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‘Lifelong learning of practically trained caregivers in long-term care: a qualitative study’

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Abstract

Background

Vocationally educated and trained care professionals in long-term elderly care must continually update their knowledge and skills due to an ageing population. Lifelong learning is crucial for maintaining quality of care, yet the learning processes of practically trained caregivers remain under-researched. This study investigates how vocationally trained caregivers regard lifelong learning in long-term care settings, as well as how such learning can be meaningfully supported.

Methods

A descriptive qualitative study was conducted with practically trained caregivers, apprenticeship students and educators in vocational education and training in the Netherlands (n = 27). Four semi-structured focus groups were conducted, structured around autonomy, competence and relatedness. Data were analysed using an inductive content analysis.

Results

Four key themes emerged from participants' perspectives on the characteristics of lifelong learning: 'a reflective and safe environment', 'awareness of learning together', 'the courage to choose independently', and 'room for professional autonomy'. A reflective safe space is seen as essential for (self-)reflection and dialogue. Learning is regarded as a social process requiring collaboration and recognition. Furthermore, the courage to choose for yourself emerged as a striking element, empowering caregivers to take responsibility for their own learning goals. Additionally, room for professional autonomy emerged as an important element, referring to the degree to which caregivers feel free to use independent judgement within organisational settings.

Conclusions

By providing a reflective safe space and promoting professional autonomy, long-term elderly care organisations can create the meaningful support necessary to empower practically trained caregivers to engage in lifelong learning. Through these combined components, such support enables caregivers to remain competent and responsive within a rapidly changing healthcare landscape.

BACKGROUND

Providing care in long-term care settings has become, and continues to be, increasingly challenging, as older adults present with more complex and multifaceted health problems. Demographic shifts, especially the ageing population, are contributing to these challenges. Care professionals working in

long-term care are required to continuously update their knowledge and skills to adequately respond to complex health conditions, multimorbidity, and the psychological and social dimensions of ageing. In addition to increasing care complexity, technological advancements are transforming the work of care professionals in long-term care, while workforce shortages and difficulties in retaining skilled professionals have further intensified these challenges.

Lifelong learning plays a crucial role in supporting the adaptability required in long-term care, empowering care professionals to remain competent, compassionate, and responsive in nursing practice [1–3]. To address the growing challenges related to workforce supply, it is also vital to facilitate competence development in the workplace from a lifelong learning perspective. Perceptions of meaningful opportunities for competence development and effective role performance in the workplace are likely to have a strong and direct influence on employees' motivation, commitment, and intention to remain in their jobs [4]. Studies have shown that improved job performance and higher self-efficacy are associated with increased job satisfaction and reduced staff turnover [5, 6]. As such, opportunities for lifelong learning can significantly contribute to enhanced perceptions of job performance and greater self-efficacy.

Lifelong learning is defined as an ongoing, supportive process through which individuals acquire and apply knowledge, skills, and values throughout their lives across formal, non-formal, and informal settings [7, 8]. Davis et al. [9] Davis et al. conducted a Delphi study to conceptualise lifelong learning from the perspective of nursing and to identify its key characteristics and essential elements. They describe lifelong learning in nursing as a dynamic process encompassing both personal and professional domains, involving formal as well as informal learning activities.

Lifelong learning is generally understood to consist of three interconnected forms: formal, non-formal, and informal learning [10]. Formal learning refers to structured, curriculum-based education provided by educational institutions, typically leading to recognised qualifications. Non-formal learning is organised and intentional but more flexible and voluntary, often complementing formal education without necessarily resulting in certification. Informal learning, by contrast, is unstructured, frequently unintended, and embedded in everyday experiences, playing a crucial role in lifelong learning and socialisation [11]. Lifelong learning is largely driven by informal and non-formal learning processes [12, 13]. Informal learning has been identified as a valuable complement to formal education, contributing significantly to work-related efficacy and skill development [14, 15]. In their systematic review of the effectiveness of continuing professional development for the residential long-term care workforce, Aleo et al. [16] found that ongoing learning is key to supporting the quality of care.

