

Organization-based self-development prescriptive model for the promotion of professional development of Iranian clinical nurses

Flora Rahimaghaee¹, Nahid Dehghan Nayeri², Eesa Mohammadi³, Shahram Salavati⁴

ABSTRACT

Background: Professional development is reiterated in the new definition of modern organizations as a serious undertaking of organizations. This article aims to present and describe a prescriptive model to increase the quality of professional development of Iranian nurses within an organization-based framework.

Materials and Methods: This article is an outcome of the results of a study based on grounded theory describing how Iranian nurses develop. The present study adopted purposive sampling and the initial participants were experienced clinical nurses. Then, the study continued by theoretical sampling. The present study involved 21 participants. Data were mainly collected through interviews. Analysis began with open coding and continued with axial coding and selective coding. Trustworthiness was ensured by applying Lincoln and Guba criteria such as credibility, dependability, and conformability. Based on the data gathered in the study and a thorough review of related literature, a prescriptive model has been designed by use of the methodology of Walker and Avant (2005).

Results: In this model, the first main component is a three-part structure: Reformation to establish a value-assigning structure, a position for human resource management, and a job redesigning. The second component is certain of opportunities for organization-oriented development. These strategies are as follows: Raising the sensitivity of the organization toward development, goal setting and planning the development of human resources, and improving management practices.

Conclusions: Through this model, clinical nurses' professional development can transform the profession from an individual, randomized activity into more planned and systematized services. This model can lead to a better quality of care.

Key words: Health services administration, models, nurses, professional competence, theoretical

INTRODUCTION

Developing new knowledge in the form of an enhanced design is the main objective of model development research.^[1] Developing the model of this study was based on a grounded theory research, adopting the Corbin and Strauss (2008)^[2] methodology. Rahimaghaee *et al.*^[3] conducted a study with the objective of determining the process of professional development of clinical nurses in Iran. The result of the study yielded a theory termed “the

theory of self-development.” This theory explained the process of professional development of Iranian clinical nurses in the organization and acknowledged the fact that through resorting to a strategy of self-development, Iranian clinical nurses could achieve professional development. The self-development of nurses followed four phases of self-awareness, engagement with work, self-acceptance, and experimental self-proceeding, which resulted in professional development [Figure 1].

In grounded self-development theory, the role of the individual self in the process of professional development was explored and a range of facilitating and restraining factors were identified. The assumed study confirmed

¹Department of Nursing, Tonekabon Branch, Islamic Azad University, Tonekabon, Iran, ²Nursing and Midwifery Care Research Center, School of Nursing and Midwifery, Tehran University of Medical Sciences, Tehran, Iran, ³Department of Nursing, Faculty of Medical Science, Tarbiat Modarres University, Tehran, Iran, ⁴Department of Management, Tonekabon Branch, Islamic Azad University, Tonekabon, Iran

Address for correspondence: Dr. Nahid Dehghan Nayeri, School of Nursing and Midwifery, Tohid Sq. Tehran, Iran. E-mail: nahid.nayeri@gmail.com

Submitted: 07-Apr-13; Accepted: 13-Apr-15

Access this article online	
Quick Response Code:	Website: www.ijnmrjournal.net
	DOI: 10.4103/1735-9066.164587

