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Professional development and career planning for nurses working in care homes for older people: A scoping review

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Abstract

Background: A skilled, knowledgeable, and compassionate nurse workforce is pivotal to caring well for older people living in care homes. This requires the provision of continuing professional development and career planning for nurses, which are key also for nurse recruitment and retention. Continuing professional development and career planning strategies and interventions should be evidence-driven.

Objective: To identify the extent, range and nature of contemporary evidence regarding professional development and career planning for nurses caring for older people living in care homes.

Methods: The methodological framework used was the Joanna Briggs Institute guidance for scoping reviews. The PRISMA extension for scoping reviews was used as the reporting framework. Four databases were searched from January 2010 to July 2021. Results were screened independently by two reviewers using eligibility criteria. Full texts and the reference lists of eligible articles were reviewed. Data were extracted for key elements from the 25 articles included.

Results: Of the 25 articles, the majority were authored in the United States ($n = 10$) and UK ($n = 8$) with the remaining from Australia ($n = 3$), Canada ($n = 3$) and the Netherlands ($n = 1$). Four articles reported on professional development programmes. Three literature reviews addressed challenges for nurse participation in professional development, experiences of care home nurses as clinical leaders and managers, and leadership. Two expert commentaries reported on the challenges related to professional development and career planning for care home nurses. Sixteen empirical studies investigated a range of topics including: competencies, roles, intention to stay and leave, continuing professional development, and leadership. Key emergent factors that support professional development and career planning were as follows: access to structured learning opportunities addressing knowledge and skills specific to nursing

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frail older adults, a supportive working environment including adequate staffing, study time and flexible working, and integration of leadership development.

Conclusions and implications for practice: This scoping review has highlighted factors that support and challenge professional development and career planning for nurses working in the care home sector. There remain important gaps in the opportunities for professional development and career planning for care home nurses that warrant attention.

KEYWORDS

career pathways, career planning, nursing care homes, older people, professional development, registered nurses, workforce

1 | INTRODUCTION

Globally, older people requiring 24h care may live in a variety of long-term care facilities that include care homes providing nursing and/ or residential care. In the United Kingdom (UK), there are over 5000 nursing care homes and 12,000 residential care homes (Carehome.co.uk, n.d) caring for around 400,000 older people (Laing-Busson, 2018). There are ongoing challenges in the recruitment and retention of nurses in the care home workforce (MAC Revealing Reality, 2022). Since 2012/13, there has been a 33% reduction in the number of nurses working in adult social care in England ($n = 17,000$) (Skills for Care, 2021), with a 41.5% turnover for nurses in nursing care homes in 2019/20 (Skills for Care, 2020a, 2020b). These challenges are influenced by factors such as a career in gerontology not being attractive to nurses (Naughton et al., 2019), care home nursing not having parity of esteem with hospital nursing (Fitzpatrick, Hayes, et al., 2021), variability in professional development opportunities (Oung et al., 2021) and career pathways (Skills for Care NCF, 2016), and the influence of factors such as organisational culture (Choi et al., 2011). Exacerbating these shortages are issues such as the COVID-19 pandemic (Garrett, 2021; OECD, 2021; Spilsbury et al., 2021), and for the UK, the impact of the UK leaving the European Union (Read & Fenge, 2019). For the year 2020–21 in England, an estimated two in five nurses left their post (equivalent to approximately 11,000 leavers), with an estimated vacancy rate of 9.9% (approximately 3200 nurses, Skills for Care, 2020a, 2020b, 2021).

Complexity of conditions and care needs of the older person living with frailty requires a co-ordinated, multidisciplinary approach using comprehensive, holistic assessment to plan and provide high-quality, person-centred care (British Geriatrics Society, 2021; Gordon et al., 2014, 2022). Key to achieving this is a skilled, knowledgeable and compassionate registered nurse (RN) workforce (Fitzpatrick, Hayes, et al., 2021). Specialist training in older people care, including core competencies, has been recommended for all care home multidisciplinary team members (British Geriatrics Society, 2021), with calls also for a specialist practitioner qualification in adult social care nursing (Meyer et al., 2021). Core competencies for nurses working in UK care homes were published in 2017 but have not been implemented nationally (Stanyon et al., 2017). More recently, the UK Queen's Nursing Institute (QNI, 2021), commissioned by National Health Service (NHS) England and NHS

Summary statement of implications for practice

What does this research add to existing knowledge in gerontology?

- Nurses working in care homes for older people are specialists in gerontological care.
- Factors that support professional development and career planning include access to structured learning opportunities addressing knowledge and skills specific to nursing frail older adults, a supportive working environment, and integration of leadership development.
- The potential for a certified programme of professional development with different career pathways for nurses in the care home sector is worthy of consideration.

What are the implications of this new knowledge for nursing care with older people?

- High-quality care and quality of life for older people living in care homes require investment in professional development and career planning for nurses.
- It is important that early career nurses choosing a career in the care home sector are supported to follow a programme of professional development to include competence development, career coaching and mentorship.
- There needs to be parity for the continuing professional development and career planning of all nurses, irrespective of work setting.

How could the findings be used to influence policy or practice or research or education?

- Continuing professional development could be mapped to national career pathways for the care home gerontological nurse workforce.
- How professional development might contribute to a specialist qualification in gerontological care home nursing warrants further examination.
- Evaluation of professional development programmes should be conducted, investigating outcomes for nurses, residents, families/friends and care organisations.

