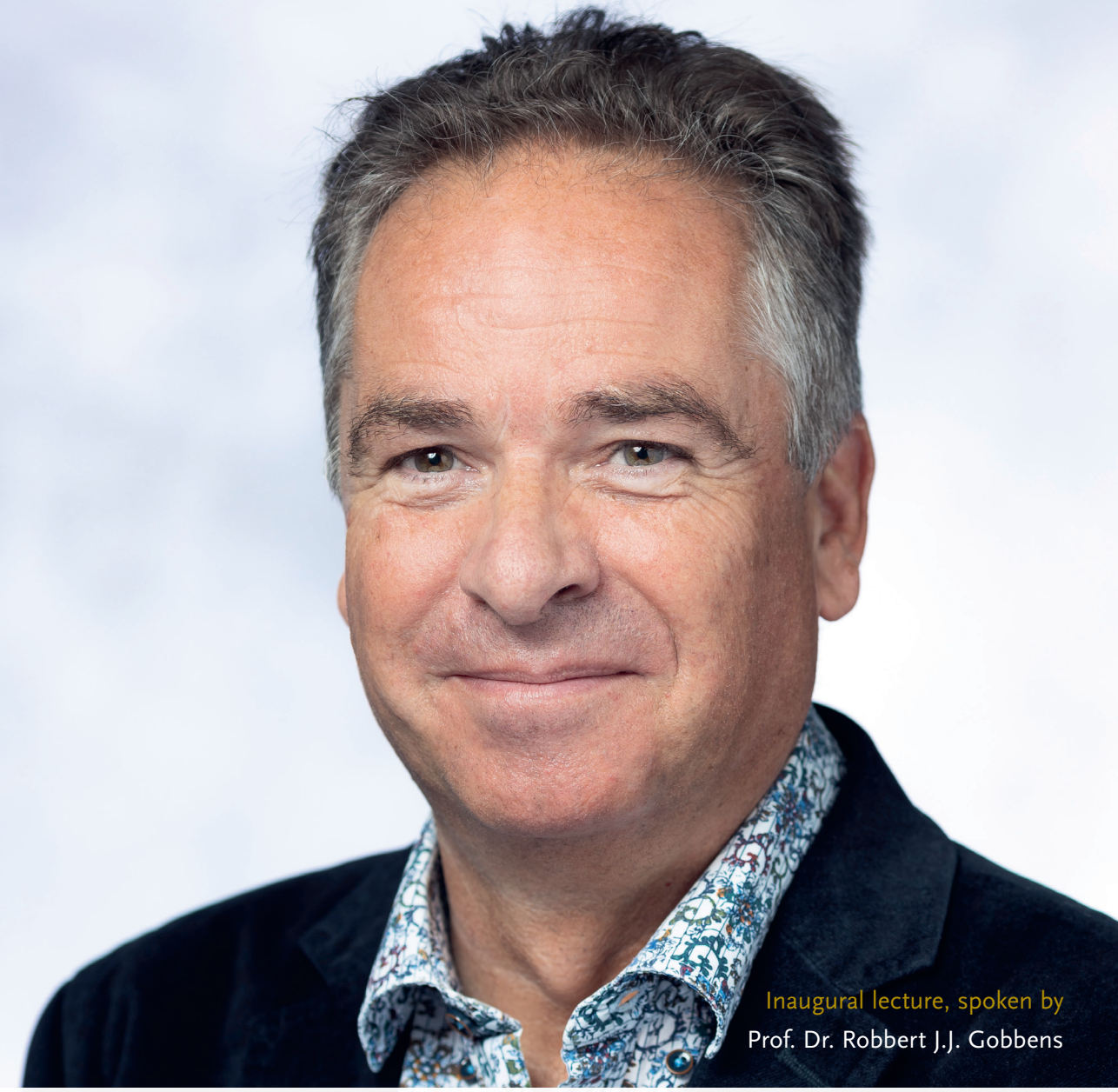
Professionalisation of Nursing and Care in Elderly Care

The hour of truth has come!



Inaugural lecture, spoken by

Prof. Dr. Robbert J.J. Gobbens

Tilburg University

Understanding Society

Robbert J.J. Gobbens is endowed professor of Professionalisation of Nursing and Care in Elderly Care. It is the ambition of his Endowed Chair to provide a substantial impetus for the professionalisation of nurses and care workers in elderly care, in terms of their dedication and professionalism and their capacity to learn, research and collaborate. This is a collaborative partnership between Inholland University of Applied Sciences, Zonnehuisgroep Amstelland and Tilburg University.

Prof. Dr. Gobbens studied Nursing at the higher professional education Nursing programme in Eindhoven, and worked as a district nurse with the Kruisvereniging Breda home nursing organisation. After graduating in Health Sciences (nursing sciences specialisation) and completing the postgraduate teacher training programme in Healthcare, he lectured in the Nursing programme at Avans University of Applied Sciences and, after that, served as coordinator of the Master of Advanced Nursing Practice at Rotterdam University of Applied Sciences.

In 2010, Mr Gobbens completed his PhD on 'Frail Elderly: Towards an Integral Approach', In the course of his PhD research, he developed a comprehensive frailty concept that includes physical, psychological and social issues. His dissertation resulted in the Tilburg Frailty Indicator (TFI), an instrument used to determine an elderly person's degree of frailty. The TFI has since been translated and validated in several countries, and Mr Gobbens himself was involved in most of the studies concerned.

Since 2017, he has served as professor of Health and Well-Being of Frail Elderly at Inholland University of Applied Sciences and Zonnehuisgroep Amstelland. On his initiative, Learning and Innovation Networks have been implemented in elderly care. These networks facilitate connections between education, research and the world of practice. In addition, since 2019 professor Gobbens has been associated with the University of Antwerp as a visiting professor.

He has played an active role within the Netherlands Association of Nurses and Care Workers (V&VN) for over two decades. At present, Mr Gobbens chairs the Geriatrics and Gerontology section and the Quality Standards Advisory Board. His other roles include that of editor-in-chief of *Verpleegkunde*, the Dutch-Flemish journal for nurses, and *Gerõn*, the journal on ageing and society. He is also editor of *Healthcare* (Community Care section) and associate editor of *Archives of Gerontology and Geriatrics, BMC Geriatrics and Frontiers in Medicine* (Geriatrics section). Mr Gobbens has published more than 200 articles, of which 95 have been included in *PubMed*.

Professionalisation of Nursing and Care in Elderly Care

The hour of truth has come!

Prof. Dr. Robbert J.J. Gobbens

Inaugural lecture,
delivered upon public acceptance of the endowed professorship in Professionalisation of Nursing and Care in Elderly Care by Prof. Dr. Robbert J.J. Gobbens at Tilburg University on 29 September 2023

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The hour of truth has come!

1. My personal drive

Dear members of the audience,

I am extremely proud to present my Endowed Chair in Professionalisation of Nursing and Care in Elderly Care. In my lecture I will give you an overview of how this sector has professionalised, what we have achieved so far and what further efforts are required.

I grew up in the town of Etten-Leur in the loving care of my parents, who unfortunately did not live to a ripe old age. No healthy ageing for them. In my youth I had little idea of what I wanted to be, but after finishing general secondary education I had to make a choice. I hesitated between nursing and teaching. Eventually I opted for nursing, mainly because I felt attracted to the idea of caring for people. In 1981 I began as a nursing student in higher professional education. What appealed to me in the programme was the breadth of training it provided. I much preferred that to an in-service programme in which students were required to choose in advance between hospital nursing, psychiatry and care for the mentally disabled. Today we would say: care for people with an intellectual disability.