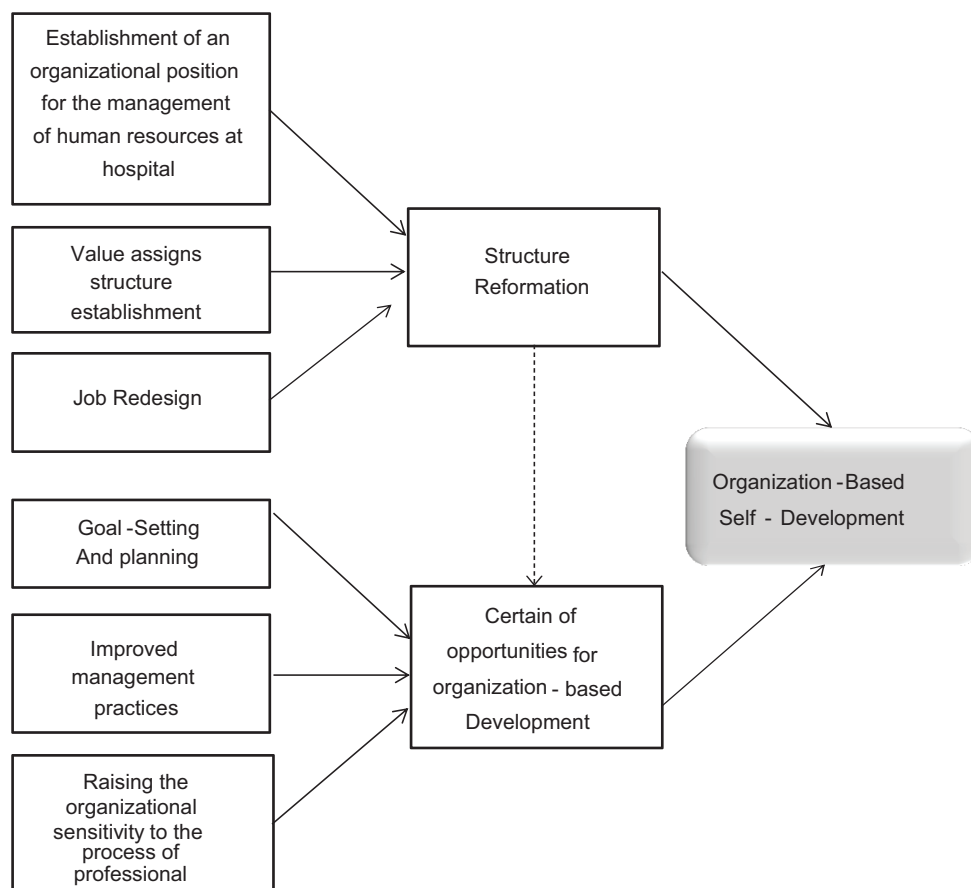


Figure 1: Relationship between the themes and subcategories (self-development theory)

the importance of the organization and its context in the professional development of nurses. This study showed that despite assumptions, the role of an organization in the professional development was less than expected. The professional development was quite accidentally achieved, without any organized planning and direct intervention or support of the organization. By the token of the reasoning above, the theory that emerged was named “self-development.” The researchers believe that the directors and officials of organizations should realize that through their positive intervention and guidance, professional development of clinical nurses could be objectified, which might lead to the promotion of quality of care in Iran. According to the findings of Iranian researchers and others, the quality of care is not suitable.^[4-7] Therefore, one of the greatest and most important challenges of nurses’ development is negligence and lack of direct or objective interference of organizations in the process.

Professional development is a right of all employees and is reiterated in the new definitions of modern organizations as a serious undertaking of organizations.^[8-11] A glance review shows that the need for skilled nurses in functional field, on the one hand, and low quality of care, on the other hand, have been controversial for many years. This

subject is considered not only in a developing country like Iran but also in other developed countries.^[12-17] The researcher found that there are not enough theories relating to the professional growth of nurses. Meanwhile, a few theories and existing models refer to the qualification in a special dimension. Bibb *et al.*, in a study on nurses’ need for professional growth, refer to five important concepts in professional maturity: Special needs such as leadership, specialty, Qualification, and care through maturity; methods for professional growth; method of evaluating the effects and instruction performance; and barriers of professional growth.^[18] During literature review, the researcher found that most of the studies regarding competency were related to construction of the tools and evaluation of competency. Tabari and Khomarian *et al.*, reviewing the professional competency and its effective factors, refer to five categories explaining qualification acquisition: Recognizing motive potency, providing necessities, experience, stabilization and improvement, and coalition with existing competency in other fields. An independent and comprehensive category, namely the effective factor on the whole process of competency acquisition, was acquisition of this process.^[19] Memarian *et al.*, in their research on designing elevation model of competency of nurse, refer to three principal categories of professional morality, helpful experience,

and environmental factors. Finally, a review of the studies regarding professional growth of nurses shows that although several studies were performed regarding the concepts of growth, most of these studies considered a review of the qualities, resulting from growth and related to maturity, the relation between these characteristics and expertise level, and the reason for its need, as well as understanding the effectiveness of the growth and development programs.^[20]

The main question in this paper is: How can the theory of self-development in Iranian clinical nurses be extended from a purely individualized and limited experience to a higher level of organizational domain, and developed to a routinely based organization approach? To answer the question, in the present article, the researcher and her colleagues attempted to develop an “organization-based self-development” prescriptive model, based on the findings of the previous grounded theory studies.