Improvement, led on the development of standards of education and practice for RNs new to working in the care home sector. The standards are organised into four domains: clinical care (13 standards), leadership and management (14 standards), facilitation of learning (5 standards), and evidence, research and development (6 standards). To date, the standards are not mandatory. This contrasts with established nursing competencies and standards in countries such as Canada (CGNA, 2020).

These issues reaffirm continuing professional development and career planning as important policy priorities to recruit and retain nursing excellence. This scoping review of the evidence about professional development and career planning for nurses working in the care home sector was conducted as part of a wider study funded by the Royal College of Nursing Foundation to develop a gerontological education-career pathway for early career nurses working in care homes.

2 | AIM

The aim of this scoping review was to understand the extent, range and nature of evidence regarding professional development and career planning for nurses working in the care home sector caring for older adults.

3 | METHODS

A scoping review design was chosen because it is suitable for mapping and providing an overview of evidence in the field (Aromataris & Munn, 2020). The methodology used was the Joanna Briggs Institute (JBI) guidance (Peters et al., 2020), an internationally recognised, comprehensive framework for conducting scoping reviews. Adopting this design and methodology facilitated insight into the concepts of professional development and career planning, the population being RNs, and the context being care homes caring for older people. The Preferred Reporting Items for Systematic Reviews and Meta Analysis (PRISMA) Extension for Scoping Reviews was used as the reporting framework (Tricco et al., 2016).

3.1 | Eligibility criteria

To be included in the review, articles needed to have addressed career planning and/or professional development for RNs working in care homes caring for older people. No limits were applied to the population of RNs. Articles were included if they were as follows: published between 2010 to the present date to capture the latest evidence; primary research; literature reviews; scoping reviews; systematic reviews; doctoral theses; and expert commentaries. Articles were excluded if they: did not address the review question; did not report methodological details; were not published in English; and were news articles, opinion pieces or editorials.

BOX 1 Search strategy

(1) registered nurse* OR RN OR nurse practitioner OR licensed practical nurse OR LPN.

(2) older people OR older adult OR geriatric* OR elder* OR senior.

(3) career* OR career* path* OR career* planning OR career* development OR professional development OR education OR education career* pathway OR training OR nurs* education pathway OR staff development.

(4) care home OR long-term care OR nursing home OR nursing care home OR residential home.

(1) AND (2) AND (3) AND (4)

Four databases were searched from January 2010 to July 2021: Ovid Medline, Embase, PsycINFO and Global Health. These databases allowed us to conduct comprehensive searches for global papers relevant to the topic. Hartling et al.'s (2016) study of the contribution of databases to the results of systematic reviews found that a limited number of databases will identify most relevant studies. The search strategy was developed and refined by the team. Search terms included "registered nurse," "older people," "career pathway," "professional development" and "long term care." A reference list search was also undertaken. A full search strategy is presented in [Box 1](#). The results were imported into EndNote, and duplicates were removed. The grey literature was not searched.

3.2 | Selection of sources of evidence

Two team members (JF and RH) independently screened the titles and abstracts to identify potentially eligible articles for inclusion. Any points of uncertainty or disagreement were discussed within the team and resolved. The same approach was used for full-text review.

3.3 | Data charting

A data charting form was developed that included the 12 item TIDieR checklist (Hoffmann et al., 2014) for the reporting of interventions. Using this checklist helped us to examine how interventions were developed and implemented. The form was reviewed and finalised by three reviewers (JF, RH and TdaS). To assess inter-reviewer agreement, the same three reviewers independently charted data from two eligible articles. Independent charting was reviewed by the team, with evidence of inter-reviewer agreement. Data were extracted on key characteristics: title of the article, publication year, authors, country, aim(s) of the article, study design, description of the study setting and population, details of professional development and career planning interventions, findings about career planning and pathways, findings about professional development,

and recommendations. Consistent with methodological guidance for scoping reviews, a quality appraisal of individual sources was not conducted (Peters et al., 2020; Tricco et al., 2016). A thematic analysis was used to synthesise the findings (Braun & Clarke, 2021). Following a process of familiarisation with the data, LB created and mapped codes. Similarities and differences across the codes were identified and transformed into potential themes. Themes were reviewed, defined and finalised by team members.

4 | RESULTS

The search identified 321 articles from which 100 duplicates were removed, leaving 221 results for screening of titles and abstracts using the inclusion criteria. Thirty-seven articles for full-text evaluation were retrieved, and of these, 25 met the inclusion criteria (Figure 1). The three articles by Thompson et al. (2015, 2016, 2018) were retrieved from the author's PhD Thesis (Thompson, 2015).

4.1 | Mapping the literature

Table 1 summarises the characteristics of the included records. The 25 articles were authored in the United States ($n = 10$), UK ($n = 8$),

Canada ($n = 3$), Australia ($n = 3$) and the Netherlands ($n = 1$). Two expert commentaries reported on challenges related to professional development and career planning for care home RNs (Devi et al., 2021; Santamaria & Lange, 2016). Four articles reported on bespoke professional development programmes for care home RNs (Aaron, 2011; Cramer et al., 2014; Dassel et al., 2019; Wasike et al., 2019). Three reviews of the literature addressed deterrents to participation in clinical education for care home RNs (Schweitzer & Krassa, 2010), experiences of care home RNs as clinical leaders and managers (Dwyer, 2011), and leadership and RNs working after-hours in residential aged care facilities (Nhongo et al., 2018). Sixteen empirical studies investigated competencies (Stanyon et al., 2017) and roles of care home RNs (Campbell et al., 2020; Huizenga et al., 2016; Thompson et al., 2015, 2016, 2018); intention to stay (McGilton et al., 2014); turnover (Hodgin et al., 2010; Kash et al., 2010); professional development (Cooper et al., 2017; Corbett et al., 2015; Dyck & Kim, 2018; Spilsbury et al., 2015); and three studies focused on care home RN leadership (Fiset et al., 2017; Venturato & Drew, 2010; Vogelsmeier et al., 2010). The over-arching themes identified were as follows: factors affecting nurses' career choices in the care home sector; promoting a career as a care home RN; professional development—content and methodologies; and barriers and facilitators for care home RNs' professional development and career planning (Figure 2).