After completing the programme – which was quite an achievement, given the negative study advice I received from a social skills lecturer at the end of my first year – I did my military service. After being trained as a sergeant, I was allowed to work as a nurse at the military rehabilitation centre in Doorn. The experience I gained there proved quite useful in my first job as a district nurse at the Kruisvereniging home nursing organisation in Breda. I began in Princenhage, also known as the 'Aogje', where I was responsible for care for older adults. I still have vivid memories of the people in the Aogje that I visited at home as a district nurse. For example, I remember a man with a neurological condition who was an expert in the art of mouth painting, a hobby that improved his quality of life. Landscape painting with oils was a hobby of mine as well, so I used to visit him on my free Saturdays; not to look after him, but to enjoy a shared hobby. I'm not entirely sure whether this qualifies as 'professional', but we both enjoyed it a great deal.

The Kruisvereniging Breda enabled me to further develop my talents. They invested in methodical working methods, known as IVVP. This stands for Content and Documentation of the Nursing Process.[1] Inspired by the OMAHA system,[2] which many home care organisations use today, they developed a conceptual framework that covered activities of daily living and ambient conditions. This helped the implementation of components of the methodical approach in actual practice: medical history, diagnosis, results, interventions and evaluation. Kruisvereniging Breda also applied the Orem[3] philosophy: focusing on people's self-care skills as a theoretical basis. Today, thirty years on, the IVVP is still the most beautiful classification system I know. Developed by and for nurses, the IVVP was implemented in practice and incorporated training programmes for new and experienced district nurses. This includes conversation skills training, which is quite important for nurses. In the end, good conversation skills are crucial for the quality of care you provide as a nurse or care worker, and, as such, for the quality of life of older adults in your care.

The then director of Kruisvereniging Breda, Piet Hein Jonkergouw, encouraged me to study Nursing Sciences. I am still grateful to him for that. At the time, three universities offered a Nursing Sciences programme: Groningen, Utrecht and Maastricht. Unfortunately, today it is only available in Utrecht. I decided to do the programme in Maastricht. After some extra training to catch up on my maths skills, I managed to complete the Nursing Sciences programme part-time in three years. In addition to learning about Orem and its self-care theory,[3] I was introduced to King's goal attainment theory[4] and the Neuman Systems Model.[5] This model provides for a broad and holistic approach of patients as human beings. It was a great honour for me to meet Neuman in person, many years later. During my Nursing Science studies I also learned to develop and build nursing theories, for example by using Walker & Avant's concept analysis.[6] This provided the necessary academic support for nursing practices.

I also began to notice that I greatly enjoyed *teaching* IVVP principles to fellow district nurses. So immediately after graduating in Nursing Sciences, I decided to move on to the postgraduate teacher training programme in Healthcare – which meant commuting to Maastricht, again. Next, I moved on to lecturing at university of applied sciences level – initially at Hogeschool West-Brabant, which has since been renamed Avans University of Applied Sciences, and then at the Rotterdam University of Applied Sciences. Today I am a professor at Inholland

University of Applied Sciences and at Zonnehuisgroep Amstelland. As a lecturer and a professor, I have been able to share my knowledge and experience with Nursing students and trainee nurse practitioners. It is great to see students develop during the programme, not just as professionals but as human beings.

At Avans I joined the knowledge network of the Gerontology research group led by Ria Wijnen. And that is where the scientist that was in me found the space to emerge and develop. Before long I embarked on a PhD project supervised by Jos Schols and co-supervisors Ria Wijnen and Katrien Luijkx. Katrien is now a professor at this university as well. The focus of my PhD research was the group of frail elderly – which, not coincidentally, is also the indirect focus group of my Endowed Chair.

2. Frail elderly

My choice of words, 'indirect focus group', is deliberate. After all, my *primary* focus group are the nurses and care workers in elderly care. In the end, however, the professionalisation of nursing and care professions that are the focus of my chair should benefit the quality of life of older adults, and especially those among them who are frail. According to the World Health Organisation, 'quality of life' is the individual's perception of their position in life in the context of the culture and value systems in which they live and in relation to their goals, expectations, standards and concerns'.[7] This definition shows that quality of life is a subjective concept, which focuses on the individual's own evaluation of various domains in life. When quality of life is included in research, therefore, it is about quality from the perspective of the target population. Within the scope of my chair, this target population consists of older adults who live at home and older adults living in a nursing home.

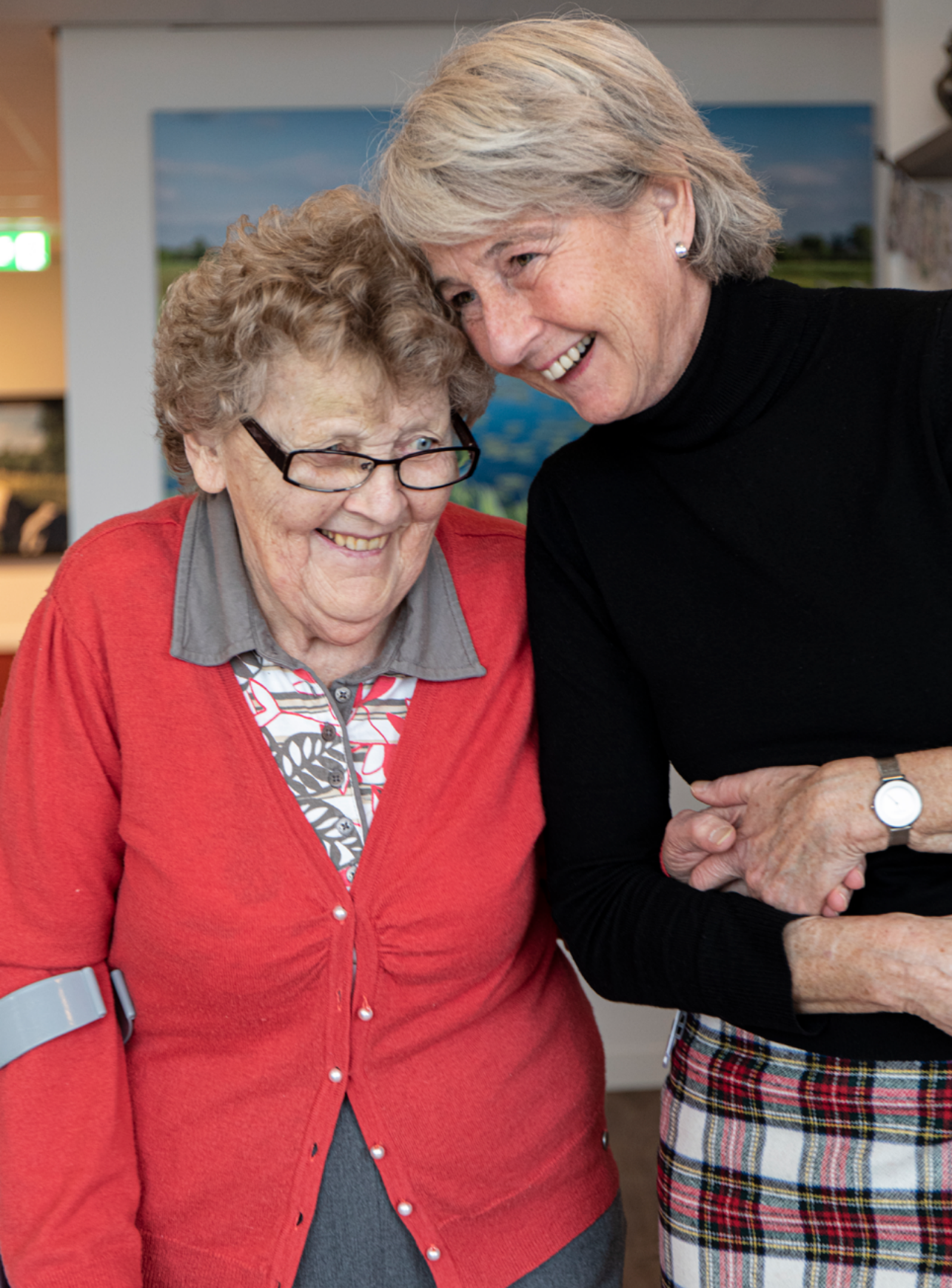
The Dutch population is ageing. In 2015, 24.5% of the total population were aged 60 or older. Their share is expected to rise to 33.2% by 2050.[8] As people age, their resilience tends to decrease and their frailty tends to increase. According to a forecast by the Netherlands Institute for Social Research/SCP, by 2030 there will be more than a million frail elderly people in the Netherlands.[9] The majority of frail older adults still live at home; a smaller group live in nursing homes. This is due in part to a government policy aimed at 'ageing in place',[10] in other words, allowing people to keep living at home as they grow older, as reflected in the WOZO programme. WOZO stands for living, support and care for older adults. The programme, launched by the Ministry of Health, Welfare and Sport in 2022, highlights the role of digital technologies to help older adults remain independent and enhance their quality of life.[11] Many older adults themselves prefer to grow old in their own environment, surrounded by family and friends, and to remain active, autonomous and independent for as long as possible.[12, 13]