MATERIALS AND METHODS

This article is a product of the results obtained in a grounded theory study describing how Iranian nurses develop. Based on the data collected in the study and a thorough review of related literature, a prescriptive model was designed by use of Walker and Avant methodology.^[21]

This model (also adopted in the present study) entails a series of propositions which seek to alter and predict the results of certain interventions in nursing. The model suggested in this article is a prescriptive model with a practice-theory approach.

Since conceptualization is derived from practice based on the experiences in clinical settings and this process begins with a question rooted in clinical situations,^[22] the conceptual model suggested in this article started its course through initiation in the actual arena of nurses’ clinical practice and their working environment (i.e. with the exploration of the clinical nurses’ professional development investigated through the previous grounded theory-based research methodology).

To introduce and present the prescriptive model of “organization-based professional development,” the synthesis approach of Walker and Avant (2005) has been adopted. The basic idea of this approach lies in the notion that theories and models are shaped from pieces or core units called “concepts.” Meanwhile, when these kernel concepts are not proper to or logically and adequately systematized for a particular model or a certain theory, the theoretician has to resort to the synthesis theory approach, and there is no need to generate and/or process concepts. In the present article, the same methodology was adopted, since in the previously

conducted studies,^[3] the “core concepts” of professional development were attained and already available.

The Walker and Avant method entails three steps. The first step is the selection of a central concept within a conceptual framework. This concept was ascertained through an inductive reasoning of the participants’ experiences, based on the theory concluded from the grounded theory study conducted by Rahimaghaee *et al.* in the present article.^[3] Since the central concept of the above-mentioned study (the concept of “self-development”) did not meet our concerns and was not proper to answer the requirements for the determination of an organization-based development, the researchers adopted the concept of “organization-based self-development” as the major variable of a proper model to meet the requirements. The second step in the Walker and Avant method prompted a review of literature, including the theoretical texts on the grounded theory, adopted by the researchers in their previous research, as well as other related scientific literature to identify and determine the existing literature related to the expositions provided for the concepts related to the central conceptual framework of “organization-based self-development.” In addition, other related accounts for the establishment of a logical and systematized connection of these concepts were considered to attain the major objective of the model (i.e. the establishment of an ideal “organization-based self-development” model).

After an in-depth review of various texts, references, and literature, it was deliberated that the theories, related to the fields of social learning and management of human resources, were in the direction of the goals set by the present study. Therefore, the researchers aimed at the number of studies, in addition to the theories of these disciplines. As a result, based on the findings, they presented definitions of the central concept of the model as well as its related concepts, their interrelationships, and the effective factors in play.

Ethical considerations

The model in this article is based on a grounded theory research by Rahimaghaee, *et al.*, that they have the following ethical considerations: Article Written consent was sought from the participants for audio taped interviews; the hospital directors and head nurses also agreed to their participation. Furthermore, the Tehran University of Medical Science’s Committee of Ethics approved the research.

RESULTS

As mentioned above, to present the definitions of the model’s central concept as well as the concepts related to it, the researchers found that two theories of social learning and management of human resources were in the direction of the goals.

Human resources development theories

These theories are rooted in the human resources management theories.^[23-26] Human resources development is a process through which the management motivates the employees to deliver their duties productively. In nursing, the nurses are likewise encouraged to administer care to their patients in a proper manner and with a standard quality and quantity.^[10]

Theories of human resources development are inextricably entwined with the theories of adult education and continuing education, but there are disparities between them. Some of these differences are as follows:

In continuing education, the primary aim and concentration are on the growth and development of the individuals. One of the most important means to achieve this growth is education through classes, courses, workshops, and personalized training. However, the major goal for human resources development program is the organizational growth of the employees. Education is only one aspect of the organizational changes which is expected from an individual. However, other factors such as job enrichment and job rotation, restructuring of the organization, and motivational programs are also utilized.^[27-29]

The goal of the human resource development program is to upgrade the self-learning that provides the required skills and knowledge for future use. Staff development programs are a part of human resource development, which at the side of the adult education theories, draw the programs of human resources development nearer to the favorable objectives.

Clinical ladder program is one of the useful strategies in staff development programs in modern health organizations.^[10] This body of knowledge facilitates modeling in the present article. The participants in the grounded theory study conducted by Rahimghaee and colleagues, in response to the question of “How do Iranian clinical nurses develop?,” expressed that based on their experience, neglect and worthlessness toward nurses and their development shown by the organizations, as well as lack of an organized planning in this regard pushed them to “self-development.”^[3] This challenge can be reformed and solved by the theory of human resource development and through highlighting the role of organizations in employee development.^[30,31]

Social learning theories

As stated earlier, education and learning are closely associated with the development of human resources and are connected to the central concept of the present model. Social learning comprises a major portion of the organizational learning. These modes of learning and the theories related to them were beneficial to design the present model.