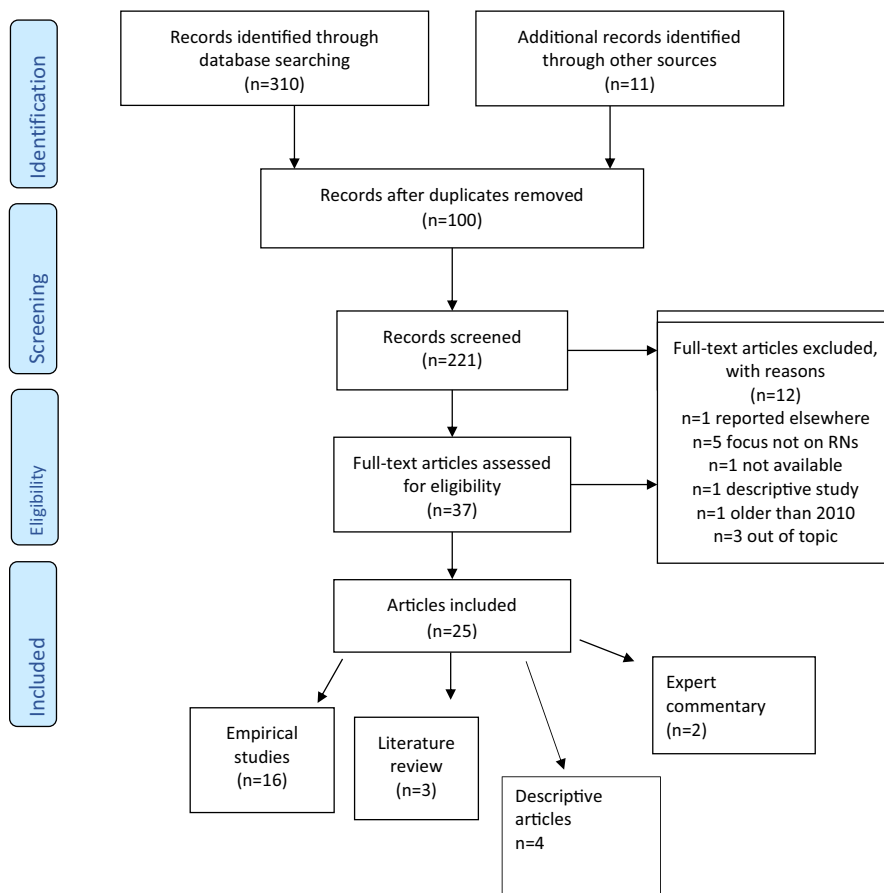


FIGURE 1 PRISMA flowchart for selection of articles

TABLE 1 Summary of included papers

Authors, year of publication, country	Type of paper or study design	Aim	Review size or sample size
Hodgin et al. (2010). US	Survey	To help filling the knowledge gap regarding correlates to long-term-care nursing turnover reporting chi-square test findings on selected nurse demographic variables and job-related dimensions for leaving their employer in long-term-care nurses in West Virginia	n = 253
Kash et al. (2010). US	Survey	To explore and develop more predictive models explaining RN supervisor turnover	n = 626
Schweitzer and Krassa (2010). US	Integrative review	To identify factors identified in the research literature that nurses perceive as deterrents to their participation in clinical education (CE)	n = 10
Venturato and Drew (2010). AUS	Qualitative explorative	To explore an existing, non-traditional model of care with an innovative staffing configuration within a residential aged care context	n = 14
Vogelsmeier et al. (2010). US	Descriptive	To share early findings from the Leadership Development Academy (LDA) to emphasise outcomes to date	n = 75
Aaron (2011). US	Descriptive	To introduce a systems approach using preceptors to improve recruitment and retention of RNs in the LTC setting	n = 12
Dwyer (2011). AUS	Qualitative systematic review and meta-analysis	To critically appraise, synthesise and present best available evidence on the experiences of RNs as clinical leaders and managers in residential aged care	n = 8
Corbett et al. (2015). US	Quasi-experimental cross-over	To pilot and evaluate a novel telegeriatrics teaching Model	n = 60
Cramer et al. (2014). US	Mixed methods with retrospective pre-tests	Describes a project to improve nursing care quality in long-term care (LTC) by retooling registered nurses' (RN) geriatric clinical competence	n = 84
McGilton et al. (2014). Canada	Descriptive	To understand factors that influence nurses' intentions to remain employed at their current job	n = 41
Thompson et al. (2014). UK	Hermeneutic phenomenological design	To explore the influence that multiple-source care funding issues have on nursing home nurses' experiences and views regarding their role/practice and status/role appeal	n = 13
Spilsbury et al. (2015). UK	Multi-methods project with (1) a rapid literature review; (2) mapping secondary data; (3) a modified Delphi survey; (4) interviews with key stakeholders	To scope what is known about the nursing workforce in UK care homes and their education, training and career development, with the aim of identifying future priorities for research and development	Delphi survey: n-163 (round 1), n = 189 (round 2); Interviews with stakeholders n = 16
Cooper et al. (2017). UK	Two-stage, on-line modified Delphi study	To establish a consensus on the care and professional development needs of registered nurses (RNs) employed by UK care homes	n = 352
Huizenga et al. (2016). Netherland	Descriptive	To gain insight into a new type of nurse specialised in gerontology and geriatrics, how they find meaning in the care of older persons and how this relates to the seven professional roles derived from the CanMEDS theoretical framework	n = 67
Santamaria and Lange (2016). US	Commentary	To provide an overview on the effectiveness of a programme to potentially decrease hospitalisation of long-term care patients	N/A