During my PhD research I tried to find out what this term, frailty, exactly means and how frailty can be determined. A literature study helped me discover that frailty originated as a medical concept,[14] as the main focus used to be on physical problems typical of older adults. The American geriatrician Fried and her colleagues view frailty as a biological syndrome, characterised by diminished reserves and reduced resilience against stressors, resulting from the impairment of a range of physiological systems and potentially leading to negative outcomes.[15] As such an approach to frailty promotes the fragmentation of care, potentially

resulting in a lower quality of life,[14, 16] today frailty tends to be increasingly defined from a multi-dimensional perspective. According to a definition that I helped develop in 2010 (and which still holds, I believe), frailty is a dynamic condition in which an individual experiences a deficiency in one or more aspects of human functioning (physical, psychological, social) which is caused under the influence of a range of variables and increases the likelihood of negative outcomes (Gobbens, Luijkx, et al., 2010a).[14]

Attention for frail elderly people is important, as they run an increased risk of negative outcomes. They may experience such negative outcomes in terms of limitations in their ability to perform activities of daily living[17] or in hospital admission,[18] admission to a nursing home,[19] a lower quality of life[20] and earlier death.[21] The risk is, however, that frailty is viewed mainly from within a deficit model. This explains the high level of attention for resilience of older adults, even of those who are frail. In this context, a balance-oriented model that recognises both the strengths of frail elderly people and the burdens they bear is more appropriate.[22]

Frail elderly people require complex care, because they often experience limitations in multiple daily life domains (physical, psychological, social) and in activities of daily living, and because many suffer from multimorbity issues, in other words. two or more chronic conditions at the same time.[23] As a result, the care for these older adults involves a wide range of disciplines, calling for effective multidisciplinary collaboration. This places high demands on the professionalism of the nurses and care workers concerned. These nurses and care workers are the central focus on this Endowed Chair. After all, they are the largest professional groups involved in the care of frail elderly people in nursing homes and home care and, as such, have a huge impact on the quality of care for these people, and their quality of life.



3. Quality of care for older adults

Before discussing the professionalisation of nursing and care, I would like to sketch out the context of elderly care within which this professionalisation is taking place. More specifically, I will describe the frameworks for improving the quality of care for older adults. The quality of care for older adults is a constant focus of attention. For example, the Quality Frameworks for District Nursing[24] and Nursing Homes[25] highlight the need to improve the quality of care for older adults. The Quality Framework for District Nursing[24], which dates from 2018, describes the characteristics of high-quality care for people at home and of effective collaboration among care providers. It offers tools for care professionals and care providers to further improve the care they provide. For instance, the framework specifies the professional quality requirements district nursing is required to meet. One of those requirements is that district nursing applies the cyclic nursing process. The term 'district nursing' refers to a team of nurses and care workers who focus on the care for individuals as well as on prevention and health promotion. The framework explicitly states that a process of learning and permanent improvement is crucial for quality.

The Quality Framework for Nursing Home Care[25] identifies what clients and their family and friends are entitled to expect regarding the care provided in nursing homes. In addition, this framework sets development tasks for care professionals and care providers, encouraging them to jointly improve the quality of care and their learning capacity. The framework was published in 2017 and updated four years later.[26] The new motto was: 'Learning and developing together'. The framework aims to stimulate a systematic approach to learning and to developing the care provided by nursing home organisations. This is done both internally with residents and their family and friends, and externally with senior citizens' associations, for example, and other care organisations. The duty roster of the Dutch Healthcare Authority was adopted as the staffing standard in the 2021 version of the Quality Framework for Nursing Home Care. Specifically, this means two qualified staff members for every eight residents. In 2022, Minister Helder for Long-term Care and Sport announced that due to staff shortages in elderly care, this quality framework had become infeasible. In March 2023, this resulted in the presentation of a generic concept compass entitled *Working together to improve the quality of life*.[27] This concept compass will replace the Quality Framework for Nursing Home Care, the Quality Framework for District Nursing and the addendum on home care in accordance with the Long-Term Care Act. The National Health Care Institute has given care providers, professional

associations, client representatives, care administration offices and healthcare insurers until 1 December 2023 to flesh out the compass.

When completed, the compass will identify four key principles: respecting individuals for who they are, open dialogue, the power of togetherness, and space for professionalism. In the context of my chair, I will now zoom in on the fourth principle, 'space for professionalism'.

The generic concept compass emphasises that professionals should be given the space and trust they need to generate solutions in a range of situations, based on their own expertise. In turn, this calls on professionals to respect protocols and guidelines; their actions should help to address the care-related needs and issues of the care recipients and their family members. In addition, professionalism has to do with the ability to reflect, learn and develop, and it is important that care organisations facilitate professionals in this regard as well.

As such, reflection, learning and development in care for older adults are not only necessary to improve the quality of care, but also to make jobs in the elderly care sector more attractive. After all, the serious staff shortage in elderly care is due in part to the relative absence of a culture that recognises the crucial importance of reflection, learning and development for the people who work in it.[28] For this reason, nursing homes and home care organisations should be given more space to tackle the many challenges confronting them, such as the growing number of frail elderly people, the increasing complexity of the care required and staff shortages, and to ensure that the solutions are fit for the future.[29]

At the end of 2015, on the initiative of my research group, Inholland University of Applied Sciences launched a Learning and Innovation Network (LIN) to stimulate reflection, learning and development among nurses and care workers.[30] The LIN was inspired by the idea of a care innovation centre (CIC), a concept originally conceived by Fontys University of Applied Sciences.[31] It is a powerful learning environment shaped principally by care workers and nurses, students from senior secondary vocational and higher professional education, and a lecturer practitioner: a lecturer associated with a university of applied sciences or a regional training centre. All these parties have joined forces to further improve the care for older adults. This means that the participants must be willing to reflect on their own practice, to be open to research, and to make explicit the care needs of clients and their families and friends. I regard a LIN as a means to connect the domains of practice, research and education. A LIN is a place where knowledge is not only created, but also disseminated to facilitate the circulation of knowledge within the triangle of practice, research and education. In addition, a LIN promotes the further professionalisation of nurses and care workers. This is because a LIN stimulates their adaptive skills by encouraging systematic and research-based work practices, applying new methods and using multiple sources of evidence.

4. Professionalisation of nursing and care for older adults

My chair focuses on the professionalisation of nursing and care. Now what is the current state of affairs in these two professional groups? Let's study a bit of history first.

Many years ago, nursing was seen as an act of charity. People needed no special training to be able to act as a nurse. It was not until 1880 that nursing came to be seen as a real profession, with the associated training requirements, salaries and uniforms. That was the period in which the nursing sector began to professionalise. Ever since the late nineteenth century, countless developments have helped to put nursing on a more professional footing. I cannot discuss all those developments here. Instead, I would like to highlight a few essential contributions – and I will not do so in chronological order.

