

Social and Health Care Educators' Experiences of How Continuing Education Supports Their Professional Development

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Summary. This study aimed to describe social and health care educators' experiences of continuing education.

Data and methods. This descriptive qualitative study was conducted across four Finnish higher education institutions. The data were collected through semi-structured thematic group interviews with 19 social and health care educators. The material was analyzed using inductive content analysis.

Results. The educators emphasized how important continuing education was to their professional development. When discussing the need for further education, the participants expressed a desire for continuing education that covers digital pedagogy and skills relevant to the modern working environment, i.e., entrepreneurial and management competence. However, the participants reported that both their employers and the institution responsible for education spent insufficient resources on continuing education.

Discussion. Continuing education must cover relevant topics to be useful. This research provides new insight into how continuing education builds social and healthcare educators' competence as well as which topics have not been covered sufficiently.

Introduction

The work of an educator in the field of social, health and rehabilitative care covers multifaceted tasks that require a certain level of competence in didactics, management and leadership, research and development work, networking, cultural collaboration, and the development of one's own expertise (1). Previous research has revealed that educators feel as though they have high levels of competence across most of these areas, with an exception being entrepreneurial and management skills (rated as average) (2). The main purpose of continuing education is to supplement and maintain various competences. This form of education can be implemented in many ways, e.g., an introduction to working life, participation in training events, and international educator exchanges (3). In some cases, national laws mandate continuing education for social, health and rehabilitative care educators (4); for this reason, it is important for educators to attend continuing education and develop their competences in various ways.

Social, health and rehabilitative care educators' work content changes as society evolves; in other words, changes in working life and the general improvement of care will increase the pressure on teaching staff to improve their pedagogical competence and practical knowledge (5). Teaching has become more diverse in recent decades; for example, teaching is now more individualized to specific student needs. Furthermore, technology has become influential to teaching, with various information technology applications having been developed specifically for the field of education (6). It is important to note that a lack of opportunities for training in a particular field will prevent professionals' participation in continuing education. For this reason, researchers have stressed that more resources should be allocated to continuing education (7).

Participation in continuing education often takes place during working hours and is provided by the employer. Most research on continuing education has focused on primary and secondary school education, along with secondary vocational education (8, 5, 9). Previous research has found that health care educators need to develop their competence, with subject competence being the most relevant

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theme. Furthermore, there is evidence that nursing educators have developed their competence through continuing education, with improvements even noticed over short-term periods, i.e., after a one-week educational period (10).

Until now, research related to the continuing education of health care educators has focused on a specific area of expertise, such as simulation teaching (11), educator research methods management (12), or project management (13). An educator's competence consists of knowledge, skills, values, and attitudes, all of which should be clarified when planning continuing education (2). According to previous research, health care educators have identified a need for additional competence in subject and development competence, yet reported sufficient work community competence, management, and digital skills (14, 15). The present research was undertaken to provide a broad overview of the continuing education of social, health and rehabilitative care educators. The description of these educators' experiences of continuing education can support decision-makers in determining which trainings should be prioritized. The research question of the study was: in which ways do social, health and rehabilitative care educators feel that continuing education develops their professional competence?

Methods

Research Design. This descriptive qualitative research study was conducted as part of the national authors-blinded project, which is part of the Ministry of Education and Culture's education development program for educators. A qualitative approach was chosen since the research phenomenon had not been earlier described and can be considered essential for the continuing education of social, health and rehabilitative care educators.

Participants and Settings. Social, health and rehabilitative care educators from higher education institutions in northern Finland participated in the study. Inclusion criteria for participation were full- or part-time employment at a Finnish higher education institution; and working in a social, health or rehabilitative care teaching program. The heads of the included higher education institutions invited all 353 educators under their supervision to participate in the study. Participants either expressed an interest to participate themselves or were recommended for an interview by their managers. A total of 19 educators volunteered for the study. Informed consent to participate in the study was obtained from each participant.

Data Collection. Focus group interviews were conducted between February and April 2018, with two to four educators per group depending on the number of participants from each organization. The

interviews were conducted at the participating higher education institutions. A total of 19 educators were interviewed across seven group interviews. The group interviews were conducted as semi-structured thematic interviews to obtain diverse answers to questions that reflected the study aim. The themes were formed based on previous research and experience with the topic, which is why the interview framework was identical for all interviewees. The interviews included a fair amount of flexibility, i.e., the researchers let the interviewees respond based on their interpretations of the discussed themes. The interviewees discussed topics related to continuing education, namely, good practices in continuing education, wishes and needs for continuing education topics, good forms and methods of education, and anticipation of future competence. The interviews were recorded, with verbatim transcriptions yielding a total of 132 pages of content (16).

