PROFESSIONAL COMPETENCE DEVELOPMENT
ON THE EXAMPLE OF CARE WORK
AS A CHALLENGE FOR LIFELONG LEARNING

Key word: competence development, participation in further education, experience in learning, learning mechanisms, learning difficulties, healthcare professions, care

Abstract: Considerations in the article highlight the relationship between lifelong learning and the development of competences of the individual. Institutional and personal resources affect the participation in further education through finance, structure of the offer, form and content of education, certification, as well as one's own idea of the condition of competences. Scientific analyses of individual experience in learning, modes of learning, resistance to learning, meanings, and resulting decisions concerning learning demonstrate the need to support the individual in the decision making process and in continuing education. Specific conditions for the development of competences in the health professions, on the example of care work and nursing, have been formulated at the intersection of different perspectives.

This means a total sum of the following: „To be a professional” is based on professionalism in connection with action, on aspects of professionalizing the profession, acknowledgement and certification of knowledge and skills, dealing with requirements and parameters as well as a continuous reflection concerning practice, oriented acting by making use of further training and qualifications. It is exactly the transformation and putting the acquired scientific and reflection related knowledge into practice that presents itself as a task in the field of action of the care work, pointing straight to ethical standards, differentiated repertory of emotions as well as relational and cooperative ability. The biological age of employed persons concerning their ability to learn is not a scientifically sound argument for the exclusion (economic perspective) from participation in these reflection and learning opportunities in lifelong learning. A reliable relationship ability as quality of an actor is a basis for success of professional acting (of all participants) (see Gigerenzer, Todd 1999; Gieseke, 2009).
“Thus professionalism is not a ‘status’ that can be achieved or accomplished, but it is a volatile professional performance, that has to be produced again and again according to the situation” (Nittel, 2000, p. 85).

„Professional competence is (...) distinguished by the fact that qualification (usually attested by a scientific education), willingness (indicated by offerings) and authorization (certified by certificates) are formally fitting together. The principle of certification, regulates in recourse special and exclusive stocks of knowledge, the question of competence (...) for problems and their solutions.” (path Hauer, 2005, p. 14; Gieseke, 2010, p. 288)

But here we cannot assume a routinization of the term professionalism, in the colloquial language professional means everything that works smooth, fast and streamlined (Gieseke, 2010, p. 388). There is a need of education and further training offers over the entire career and beyond.

In the following I would like to highlight three perspectives on lifelong learning: requirements and expectations, the approach to the subject by the individual person and its support, that means
1. Normative requirements of the concept of lifelong learning
2. Disposition ability of the individual as well as
3. Certification in vocational education and supportive educational consultation

Normative requirements of the concept of Lifelong learning

Since the mid-1990s, the intensity of education-political, socio-political, education-economical and education-scientific contexts grows steadily thematizing, integrating and recording empirically lifelong learning (Ioannidou, 2010).

„An intensive examination of education in the curriculum vitae, respecting quantitative, qualitative and economic aspects put the concept of lifelong learning (...) into the center of education policy considerations and strategies of international organizations (UNESCO, OECD, EU, World Bank) and national governments” (Ioannidou, 2010).

“Public responsibility is (therefore) aimed to ensure the continuity of education in a lifelong learning process with a closely interrelated offer from the general primary level to professional training to the advanced training” (KMK, 2001, p. 8). „In the context of the lifelong learning the responsibility of the learner becomes re-determined. Consequently comprehensive organizational, curricular and didactic-methodical changes at all levels of the education system are associated.” (KMK, 2001, p. 6).

In the Memorandum on Lifelong learning (2000) are formulated six key messages:
1. New basic skills for everybody
2. Increased investments in human resources
3. Assessment of the learning
4. Rethinking guidance and career consultation
5. Approaching learning also nearer to the students

In the UNESCO report on education for the 21st century recommendations were made on an international, European level:

Administrative decentralization and autonomy of educational institutions encourage the development and spreading of innovations.