The process of lifelong learning includes seeking and valuing new ideas, gaining new perspectives, and critically questioning one's environment, knowledge, skills, and interactions. According to Davis et al. [9], core characteristics of lifelong learners include reflection, curiosity, enjoyment of learning, recognition of the evolving nature of knowledge, and active engagement in learning opportunities. Maintaining an

active and reflective mindset is considered essential not only for lifelong learning itself but also for translating knowledge into the capacity to deliver high-quality nursing care.

In a study by Davis et al. [9], recognised experts (n = 12) were selected to participate based on their contributions to nursing education, administration, clinical practice, and public policy in the United States, Canada, and the United Kingdom. While this expert-driven perspective provides valuable conceptual insights into lifelong learning in nursing, stimulating lifelong learning in practice also requires understanding the perspectives of care professionals themselves, particularly regarding what motivates them to engage in lifelong learning. In long-term care, this is especially relevant for practically trained nurses and care assistants. However, such perspectives are difficult to capture with existing instruments for evaluating lifelong learning, as a systematic review identified only quantitative questionnaires, which offer limited opportunity for professionals to articulate their experiences in their own words [17].

In the Netherlands, most long-term care professionals complete up to three years of vocational education and training, and these practically trained caregivers play a fundamental role in addressing the growing challenges in long-term care. To maintain high-quality care in an increasingly complex and rapidly evolving healthcare landscape, it is essential to understand how lifelong learning can be effectively encouraged within this group [18]. A scoping review by Muller-Schoof et al. [18] demonstrated that the learning processes of practically trained caregivers in nursing homes are under-researched, with none of the included studies specifically focusing on how these caregivers learn. Our research question therefore considers how vocationally trained caregivers regard lifelong learning in long-term care settings, as well as how such learning can be meaningfully supported to ensure the delivery of high-quality care.

METHODS

2.1 Study design and theoretical orientation

We employed a descriptive qualitative research design, using focus groups guided by a semi-structured discussion guide to explore participants' opinions and experiences. We also facilitated in-depth interaction and discussion among practically trained caregivers, apprentices, and educators in vocational education and training within long-term care [19, 20]. This study was conducted between April 2022 and April 2023.

In the current study, we investigated the views of practically trained caregivers on lifelong learning. We used the three fundamental principles of Deci and Ryan's Self-Determination Theory (SDT) as a theoretical orientation for our research [20]. SDT explains lifelong learning in terms of the satisfaction of three innate psychological needs: autonomy (choice and control), competence (mastery and effectiveness), and relatedness (connection and belonging). When these needs are fulfilled, intrinsic motivation is fostered, leading to deeper engagement in learning, greater valuing of learning experiences,

and personal growth. In contrast, learning driven primarily by external control or pressure is more likely to undermine sustained engagement.

2.2 Setting

This study was conducted in a vocational education and training (VET) institute in the southern part of the Netherlands. In the Netherlands, secondary vocational education and training prepares students for a wide range of occupations. VET is given at four different levels of training, with each leading to a specific job qualification. There are two learning pathways in VET, work-based (apprenticeship) and school-based, which lead to the same qualification. Both learning pathways offer programmes on the four different levels.

In long-term elderly care, most employees are trained in VET, which can lead to the following qualifications [21]:

Table 1
Qualification levels

English title	European qualification level (EQF)	Training length (years) in Dutch VET
Vocationally trained registered nurse	4	4
Certified nurse assistant	3	2–3
Nurse assistant	2	2
Nurse aide	1	0.5-1

2.3 Participants

The target population of the current study consisted of healthcare professionals, students, and educators (teachers and practice educators) involved in long-term elderly care. Participants were purposively recruited at various stages of professional development to explore lifelong learning from multiple perspectives in order to obtain a comprehensive understanding of lifelong learning (see Table 2). As many students of long-term elderly care follow the apprenticeship (BBL in Dutch) route, the student participants in this study were drawn from this specific group. The apprenticeship route is defined as a working-learning trajectory [22] that leads to a national vocational education and training (VET) qualification (EQF level 2, 3 or 4). To explore these perspectives, four focus group discussions were scheduled.