(Continues)

TABLE 1 (Continued)

Authors, year of publication, country	Type of paper or study design	Aim	Review size or sample size
Thompson et al. (2016). UK	Hermeneutic phenomenological design	Explore nursing home nurses' perceptions of what influences their occupational status	n = 13
Fiset et al. (2017). Canada	Three-phase sequential mixed-methods case study approach	To a) investigate the perceived leadership learning needs of RNs working in LTC and preferred methods for delivering this learning and b) to evaluate the perceived impact of leadership training	Phase 1 n = 29 Phase 2 n = 25 Phase 3 n = 10
Stanyon et al. (2017). UK	Descriptive	To develop a competency framework for RNs working in care homes using the Delphi method	n = 16
Thompson et al. (2017). UK	Hermeneutic phenomenological design	To develop a competency framework for RNs working in care homes using the Delphi method	n = 13
Dyck and Kim (2018). US	Descriptive exploratory	To determine the continuing education needs of nurses in Central Illinois and any potential facilitators or barriers	n = 317
Nhongo et al. (2018). AUS	Literature review	To synthesise and analyse the literature pertinent to the RN's competence and confidence to undertake the leadership role when working in residential aged care facilities after-hours and to determine any association of leadership with quality resident outcomes	n = 19
Wasike et al. (2019). UK	Descriptive	To examine the learning outcomes from a pilot career development programme for care home nurses, which was designed and delivered as part of a Florence Nightingale Foundation leadership scholarship	n = 15
Dassel et al., 2019. US	Descriptive	To provide a detailed description of the steps taken to develop the program of study for an elective graduate certificate in PALTC, including the clinical and didactic requirements	N/A
Campbell et al. (2020). Canada	Sequential mixed-methods	To explain how NPs provide care in a sample of LTC settings in Saskatchewan	n = 7
Devi et al. (2021). UK	Commentary	Provides a brief overview of known workforce challenges for the care home sector and argues for studies that use empirical evidence to test different theories of what might work for different staff, how and why, and in different circumstances	N/A

4.1.1 | Theme 1: Factors affecting nurses' career choices in the care home sector

Factors encouraging nurse retention

For many nurses, a career in the care home sector is a rewarding one (Cooper et al., 2017) and a factor that encourages nurses to stay in their job was intrinsic motivation and commitment to care well for older people living in care homes (Dwyer, 2011). Nurse resilience and persistence contributed to providing high-quality care (Dwyer, 2011), with nurses wanting older people and their roles as nurses to be valued and respected by society. Job recognition and positive feedback can improve nurse morale, opportunities for empowerment, as well as improving care delivery and outcomes (Dwyer, 2011). Other positive factors included attractive salaries, flexible working, investment in professional development (McGilton et al., 2014; Thompson et al., 2018; Vogelsmeier et al., 2010),

strong relationships with peers and residents (Aaron, 2011; Hodgkin et al., 2010; Vogelsmeier et al., 2010), standardising employment practices, offering orientation and mentorship programmes, flexible working arrangements (Devi et al., 2021; Thompson et al., 2015; Vogelsmeier et al., 2010), and nationally developed career pathways (Spilsbury et al., 2015).

Caring well for older people requires specialist skills (Aaron, 2011; Cooper et al., 2017; Dassel et al., 2019; Dwyer, 2011; Wasike et al., 2019). Initial nurse preparation programmes were regarded as not exposing learners to gerontological care in the care home sector and not developing learners to care for older people living in care homes (Cooper et al., 2017), and a call was made to set a gold standard for care home nursing (Stanyon et al., 2017). A healthy work environment that focuses on the development of clinical leaders can improve productivity and a holistic care approach (Dwyer, 2011). Feedback on Wasike et al.'s (2019) development programme for care