The professionalisation of nursing is closely intertwined with the development of nursing theory, nursing practice and nursing research. The development of nursing theory on the essence of nursing really took off in the 1980s. I already mentioned the theories of Orem,[3] King[4] and the Neuman model at the beginning of my lecture.[5] Nursing theory was developed not just in the United States, but also in the Netherlands. Examples include Van den Brink Tjebbes's 'existential theory'[32] and nursing according to the Profile developed by Bart van Bergen and Louk Hollands.[33] In addition, classification systems were developed, such as Gordon's health patterns[34], which could be used to aid the process of taking a patient's medical history, and the North American Diagnosis Association (NANDA) formulated nursing diagnoses.[35] Classification systems for nursing interventions and nursing care results appeared, such as the Nursing Interventions Classification[36] and the Nursing Outcomes Classification[37], more popularly known as the NIC and the NOC.

The first professional profile for nurses was published by the National Advisory Council for Public Health in 1988.[38] The profile distinguished two levels of expertise based on the responsibilities for and the complexity of the care provided: senior secondary vocational level and higher professional level. This professional profile was reviewed in 1999[39] and in 2012[40]. The current professional profile was drawn up in 2015.[41] It distinguishes three occupational sub-profiles: nurses trained at higher professional education level, nurses trained at senior secondary vocational education level, and care workers in Individual Healthcare. Another sign of professionalisation, in addition to the professional profile, is a professional

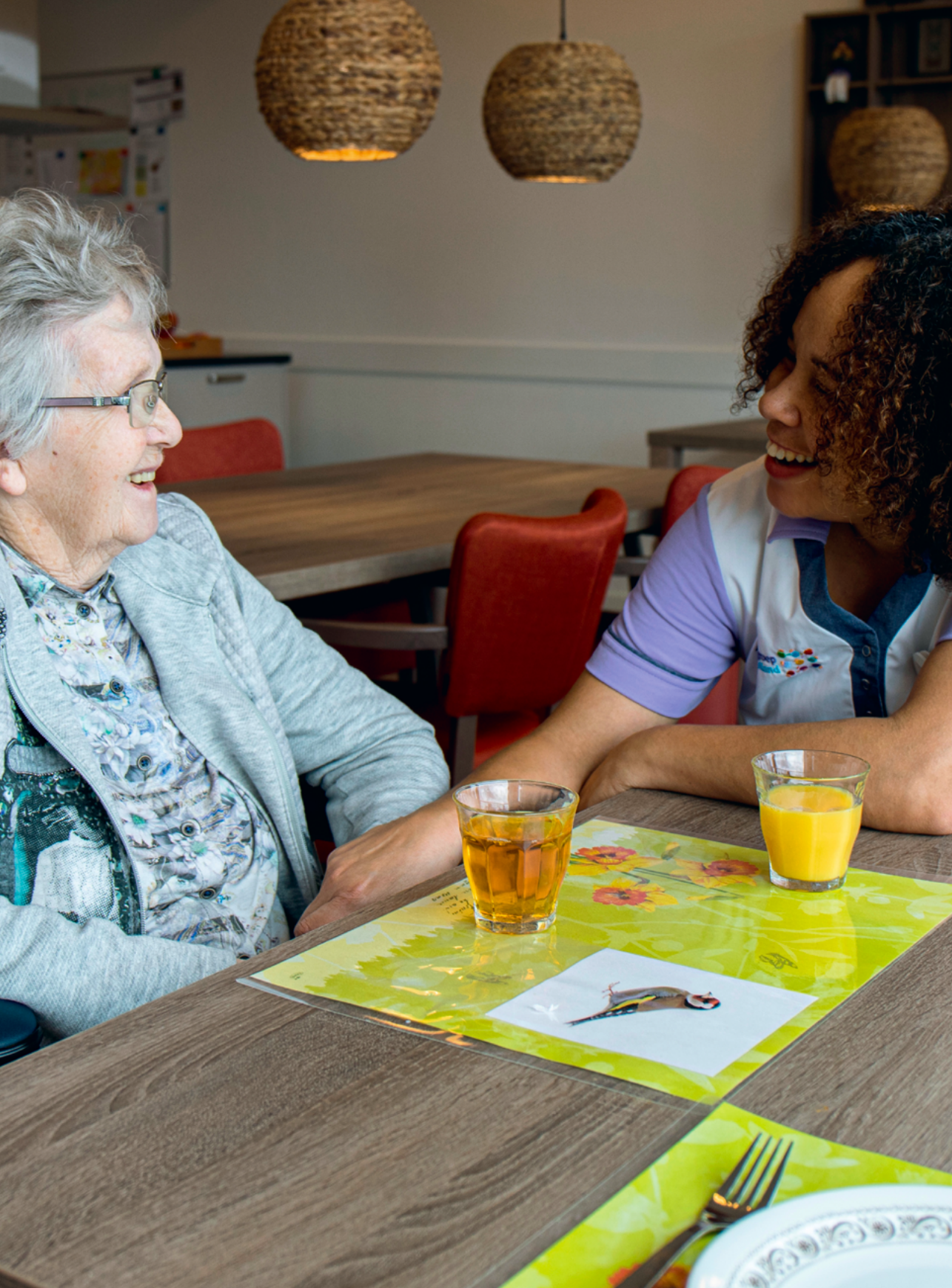
code that defines the values and norms of the professional group. It is a document that sets out the ethical principles of the profession. Despite the differences between the tasks and responsibilities of nurses and care workers, both professional groups are covered by a single code.[42] Key values in the code include respect, honesty, reliability, justice and respect for the care recipient's autonomy.

The next milestone in the professionalisation of nursing and care was the realisation of the Individual Healthcare Professions Act (*Wet op de beroepen in de individuele gezondheidszorg*, Wet BIG) in 1993.[43] This act has a dual objective: first, to promote and monitor the quality of professional practice, and second, to protect patients against incompetent and careless actions by care providers. The Wet BIG contains provisions about title protection, registration, re-registration, restricted activities and disciplinary law. The Wet BIG covers three groups, known as the Section 3, Section 34 and Section 36a professions. Nursing is one of the Section 3 professions. As such, nurses – like physicians and physiotherapists – have a legally protected professional title, are listed in the BIG register and are subject to disciplinary law. The situation for care workers in Individual Healthcare (VIGers) is different. They belong to the Section 34 professions. While VIGers have a legally protected professional title, they are not listed in any statutory register and are not subject to disciplinary law either.

I should also mention the establishment of Nosokómos, back in 1900. Nosokómos was the first professional association for nurses in the Netherlands. Almost a century later, it generated the Nieuwe Unie 91 (NU'91).[44] NU'91 works to ensure that by 2025 nurses, care workers and workers in related professions have strengthened their positions in all sectors and experience their daily work as 'rewarding'.[44] The Algemene Vereniging Verpleegkundigen en Verzorgenden, or AVVV in short, was established five years after NU'91. As a network model based on regular consultation, the AVVV served as a mouthpiece and contact centre for its affiliated sector organisations. In 2006, those sector organisations decided to establish the Netherlands Association of Nurses and Care Workers, or V&VN.[45] V&VN has 41 sections that each represent a separate specialism, such as complementary care, or geriatrics and gerontology. There are also sections that represent the entire professional group of care workers and nurse practitioners. With its 105,000 members, V&VN is the largest professional association for nurses and care workers in the Netherlands.

As at 1 July 2023, the BIG register included 218,739 nurses.[46] In fact, this number shows that the majority of nurses are not V&VN members. No doubt the same applies to care workers. This does make me wonder why this is so, and also, by extension, how we can persuade all professionals in nursing and care professions to join this organisation. The importance of this for the further professionalisation of the sector is obvious.

Finally, I should also mention ZonMw and its Nursing and Care Programme, commissioned by the Ministry of Health, Welfare and Sport, to support and strengthen the professionalism of nurses and care workers.[47] According to ZonMw, this is necessary in order to maintain and increase the appeal of the professions concerned and the quality of care. The objectives of the programme are to strengthen the scientific basis of practices, to improve knowledge valorisation and to encourage the continued development of good practices. On 1 September 2023, I finalised the project entitled 'Implementation and optimisation of Learning and Innovation Networks in geriatric rehabilitation'. I have been able to conduct this project, which incorporates two PhD research projects, thanks to a grant from the ZonMw Nursing and Care Programme.