Data Analysis. The data analysis was guided by the study purpose and research question. The interview responses were analyzed by inductive content analysis because the study aimed to describe and structure the phenomenon in a concise way (16, 17). During the analysis, the material was initially reduced to meaning units, then codes ($n = 83$), which were further grouped into sub-categories ($n = 22$), categories ($n = 7$) and main categories ($n = 3$). This process meant that the researchers constantly supplemented and improved their understanding of the data, which ultimately created the basis for new understanding (see Table 1).

Ethical Considerations. Ethical guidelines were followed in the planning of the study, data acquisition, data processing and analysis, and reporting of results (18). During data collection, all participants were afforded sufficient privacy and information about the study. The research process was carried out in accordance with good scientific practice, legislation, and ethical guidelines (19).

Research permits were obtained from each of the four higher education institutions in northern Finland that participated in the study.

The Ethics Committee of the University of Jyväskylä provided an ethical statement on 12 December 2017. Each of the participants was asked to provide their informed consent to participate in the study. Moreover, participation was voluntary and the interviews were strictly confidential. The anonymity of the interviewees was maintained throughout the research process, and the interviewees were aware that they had the opportunity to withdraw from the study at any time. According to the current legislation, all of the collected material will be stored for 10 years in the archive folders of the University of Jyväskylä, after which the material will be disposed of properly (20, 21)

Table 1. Social and health care educators' experiences of continuing education

Subcategory	Category	Main category
Continuing education helps keep educators up-to-date	Continuing education maintains competence	Continuing education enables professional development
Continuing education is needed to maintain subject competence		
Continuing education is needed to maintain pedagogical competence		
Continuing education is also about keeping in touch with working life		
Continuing education requires educators to identify their own competences and relevant development needs	Continuing education strengthens competence	
Continuing education strengthens the management of one's own subject		
Continuing education strengthens subject competence		
Sharing know-how is also continuing education		
Educators learn things they did not know before through continuing education	Teachers need continuing education to strengthen their digital competence	Continuing education meets today's needs
Continuing education is needed for device management		
Continuing education is needed in digital method and technology management		
In the online world, continuing education is needed to understand behavior		
Continuing education is needed for business skills	Teachers need more training to function in today's society	
Continuing education is needed for internationalization		
Further training is needed to act as a social and health expert		
Continuing education is needed to operate in a new kind of working environment	Continuing education does not reach everyone	Adequate resources for continuing education
Motivation for continuing education varies		
Continuing education is perceived as irregular and there is a lack of coordination	Time and lack of financial resources are problems for successful training	
A lot of free time has to be spent on training		
Lack of time and money for training	Relevance and timeliness are important in continuing education	
Continuing education is perceived as meaningful		
Continuing education must be timely		

Results

The inductive content analysis revealed three main categories that described social, health and rehabilitative care educators' experiences of continuing education, namely, continuing education enables professional development, continuing education must meet today's needs, and adequate resources for continuing education (Fig. 1).

Continuing Education Enables Professional Development. The participants felt that continuing education was a good way to develop professional competence. More specifically, the participants stated that continuing education maintained an educator's

competence by ensuring that they have up-to-date knowledge on issues that are the most relevant to their field. Furthermore, the participants stated that continuing education was necessary to maintaining subject and pedagogical competence. Some of the interviewees mentioned that they updated their skills through both their work as an educator and through the workplace. These comments demonstrate how the interviewees felt that the educator must have connections to practical working life, as teaching must develop skills that will be relevant to working life. Furthermore, the interviewees identified information sharing among educators, which is

