies of Nursing Faculty. *Journal of Korean Academy of Nursing* 48 (6), 720-730.
- 33 Marzilli C. (2016). Assessment of Cultural Competence in Texas Nursing Faculty. *Nurse Education Today* 45, 225-229.
- 34 Cooley S. & De Gagne J.(2016). Transformative Experience : Developing Competence in Novice Nursing Faculty. *Journal of Nursing Education* 55(2), 96-100.
- 35 XiaoJing H., Dan Z. & MinHua Z.(2011). Clinical Nursing Faculty Competence Inventory- development and psychometric testing. *Journal of Advanced Nursing* 67(5), 1109-1117.
- 36 Dickerson, P.S., Decker, S. & Scanlon, N. (2014). Developing an Interprofessional Continuing Education Symposium for Health Care Educators in Qatar. *The Journal of Continuing Education in Nursing*, 45, 545-551.
- 37 Oprescu, F., McAllister, M., Duncan, D. & Jones, C. (2017). Professional development needs of nurse educators. An Australian case study. *Nurse Education in Practice*, 27, 165-168



- 38 Vilen, L. & Salminen, L. (2016). Täydennyskoulutus terveystieteen opettajien ammattitaidon ylläpidossa ja kehittämisessä. *Hoitotiede*, 28, 137-149.
- 39 Ignatavicius, D. & Chung, C.E. (2016). Professional Development for Nursing Faculty: Assessing Transfer of Learning into Practice. *Teaching and Learning in Nursing*, 11, 138-142.
- 40 Salminen, L., Karjalainen, T., Väisänen, S., Leino-Kilpi, H. & Hupli, M. (2011). Hoitotyön opettajien arviointi omasta osaamisestaan [Educators' assessment of their own competencies] *Hoitotiede[Nursing Science]*, 23, 72-80.
- 41 Tanji, S. & Ligia de Oliviera, V. (2012). Continuing education subsidizing the competence of teachers of graduate nursing course. *Journal of Nursing UEPE On Line*, 6, 2065-2070. Retrieved January 15, 2018, from <https://periodicos.ufpe.br/revistas/revistaenfermagem/article/view/7310>
- 42 Koivula, M., Tarkka, M-L., Simonen, M., Katajisto, J. & Salminen, L. (2011). Research utilization among nursing teachers in Finland: A national survey. *Nurse Education Today*, 31, 24-30.
- 43 Sandelowski, M. & Barroso, J. (2002). Reading qualitative studies. *International Journal of Qualitative Methods* 1. Retrieved June 26, 2018, from <http://journals.sagepub.com/doi/10.1177/160940690200100107>
- 44 Parahoo, K. (1997). *Nursing Research, Principles, Process and Issues*. Great Britain, Creative Print and Design.
- 45 Elo, S. & Kyngäs, H. (2008). The qualitative content analysis process. *Journal of Advanced Nursing*, 62, 107-115.
- 46 Guthrie, J., Yongvanich, K. & Ricceri, F. (2004). Using content analysis as a research method to inquire into intellectual capital reporting. *Journal of Intellectual Capital*, 5, 282-293.
- 47 TENK, Finnish Advisory Board on Research Integrity (2012). Responsible conduct of research and procedures for handling allegations of misconduct in Finland. Retrieved from [http://www.tenk.fi/sites/tenk.fi/files/HTK\\_ohje\\_2012.pdf](http://www.tenk.fi/sites/tenk.fi/files/HTK_ohje_2012.pdf)
- 48 GDPR, (2016). Regulation (EU) 2016/679 of the European Parliament and of the Council of 27 April 2016 on the protection of natural persons with regard to the processing of personal data and on the free movement of such data, and repealing Directive 95/46/EC (General Data Protection Regulation). Retrieved from <https://eur-lex.europa.eu/eli/reg/2016/679/oj>

- 49 Töytäri, A., Tynjälä, P., Piirainen A. & Ilves, V. (2017). Higher education teachers' descriptions of their own learning: a quantitative perspective. *Higher Education Research and Development*, 36(6), 1295-1304.
- 50 Johnson, D. & Johnson, R. (2017) The use on cooperative procedures in teacher education and professional development. *Journal of Education for Teaching*, 43(3), 284-295.
- 51 Sjoer, E. & Meirink, J. (2016). Understanding the complexity of teacher interaction in a teacher professional learning community. *European Journal of Teacher Education*, 39(1), 110-125.
- 52 Tong, A., Sainsbury P. & Graig J. (2007). Consolidated criteria for reporting qualitative research (COREQ): a 32-item checklist for interviews and focus groups. *International Journal for Quality in Health Care* 19(6), 349-357.
- 53 Cope, D. (2014). Methods and Meanings: Credibility and Trustworthiness of Qualitative Research. *Oncology Nursing Forum*, 41(1), 89-91.
- 54 Korstjens, I. & Moser, A. (2018). Practical guidance to qualitative research. Part 4: Trustworthiness and publishing. *European Journal of General Practice*, 24(1), 120-124.