5. Aspects of professionalisation

I have already used the word 'professionalisation' countless times during my lecture so far. But what exactly does it mean? In my view, the professionalisation of nursing and care for all healthcare sectors, including elderly care, comprises five aspects: dedication, competence, learning capacity, collaborative capacity and research capacity. I will now discuss each of these five aspects separately.

Dedication, according to the dictionary, is a synonym for diligence.[48] However, the term also denotes attention, affection, commitment, enthusiasm, loyalty and loving care. Competence refers to actions by nurses and care workers founded in *evidence based practice*, or EBP. EBP is the careful, explicit and judicious use of the best existing evidence in making decisions with individual clients and/or their family and friends about good or desirable care or treatment.[49] At the Anna Reynvaan Event in 2023, Lynn Gallagher, chief operating officer of the Fuld National Institute of Ohio State University, said: 'It's not that nurses do EBP, they are EBP'. EBP integrates various types of knowledge sources, such as scientific literature, professional expertise, the wishes and preferences of older adults and their family and friends, and the local context. Among other things, that knowledge has been recorded in guidelines that nurses and carers use as a basis for decisions regarding the care they provide for older adults. Those guidelines are required to comply with the AQUA guidance, which is about care processes and specifies what needs to be done to provide high-quality care from the client's perspective.[50] The implementation of guidelines is a complex matter,[51, 52] also in elderly care. Care professionals in hospitals are required to assume responsibilities so as to identify and address barriers to the implementation of guidelines.[53] A framework is available that can be of assistance in identifying factors that influence the implementation of guidelines. There is also an overview of implementing strategies for guidelines for nurses and care workers.[54, 55] In the years ahead, V&VN will remain firmly committed to the development and implementation of guidelines. To encourage the use of guidelines in practice, nurses and care workers should be involved in the lay-out and design of those guidelines and in testing their draft versions.[56] Multidisciplinary guidelines will have to be developed for the frail elderly. Monodisciplinary guidelines will not suffice, as frailty concerns multiple domains of a person's functioning. While the input from older adults themselves and their family and friends in the development of these guidelines is essential, I am eager to contribute my share as an expert on frailty.

In the end, one must have the requisite learning capacity, collaborative capacity and research capacity to become truly competent. Learning capacity is defined as the ability to adapt and innovate, to continue to shape individual and collective learning, to adapt systems when they no longer contribute to high-quality care or working practices, and to keep evolving as each client is unique and the world is forever changing.[57] The learning capacity of nurses and care workers is obviously of considerable importance. Knowledge ages fast. Permanent learning in teams, organisations and networks such as a LIN contributes to the quality of care for older adults. Professionals can take steps themselves to enhance their learning capacity. For example, they can map out a clear learning path by setting concrete learning objectives or by showing or telling stories about what they have achieved. Nurses and care workers can also enhance their learning capacity by regularly recapitulating the things they have learned. At the same time, it remains important for them to take time for reflection and to be open and willing to learn from their mistakes.[58] If nurses and care workers are to enhance their learning capacity, their care organisations should offer a culture that promotes this. Such a culture is characterised by a sense of safety and openness, efforts to involve everyone in the organisation in new developments and knowledge, and a willingness to challenge assumptions. All this is typical of a learning organisation.[58-60]

Professionals also need collaborative capacity. In order to reduce or prevent frailty among older adults or the adverse effects thereof, such as a lower quality of life, nurses and care workers should collaborate with other care professionals, with welfare professionals and also, of course, with older adults themselves and their families and friends. Interprofessional collaboration is important, because it enables a situation in which everyone's qualities are used to identify potential problems among older adults and to solve them together. In the end, interprofessional collaboration should result in a care and welfare package that is geared to the specific situation of the frail elderly person concerned. That person should have the possibility to manage that package himself or herself, with support from family and friends if required.

Besides learning capacity and collaborative capacity, research capacity is a crucial asset to achieve competence. Research capacity refers to a person's inquisitive attitude, the ability to incorporate other people's research results in one's own professional actions, and the ability to conduct research that supports innovation

in professional practice.[61] An inquisitive attitude is characterised in particular by curiosity, a desire to understand, a critical outlook and an open mind. In my view, such an attitude is a prerequisite for any professional nurse or care worker. And while not all nurses and care workers can be expected to be able to incorporate other people's research results and to conduct independent research, they can certainly be expected to contribute to that. For example, nurses and care workers are taking part in a LIN in practice-oriented research, supported by a lecturer practitioner, where they are focusing on people with dementia, for instance. In another example, Nursing students at Inholland University of Applied Sciences demonstrated their ability to conduct valuable practice-oriented research under the guidance of an academically trained lecturer. Two studies conducted at

Zonnehuisgroep Amstelland were themed around loneliness and quality of life of nursing home residents, and Dementia Care Mapping.[62, 63] Dementia Care Mapping is an observational method aimed at identifying activities that stimulate enjoyment and involvement among people with dementia. Articles on these two studies, with a higher professional education student as its first author, was published in *TvZ*, the journal for nurses, subtitled 'Nursing in practice and science' in 2023.[62, 63]

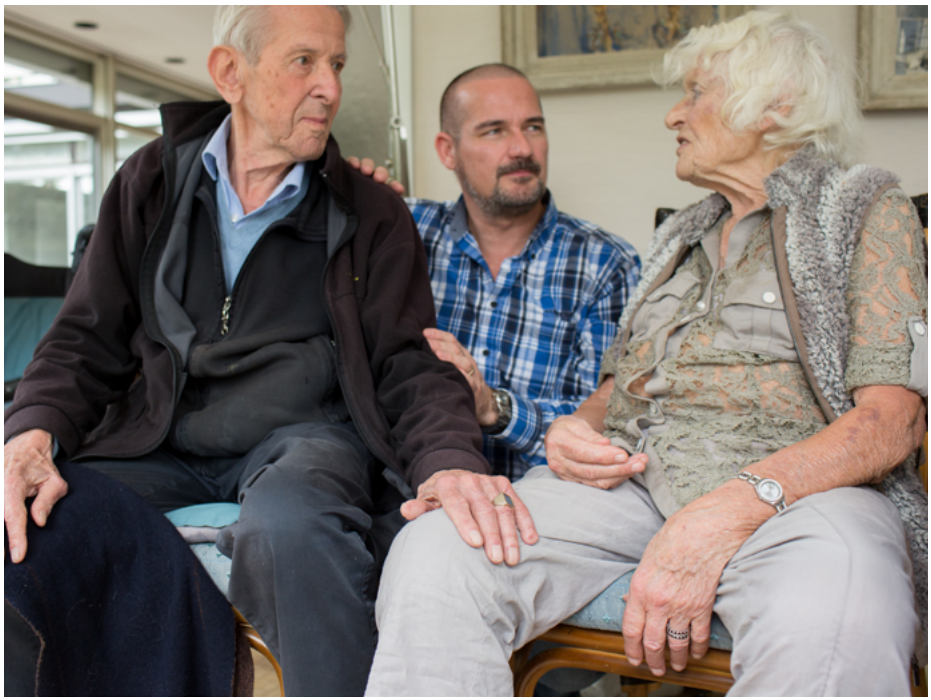
Enhancing the capacity to learn, collaborate and conduct research requires personal leadership. The development of leadership qualities also helps to strengthen the empowerment, position and resilience of nurses.[64-66] In addition, leadership qualities support nurses in tackling the challenges presented by the healthcare system.[67] If the leadership is of a rebellious nature, so much the better. Nurses with a rebellious spirit show unconventional and non-standard behaviour that deviates from the prevalent norms, rules, standard behaviours, working practices or strategies in order to achieve better results for their patients and organisations.[68] Moreover, leadership promotes control. Effective 1 July 2023, the control granted to healthcare professionals is enshrined in the Healthcare Quality, Complaints and Disputes Act (*Wet kwaliteit, klachten en geschillen zorg*). This means that healthcare professionals have a say in the development of

policy for high-quality care and framework conditions for work in the sector, such as career options.[69] Today, care professionals in Individual Healthcare feel insufficiently seen and heard by management and supervisors.[70] The ambassador programmes provided by V&VN aim to help these care workers make their voice heard and strengthen their professional identity.[71] After having attended the ambassador programme, one care worker in Individual Healthcare said this: 'For me, the ambassador programme means I can now really lend my voice to care workers.' And another carer said: 'This has convinced me that we can really make a difference by joining forces, benefiting from each other's strengths. You don't always need a manager for that.'[72]

6. Mandate, central questions and themes of the Endowed Chair

Studies have shown that professionalisation of nursing not only helps to improve job satisfaction levels, but also results in better performance in terms of patient safety, for example.[73, 74] However, these studies mainly focus on hospitals and often exclusively on nurses. So far, scientific knowledge about professionalisation of nursing and care in elderly care is relatively scarce. The developments in elderly care outlined above, however, show that the need for such knowledge is real. We do not know in sufficient detail whether the professionalisation of nursing and care actually improves the quality of care for older adults and, as such, improves the quality of life of older adults living at home or in nursing homes. This Endowed Chair focuses in particular on filling these knowledge gaps.