- Education is a general concern and cannot be only controlled by market based rules.
- Public and private partnerships ensure a fair funding for all fields of education. A more complex funding system has to be developed in further steps.
- An enhanced use of modern information and communication technologies enables a broader and more diverse access to education” (Gerlach, 2000, p. 125).

Taken as a whole the need for lifelong learning is justified in connection with:
- maintaining the professional ability
- the long-term ability of people to participate actively in public life
- as well as personal development of the individual (cf. Neidhardt 2006: 5)

A consequence of lifelong learning without limits means pedagogization of all spheres of the individual (cf. Gruber, 2007).

„Learning obtains a new meaning: for society as a whole, for educational institutions and for individuals. The altered connotation certainly points to an inner contradiction: First of all the new learning is put into a political-economic frame”. (Ahlheit, Dausien, 2002, p. 566)

„At the same time, the biographical planning freedom and the social engagement of individuals should be strengthened. Lifelong learning apparently ‘instrumentalizes’ and ‘emancipates’ at the same time.” (ibit.)

One consequence of this limitless lifelong learning constitutes a focus on self-organization ability of individuals, self-control as well as the linking of formal and informal knowledge (Gruber, 2007, p. 6).

According to that in the Memorandum on Lifelong learning (2000) there are three categories of suitable learning activities, extending to areas outside of institutionalized offers:
1. Formal learning
2. Not-formal learning
3. Informal learning.

According to the results of the expert commission „Financing lifelong learning” of the federal government just providing money is not sufficient to increase the motivation of willingness for training (Bosch 2004: 8) It depends on motivation, supply structures and training offers.
Disposition (ability) of the individual

The concept of lifelong learning meets directly the normative educational and socio-political claims of the individuals as addressees, of which already all of them have specific learning experiences. These are present in a complex heterogeneity. This is reflected in the reasons for non-attendance in the further training.

There is a discrepancy between the approval of the need for lifelong learning and its actual implementation. The approval is high, according to empirical surveys, particularly the 19 to 64 year old persons up to 94%. At the same time stagnant attendance rates of approximately 40% are reported (by Rosenblad/Bilger, 2011).

So the individuals handle the postulate of lifelong learning differently. Abstinence of education can manifest itself due to barriers, but also of resistance resulting in a conscious and even unconscious failure of attendance. Holzer (2004) refers to the causes of non-attendance:

- person-specific characteristics
- socio-cultural and socio-economic conditions
- institutional conditions
- intra-subjective conditions.

Zimmermann (2013) and Axmacher (1990) refer more profoundly to the emotional and identity-based perspective of resistance to further education. The following conditions can accumulate depending on the situation, person and circumstance. Resistance can arise due to:

1. Normative expectation of permanent, active training.
2. Awareness of this expectation.
3. Minimum of legitimacy for this expectation.
4. Presence of material and economic resources

„Resistance is the subject-oriented perspective, including on the one side the existence of ‘barriers’ and their negative effect, but is primarily focused on the decision-making process and involves also unconscious as well as conscious statements.” (Zimmermann, 2013, p. 22)

The decision for or against further training is the result of the consideration of costs and benefits, because there can be assumed “the refusal of an attendance (...), as long as the meaning is not clear, because the monetary and psycho-social costs are not in an acceptable relation to its expected benefit and advanced training is experienced as heteronomous” (Bolder, Hendrich, 2000, p. 35).

Because of that there is „in adult education a line of discussion that led from an interest in experience over interpretation patterns to the biography and is tracing the meaning of the subjective experience, acting and processing, because self-assurances concerning one’s own biographical interest refer always

There is obviously a complexity of experiences articulated in interpretations combined with systematic knowledge for example acquired in vocational training. „Adult life is based on deposited experiences that enable getting along in everyday life, and an orientation for current and future action. Learning in adulthood does not work without experience. Where something new is learned and not just a relearning is necessary, the new content needs to find an association; there must be a possibility to produce links to the previously learned and experienced” (Gieseke, Siebers, 1995, p. 330).