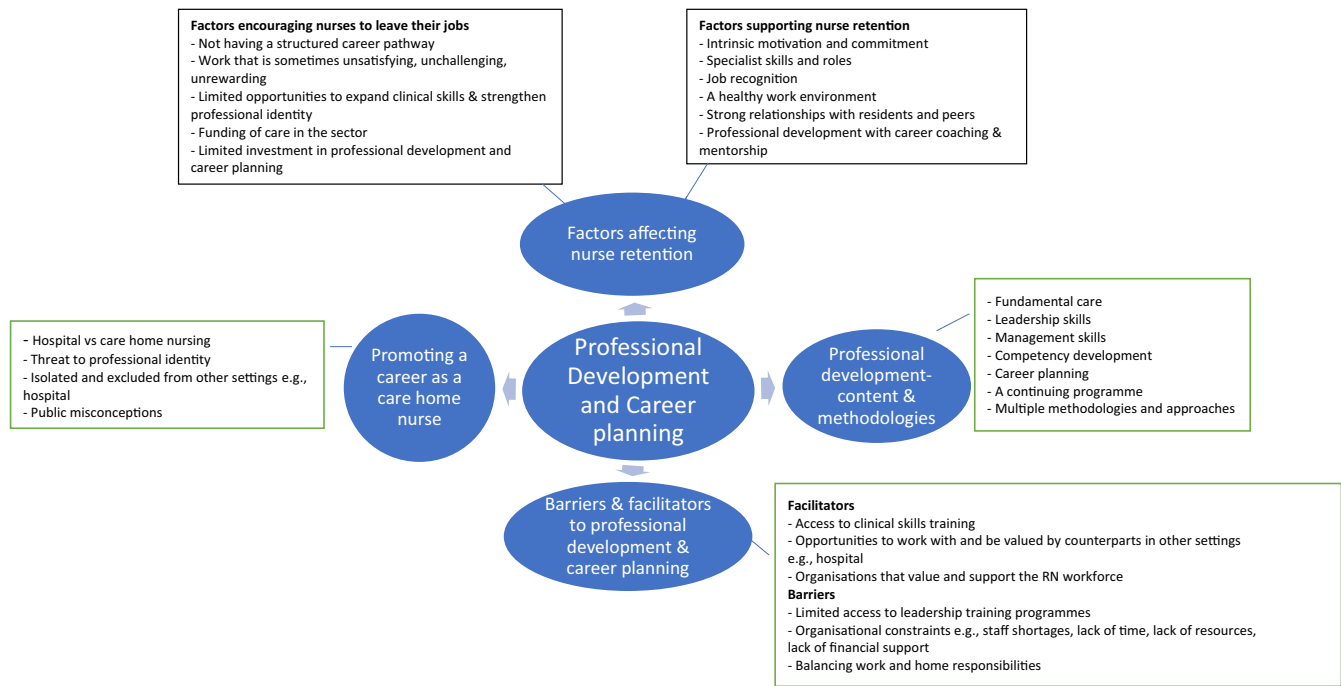


FIGURE 2 Professional development and career planning for nurses working in care homes for older people.

home RNs in leadership roles included the valued contributions of role models in challenging stigma around choosing a nursing career in the sector. Specialist roles such as nurse practitioner (NP) and other specialist pathways were advocated (Dwyer, 2011; Spilsbury et al., 2015). For instance, NPs in a care home setting were reported as providing resident-centred care through timely access to primary care, medication review, decreased transfers to hospital and more collaborative interprofessional practice (Campbell et al., 2020). Initiatives such as a specialist gerontological qualification helped validate nurses' expertise and were positive for recruitment and retention (Aaron, 2011; Cooper et al., 2017; Dwyer, 2011; Spilsbury et al., 2015; Thompson et al., 2015), as did new roles (Venturato & Drew, 2010). With a certification programme, nurses expected improved quality of care, with access to evidence-based practice resources (Cramer et al., 2014). Nurses felt a sense of accomplishment, enjoyed interacting with others and benefited from supportive networks (Cramer et al., 2014). Nurses were more likely to stay in an organisation that valued high-quality care, professional growth and preceptorship of new nurses enabling the sharing of knowledge and expertise (Aaron, 2011).

Factors encouraging nurses to leave their job

Lack of structured career pathways for care home nurses was reported (Cooper et al., 2017; Devi et al., 2021; Dwyer, 2011; Spilsbury et al., 2015; Stanyon et al., 2017; Thompson et al., 2016, 2018) and was perceived as having a negative influence on nurse recruitment and retention (Cooper et al., 2017). Nurses considered leaving or had left the sector to work in hospital settings (Kash et al., 2010; Spilsbury et al., 2015; Thompson et al., 2016, 2018). For some nurses, working in the care home sector was viewed as unsatisfying

(Cramer et al., 2014), unchallenging and unrewarding (Spilsbury et al., 2015; Thompson et al., 2016), and lacking in opportunities to expand clinical skills and strengthen professional identity (Thompson et al., 2016, 2018). In contrast, hospital nursing was regarded as affording opportunities for better jobs and career advancement (Kash et al., 2010).

Tensions related to the funding of care in the care home sector (Thompson et al., 2016, 2018) made some nurses feel uncomfortable. It created tensions between care, funding, and challenges associated with 'selling' beds and with self-funding residents' expectations of care (Thompson et al., 2015). Nurses did not feel prepared for this business component and experienced culture shock (Thompson et al., 2015). Whilst some adapted, others chose to leave their jobs (Thompson et al., 2016, 2018).

Attracting, recruiting and retaining care home nurses were also difficult due to factors such as a lack of investment in the sector; shortages of nursing staff, with consequent excessive workloads; low public and professional perceptions of care home nursing; long unsociable hours; low pay and zero-hours contracts (Devi et al., 2021; Dwyer, 2011). Other factors influencing RN turnover were travel time to the workplace, facility conditions, difficult relationships with supervisors, resident behaviours and family needs (Hodgin et al., 2010).

4.1.2 | Theme 2: Promoting nursing careers in the care home sector

Nurses perceived that their peers in acute settings regarded aged care as lacking competency, having poor clinical expectations and

working conditions (Dwyer, 2011), and with a predominant focus on residents' social well-being (Thompson et al., 2016, 2018). It was suggested by some nurses that due to the more stable health conditions of residents, multidisciplinary input is not needed (Thompson et al., 2018), and they doubted their ability to practice in an acute care setting (Dwyer, 2011). Some nurses felt isolated from and excluded by their hospital counterparts and less clinically skilled to the point of, for some, not feeling like a healthcare professional (Thompson et al., 2018). Care home nurses reported being associated with the role of healthcare assistants, leading health staff in the acute sector and the public to think that they were less skilled (Thompson et al., 2016). Also threatening RNs' professional identity were public views that care home nurses provide mainly personal care and further that this is considered 'dirty work' because it involves body fluids and waste (Thompson et al., 2016). To cope with negative feelings, some nurses created their own professional identity giving themselves a new title of 'care nurse', acknowledging their health and social care roles (Thompson et al., 2018). This aligns with nurses in Cooper et al. (2017) study who reported a positive image of the care home RN, having important responsibilities such as promoting dignity, personhood, well-being, ensuring residents' safety and enhancing quality of care.