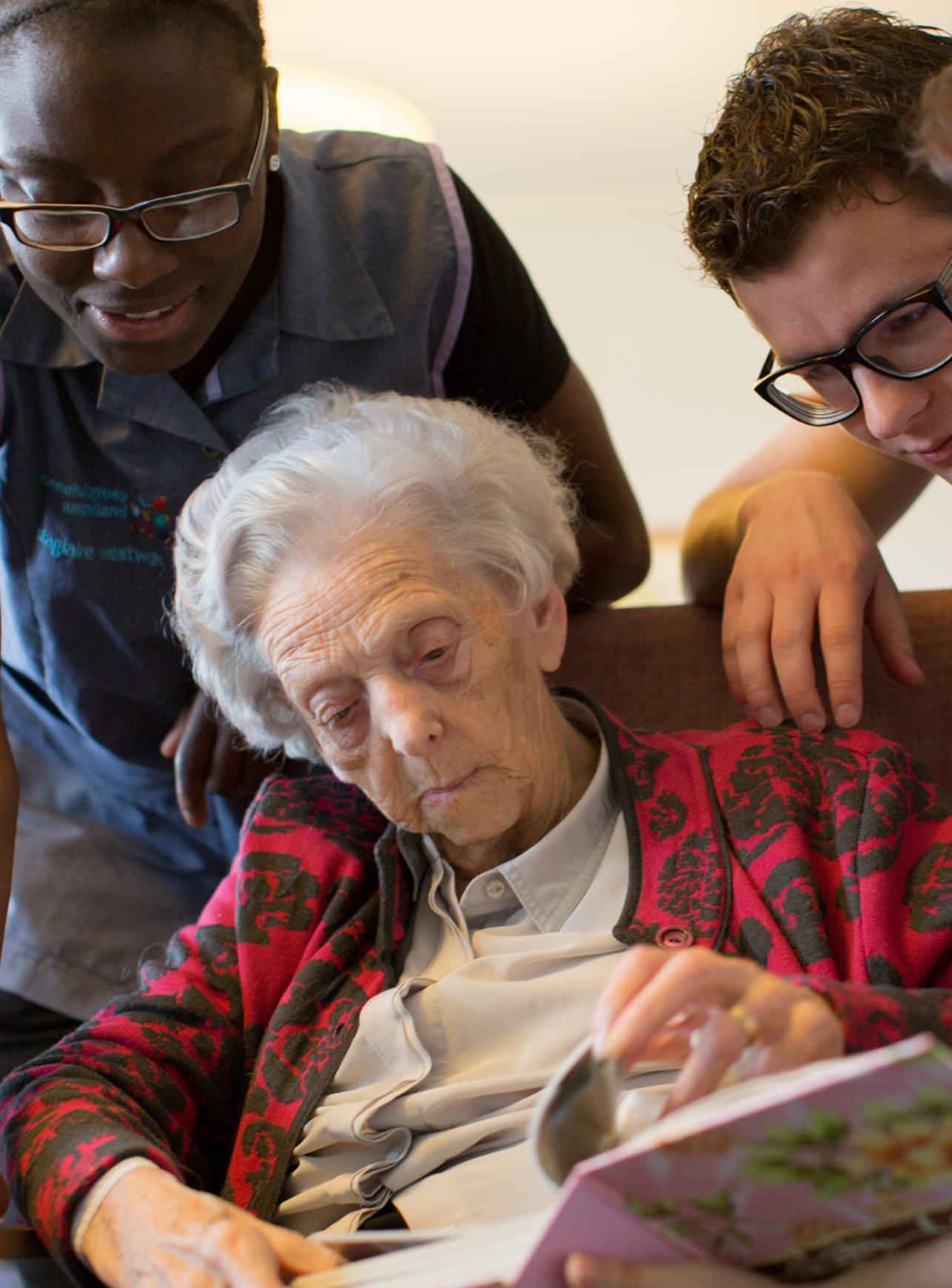
The mandate of my Endowed Chair is to promote, and improve our understanding of the professionalisation of nursing and care in elderly care, also in terms of its effect on the quality of care and the quality of life of older adults. The focus is on home care and care provided in nursing homes.



This gives rise to the following central question: how can the professionalisation of nursing and care in elderly care be further developed to improve the quality of care for older adults and, thus, their quality of life?

The themes of the research programme are the following:

- defining and operationalising the professionalisation of nursing and care in elderly care;
- the conditions governing the professionalisation of nursing and care in elderly care;
- the current versus desirable levels of professionalisation of nursing and care in elderly care;
- the connection between the level of professionalisation of nursing and care in elderly care on the one hand, and the quality of care and quality of life of older adults on the other.



7. Key principles and research strategy

Within my Endowed Chair, two key principles can be distinguished. The first is the principle that care for older adults should be people-oriented.[75, 76] One aspect inherent to people-oriented care for older adults is that it is centred around the lives and experiences of the people concerned. Where possible, they should be empowered to lead the lives they wish to lead. In addition, they should be regarded as equal partners in care, with primary attention focusing on their needs, wishes and possibilities. This means that nurses and care workers need to be aware that every elderly person with care needs is a unique individual with their own history and future and with their own goals – goals that may not coincide with those of the care professionals.

This key principle also serves as the basis for the integration of my Endowed Chair in Tranzo's Academic Collaborative Center for Care for Older Adults, which recognises people-oriented elderly care as a key point of departure.[76]