Table 2
Participants and inclusion criteria

Target group	Inclusion criteria
Vocationally trained healthcare professional	Working in long-term elderly care (nursing home or homecare) Working as a healthcare professional at EQF level 2, 3, or 4 (vocational education and training) (Backhaus et al., 2018)
Educators (teachers and practice educators*)	Teachers in vocational education and training Involved in elderly care education at EQF levels 2, 3, and 4. Working in a vocational education and training institution (EQF level 5 or 6) and certified as a teacher Practice educators from the field of long-term care (EQF level 5 or 6) Working in long-term elderly care as a practical trainer.
Students**	Apprenticeship route consisting of working in long-term elderly care (nursing home or homecare) while simultaneously pursuing vocational education and training at EQF level 2, 3, or 4

* A practice educator is usually a registered professional who supports learning in the workplace. They facilitate practice education alongside clinical and academic colleagues.

** Students in this context are vocational healthcare professionals in training, working in long-term elderly care.

The students who participated in the study were all from the apprenticeship route. This means that the students are already working in long-term elderly care and simultaneously pursuing their education by attending school one day per week. In their work practice, they are guided by already qualified VET employees (work supervisors), and from the educational side, they are guided by teachers. Within long-term elderly care organisations, there is often an education department responsible for the organisation's training policy, student education, and the supervision and education of work supervisors. These practice educators are usually registered professionals who support learning in the workplace. They facilitate practice education alongside clinical and academic colleagues.

In the fourth focus group, we selected participants who had participated in the previous focus groups, supplemented by VET-trained health professionals involved in lifelong learning. Convenience purposive sampling was used for all focus groups to select individuals who could provide rich, detailed, and meaningful insights. In the context of the current study, participants were chosen because they either are experienced in or have experience with educating practically trained caregivers in long-term elderly care. Recruitment via professional networks and social media (e.g., LinkedIn), including a vocational institute in the south of the Netherlands, was guided by purposive criteria to ensure diversity in role and education level. The selection criteria for healthcare professionals and students are described in Table 1. For the focus group targeting vocational healthcare educators, we included individuals who teach at a vocational

education institution and contribute to the training of healthcare professionals in long-term elderly care, as well as practice educators who are actively involved in learning in long-term elderly care (Table 1).

2.4 Data collection

Focus groups (n = 4) were conducted in 2022 and 2023 by the first author (EH) as the moderator and the last author (PE) as the note taker/observer. These focus groups took place in a classroom setting at a vocational education and training institute and were scheduled for 90 minutes each. All sessions were recorded and transcribed verbatim. To ensure consistency across the different focus groups, a semi-structured interview guide was used (Breen, 2006), developed by the first author and discussed with the research team. The SDT (Deci & Ryan, 1985) formed the structure and thematic focus of the interview guide, with particular attention to autonomy, competence, and relatedness (see Table 3).

The focus groups' discussions were guided by predefined questions as summarised in Table 3, based on the basic principles of SDT [23]. The questions were adapted slightly depending on the participant group, although the outline remained the same. Questions for students and healthcare professionals focused on their own experiences with lifelong learning, while questions for trainers were tailored to explore their perspectives on the learning needs of students and professionals in practice.

Table 3
Interview guide focus groups

What competencies do you need in order to keep developing within increasingly complex elderly care?
What knowledge do you need to keep developing this way?
What attitude do you need in order to keep developing this way?
What skills do you need in order to keep developing this way?
What does this look like in behaviour/what behaviour becomes visible as a result?
What do you need to achieve autonomy in lifelong learning?
What do you mean by autonomy and give examples?
What does autonomy in lifelong learning mean to you?
What does it take to achieve this autonomy in lifelong learning?
(A definition of autonomy had been provided.)
What do you need in relation to others in lifelong learning?
What do you need from your team?
What do you expect from your colleagues?
What do you need from your home life?