Learning is a constant and dynamic process happening throughout life, where new knowledge and skills are acquired by the individuals. With this process, thoughts, feelings, attitudes, and behaviors are changed and rectified. Learning theories are the framework of relevant concepts and principles, which explain, describe, or predict how people learn.^[32] Many learning theories have been extensively used in the management of human resources and employee development arena. These theories state that individuals need direct experiences in order to learn. According to these theories, the major amount of learning is achieved through observation, and learning is often a social process where other certain individuals act out as a “role model,” so that proper thinking, feeling, and acting manners are learned.^[33-35] Bandura’s social learning theory is among the most well-known of these theories. “Role playing” is the principal concept of Bandura’s model.^[36] An example for role playing is when a more experienced nurse showing a professional behavior acts as a mentor for the lesser experienced nurses. “Self-regulation” is another concept within this theory. Recently, Bandura shifted his focus of attention to the social culture. He regards the learner as an agent through whom the experience of learning is filtered and purified. He believes that the human mind not only functions in response to stimulations but also is self-generating and creative. In this model, he concentrates on the concepts such as individual self-dynamism, self-control, self-efficiency, and self-evaluation.^[32,37]

Lack of organizational support, and random and sporadic development of Iranian nurses may be rectified to a proper course through the familiarization of the managers with the goals and principles of the social learning theories as well as the importance of a beneficial role model, as this theory emphasizes on the role of competent and qualified individuals in a more effective and useful organizational learning. Based on this, the organization can identify role models and make use of them in moving toward the goals of organizational development and promotion of care quality.

“Organization-based self-development” model

The goals of the model

The main objective of this model is to plan and establish the organization-based self-development to achieve individual and organizational goals.

The secondary goals of the model are as follows:

- To draw the attention and sensitivity of the organization to the importance of the clinical nurses’ development
- To modify the organizational structure (cognitive and managerial) in order to conduct the staff development program
- To set goals, organizational planning, and to have a clear strategy to develop nurses
- To improve the job life quality of nurses.

The central/principal concepts of the model

Organization-based self-development

This concept forms the basic pillar of the model. Organization-based self-development in this model refers to a unified understanding and effort of the individuals and organizations for the development of the nurses (self-development) together with the organization development (improved quality of care). This endeavor calls for drawing the attention and harping on the sensitivity chord of the organization over the issue of professional development of the nurses in a manner that the self-development of the nurses alongside the continued planning of the organization become a routine culture of the organization and be institutionalized as a vital requirement. Therefore, an organization-based self-development requires a mutual process of realization, cooperation, interaction, and efficiency between the nurses and the organization.

Value-giving structure

The organization in all its layers should realize and concede to the vital and sensitive role of nurses with regards to the acknowledgment of the philosophy, objectives, and vision of the organization, and even further in the health of the society. Achieving such goals requires restructuring and reforming the previous image of nurses and nursing in Iran and a move toward forming a modern cognitive structure by concentrating on the professional values of the nurses. Through adoption of such policies and methods, nurses and nursing find their rightful meaning and place in the organization, and consequently, obtain a sense of joy, pride, and usefulness. An appreciating or valuing structure, in a sense, means paying attention to the characteristics of nurses and their needs in the organization. In such a structure, nurses are valued based on all their capabilities, and the factors such as their job quality and needs including development become important. The mental and cognitive restructuring or reformation in the organization can be achieved concerning the existing job design models. We will discuss this further in the following sections.

Strategies or practical phases in the organization-based self-development

In this section of model designing, strategies to meet the model goals are put forward. In the present suggested model, practical strategies were extracted and drawn up according to the findings and self-development theory of the study conducted by Rahimaghaee *et al.*,^[3] the theories of human resources management and the related concepts in the development of human resources, as well as the theories dealing with social learning, mentioned at the beginning of this section. Making the organizational self-development model operational for the clinical nurses comprises many different and multifaceted steps, some of

which are attainable in a relatively short period of time whereas the others require a process of decision-making and policy deliberation at the high level of management or beyond the organization at the level of government administration. Reformation of some parts may have its effects on other parts and lead to an acceleration of improved linkage.