4.1.3 | Theme 3: Continuous professional development—content and methodologies

Professional competence (knowledge, skills, and attitudes of the RN) was the focus of professional development in several papers. This included skills in communicating (Cramer et al., 2014; Fiset et al., 2017), personal care-giving (Cooper et al., 2017; Spilsbury et al., 2015), managing long-term conditions (Cooper et al., 2017; Dyck & Kim, 2018), diabetic, respiratory and cardiac care (Dwyer, 2011), and managing the deteriorating resident (Wasike et al., 2019). Professional development needs identified in Dyck and Kim (2018) exploratory descriptive study included knowledge and skills related to pressure ulcer care, infectious diseases, mental and emotional problems, and managing multiple long-term conditions. Reflecting the view reported earlier that residents' health status is relatively stable, participants in Thompson's (2015) study reported that the care home nurse role requires less clinical skills related to acute conditions than other areas of adult nursing. However, they do require more social work skills to support residents and their families deal with internal family conflict and help prepare them for the intensity of their involvement with families. This is largely absent from nurse education programmes (Thompson, 2015).

Six papers addressed RNs' leadership development (Dwyer, 2011; Fiset et al., 2017; Nhongo et al., 2018; Venturato & Drew, 2010; Vogelsmeier et al., 2010; Wasike et al., 2019), and the development of management skills including communication, conflict resolution, assertiveness, teamwork and quality improvement (Dwyer, 2011; Fiset et al., 2017; Stanyon et al., 2017; Venturato & Drew, 2010; Wasike et al., 2019). Participants in Wasike

et al.'s (2019) six-month development programme 'recognised that more clinical leadership development is needed for care home nurses to transition through practice into specialised roles such as registered manager, advanced nurse practitioner or tissue viability nurse specialist' (pg. 26).

RN leadership programmes were successful in increasing positive attitudes, confidence, skills in giving feedback, conflict resolution and valuing colleagues, leading to greater team efficiency (Corbett et al., 2015; Fiset et al., 2017; Vogelsmeier et al., 2010). Professional development programmes helped nurses to gain knowledge and skills to manage difficult situations with confidence, had a positive effect on their own professional image and made them feel like 'real nurses', proud of caring for vulnerable people (Wasike et al., 2019). Consistent contact with participants and faculty could potentially facilitate professional development, as learners apply what they learn in their work settings, discuss outcomes, seek and provide feedback and internalise leadership behaviours (Vogelsmeier et al., 2010). Opportunities for professional development also resulted in care home RNs feeling less isolated (Dwyer, 2011).

Competency development can support definition of career pathways in care home nursing as well as increasing the status of work in this area (Stanyon et al., 2017). Two papers included competency development issues (Dassel et al., 2019; Wasike et al., 2019). In the United States, Dassel et al. (2019) gerontology graduate certificate included content on careers in long-term care. Wasike et al. (2019) professional development for care home nurse leaders focused on four key competencies which included 'identifying and considering potential pathways for career development in the care home sector' (pg. 23). Spilsbury et al. (2015) argue that professional development should be more than 'one-off' training. Rather, it should be a continuing programme to ensure that RNs have opportunities to develop further their knowledge. Methodologies suggested for professional development included formal and informal training and development, on the job and external to the work environment, using video teleconferences, webinars, conference calls and face-to-face delivery, for example, via workshops (Cooper et al., 2017; Corbett et al., 2015; Dyck & Kim, 2018; Fiset et al., 2017; McGilton et al., 2014; Schweitzer & Krassa, 2010; Spilsbury et al., 2015; Wasike et al., 2019).

Interactive learning via strategies such as discussion, case scenarios, reflection, in-house mentorship and one-to-one training at the point of care were reported as being effective (Fiset et al., 2017). Specialist in-reach support, link nurses and external experts to deliver content and provide guidance were important for confidence development and to support the delivery of resident care, for example from specialist nurses, and general practitioners (Cooper et al., 2017; Spilsbury et al., 2015) and ongoing mentorship was considered essential (Fiset et al., 2017). In Cramer et al.'s (2014) study, telegeriatrics was as effective as in-person training, although nurses preferred the latter. Additionally, building communities of practice where nurses from different care homes can meet regularly could provide additional opportunities for networking across health and

social care, with calls for funding to promote and support these collaborations (Wasike et al., 2019).

Three papers reported on the development of learning environments within care homes, with content provided by external educators, complemented by in-house mentorship (Cramer et al., 2014; Dyck & Kim, 2018; Fiset et al., 2017). Vogelsmeier et al. (2010), Fiset et al. (2017) and Dyck and Kim (2018) reported on care homes fostering partnerships with education providers, providing opportunities for care home nurses to develop and sustain networks with other learners and faculty, as well as facilitating the application of learning in the work environment and sharing learning with others. Participants in Thompson (2015) study wanted to pursue university degrees for advanced practice, to advance their clinical practice and their careers, but some organisations lacked adequate opportunities to support these ambitions (Dwyer, 2011; Wasike et al., 2019).