Based on preliminary analysis of the three homogeneous focus groups, the questioning route for the fourth heterogeneous focus group was adapted to explore emerging topics such as culture and courage, which needed more clarification. Building on earlier findings, this focus group enabled a more comprehensive understanding of the discussed issues, facilitating both cross-validation and data saturation[24].

To ensure that participants could first form their own individual viewpoint without being influenced by dominant opinions within the group, participants in all focus groups first produced an individual written answer to each question. These answers were then shared with the group, followed by the group discussion [25]). The focus group discussions were guided by experienced moderators.

2.5 Data analysis

We used inductive content analysis [26] to analyse the data. Although the SDT framework guided the focus group interviews and initially served as an orienting framework for the analysis, the data proved to be highly context rich. Consequently, we continued with a predominantly inductive approach to capture all relevant elements emerging from the data, including those extending beyond the core components of SDT [23].

The inductive analysis procedure of open coding, category creation, and abstraction [27] was followed. We started by reading and rereading the transcripts to ensure familiarity with the data. During the open coding phase, preliminary codes were discussed with independent researchers who had not participated in the focus group. Once the codes had been grouped and categorised [28], the conclusions were first discussed with an independent researcher and then reviewed and discussed within the complete research team (EH, SZ, AM, PE). Data were analysed by using ATLAS.ti [29].

2.6 Trustworthiness

Several strategies were used to increase the study's trustworthiness. Focus groups conducted by several participants at various times were used to apply triangulation of data to improve completeness and capture various facets of the findings [30]. We obtained participants' verification through a member check [31] by sending a draft of the findings. To enhance the credibility and confirmability of the findings, we achieved investigator triangulation [32] by looking at and discussing data and codes with several researchers. Transferability was supported by providing rich, detailed descriptions of the research context, participants, and data collection process [33].

RESULTS

In total, 27 participants participated in the four focus groups, which varied from 5 to 9 participants per group. Of these 27 participants, 22 were women. Overall, there were 3 nurse assistants, 8 certified nurses, 8 vocationally trained registered nurses, 5 bachelor's degree holders, and 3 master's degree holders (Table 4).

Table 4
Participants' characteristics (n = 27)

Occupational characteristics participants	*Nurse assistant*	*Certified nurse assistant*	*Vocationally trained registered nurse*	*Bachelor (in nursing or education)*	*Master (in nursing or management)*
Focus group VET healthcare professionals n = 5	1	2	2		
Focus group practice educators and teachers for vocational healthcare students n = 5				4	1
Focus group students apprenticeship (BBL) route n = 8	1	3	4		
Focus group supplemental heterogeneous focus group n = 9	1	3	2	1	2

The participants' perspectives on lifelong learning were reflected in four key themes. Figure 1 presents an overview of these four interrelated themes, illustrating how lifelong learning is shaped for practically trained caregivers: 'reflective safe space', 'becoming aware of learning together', 'room for professional autonomy', and 'courage to choose for yourself'. Together, these themes capture the conditions under which practically trained caregivers experience meaningful support in their learning process.

3.1 Reflective safe space

Four subthemes were identified within the overarching theme of 'reflective safe space', with most narratives categorised under the subtheme 'reflection'. A reflective safe space is seen as an environment where individuals can openly explore their experiences, emotions, and perspectives without fear of criticism. It encourages honest self-reflection and dialogue, supported by mutual trust, empathy, and confidentiality.

"Yes, they don't feel safe to learn in every setting. They are often assigned menial tasks, and some have had terrible experiences, leading them to leave the organisation to complete their diplomas elsewhere. It is a shame that not every place [long-term elderly care institution] is a suitable, safe learning environment. What is more important, cleaning common areas? Be glad to have someone interested in engaging with the residents rather than putting them all to bed by 9:00 PM." (Participant VET healthcare professionals)

Reflection

Reflection was mentioned by all focus groups as a crucial element for facilitating learning and development. Participants addressed this by looking upon their experiences. They acquired a deeper understanding of what is effective and what is not, thereby enhancing their self-awareness and the purpose of their learning.