Structure reformation

As a result of the failure of mental concepts of the previous structure and the need to develop and set up a new structure, appropriate measures should be taken. This is the fundamental step in trying to develop a new model. In order to rebuild a newly efficient structure based on scientific methods and to get rid of the old lagging and ineffective methods, the support of nursing organizations and entities such as the Nursing Association or the nursing wing of the Ministry of health, treatment, and medical education of Iran is required.

The first section of the strategies employed to restore the nursing structure may be divided into three sub-parts:

- Establishment of a value-assigning structure
- Establishment of a position for human resource management (there was not such a position in Iranian healthcare organization)
- Job redesigning.

Value-assigning structure establishment

For destructuralization of the previous inefficient practices and institutions, or in the other words, for establishment of a modern value-assigning structure, which is appropriate to the potential and practical capabilities of the nurses within the organization, the directors and managers of the organization (mostly physicians) are urged to become acquainted with factors such as effective prior skills, effective factors in organization structure for manpower development, management of human resources and organizational behavior, management of staff efficiency, education and training departments, and a profound understanding of the role of nurses in the system and group work. This familiarization leads to giving value to the activity. On the other hand, nurses in decision-making councils and groups can display the capabilities and worth of the nurses within the hierarchy (structure) of the organization. The results of the research findings in Iran indicate that the nursing scope of authority or decision-making in the structure of the organization is meager.^[3,4,38] Of course, it should be emphasized here that all these pre-require the training/education of a nurse who is competent and specially trained to drive the services optimally. This education can be facilitated through the cooperation of hospital directors and academic planners. When nurses are involved in major decision-making of an organization as an educated expert, their role and capabilities and the influence they exert in the

system are more vivid and will, consequently, lead to a feeling of self-satisfaction among nurses.

Establishment of an organizational position for the management of human resources at hospitals

The creation of such a capacity in modern health establishment (i.e. hospitals and healthcare centers) has become an important issue in the development of human resources. Today, when we talk about the management of human resources, the emphasis is placed on the responsibility of directors to recognize potentially competent staff and provide the suitable grounds for their growth. Unfortunately, such a capacity is lacking in hospitals in Iran. To open up such a position in an organization and take in nurses qualified in managerial postgraduate studies, the path could be paved for the establishment of an organization-oriented professional development.

Job redesign

This section needs more elaboration and does, and in fact, have an influence on the two previous sections. Although redesigning calls for the involvement and direct support of the higher-level authorities in the nursing profession, it may be taken into consideration for an organizational outlook in the process of establishment of an organization-oriented development. Job designing is a process of compatibility between job characteristics as well as staff's skills and interest. By job designing, we mean the adjustment of duties and responsibilities in a task or a group of related tasks in such a manner that maximization is achieved and leads to the satisfaction, growth, development, and finally, the improvement in the quality of life of the nursing staff. Various methods may be employed in this regard.^[39] The researcher believes that considering the existing circumstances and atmosphere and the expected immediate effect, Herzberg motivational methods are the best methods to be adopted.

Herzberg motivational theory or job characteristic model is who of the motivational methods in the management text references. Having reviewed the related nursing texts in this regard, the researcher opted for job characteristic model as a suitable model for the implementation of an organization-oriented self-development. Huber believes this model is a framework for job designing and has widespread application in care and health organization.^[40] Based on this model that assists the enrichment of the job, staff will be motivated to perform their assigned tasks only when they feel their jobs are valuable and get an appropriate feedback from their action.^[10,41]

Another approach in job design and the reformation of an organizational restructuring which is to be also taken into consideration is "role development." The roles that people play in carrying out their tasks in a job may continually

change. These changes or alterations occur while the individuals are constantly adapting and developing in the domain of the roles when they perform them with a certain degree of freedom. The opportunity should be given to them to carry out their various assigned tasks, with an aim to better accomplishment of their personal skills and capabilities. The roles are to be developed, so that satisfaction from work is rested and extended due to commendation.^[42]

The prevalent aims and objectives of job design can help achieve the aims and objectives of the suggested or hypothetical model in the present study, an organization-oriented self-development model. The self-development of the employees in such an organization could be enhanced because through a solid process of job design and reformation of the former inefficient structures and their replacement with a new, better, and more scientific construction, a better environment is provided for the development of the experiences of the employees (i.e. nurses).