4.1.4 | Theme 4: Barriers and facilitators to care home RNs' professional development and career planning

RNs working in the gerontological care home sector require a particular set of skills, knowledge, competences and experience to provide high-quality care, enhance quality of life and well-being, and reduce morbidity (Cooper et al., 2017; Thompson et al., 2018). RNs need to be able to access clinical skills training; work with and be valued by their hospital counterparts; promote continuity of care; and provide holistic, person-centred care for residents. When organisations take steps to value and support the RN workforce, acknowledging them as equal partners, and as significant contributors to care provision (Thompson et al., 2018), this can strengthen professional identity, reduce staff turnover and enhance job satisfaction (McGilton et al., 2014; Thompson et al., 2018).

Nhongo et al. (2018) reported that nurses have minimal access to leadership training programmes, limiting their competences, confidence and career progression. In several papers, professional development opportunities were disrupted by staff shortages, lack of staff cover, high staff turnover, lack of time, excessive workload, lack of resources such as computers, and limited technological literacy skills (Cooper et al., 2017; Dwyer, 2011; Dyck & Kim, 2018; Fiset et al., 2017; Huizenga et al., 2016; Nhongo et al., 2018; Santamaria & Lange, 2016). Additionally, travel distance, being required to take vacation or personal unpaid time (Cooper et al., 2017; Dyck & Kim, 2018; Fiset et al., 2017; Schweitzer & Krassa, 2010), balancing responsibilities of work and home (Dyck & Kim, 2018; Schweitzer & Krassa, 2010; Wasike et al., 2019) and a perceived lack of benefit in undertaking professional development (Schweitzer & Krassa, 2010) were reported as challenges.

Factors facilitating nurses' professional development included managing coursework and assessment requirements to help participants manage work and family responsibilities, greater access to development opportunities, better organisation of distance learning or within a reasonable journey time, and lower costs (Cooper

et al., 2017; Cramer et al., 2014; Dyck & Kim, 2018; Fiset et al., 2017; Schweitzer & Krassa, 2010). Professional development needs to be facilitated by employers providing compensated time for nurses to attend (Schweitzer & Krassa, 2010). Clinical nurse educators have a valuable role to play in scoping RNs' learning needs (Schweitzer & Krassa, 2010), and senior leadership in care home organisations are influential in encouraging and rewarding RNs who take initiative for their own learning (Dyck & Kim, 2018).

Hindering participation in professional development activities were factors such as a lack of courses (including clinical skills training and gerontological specialist courses), funding challenges, limited support and understanding by commissioners of care home RNs' training needs, and problems with identifying who is responsible for assessing development needs and competence (Cooper et al., 2017; Corbett et al., 2015; Dwyer, 2011; Spilsbury et al., 2015; Thompson et al., 2015). For organisations, there was the challenge of variable quality of purchased external provision or in-house training (Schweitzer & Krassa, 2010; Thompson et al., 2015). Lack of awareness of nurses' professional competences limited their professional development (Huizenga et al., 2016). Dassel et al. (2019) found that most nurse learners do not consider a career in long-term care, making it difficult to implement a certificate programme (Dassel et al., 2019). Nurses perceived that they worked for the same organisation for several years without benefitting from any professional development, and organisations should offer education to help nurses remain confident with their own skills (Dwyer, 2011).

5 | DISCUSSION

This review aimed to identify the extent, range and nature of contemporary evidence regarding professional development and career planning for nurses caring for older people living in care homes.

A key finding of this review was how little evidence was found. The scarcity of evidence about professional development and career planning for care home nurses is disheartening given the size of the industry and its projected growth. Another important finding was that professional development rarely targeted RNs as leaders despite the RN often being the only qualified health professional on site and accepting responsibility for delegated work undertaken by unqualified staff. Furthermore, there was little evidence that professional development programmes, where available, included a dedicated career planning component. These gaps warrant further attention particularly given how the leadership of care by care home staff influences residents' quality of care and life (Gordon et al., 2022).

The professional development activities identified in this review were local and bespoke, and there was no evidence of a broader national or international approach to workforce planning and development. The importance of this is reinforced by a recent inquiry by the UK Parliament Health and Social Care Committee Expert Panel who examined the UK government's commitment on the health and social care workforce in England, including supporting staff to develop

the skills they need now and for the future, and rated the overall progress as inadequate (House of Commons Health and Social Care Committee, 2022). Development of nationally co-ordinated and strategic approaches to professional development with career pathways for care home RNs could offer a more effective approach to what is a national and international workforce policy concern. It is still the case for nurses in the UK that RNs choosing to work in gerontological care, including the care home sector, are not required to undertake a specific programme of professional development in older persons' care. Further, there is not currently a nationally agreed older persons nursing specialist qualification, with career pathways that include care home nursing.

Considering the results of this review, there is a need for professional development to be multi-focused, encompassing fundamental, specialist, leadership and management components. Competent practitioners manage and lead a large non-registered carer workforce and require specialist knowledge and skills in a wide-range of conditions prevalent in this population (British Geriatrics Society, 2021). There is a need for RNs to work collaboratively with health and social care professionals to care holistically for the older person and their family and friends at all stages of an illness trajectory; and for RNs to be able to recognise and manage acute deterioration (e.g. due to conditions such as sepsis and delirium), complex care, and end of life care, and all the related care issues such as polypharmacy and ethical-legal issues.