“You also engage in self-reflection, because you are aware that it is necessary. I believe that is a necessary prerequisite for personal growth.” (Participant educator focus group)

To be who you are (non-judgemental)

Participants emphasised that a secure and non-judgemental environment is essential for meaningful learning to take place. Such an atmosphere allows individuals to express themselves freely, explore their identities, and engage more openly in the learning process.

“That I can be who I am. That I am allowed and dare to ask. That I'm allowed to make mistakes, that I learn from them [colleagues], and that I can just work in a safe place.” (Participant focus group 4)

However, participants also noted that this ideal is not always achieved in practice, as learning environments can sometimes feel unsafe or judgmental, limiting students’ ability to truly be themselves.

"Because a close friend of ours, he'd also worked there. And one student was given every opportunity, and he wasn't. And then I think, yes… And if you don't manage on one practice placement, and the next practice placement isn't able to look at you with fresh eyes either but instead builds on the experiences from the previous one, then you're doomed to fail. But you're left with the feeling that you're worth nothing." (Participant VET healthcare professionals)

Learning from mistakes

Participants also emphasised the importance of a culture of constructive feedback, in which learning from mistakes and viewing failure was seen as a growth opportunity, rather than a setback.

“You are allowed to make mistakes. As a student, you are allowed to make mistakes.” (Participant VET healthcare professionals)

Gaining confidence by trust

All participants expressed that gaining confidence by giving trust is essential for development and growth. They indicated that when individuals are trusted with responsibilities and given the opportunity to make their own decisions, it fosters a sense of self-assurance. This increase in confidence also encourages individuals to take on new challenges and grow professionally and personally.

“*Because I know he [a colleague] asks me that, for example, but he won't ask other colleagues. But that also means he trusts me to be able to do that. And I gain confidence from that. And that's what I grow from.” (Participant focus group 4)*

3.2 Becoming aware of learning together

In the theme ‘becoming aware of learning together’, three subthemes were identified. The majority of these narratives referred to ‘collaboration with others’. Learning was widely regarded as an activity undertaken collectively. You need others to learn effectively, and communication with others is essential to enable lifelong learning. Having someone to ask questions and engage in meaningful discussions about important topics in work and learning is crucial.

Recognition from colleagues

Participants emphasised the value of acknowledgement in the form of time, attention, and praise. According to the majority of participants, their learning benefited from being acknowledged and complimented.

"That they listen to you, support you, say, 'You did well,' or suggest, 'Maybe you could approach it like this." (Participant student apprenticeship focus group)

Seeking advice

In the subtheme ‘seeking advice’, participants viewed consulting and brainstorming with colleagues as necessary for their own development and learning. They emphasised that seeking advice from others provides valuable perspectives and insights that they might not have considered on their own.

"Yes, brainstorming with colleagues about situations: [ask each other] how do you handle it [a certain situation], how do I, what works, what doesn’t, how can we improve…." (Participant student apprenticeship focus group)

“You can ask questions and constantly reflect, retrieve wishes, or become more aware of them. You need others for that too; I don't think there are many people who can do that constantly intrinsically. Then sometimes you also have, you also need to be stimulated, I think." (Participant educator focus group)

Learning in dialogue

The participants noted that communication skills are essential for effective interactions and feedback. Engaging in open communication and asking questions creates space for reflection. This is, to them, a crucial component of lifelong learning. However, learning in dialogue extends beyond reflection alone: by participating in discussions and problem-solving with colleagues, participants reported not only overcoming specific challenges but also contributing to building a supportive work environment.

"Yes, I believe you should be open about this [thinking outside the box, doing this differently] with your team. Like, listen guys, we’ve been doing it this way for a long time, but I think we could also try it differently." (Participant focus group 4)

"Yes, above all, figure it out together and discussing together." (Participant VET healthcare professionals)

3.3 Courage to choose for yourself

The courage to make autonomous choices requires a significant degree of daring or courage, for example, thinking outside the box and daring to make different choices that are common within your team. Three subthemes were identified within the theme ‘courage to choose for yourself’.