If a provisional committee including experienced clinical nurses, university academics, hospital and healthcare directors, nursing authorities in the nursing association, and administrative authorities in Iran is established to take the discussed issues into consideration, and a new look can be given to the vital role of nursing, one can be hopeful for a drastic and fundamental change in the value of the profession, nurses' professional practice, which consequently, would bring about a positive restoration of the organizational structure. Furthermore, with the inclusion of new roles and the elaboration of their meaning and impacts on the nursing community, the value of promoting nursing capabilities may be enhanced in job design and the tasks nurses are envisaged to perform.

Certain of opportunities for organization-oriented development

The strategies put forward in this section shall, with the assistance and support of the organization, lead to the development of nurses. These strategies are as follows:

- Raising the sensitivity of the organization toward development
- Goal setting and planning the development of human resources
- Improved management practices.

These will be subsequently discussed in detail.

Raising the organizational sensitivity to the process of professional development is established through a reformation or better correction of the organization outlook and culture toward the important factor of paying heed to the development of nursing staff. This is one of the characteristics of a "learning organization." Therefore, planning for making

an organization willing to acquire and learn paves the ground for the creation of a learning environment whose main concern is learning, and development and growth. In other words, establishment of a mutual and common ground of understanding and interaction for development in a manner where nurses' growth and development acts as a regenerator is needed for the growth and development of the organization. This, in return, provides and facilitates nurses' interests and development. As mentioned earlier in this section, the suggested strategies in this model are largely interrelated and have reciprocal effects. As an example, the application of nurses' development in the organizational capacities, mentioned in the reformation of the structure, can lead to an increase in the sensitivity factor.

Goal setting and planning human resources development

There are several steps in this section too. In the first step, a needs analysis is required for planning and execution. A needs analysis of the learning and acquisition of skills, required by the nurses, provides the researchers with realistic goals and objectives. In the next step, the programmers may be executed and acted out. It seems that a particularly supportive attitude toward novice and less-experienced nurses, who have just entered the system, could facilitate the way for further steps to be followed. Helping to develop newer and less-experienced nurses with the assistance of more experienced and skillful ones and a pre-planned conscious support given by the organization can result in a trend where investment on nurses to promote the quality of health care and organization development may begin. Some of the programmers that can be beneficial are as follows.

Purposeful socialization of organization

Newly recruited nurses are presently going through a process of collaborative teamwork depending on the scope of duties they are assigned to or the group of health workers they are working with and/or under what management and what outlook or approach of management they are delivering their responsibilities. Unfortunately, we are witnessing that this process is carried out without prior pre-planned orderly activities. Meanwhile, this process, as we suggested, could be amended and put in a correct course of action if the positions of human resources management are set up with the help and assistance of the nurses. The process of organization means that a newly arrived nurse acquires the necessary knowledge and skill and even outlook, and transforms into a successful and effective member in the organization.

Designing mentoring programmers

A great many research findings in the present world of nursing point to the value of mentoring in the training of nurses and novice students or recruits.

The findings of the present study indicate that nurses often look for aiming to attain experience from a co-nurse whom they regard as an exemplary and try to learn the required tasks. Nevertheless, this is a haphazard, random, and unscheduled activity following no officially set instructions.

The organizations can, through a planned mentoring, actively delegate the task of educating/training of new inexperienced nurses to the more skillful and experienced mentors who are developed according to the policies throughout the organization and are familiar with the objectives of the practices they undertake.

Use of the formal staff development program in the form of clinical ladder

This program is a part of staff development program, which can be useful to an organization-oriented nursing development. In this program, based on the level of skill and competency the nurses possess, they are allocated to appropriate programmers to enhance professional development. The human resources management could suggest and devise the required programmers for this section.

In the final stage, a feedback evaluating system should be established so that all the programmers are duly monitored and evaluated to trace the benefits and positive outcomes of such interactions and the sum of such interactions and, at the same time, try to find solutions for the possible shortcomings and leakages and provide amendments.

Improved management practices: This is yet another step which can prove beneficial in creating an organization-based self-development. Through familiarization and training the managers with modern theories of management, especially human resource management and organizational behavior, an organization attitude change is facilitated. In fact, this is one part of programmer execution or, in other words, one of the factors securing its implementation. Nursing directors can establish an environment where professional nursing is enhanced and the opportunity for development is facilitated. These directors could identify "developed" employees and encourage them to participate in a planned, objectified education/training program to train the lesser experienced or newly recruited nurses, and give them the appropriate encouragement through job promotion or living facilities and bonuses, and thereby establish a routine organized code of behavior and culture running through the organization.