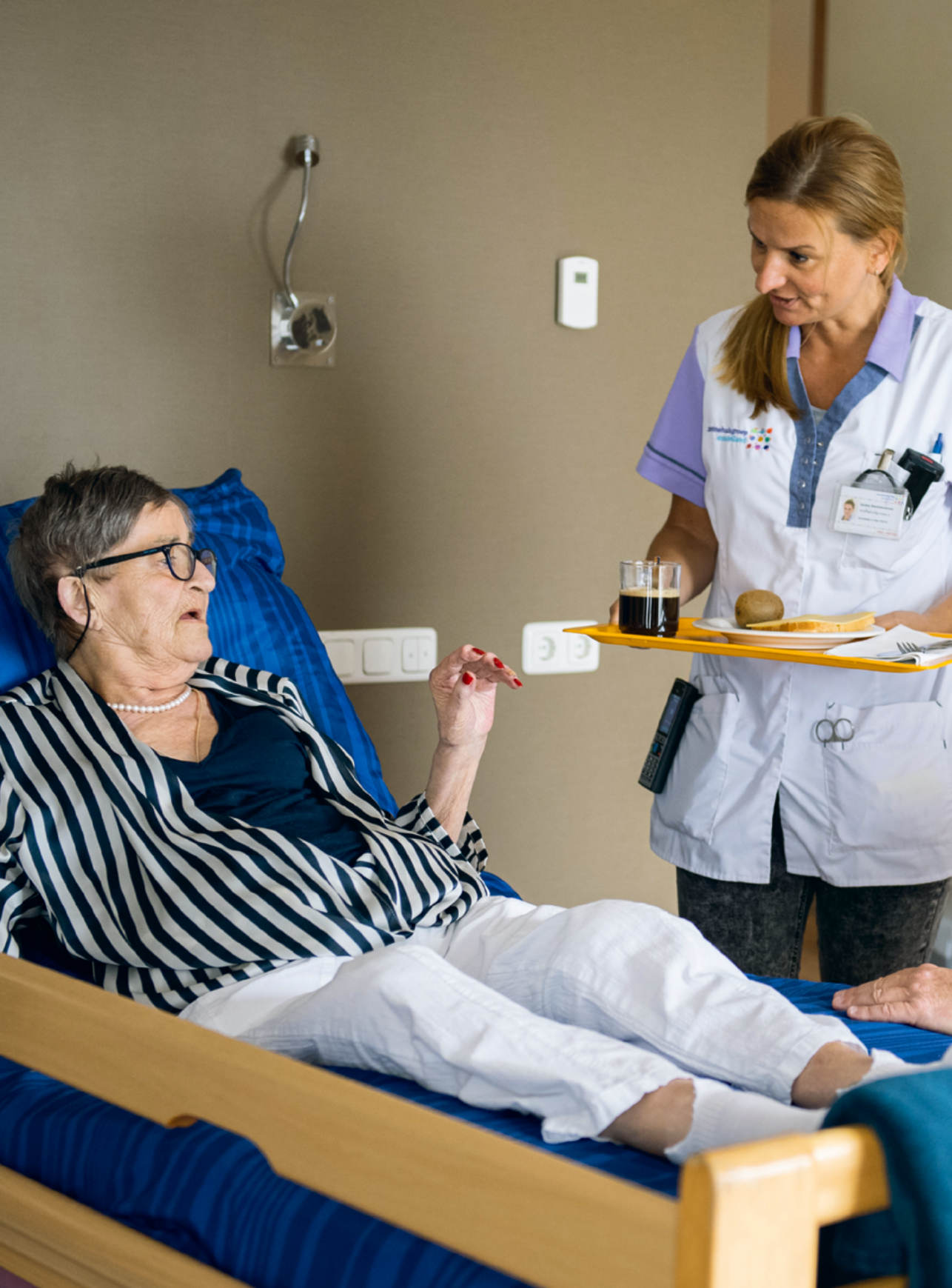
The second key principle within my chair is the principle of knowledge development through co-creation. This ensures a permanent connection between scientific research, the practice of elderly care, and education for nurses and care workers. The chair generates scientific impact in the form of publications in peer-reviewed journals, as well as social impact in the form of products that can be used in care practice and education. The practice, research and education triangle ensures a permanent exchange of knowledge, which is necessary in order to stimulate the professionalisation of nurses and care workers in elderly care and accelerate innovation.[77] In addition, co-creation combined with people-oriented care is associated in a positive sense with the well-being and job satisfaction of nurses and care workers.[78] Co-creation can be realised in hybrid learning environments, such as LINs.[30] I have already discussed this in some detail before.

One crucial characteristic of the research conducted at Tilburg University's Tranzo department is that it is essentially practice-oriented, meaning that it emerges from questions originating in the world of practice and helps to improve that practice by means of a solid research programme and various knowledge-sharing strategies. In carrying out the mandate we will apply a variety of research methods to ensure that all conditions are met.

Participatory action research implies an active involvement of researchers, nurses and care workers, older adults and their family and friends, and other

participants. Unlike traditional research, which mainly aims to achieve knowledge targets, participatory action research often also results in real changes in practice. In addition to changing working practices and enhancing awareness, it also helps to empower participants.[79, 80] In my position as professor, I have been able to witness some of the wonderful changes in the world of practice brought about by participatory action research, for example in ZonMw and SIA-RAAK-subsidised projects such as Zorgteams in hun kracht, the Preventive Learning and Innovation Network to fight malnutrition, and the project I have already mentioned, Implementation and optimisation of Learning and Innovation Networks in geriatric rehabilitation. The effects are even greater when the research is accompanied by a method known as appreciative inquiry, which uses positive examples and experiences from the work environment as a basis for learning and changing.[81]

In carrying out my mandate it is also important, of course, to conduct qualitative and quantitative research. Qualitative research provides a balanced picture of reality, which makes it very suitable as a tool to formulate specific answers within specific contexts. By setting specific quality requirements, but also by conducting qualitative research at multiple locations, we can raise the external validity of our findings. Quantitative research involves the use of questionnaires and the like. It may precede qualitative research, but it can also be carried out in response to qualitative findings or combined with participatory action research. In every specific case, the most suitable research method or combination of methods will be determined depending on the research question to be answered.



8. Acknowledgements

In this lecture I initially set out to give you an idea of my own professional development – from nurse to lecturer and, ultimately, researcher. I have had the privilege of learning many things over the course of those years. Next, I told you about the group of people who are so dear to my heart, the frail elderly, and discussed the quality of elderly care and aspects of professionalisation. Finally, I explained that the focus of my mandate is on the professionalisation of nursing and care in elderly care, also in terms of its effect on the quality of care and the quality of life of older adults. The primary responsibility for professionalisation rests with the nurses and care workers themselves. They must ensure that their knowledge and skills are up to date, and it is up to them to optimise their learning, collaborative and research capacities. Employers should facilitate nurses and care workers in this regard and give them the space they need, also in a literal sense, to work on the professionalisation of these two occupational groups. As far as I am concerned, the hour of truth has come.

My Endowed Chair focuses on nurses and care workers. As you know, I am a nurse myself. What you may knot know, however, is that my wife Marianne is a care worker. For over thirty years, she has cared for people with dementia and their family and friends. She knows exactly what to do in specific, complex situations. Aristotle would say that 'Marianne possesses practical wisdom'. Marianne and I are extremely proud to be a care worker and a nurse. It is very unfortunate that the image of these two professions in elderly care is rather negative, due for example to the high workload and low wages. So I was more than pleased when the *Witboek 2022*[82] was published, in which nursing and care are explored in a positive light. Before moving on to my word of thanks, I would like to read two quotes from this white paper.

'Every day it's a real joy to take the resident to the breakfast table, fresh and satisfied. Every day is different and challenges your ability to improvise and your expertise to provide the right care.'

'The day starts with a welcoming smile from my first client. "It's good to have you here", he says. I chat with him, perform some care tasks and after a while I move on to my next client. This is a kind lady with dementia who tells me about the war and the intense hunger they experienced, and she absolutely enjoys the care that I provide. I spend the rest of the morning cycling from client to client, caring for them. They all treat me to a grateful smile when I leave. My one-but-last client

waves goodbye enthusiastically from behind the window, calling after me in good spirits. I wave back to him and I just laugh out loud for all the gladness that I see. I feel my battery charging, slowly but surely. That's what caring for other people does to me.'

And now to my word of thanks. To be honest with you, I found this the hardest bit to write. It is terribly difficult to express in just a few words what a number of people among you have meant to me and still mean to me.

My Endowed Chair is at Tilburg University. This is why I would like to address my first word of thanks to the representatives of that institution. I would like to thank Wim van de Donk, rector magnificus and chair of the Executive Board of Tilburg University, Antoinette de Bont, dean of Tilburg University's Tilburg School of Social and Behavioral Sciences, and Dike van de Mheen, chair of the Tranzo department of Tilburg University, for the trust they have placed in me. Dike, we had the pleasure of getting to know each other a bit better amid the animals of the Beekse Bergen. I'm looking forward to expanding our contacts in the years ahead.