To dare/to have guts

All participants considered having courage important and almost a prerequisite for being able to make your own choices without being held back by the opinions of others.

“But I think daring is very important for development. But I'm also stimulated by the bit of curiosity. Asking questions, wanting to know how things work. And then you have to dare to ask, dare to discover.” (Participant focus group 4)

Make your own choices

The ability to make your own decisions is seen as an important aspect of lifelong learning. However, the freedom to explore and the courage to think independently were particularly emphasised in the heterogeneous focus group and the educators’ focus group.

"I think it’s very valuable to dare to think outside those [standard] boundaries." (Participant focus group 4)

“But anyway, I've always thought with everything, as long as I can justify why. As long as I can explain why I thought that way and why I did it this way.” (Participant focus group 4)

Decide for yourself

Regarding the subtheme ‘decide for yourself’, instead of automatically conforming to existing rules and guidelines, one can make conscious choices within those parameters, considering own perspectives and context before acting.

"If I look at myself, I am sometimes someone who really does need a bit of confirmation. On my ward, I sometimes think I should just get on with things for now, whereas I actually also want to do a lot for my education, or could actually get started on something for my education. And then it's often still difficult, because I think, "Right, do I choose for myself, for my education, or do I choose for my client?" (Participant student apprenticeship focus group)

“How I shape my life. Taking responsibility for my choices. And the freedom to make a different choice.” (Participant VET healthcare professionals)

3.4 Room for professional autonomy

The theme ‘room for professional autonomy’ refers to the degree to which professionals feel free to make use of independent judgement within organisational settings. Three subthemes were identified as

influencing the extent of autonomy professionals have. The subtheme ‘rules and guidelines in organisations’ was mentioned most by members of the focus groups.

Unwritten rules within teams that shape expectations

Regarding the subtheme 'unwritten rules within teams', rather than being explicitly stated, these are implicit norms and expectations that shape how team members interact and make decisions and can influence whether one continues to learn. These were mainly cited by educators, healthcare professionals, and the heterogeneous focus group but not by the apprentice group.

"The mentality of ‘this is how we do things’, or call it the culture, is often highly protocol-driven: this is how it should be. Even in healthcare, a department’s agenda is sacred and must be followed. For me, that’s sometimes a barrier to development." (Participant educator focus group)

Rules and guidelines within organisations

The influence of general organisational rules and guidelines (both positive and negative) was acknowledged by all participants. Rules and guidelines significantly impact individuals’ motivation to take action and therefore play a crucial role in their lifelong learning. For instance, a workplace with clear and supportive rules about lifelong learning may encourage employees to pursue additional training or education, while a workplace with strict and inflexible rules may inhibit employees from engaging in lifelong learning activities.

"What we're doing at [organisation] in the south is a project on wellbeing care. And what students who are in the field really struggle with is the enormous bureaucracy. That also silences them and makes them lose their sense of initiative. Because every innovative idea they come up with gets shut down. Really good ideas come out of that, and then it's: no, that's not possible, no, we don't have time for that. All I hear is, 'There's no time; we're short-staffed.' Okay, but there's something else behind that too. It's also that there are so many regulations to comply with, and so much to check, before something can actually be set in motion, which means most people actually give up before they even start. It's simply too much effort. Then I'd have to go in against so much resistance before I could actually achieve anything." (Participant educator focus group)

Exemplary behaviour of the manager

VET healthcare professionals and the heterogeneous focus group especially stressed the role of leadership behaviour as being influential in the team’s learning culture. Managers that were described as being approachable, supportive, and encouraging new ideas were perceived as managers providing opportunities for growth. They created an environment where team members felt empowered to take risks and learn from their experiences, ultimately contributing to a strong learning culture within the team.