In many operational sequences of actions, it is important to find new solutions quickly and to evaluate problems. It is a question of the quick reaction and decision-making ability in the case of non-predictable action sequences or gradual changes. Experience-oriented action and learning is described as intuitive knowledge and handling, and is considered as a complex combination of emotion and cognition (cf. Gieseke, 2010). In practice it is a matter of follow-up experience in the active process.

Experiences assume the function to process and construe the reality in which somebody lives. The pattern resulting of the process of social action is called interpretive paradigm.

The interpretive paradigms of the addressees of Lifelong learning turn out to be of central importance on following levels in care work practice:
• Motivation for further education attendance
• Reflection trigger, reflections focuses and reflection knowledge
• Benefit evaluation of further training
• Learning resistors
• Interpretation of learning opportunities in the life career
• Development of value systems
• Development of cooperative relationships at work
• Development of emotional schemata and a differentiated emotion repertoire.

According to Gieseke (2007) education requires individuals who are free in their decisions and have flexible identity concepts. The effects of school experiences (educational socialization) and the need for transformative educational processes in a job-related context are based on exchange and the interaction of biography, personal interests and requirements. Therefore, a central precondition constitutes especially in the field of care working the ability of building relationships and decision-making. Regulation of emotions and self-appeal require knowledge and reflection training offers.

In evaluations emotions play a central role.
• People and objects are characterized according to their skills and features and accompanied by feelings.
• Lifestyle of individuals is evaluated according to standards and regulations and accompanied by appropriate feelings.
• Events that relate to desires / aims, create feelings that influence the evaluative categorization of the event (Gieseke, 2007, p. 56).
• Emotions are relations to the world (Heller 1981), show the involvement in a situation, problem, etc. (cf. Döring, 2009).

These aspects play a key role for learning actions within patient and cooperative relationships.

Emotional work presents itself as emotion-based access in the health care system. The relationship to the patient as well as the own ability to act (feeling disgust for nursing, burnout) are interwoven.

The medical care is 50% communication. Here the narrative, dialogue and empathy matters. It should be more considered that in the process of caring also other feelings are set free that have a physical feedback, such as disgust, shame and embarrassment. Nursing staff is required to control feelings of shame and disgust and above all not to show them to the patients. The training courses do not yet (sufficiently) communicate how to deal with these feelings and the implied negative self-esteem (Gieseke 2009).

The emotional competencies necessary for the care work in nursing homes, are different than for the process of healing in the hospital. They are more focused on sociality, relax and integration. Skills of the actors constitute empathy, access to others, openness, undistorted perception and flexibility. Patients expect from care workers to be attending, natural behaving from person to person, to be able listen, to touch the patient, friendliness, to have time to talk, helpfulness and patience.

This requires numerous personnel and institutional resources that are very often standing in conflict with the requirements. That means arising absence of empathy, stress and strains the nursing staff is exposed to as well as a deficient training.

Emotion work (emotion management) is vocationally-technically necessary and divided into three dimensions:
1. Emotion work as work object
2. Emotion work as resource

In the following the subject of empathy as a connecting element in the practical field of caring work is discussed:

There are different interpretations of the concept of empathy. In the present case, reference is made to Bischoff-Wanner (2002), since here the viability is taken into account in a very understandable way, also in relation to the ability of learning in vocational , advanced and further training:
1. Empathy as emotional infection: unconscious and unintended emotional contagion
2. Perception-oriented empathy: conscious takeover of emotion
3. Cognitively oriented empathy: includes ability of understanding, judging and analyzing
4. Affectively oriented empathy: is defined as subsidiary emotional response to the observed current emotional state of another person
5. Relational empathy: Interest in a patient that you wish to know (him or her)

Since the – also emotional and reflexive – resources of the actors do not all the time remain continuously the same and can produce routines, habits and repetitive difficult requirements, the employability should also be regularly supported scientifically reflected by professional advanced and further education as well as supervision.