I started in 2015 as associate lector in multimorbidity and I was appointed professor of Health and Well-Being of Frail Elderly in 2017. My research group is supported by two institutions: Inholland University of Applied Sciences and Zonnehuisgroep Amstelland. When I expressed my ambition to become a professor in 2019, I received a positive response from both organisations, which made me very happy. I'd like to thank the Executive Board of Inholland University of Applied Sciences, and specifically Marije Deutekom, who has greatly supported the realisation of this Endowed Chair, first as director of the Faculty of Health, Sports and Social Work and later as a member of the Executive Board. I'd also like to specifically thank Gonneke Willemsen and Vera van Waardenburg, who, as Director of the Faculty of Health, Sports and Social Work and as Education & Research Manager of the Nursing cluster, gave me the space I needed to shape this endowed professorship. And thanks also to Thijs Houtappels, executive staff member, and Andrea Lambrichs, Treatment Centre Director of Zonnehuisgroep Amstelland, who, like former executive staff member Nelleke Vogel are so strongly committed to putting elderly care on a more academic and professional footing. I am also grateful to Henk Nies. As a member of the steering committee

of my research group, he suggested I should go and talk with the people at Tranzo.

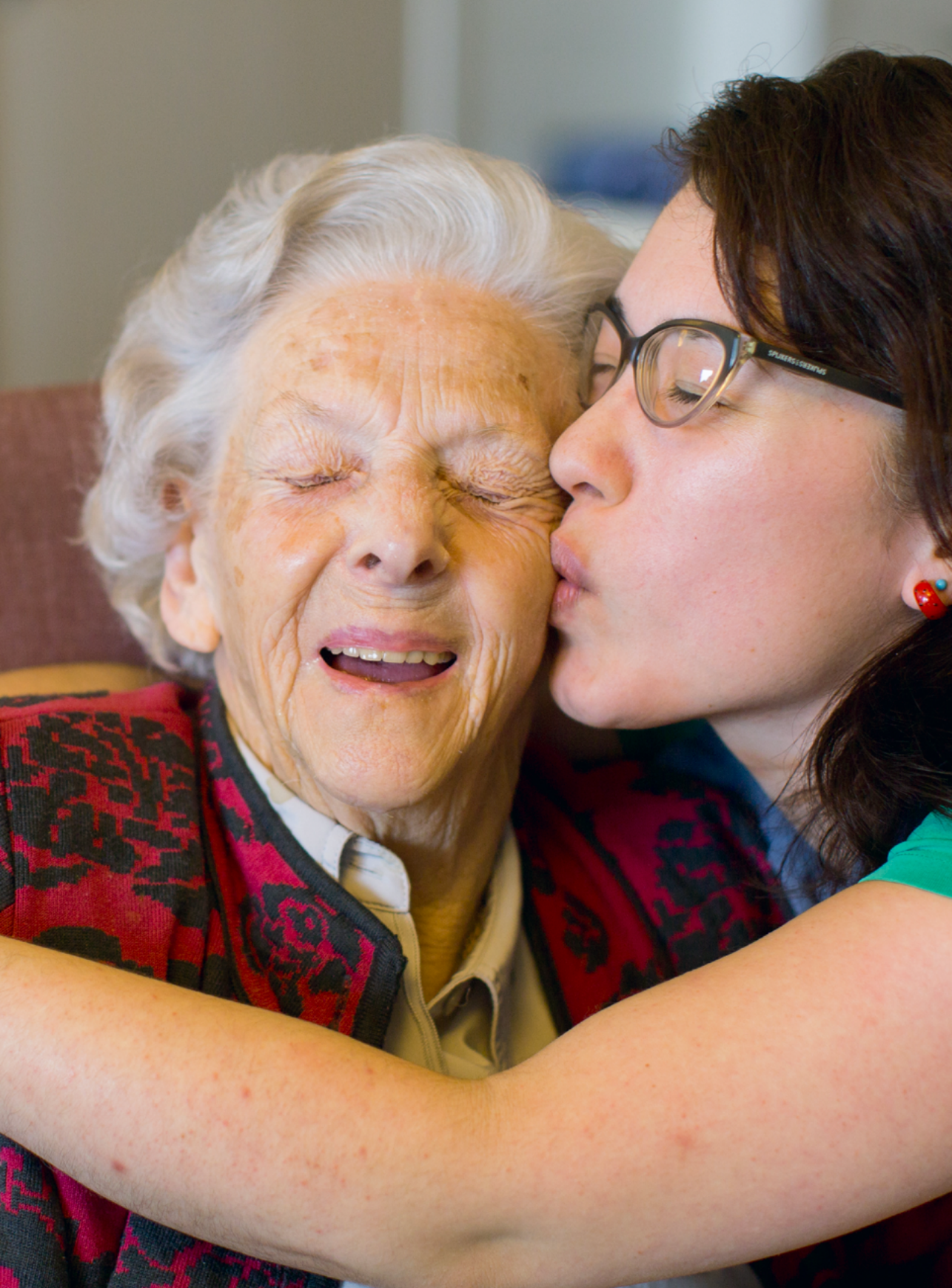
I left Tranzo in 2010, after successfully defending my dissertation, *Frail elderly. Towards an integral approach*. I would never have imagined then that I would return as an endowed professor in 2022. The wonderful atmosphere of those days is still there, so I soon felt at ease again. Katrien Luijkx was my co-supervisor at the time. Now I have the pleasure of participating in the Academic Collaborative Center for Care for Older Adults, which Katrien has developed in the course of the years with such enthusiasm. In my dissertation I wrote the following: 'I have very pleasant memories of the international conferences that we took part in.' Katrien, I hope we'll be able to add a few more of those conferences in the years ahead, first of all, perhaps, the conference of the International Association of Gerontology and Geriatrics in Malaga. And another special word of thanks to Jos Schols. You were my extremely expert and passionate supervisor. You were also the person who encouraged me to aim for professorship, and helped me tremendously on my path towards that goal. On more than one occasion you gave me your advice during one of those glorious dinners in Maastricht.

As a professor and now an endowed professor, I am part of a great many networks, even if I do not regard myself as a networker. The great strength of my research group in Health and Well-Being of Frail Elderly is the knowledge network. They conduct the practice-oriented research, within LINs and elsewhere. Thanks you so much Marjolein Albers, Anne Marie Vaalburg, Daniëlle Jansen, Petra Boersma, Judith Huis in het Veld, Karl Parisius, Asha Nagesser, Carin de Boer and Jellie Zuidema. And I'd also like to thank Sharmila Balesar and José Tholen for their excellent support of the research group. I also owe a large debt of gratitude to UNO Amsterdam, the Ben Sajet Centrum and the Academic Collaborative Center for Aid in Cases of Diagnosed Dementia for their great cooperation. Now there is also Tranzo's Academic Collaborative Center for Care for Older Adults, a centre that connects academia to the world of practice. My goal is to build a solid connection between my research group and my Endowed Chair. I look forward to continuing my collaboration with colleagues at the Academic Collaborative Center for Care for Older Adults.

And a thank-you to all PhD students that I have the honour to supervise and whose names I have not mentioned yet: Carla Kolner, Josephine Tan, Aafke Brinkhuijsen, Helma Martens and Cathelijn van Baar. Thank you all for your trust in me. I'd also like to thank Marcel van Assen and Tjeerd van der Ploeg. Your profiles are quite similar in a way: you are both experts in complex statistical analyses and both very pleasant persons to deal with. I hope to continue benefiting from your expertise for years to come. And I would like to thank all professors of the Faculty of Health, Sports and Social Work of Inholland University of Applied Sciences for their great collaboration over the years. I look forward to continuing working with you on great projects focusing on interprofessional learning and collaboration. And I'm also looking forward to continuing the collaboration with my wonderful colleagues of the Department of Family Medicine and Population Health of the University of Antwerp, which I am associated with as visiting professor.

And finally, I would like to thank my family. Marianne, we've been married for over thirty years. In addition to being a care worker with a wealth of practical wisdom, you are the person who has always supported me, every time I had plans to further develop myself. I can understand that you sometimes get tired of me. I'm sorry. I'm afraid that's the person I am. Isabella, Charlotte, Rebecca and Benjamin, it is wonderful to see how you are developing. It's an immense joy to me to witness that, also as the proud granddad of Sybe!

I have spoken.



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