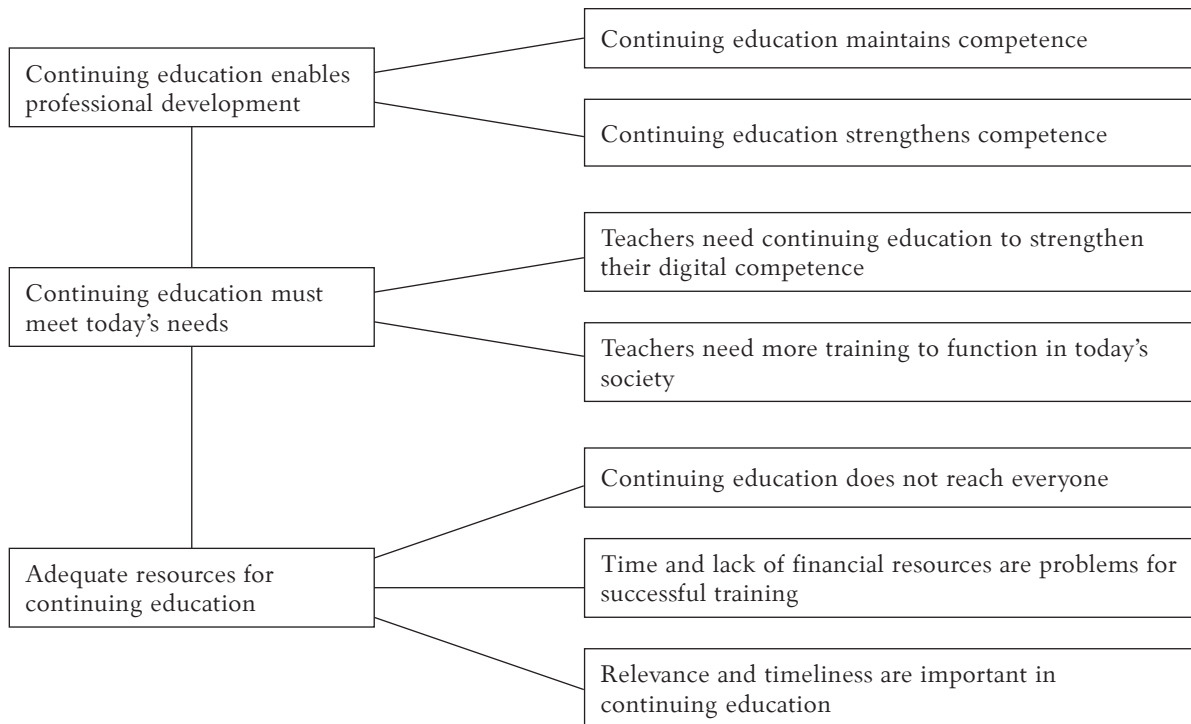


Fig. 1. Results of content analysis

commonplace in their work, as a form of continuing education. According to the interviews, an educator must identify their own competence needs when applying for continuing education.

“However, we are trained in a practical profession, yes, we have to have someone there to practice.” (Interview 3)

Continuing education strengthens competence by improving a professional’s mastery of a certain subject. However, the interviewed educators felt that they needed competence in various areas other than subject competence. The fact that continuing education is organized in cooperation with different fields of expertise means that educators can gain novel knowledge through this form of education.

“To go back to what the educator needs, you can take care of patients in nursing and do this and that. But when you are an educator, you need to have deeper knowledge about the work of an anatomy educator, a physiology educator, a pharmacology educator, and so on. Microbiology. In other words, the nurse generally knows just a fraction of what educators know about these subjects.” (Interview 7)

Continuing Education Must Meet Today's Needs. The interviewed educators agreed that they had the greatest need for continuing education about digital pedagogy and its role in handling rapid societal changes. The educators realized that digital tools and devices were being increasingly used in teaching, and that they needed – and desired – continuing education on this topic. The educators also felt that they needed further training on behavior in

digital environments and the use of digital services, e.g., various online platforms and programs. Data protection was also identified as an important topic for continuing education.

“Well, what’s really needed in the future is how we interact in the digital world, let’s say, for example, how I put digital applications right here and how the educator works in that role.” (Interview 6)

Educators also felt that they needed training to function in today’s society, as the world is rapidly changing and this can be challenging to keep up with. The interviewed educators stated that they expected continuing education to address topics related to business expertise and internationalization. The participants also felt that they needed additional training that addressed the modern work environment and contemporary social, health and rehabilitative care so that they could transfer knowledge about these themes to future professionals. Educators are also required to have project skills because their job description includes research and development activities in cooperation with working life.

Rapid changes in society also extend to the social and health care organizations in which educators work. Thus, educators need continuing education on how to work in expert organizations and/or what their specific professional responsibilities consist of. The educators also expressed a desire for continuing education about service design, marketing, and business skills; these competences could help the educators make the organizations they represent more competitive.

“And in a way, how to train future nurses to operate in this new environment would be really important.” (Interview 4)

Adequate Resources for Continuing Education. Interviewees felt that continuing education was not allocated sufficient resources. Moreover, some of the interviewees also stated that they would not be able to attend continuing education because the basic work of an educator is already so time-consuming and demanding. Certain educators did not participate in continuing education due to a lack of time and money. According to the interview responses, educators are not often afforded opportunities for continuing education. This is not in line with the principle that continuing education should be regularly and continuously available.

“Of course, in order to develop their own [competence] every educator in our field should have the power [to participate in continuing education] at all times, because the operating environment changes so enormously all the time.” (Interview 4)

The interviews highlighted the challenges associated with finding time to develop competence. For example, most of the interviewees said that they had to study in their spare time to keep their knowledge up-to-date. The interview responses also highlighted the diverse work tasks of an educator. Many trainings are also so expensive that it is not financially possible to participate in them.