Articulating the gold standard for care home nursing (Stanyon et al., 2017), possible career pathways (such as clinical leaders, advanced clinical practitioners, managers, education and training leads), mapped to a programme of professional development presents an opportunity that merits further consideration. We believe that education standards and a competency framework for gerontological practice for RNs in the care home sector have the potential to shape and inform professional development and to contribute to positive outcomes for RNs, residents and organisations. Adequate investment in RN professional development is imperative to build the care home nurse workforce. Evaluating and identifying best models for professional development are also key, accounting for the heterogeneous nature of the care home sector and the RN workforce where a 'one approach fits all solution' (p65) is unlikely to be successful (Devi et al., 2021).

This review identified the continuing longevity of unmet professional development needs that warrant urgent attention. Caring for complex family and social situations, including managing conflict within families, and facilitating choice and control for residents with diverse needs involve considerable social, ethical, and sometimes legal knowledge and skills. Similarly overlooked are knowledge and skills for business management of care home provision which requires careful consideration and planning, for example, as part of a management pathway for RNs, along with developing further skills of communication, conflict resolution, assertiveness, teamwork and quality improvement. Any professional development strategy should address recruitment and retention factors: not expecting nurses to undertake all professional development in their own time

and to self-fund; creating a culture where professional development and career development for all RNs are regarded positively and enabled; a joined-up programme of professional development and career pathways for RNs; and investment in professional development and career planning for all RNs.

Continuing to challenge the stigma around gerontological care home nursing is critical to attracting, recruiting and retaining excellent nurses, as is having work organisations that invest in, value and reward their RN workforce. A positive organisational culture, which includes a commitment to staff development and career advancement, positively influences resident outcomes (Choi et al., 2011; Flynn et al., 2010; Spilsbury et al., 2015). Organisational cultures also influence staff experiences and staff outcomes such as retention and satisfaction (Dixon-Woods et al., 2013; Lu et al., 2012; Rondeau & Wagar, 2006). The COVID-19 pandemic has highlighted the clinical and leadership skills of care home RNs, showcasing how they have innovated to care for the physical, psychological and social well-being of residents and their families/friends, and the well-being of their workforce (Fitzpatrick, Hayes, et al., 2021; Marshall et al., 2021; Spilsbury et al., 2021). Universities have an important contribution to equip nurse learners with knowledge, skills and values to care for older people and experiences of different care settings, including nursing care homes (Fitzpatrick, Rafferty, et al., 2021; Naughton et al., 2019).

Historically, the opportunities for career progression for care home nurses have been limited (Gordon et al., 2022), and this inequality results in difficulty retaining and recruiting staff (Devi et al., 2021). This review suggests that standards for the professional development of RNs working in care homes, including different career pathways, could provide a building block for recruitment and retention strategies. It is anticipated that this proactive approach would strengthen the sustainability of national workforces and reduce the reliance on international migration (Buchan et al., 2022) and associated impact on climate change. This calls for parity of investment in the development of the RN workforce in health and social care, with the care home industry exploring opportunities to develop rewarding career pathways for early career RNs, making career advancement opportunities a priority, and with the need for a healthy workplace culture.

6 | LIMITATIONS

This scoping review provides an up to date overview of the literature on professional development and career planning for RNs working in the care home sector for older people. There are limitations which the reader should be mindful of when considering the review findings and implications. First, searches were conducted using four databases, and the grey literature was not searched. However, selecting these four databases allowed us to conduct comprehensive searches for global papers relevant to the topic. Second, only records written in English were included which may mean that we missed some relevant contributions on the topic. However, international

perspectives were obtained with papers authored in the United States ($n = 10$), UK ($n = 8$), Canada ($n = 3$), Australia ($n = 3$) and the Netherlands ($n = 1$).

7 | CONCLUSIONS

This scoping review has highlighted key emergent factors that support professional development and career planning over and above fundamental pay and conditions related issues: that is access to structured learning opportunities addressing knowledge and skills specific to nursing frail older adults, a supportive working environment including adequate staffing, study time and flexible working, and integration of leadership development. There continue to be gaps in the opportunities for professional development and career planning for care home RNs, with lack of strategic planning, action and evaluation internationally. The evidence of ongoing stigma around choosing a career in care home gerontological nursing could be addressed through developing parity of esteem for gerontological nursing irrespective of care sector and setting, with all RNs having access to the same professional development opportunities, the same providers, and with the same funding.

Initial nurse preparation can make an important contribution, equipping RNs with the foundation knowledge, skills, values and placement experiences to care for older people in different care settings, including care homes. Building on this, we recommend a national curriculum for gerontological nursing warrants attention, that is accessible to all care home RNs, is accredited and with an award of a specialist qualification. This could build on national and international work on core competencies and standards of education and practice for care home nursing. To enhance engagement and impact, we recommend that the content and delivery of professional development adopt a variety of methodologies and approaches to equip RNs with fundamental knowledge and skills in older persons' care to include family care, as well as content specific to facilitating different career pathways (e.g. leadership, management, advancing clinical practice roles such as caring for the older person living with dementia, and palliative and end of life care). We recommend evaluation of professional development programmes that includes evaluation of outcomes for RNs, residents and work organisations.

AUTHOR CONTRIBUTIONS

JF: Conceptualisation, Methodology, Formal analysis, Writing-original draft preparation, review, and editing. LB: Methodology, Formal analysis, Writing- original draft preparation, review, and editing. NH: Conceptualisation, Writing- review, and editing. TDS: Formal analysis, Writing- review, and editing. RH: Conceptualisation, Methodology, Formal analysis, Writing- original draft preparation, review, and editing.

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CONFLICT OF INTEREST

There are no conflicts of interest.

DATA AVAILABILITY STATEMENT

Data sharing is not applicable to this article as no datasets were generated or analysed during the current study.

ETHICAL APPROVAL

Ethical approval was not required for this scoping review.

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