CONCLUSION

Deep-rooted desire for the development of nurses in their roles and in the organization motivated the authors to conduct

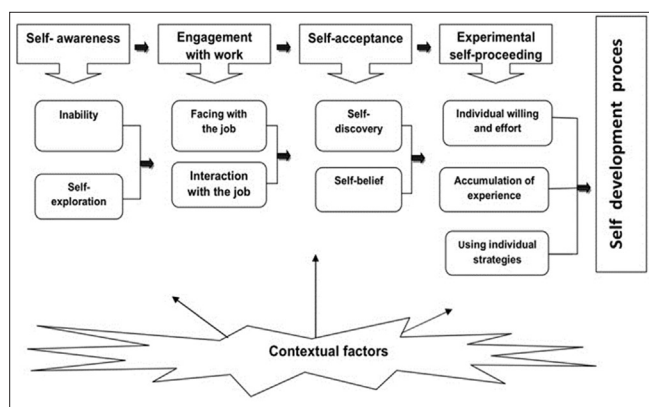


Figure 2: Organization-based self-development model

the present study. The findings from this study may serve useful for the nursing programmers, nursing directors, and decision-makers at the level of the health organizations and governmental administration, as well as the nursing educators and the nurses themselves. The healthcare organizations and their relative directors are not only concerned with driving out and implementation of development programmers and re-education schemes, but also are expected to make use of the findings of the present study and the parallel findings with other studies and carry out an evaluative system programmed to gouge out the effectiveness. Nurses will not exhibit required qualities or skills without support from their organizations. Therefore, the organization can help its nursing employees to develop effectively through the establishment of a positive atmosphere. This study confirms the importance of the organization and organizational point of view about the professional development of the nurses. Our prescriptive model has been presented in Figure 2.

The model suggested in this article could be taken into consideration in the managerial approaches and strategies adopted in the organizations as it would help to promote the quality of healthcare practices. This model and its utilization can help bring about a targeted, objectified, planned development in the organizations, which will consequently lead to the growth of care and effectiveness within the organization.

ACKNOWLEDGMENT

This study was approved by the Tehran University of Medical Sciences. The authors appreciate the nurses for their participation in this study.

REFERENCES

1. Richey RC, Klein JD, Tracey MW. The instructional design knowledge base: Theory, research, and practice. New York, NY: Routledge. 2011.
2. Corbin J, Strauss A. Basics of qualitative research: Techniques

- and procedures for developing grounded theory. Sage; 2008.
3. Rahimghaee F, Dehghan Nayeri N, Ohammadi E. Process of Professional development in Iranian Clinical Nurses: A grounded theory. Tehran University of Medical sciences; 2010.
4. Dehghan Nayeri N, Nazari AA, Salsali M, Ahmadi F, Adib Hajbaghery M. Iranian staff nurses' views of their productivity and management factors improving and impeding it: A qualitative study. Nursing & Health Sciences 2006;8:51-6.
5. EmamzadehGhasemi HS, Vanaki Z, Dehghan Nayeri N, Faghihzadeh S. The effect of using "Performance Appraisal Model" on quality of nursing care. Hayat 2007;34:19.
6. Ghaljeh M, Ghaljaei F, Mazlom A. Relationship between nurses competency and patient satisfaction. <http://idenshz.mihanblog.com/>. 2008. [Last accessed on 2012 May 05].
7. khoshkhoo N. Quality nursing care from the perspective of nurses and patients. Dissertation. Tabriz University of Medical Sciences; 2004.
8. Burns B. Continuing Competency: What's Ahead? The Journal of Perinatal & Neonatal Nursing 2009;23:218-27.
9. Rodts MF, Lamb KV. Transforming your professional self: Encouraging lifelong personal and professional growth. Orthopaedic Nursing 2008;27:125-32.
10. Roussel L, Swansburg RC, Swansburg RJ. Management and leadership for nurse administrators. Jones & Bartlett Learning; 2006.
11. Torrington D. Human Resource Management G_ôPrentice Hall. 2007. London.
12. Sportsman S, Hamilton P. Conflict management styles in the health professions. Journal of Professional Nursing 2007;23:157-66.
13. Hallin K, Danielson E. Registered nurses perceptions of their work and professional development. Journal of Advanced Nursing 2008;61:62-70.
14. Williams KA. Factors for returning registered nurses to the workforce. Dissertation for PhD degree. University of Tennessee. 2004.
15. Qasemi EZ, Vanaki Z, Dehghan-Nayeri N, Salehi T, Salsali M, Faghihzadeh S. Effect-based management approach aimed at evaluating the performance of the quality of nursing care. Hayat, Journal of School of Nursing and Midwifery, Tehran University of Medical Sciences 2007;13:5-15.
16. Twibell RS, Siela D, Lightner T, Rassel E. Novice nurses in role transition. Sigma Theta Tau International 38th Biennial Convention - Scientific Sessions November 14, Indianapolis, IN. 2005.
17. Dehghan Nayeri et al. Productivity of human resoure in nursing: A qualitative study. Hayat, Journal of School of Nursing and Midwifery, Tehran University of Medical Sciences 2006;12: 5-15.
18. Bibb SC, Malebranche M, Crowell D, Altman C, Lyon S, Carlson A, *et al.* Professional development needs of registered nurses practicing at a military community hospital. The Journal of Continuing Education in Nursing 2003;34:39-46.
19. Khomeiran RT, Yekta ZP, Kiger AM, Ahmadi F. Professional competence: Factors described by nurses as influencing their development. International Nursing Review 53,66-72.
20. Memarian R, Vanaki Z1. Professional ethics: Beyond the clinical competency. Journal of Professional Nursing 2009;25:285-91.
21. Walker LO, Avant KC. Strategies for Theory Construction in Nursing. Prentice Hall Health, Upper Saddle River. 2005.
22. Meleis AI. Theoretical nursing: Development and progress. Lippincott Williams & Wilkins; 2011.
23. Bratton J, Gold J. Human resource management: Theory and

