



Association for Nursing
Professional Development

Professional Development Associate: Results of a National Survey

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Background

Support personnel are routinely involved in the work of professional development departments in healthcare settings. Currently, no formal position description or standardized expectations exist for individuals who provide this support. This lack of role delineation leads to role confusion, inconsistent orientation and personnel development, and lack of cohesive team functioning in the department.

The American Nurses Credentialing Center (ANCC) previously defined “key personnel” as “individuals who contribute to the overall functioning of the Provider/Approver Unit in a substantive, measurable way” (ANCC, 2013, p. 103). Although key personnel were not included in subsequent iterations of the ANCC primary accreditation criteria (ANCC, 2015), their exclusion did not diminish the role or importance of key personnel in supporting professional development.

Dickerson (2016) focused on the importance of the role of key personnel in continuing education (CE) and professional development departments, describing integral functions of “CE specialists.” These functions included work to sustain the department as well as critical responsibilities before, during, and following educational activities. At the time of publication, no further literature was found that described the position of support personnel in professional development departments. The lack of literature surrounding the CE specialist role and competencies were evidence of a significant professional practice gap.

Role Definition and Competencies

In 2017, the Association for Nursing Professional Development (ANPD), in collaboration with the Montana Nurses Association (MNA), recognized the importance of CE specialists as described by Dickerson (2016) and set out to formalize this critical position in professional development departments.

The first step in this process was to select a standardized name and definition for the role. The title “professional development associate” encompasses the broad scope of the role beyond CE. This title reflects the engagement of the individual in this position as a key team member who helps carry out the work of the professional development department. ANPD’s definition of the professional development associate is “an individual who contributes to the overall functioning of a CE/professional development department in a substantive, measurable way” (ANPD, 2017).

Pursuant to establishing a standardized title and definition for professional development associates, key competencies of these important team members were identified. Two competency frameworks were selected: *Nursing Professional Development: Scope and Standards of Practice* (Harper & Maloney, 2016), and the national learning competencies from the Alliance for Continuing Education in the Health Professions (ACEHP) (2014). Development and implementation of standardized and evidence-based competencies provided the desired outcomes for future education of professional development associates to achieve the following goals:

- Decrease orientation time
- Prepare professional development associates with the knowledge and skills needed to improve operational efficiency
- Facilitate efficient and effective teamwork in the development of nursing and interprofessional CE
- Enable transition between employers with minimal foundational orientation needs

Ultimately, these competencies facilitate the work of nursing professional development (NPD) practitioners and improve delivery of quality CE to learners. A professional development associate familiar with standards and competencies is a valuable asset, saving the NPD practitioner critical time in the orientation process and facilitating the ongoing work of the department.

Gap Analysis

While anecdotal evidence indicated widespread use of supportive personnel in professional development departments, the degree of use and type of responsibilities were unknown. As a result, ANPD conducted an electronic survey of members in November/December 2017 to ascertain the use of these support staff, as well as support staff’s responsibilities, expected education and experience, onboarding processes, and many other factors. An email with an invitation to participate in the survey and a link to the web-based survey was sent to the ANPD membership, which comprised approximately 4,350 ANPD members. In

addition, an article about the survey and ANPD's desire to formalize the role of the professional development associate was included in the November 2017 issue of *TrendLines*, ANPD's monthly newsletter.

SURVEY FINDINGS

Practice Setting. The professional development associate survey was completed by 521 participants, which represents an approximate return rate of 12%. As shown in Table 1, respondents worked primarily in acute care hospitals (86%, n = 448). Other employment

settings included outpatient services, professional organizations, academia, and educational companies.

Reporting Structure. While the majority (53%, n = 276) of respondents indicated that their organizations employed more than one individual who assists with or coordinates continuing professional development activities, 14% (n = 72) reported no support personnel. Of those organizations with support personnel, most (96%, n = 279) report to the education or NPD department, while 64% report to human resources, 62% report to nursing administration, and 58% report directly to the nursing unit. The survey allowed respondents to indicate up to three reporting departments, which accounts for the total of greater than 100%, and indicates that individuals in these support roles either report to more than one department, or that more than one department employs individuals who support professional development activities.

Position Titles. Survey respondents indicated that the title of individuals in professional development associate roles varied, with 20% (n = 63) being referred to as administrative assistants, 18% (n = 55) coordinators, 3% (n = 18) secretaries, and 59% (n = 183) "other."

Education and Experience. As shown in Table 2, survey respondents specified that the educational requirements for the professional development associate role varied considerably. The majority of employers required a bachelor's degree.