Nursing competence therefore comprises the following elements:

For the scope of qualifications in the care sector, the European and the German qualification framework are important because they are aligned to learning results, on operational competence.

**Certification in vocational education and supportive educational guidance**

In the nursing field there exist many certified vocational further trainings, actually a branched system of vocational further training in the health sector. Therefore, in the following there are discussed two aspects:

- an existing frame for the comparability of offers as well as
- a professional advisory system

a) To promote lifelong learning there was made a basis within the German Qualifications Framework (DQR, 2011) as the national implementation of the European Qualifications Framework (EQR, 2008) that includes educational cross-cutting all qualifications of the German education system. „The aim is to make the equivalences and differences of qualifications more transparent and to support in this way the freedom of choose. The main objective is to achieve through quality management and development reliability and to promote the
orientation of the qualification processes hand in hand with learning outcomes (“outcome orientation”). Thus the DQR contributes to the promotion of the mobility of students and staff between Germany and other European countries in the interests of best possible opportunities. Access and participation in lifelong learning and the use of qualifications are to be promoted and improved for all – also for unemployed and persons with precarious jobs.” (DQR, 2011, p. 3)

This is supported due to the frame

- concerning individuals by improving access to and participation in Lifelong learning, links between general education and vocational training as well as by improving the transparency of qualifications and
- concerning facilities for improvement of the transparency of qualifications, comparability and the linking of traditional qualifications.

An important aim of the German Qualifications Framework is also equivalence, but not meant to be a similarity of qualifications, which is subdivided into different levels. A focus on these guidelines in the nursing field has (only just) begun.

In DQR eight levels of professional and personal skills are formulated, which are used for the classification of qualifications.

„‘Professional competence’, subdivided into 'knowledge' and 'skills', and 'personal competence', divided into, 'social skills' and 'self-reliance' (...)” represent the two categories of competence” which as cross-cutting expertise integrate the methodological competence” (DQR, 2011, p. 4).

The requesting structure of expertise professional competence focuses on the whole spectrum of knowledge as well as the instrumental and systemic skills, such as skills of evaluation abilities of cases and situation-specific requirements of measures.

Personal competence subdivides social skill in team-/management skill, co-creation and communication. Cooperative team requirements and relationship skills are in care work action-guiding also in consideration of gender aspects, meaning the relations between the sexes. The other related competence of sovereignty refers to self-reliance and responsibility, reflexivity and learning skills (cf. DQR, 2011, p. 5), the components of which should be included in the further education as learning outcomes.

These fields of competence of further vocational training / qualification in the care sector are due to the labor market reasons (job insecurities) and competence requirements (such as reflexivity and learning skills, communication skills) adjustable and realizable.

b) As in other fields of Lifelong learning the differentiated offer of further professional training, the difficulty of the individuals to compare and to decide individually for a specific further training as well as rhizomatos growth (Enoch/Gieseke 2011) of the provider list intensifies the need of a qualified consulting system. Certifications ensure the standards of professionalism.
“Manifestations in the construct of lifelong learning are going in direction of a macro-social learning awareness, continuation of learning progresses, framing of opportunities of using and creation of accesses by a progressive institutionalization among others of educational consultation (...)” (BMBF, 2008, p. 9 quoted by Schmidt-Lauff, Worf 2009, p. 60). Thus educational consulting and learning offers are necessary oriented „at the professional and working biography and the living and learning conditions of people.” (ibid.)

Against the background of individual biography and accumulation of experiences consulting is subsequently asking the question how decisions about the future educational developments depending on the previous history, interests and current challenges can be met.

„Consulting in education, vocational training and employment provides a professional assistance of individuals in coping with their tasks and challenges that arise in these fields. Due to the higher complexity of the contexts of life backgrounds, consultancy became an increasingly important service offer in recent years supporting individuals to design their educational biography and professional development” (Schiersmann, Weber, 2011, p. 9).