- practice. 175 ed. Palgrave Macmillan Basingstoke; 2003.
24. Roberts D, Johnson M. Newly qualified nurses: Competence or confidence? *Nurse Education Today* 2009;29:467-8.
 25. Salaman G, Storey J, Billsberry J. *Strategic human resource management: Theory and practice*. Sage; 2005.
 26. Sims RR. *Human Resource Management: Contemporary Issues, Challenges, and Opportunities (HC)*. IAP; 2007.
 27. Kerka S. *Human Resource Development. Trends and Issues Alert No. 25*. 2001.
 28. Wang GG, Wang J. Toward a theory of human resource development learning participation. *Human Resource Development Review* 2004;3:326-53.
 29. Yang B. Holistic learning theory and implications for human resource development. *Advances in Developing Human Resources* 2004;6:241-62.
 30. Reichard RJ, Johnson SK. Leader self-development as organizational strategy. *The Leadership Quarterly* 2011;22:33-42.
 31. Kamoche K, Pang M, Wong AL. Career development and knowledge appropriation: A genealogical critique. *Organization Studies* 2011;32:1665-79.
 32. Bastable SB. *Nurse as educator: Principles of teaching and learning for nursing practice*. Jones & Bartlett Learning; 2003.
 33. Easterby-Smith M, Lyles MA. *Handbook of organizational learning and knowledge management*. Wiley. com; 2011.
 34. Hammond LD, Austin K, Orcutt S, Rosso J. *How People Learn: Introduction To Learning Theories*. Retrieved on 2001;12:11.
 35. King WR. Communications and information processing as a critical success factor in the effective knowledge organisation. *International Journal of Business Information Systems* 2005;1:31-52.
 36. Bandura A. Social cognitive theory of mass communication. *Media psychology* 2001;3:265-99.
 37. Ziegler SM. *Theory-directed nursing practice*. Springer Publishing Company; 2005.
 38. Hagbaghery MA, Salsali M, Ahmadi F. A qualitative study of Iranian nurses' understanding and experiences of professional power. *Human Resources for Health* 2004;2:9.
 39. Gholipour A. *Organizational Behavior Management (Individual Behavior)*. Tehran: Samt; 2007.
 40. Huber D. *Leadership and Nursing Care Management* WB Saunders Company. 2006. Philadelphia.
 41. Klein L. *The Meaning of Work: Papers on Work Organization and the Design of Jobs*. Karnac Books; 2008.
 42. Armstrong M. *A handbook of human resource management practice*. Kogan Page Limited; 2003.

How to cite: Rahimaghaee F, Nayeri ND, Mohammadi E, Salavati S. Organization-based self-development prescriptive model for the promotion of professional development of Iranian clinical nurses. *Iranian J Nursing Midwifery Res* 2015;20:604-12.

Source of Support: Nil, **Conflict of Interest:** None declared.