“Sometimes there is a feeling that 24 hours is not enough here, but that there should be about 48 hours in a day.” (Interview 7)

Continuing education was considered relevant if it was related to subject competence or pedagogical competence. Furthermore, continuing education must include relevant content, as well as be offered at an appropriate time, to be considered worthwhile. The interviewees felt that educators should always know the main developments in their field; however, they stated that they receive continuing education too late in terms of their specific needs.

“Basically, now you notice that you just need to have simulation training with continuous updates since the simulation technology is continuously changing.” (Interview 5)

Discussion

Social, health and rehabilitative care educators reported a need for continuing education and found it relevant to developing their own competence. The interviewed educators felt that continuous education supplemented their subject management, knowledge, and skills (22), as well as provided enthusiasm and stimuli for their own teaching. The participants reported that most of the competence development took place in the workplace, for example, through team teaching (23). The research also highlighted

the importance of knowledge sharing, which the respondents identified as a form of continuing education. More specifically, some of the participants expressed that colleagues shared their expertise in conjunction with various meetings.

External continuing education was described as particularly desirable for the development of subject competence and pedagogical competence. The participants felt that they could increase their subject knowledge through working life co-operation, among other means. The results highlighted how a lack of resources could make it difficult for educators to participate in continuing education. A viable option would be to move most continuing education online so that it is accessible to all educators. However, it should be noted that not every form of teaching is completely suitable for online platforms; furthermore, not all educators may want to study online (24, 25).

The interviewed educators expressed a desire for various continuing education topics that would develop and maintain their skills. The participants also shared that most continuing education was theoretical. However, the interviewed educators wanted more training in digital pedagogy and information technology as they felt that communication skills are becoming increasingly important. Social, health and rehabilitative care educators have previously stated that the technology required for e-learning remains underdeveloped. Improvements in this issue would require more organizational support (26). Any developments to digital pedagogy should involve the users, i.e., educators, in the design of teaching methods (27). The study also revealed that continuing education is crucial to developing international competence. Educators can develop international competence through international projects and by teaching international students (28, 29).

The presented results support that social, health and rehabilitative care educators need continuing education to act as experts in their respective fields. Modern working life provides a strong example of why continuing education is so crucial. More specifically, the development of expertise must be considered an ongoing process as the working environment is constantly changing. Expertise and the management of professional skills are the social structures which allow an individual to prove their competence in practice. These structures include assessing and developing the quality of one's own work, introducing creativity and internal leadership, professional authority, and generic life skills (30). Educators at higher education institutions need continuing education on how to guide students, while the students expect to receive expert and up-to-date instruction from their educators (31).

The educators interviewed in this study hoped that continuing education would be provided at an appropriate time and would develop employer-employee interaction skills. Well-being at work increases when managers proactively coordinate education designed to develop competence, and when employees can influence the content (32). However, the allocation of resources is usually guided by the strategy of the educational organization, in which case educators' interests in continuing education can be ignored.

For this reason, decision-makers and upper management should keep in mind that a social and health care educator's competence is supported by adequate training, guidance and support, assessment and feedback, opportunities for continuing education, and personal characteristics (33).

Trustworthiness of the Study. The trustworthiness of a study can be assessed based on the credibility, validation, sanction, and transferability of the research (34, 35). Reliability was already considered at the data collection stage of the research. The fact that several interviewees provided similar responses in the interviews strengthened the credibility of the results. The repetition of various meaning units as inductive content analysis progressed indicated that a sufficient number of participants had been interviewed. The fact that the results could be combined up to sub-categories was also indicative of data saturation (17). The research was conducted to describe the studied phenomenon in such a versatile way that the results could be transferred to practice. The results are transferable to different fields of education and – to some extent – different levels of education when planning continuing education for educators. Consistency with previous research evidence also increased the confirmability of the reported results.

The topic and material of the study were carefully studied. Transparency was ensured by comprehensive descriptions of the research process, as well as the direct inclusion of interviewee quotations. The SRQR checklist of O'Brien et al. (36) was used when reporting the results. This list consists of 21 items that should be noticeable in the reporting of qualitative results. The reporting of results in this study covered every item on the list.

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Conclusions

The presented results revealed that social, health and rehabilitative care educators perceive continuing education as relevant for their professional development when topics are timely and support competence. Moreover, the participants feel that continuing education both supports and strengthens their professional competence. The topics included in continuing education should reflect topics that are relevant to the current working environment and the most recent digital teaching methods. Educators will teach the social, health and rehabilitation professionals of the future, so they must have the most up-to-date knowledge in the field. The results provide evidence that employers should allocate more time and resources to the continuing education of their staff.

The presented results support that social, health and rehabilitative care educators need continuing education to act as experts in their respective fields. Competence development of educators needs to be supported and guided as a continuous career development. Well-being at work increases when managers proactively coordinate education designed to develop competence, and when the employees can influence the content.

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Conflict of Interest

No conflict of interest has been declared by the authors.

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