The field of education consultancy becomes increasingly professionalized – also supported through education-political programs (ROBB). Helpful in the educational guidance are personalized approaches complementing with those relating to the labor market. Offers that develop after learning outcomes in terms of knowledge, skills and abilities in terms of the level of competence of the DQR also facilitate processes of educational consulting. (similar offers).

Particularly in the field of care work this would be a benefit for the requirements of competence and decision-making ability of individuals.

Accordingly professionalism in care-work is reflected on the levels of
• improved transparency of offers and individual educational consulting the introduction of certification procedures (DQR)
• the temporal and content-based thematic flexibilization of the further training opportunities (modularization)
• learning promoting forms of work organization and
• strengthening learning impulses by an appropriate design of the labour market and product” (ibid.).

Furthermore the revaluation of operational learning periods has to be added, within its framework the options of attendances are determined (Schmidt-Lauff, 2010). That means: Who can, should and must when, what, in what form, how, on which occasion learn?

However, in the present case there has to be drawn attention to something else, on the necessary extension of the view on competence requirements of the complex sort. Health related topics are not only in the vocational and further training in form of knowledge and skills, important elements of the care-work but also serve for strengthening the own resources. For example, there are numerous further training courses in health education of the general education
(outside of professional training), for example, at the adult education centers that support the generation of the self-stability, reflectivity, burnout, the cognitive ability training and the ability of an always recycling openness towards other people. Complex effects of personality development and resource strengthening of employability are portrayed (Dietel, 2012).

Furthermore the topic „health” attracts wide interest of the population. Recommendations of health education programs who also fall outside the medical-diagnostic-centered recommendations of the actors in the care-work, issued directly to patients and eventually their families would be an important aspect for the support of development-enhancing and supportive fundamental principles of basal type, also with retroactive effect on the own work.

In conclusion, the fact is pointed out that professional competence developments require the setting of basic parameters (financing, training periods), recording of the disposability of the individual person (experience, motivation) as well as certification and the auxiliary training consulting. Lifelong learning has to be made accessible for everybody in every stage of life, to meet the interests, requirements of development, respectively desires of the individuals, as well as to support the employability by offering further training with health related and cultural contents.

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Netography


Rozwój kompetencji zawodowych na przykładzie opieki jako wyzwanie dla uczenia się przez całe życie

Słowa kluczowe: rozwój kompetencji, uczestnictwo w edukacji dalszej, doświadczenia w uczeniu się, mechanizmy uczenia się, trudności w uczeniu się, zawody służby zdrowia, pielęgnacja

Streszczenie: Rozważania w artykule naświetlają związek uczenia się przez całe życie z rozwojem kompetencji jednostki. Instytucjonalne i osobiste zasoby wpy-
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waują na uczestnictwo w edukacji dalszej poprzez finanse, strukturę oferty, formy i treści kształcenia, certyfikowanie i własne wyobrażania o stanie kompetencji. Naukowe analizy indywidualnych doświadczeń w uczeniu się, trybów uczenia się, oporu w uczeniu się, znaczeń i wynikających stąd decyzji dotyczących uczenia się dowodzą konieczności wsparcia jednostki w procesie podejmowania decyzji i kontynuowania nauki. Na przecięciu różnych perspektyw zostały sformułowane konkretne uwarunkowania rozwoju kompetencji w zawodach służby zdrowia na przykładzie opieki i pielęgnacji.

Berufliche Kompetenzentwicklung am Beispiel der Pflege als Herausforderung für lebenslanges Lernen

Schlüsselwörter: Kompetenzentwicklung, Weiterbildungs participation, Lernerfahrungen, Lernmodi, Lernwiderstände, Gesundheitsfachberufe, Pflege


Data for correspondence
Sylvana Dietel, Ph.D.
IB – Higher School in Berlin (Germany)
e-mail: sylvana.dietel@ib-hochschule.de