"I always say: the choir sings as the conductor conducts." (Participant VET healthcare professionals)

"Ultimately, it's just the effort of the whole team. And of course, the unit manager, who ensures... With a little good guidance, you can steer." (Participant VET healthcare professionals)

DISCUSSION

This study investigated how vocationally trained caregivers regard lifelong learning in long-term care settings, as well as how such learning can be meaningfully supported. Four key themes emerged from the findings, reflecting the participants' perspectives on lifelong learning, which together outline the conditions essential for creating an environment that supports it: 'reflective safe space', 'awareness of learning together', 'the courage to choose for yourself' and 'room for professional autonomy'. Rather than operating in isolation, these themes are closely intertwined: a safe space for reflection enables collegial learning, which in turn is strengthened by room for professional autonomy, ultimately empowering caregivers to find the courage to make their own choices. Meaningful support, in this sense, is not a single intervention but emerges from the interplay of a safe, autonomy-enhancing environment and the individual courage to act within it.

The first theme, a reflective safe space, is consistent with earlier work emphasising that learning becomes transformative when professionals can move beyond routine clinical tasks and engage in reflective practice [34]. Participants emphasised the importance of space for reflection, allowing individuals to assess their thoughts and actions without fear of judgement. This finding aligns with the concept of psychological safety, defined as the belief that one can take interpersonal risks without fear of negative consequences [35]. Psychological safety is considered crucial for effective learning, innovation, and team performance [36–39], fostering an environment in which team members feel comfortable expressing ideas, admitting mistakes, and seeking feedback. Factors known to influence psychological safety, such as organisational culture, team dynamics, and individual personality traits [40, 41], closely align with themes identified in our findings.

The awareness of learning together further highlights the social nature of lifelong learning [42]. Participants in our study suggested that lifelong learning is not merely an individual pursuit but a social process. Recognizing the importance of collaborative learning can greatly benefit participants, allowing them to feel appreciated and involved in the learning process [42]. The collaborative learning processes described by participants, brainstorming with colleagues, seeking advice, and learning in dialogue, reflect the kind of informal learning that has been shown to contribute significantly to work-related efficacy and skill development [14, 15].

Organisations can better facilitate lifelong learning by fostering an environment where practically trained caregivers learn from and with each other. Consequently, organisations should explicitly recognise and value this influence, as lifelong learning is fundamental to the adaptability required in long-term care, supporting care professionals in maintaining competence, compassion, and responsiveness in nursing practice [1, 3, 43].

A significant finding is the courage to choose for oneself. Although behavioural characteristics are more frequently mentioned in the literature [17, 44, 45], the term ‘courage’ is striking and rarely found in other research on lifelong learning. Courage aligns closely with the concept of autonomy as described by Deci and Ryan [46], which refers to the experience of acting with a sense of volition and psychological freedom. This element empowers practically trained caregivers to take responsibility for their own learning goals, identify relevant resources, and reflect on and evaluate their progress, rather than relying solely on traditional educational venues. The “quality of courage” allows individuals to “step into the uncertainty of the unknown” [47]. Learning commonly emerges through experiences of discomfort, challenge, and the realisation of insufficient expertise [48].

Given that learning involves change and that new information can conflict with existing beliefs, it can bring discomfort. Engaging in genuine learning requires the courage to tolerate uncertainty and revise one’s understanding [49]. Our findings suggest that empowering practically trained caregivers to become independent leaners and giving them room for professional autonomy can foster lifelong learning behaviour.

Professional autonomy is shaped by multiple interrelated themes: the formal rules and guidelines of the organisation, the unwritten rules within teams, and the leading by example of the manager. In practice, the focus often seems to be on daily routines and arranging practical care rather than on learning. The exemplary behaviour of the manager influences the unwritten rules of the team, which in turn shapes the learning culture. This finding aligns with the broader literature on workplace learning, which emphasises that organisational conditions and leadership behaviour are key determinants of whether professionals feel empowered to engage in lifelong learning [41, 45, 50]). When practically trained caregivers perceive meaningful opportunities for competence development and feel supported in their professional autonomy, this is likely to strengthen their motivation, commitment, and intention to remain in their jobs [4]. Supporting lifelong learning among practically trained caregivers carries implications beyond individual development; improved self-efficacy and job performance are associated with greater job satisfaction and reduced staff turnover [5, 6].