TABLE 1
Practice Settings of Survey Respondents

ORGANIZATION TYPE	PERCENT	NUMBER
Acute care hospital	86%	448
Other	5%	27
Outpatient setting	2%	12
Professional organization	2%	11
Academia	2%	10
Long-term/skilled nursing care	1%	5
Privately owned CE/ medical education company	1%	5
Learning management system (LMS) organization	<1%	2
Intermediate care facility	<1%	1
TOTAL		521

TABLE 2
Educational Requirements of Professional Development Associates

EDUCATION REQUIRED	PERCENT	NUMBER
None	3%	8
High school diploma	25%	77
Associate degree	10%	30
Bachelor's degree	34%	106
Other	28%	88

According to survey respondents, the experiential background of the professional development associate role varied, with 42% (n = 129) reporting an administrative background. Another 33% (n = 104) of survey respondents reported a background in nursing. This percentage may include individuals who do not have the academic or certification qualifications to be a NPD generalist or specialist, as noted in *Nursing Professional Development: Scope and Standards of Practice* (Harper & Maloney, 2016). However, these individuals fit the definition of professional development associate by contributing substantially to the work of the professional development department/CE provider unit.

Orientation. A slight majority of respondents (54%, n = 166) reported the availability of role-specific orientation for professional development associates beyond general orientation to the facility. Almost as many respondents (46%, n = 143) indicated that role-specific orientation was not provided.

Weekly Hours. Survey respondents indicated that professional development associates spend from one hour per week to forty or more hours per week performing their role responsibilities. A majority (70%, n = 237) indicated that professional development associates work between 37 and 42 hours per week in their role.

Responsibilities. As noted in Table 3, survey respondents reported a variety of responsibilities fulfilled by professional development associates. The most common responsibilities included collaboration with other departments, attendance documentation, scheduling, and communication with stakeholders. Most respondents reported multiple responsibilities.

TABLE 3

Professional Development Associate Responsibilities

EDUCATION REQUIRED	PERCENT	NUMBER
Collaboration with other departments	82%	252
Documentation of educational activity attendance	76%	234
Scheduling classrooms	75%	232
Communication with stakeholders	74%	229
Supporting meeting planning	74%	228
CE documentation/file maintenance	72%	222
Telephone	67%	206
Support for accredited or approved CE provider unit	66%	205
Logistical management for live educational activities (e.g., scheduling catering, coordinating AV, etc.)	66%	203
Participation in departmental goal-setting and evaluation	62%	191
Participating on event planning committees	60%	185
Scheduling individuals for classes	60%	185
Managing technology; integrating software into departmental functions	58%	178
Supporting adherence to regulatory and/or accreditation requirements	53%	163
Participating in departmental quality improvement initiatives	53%	164
Maintenance of LMS	51%	157
Support in measuring activity and performance outcomes	50%	154
Aggregating evaluation data	50%	155
Coordinating professional development activities for multiple professional groups (e.g., nursing, medicine, pharmacy, social work, etc.)	48%	148
Department receptionist	44%	135
Management of exhibits/vendors	38%	117
Instructional design	36%	111
Teaching responsibilities	35%	107
Maintaining departmental metrics	33%	101
Managing program budgets; financial record-keeping	30%	93
Support for accredited approver unit	28%	85
Monitoring adherence to laws (e.g., Americans with Disabilities Act [ADA], copyright)	26%	81

Discussion

Survey findings validated the anecdotal evidence that many individuals are employed in the professional development associate role, though significant variation in titles, orientation processes, and role expectations were found. The survey findings support the need for a standardized and formalized role title, role definition, and orientation.

The survey evidence demonstrated that there is not a consistent framework for understanding and appreciating the roles and responsibilities of professional development associates. This absence of standardization coupled with the multiple functions of incumbents leads to role confusion, and fails to provide the foundation for formalized orientation, personnel development, and evaluation. Furthermore, the lack of a formalized orientation process can lead to decreased employee engagement and commitment and lack of role clarity, all of which can lead to rapid turnover in this position.

Turnover disrupts the department's work flow, leads to errors or omissions in critical functions, creates frustration for NPD practitioners, and impacts the department's ability to effectively support the professional development of nurses and other members of the healthcare team.

Based on gap analysis data provided from this survey, ANPD validated the need for a competency-based educational program to support the work of professional development associates. Linking professional development associate expectations with the *Nursing Professional Development: Scope and Standards of Practice* (Harper & Maloney, 2016) and the ACEHP national learning competencies (2014), developing templates for position descriptions, identifying roles and responsibilities within each competency domain, and developing competency-based evaluation processes will facilitate incorporation of the professional development associate as a key contributor to the work of the professional development department.

Conclusion

The survey conducted by ANPD serves as a gap analysis and demonstrates inconsistency of title, experiential background, qualifications, responsibilities, and orientation of professional development associates. This analysis provides the platform to develop role clarity for professional development associates. Standardization is needed in the areas of titling, responsibilities, orientation, and competency development and maintenance. Strengthening the professional development associate role is vital to maintaining quality and improving outcomes of professional development departments. A subsequent article will describe the educational initiatives developed by ANPD to address the learning needs of professional development associates and the outcomes of those initiatives.

The title "professional development associate" encompasses the broad scope of the role beyond CE. This title reflects the engagement of the individual in this position as a key team member who helps carry out the work of the professional development department.

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