Strengths and limitations

A strength of this study is its contribution to the understanding of elements of lifelong learning, specifically for practically trained caregivers, a group that is often overlooked in educational research. This was achieved through varied focus groups that also engaged vocationally educated and practically trained caregivers. Self-Determination Theory (SDT) was used as a guiding framework in this study, offering a theoretically informed point of departure rather than a prescriptive analytical structure. Although the initial analysis of the focus group data was conducted deductively in line with SDT, this approach did not fully capture the richness and contextual depth of participants’ input. The research team therefore collectively decided to adopt an inductive analytical approach, allowing themes to emerge directly from the data. This methodological flexibility strengthened the study by enhancing responsiveness to participants’ perspectives and supporting a more nuanced and contextually grounded

interpretation of the findings. By identifying specific interrelated themes, this study provides novel insights for the development of more inclusive and tailored lifelong learning policies and interventions. In addition, a fourth focus group was conducted to clarify preliminary themes and to explore the emergence of any additional themes.

Several limitations should also be acknowledged. Although the focus group discussions were introduced with a definition of lifelong learning that encompassed formal, non-formal, and informal learning in order to guide a tailored and focused discussion, participants predominantly referred to formal learning experiences. This may have constrained discussion of informal learning opportunities within the workplace and limited the breadth of the data. The setting of the focus groups in a school environment may have further directed participants' attention towards formal education. In addition, non-formal and informal learning may have been less visible or more difficult to articulate, which may have restricted the range of examples discussed.

CONCLUSION

We conclude that lifelong learning among practically trained caregivers depends on the interplay between individual courage and a supportive, autonomy-enhancing environment shaped by organisational culture and leadership. By providing a reflective safe space and promoting professional autonomy, long-term elderly care organisations can create the meaningful support necessary to empower practically trained caregivers to engage in lifelong learning. Yet, participants in our study primarily referred to formal learning experiences, suggesting that informal learning is often less visible and less explicitly recognised. Future research should therefore focus on understanding how informal learning unfolds in daily care practice, how it can be made more visible, and how organisations can meaningfully support these largely implicit learning processes among vocationally trained caregivers.

Abbreviations

VET Vocational Education and Training

SDT Self-Determination Theory

EQF European Qualifying Framework

Declarations

Funding

This research did not receive any specific grant from funding agencies in the public, commercial, or not-for-profit sectors.

Data availability

The datasets generated and/or analysed during the current study are not publicly available due to a language barrier and necessary insight in context for properly understanding the data, but are available from the corresponding author on reasonable request.

Ethics approval and consent to participate

All participants were informed about the purpose and procedures of the research project beforehand, including the fact that the results would be used for scientific publication. They were assured that their participation was entirely voluntary, that they could withdraw at any time without consequence, and that their data would be handled with strict confidentiality. All respondents gave informed consent and interview transcripts were anonymised. The ethical review committee of the Faculty of Health Medicine and Life Sciences of Maastricht University reviewed the study proposal and determined that it was ethically acceptable.

Consent for publication

Not applicable

Competing interests

The authors declare that they have no competing interests.

Use of AI

This study used artificial intelligence (AI) tools to aid in the drafting and refinement of the manuscript text. The AI's only contributions were to improve the language and suggest changes to the grammatic structure. The authors wrote all the scientific content, made interpretations, and came to conclusions, and they were all critically reviewed by the authors. ChatGPT was used to create Fig. 1.

Author Contribution

EH, PE, SZ, and AM contributed to the validation and formal analysis of the data and reviewed and edited the manuscript. EH and PE contributed to the conceptualisation of the study. EH, SZ, and AM contributed to the methodology. EH and AM wrote the original draft of the manuscript. EH was responsible for project administration, and PE provided supervision. All authors reviewed the manuscript and have approved the submitted version (and any substantially modified version that involves the author's contribution to the study).

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Not applicable

Data Availability

The datasets generated and/or analysed during the current study are not publicly available due to a language barrier and necessary insight in context for properly understanding the data, but are available from the corresponding author on reasonable request.

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Figures



Figure 1

The perspectives on the characteristics of lifelong learning