International Journal of Public Health, Pharmacy and Pharmacology

Vol. 7, No.1, pp.30-40, 2022

Print ISSN: (Print) ISSN 2516-0400)

Online ISSN: (Online) ISSN 2516-0419)

PERCEIVED EFFECTS OF CONTINUING PROFESSIONAL DEVELOPMENT ON QUALITY NURSING CARE IN SPECIALIST HOSPITAL, AKURE, ONDO STATE

Cecilia Olusolape Adeyemo
Faculty of Nursing Sciences, University of Medical Sciences, Akure Campus, Akure, Ondo State, Nigeria

Oke Olapeju Ajibade
Faculty of Nursing Sciences, University of Medical Sciences, Akure Campus, Akure, Ondo State, Nigeria

Citation: Cecilia Olusolape Adeyemo and Oke Olapeju Ajibade (2022) Perceived Effects of Continuing Professional Development on Quality Nursing Care In Specialist Hospital, Akure, Ondo State, *International Journal of Public Health, Pharmacy and Pharmacology*, Vol. 7, No.1, pp.30-40

ABSTRACT: *The study examined the perceived effects of continuing professional development on quality nursing care in Specialist Hospital, Akure, Ondo State. The study specifically explored the perception of nurses' knowledge about the effect of continuing professional development programmes in achieving quality nursing care; and identified the initiators and barriers to implementation continuing professional development of nurses in the hospital. The population of this study consisted of nurses working at State Specialist Hospital, Akure, Ondo State. The sample size includes 94 nurses selected through stratified random sampling technique. The data collected includes the demographic data of the sample, their perceived knowledge of CPD, motivating factors and the barriers of participating in CPD programmes. The instrument was given to tests and measurement expert and nurse educators to determine its face and content validity. The data collected were presented in percentage distribution tables. Common themes responses to the open-ended questions' responses were identified, coded and analyzed to assess the unique perspectives and different views of the nurses on the phenomenon. The findings of the study revealed that the value of CPD and their previous participation in the programmes have improved their knowledge, skills and have contributed to improved quality nursing care of patients. The factors identified as motivators include; funding assistance, obtaining a CPD qualification with skills allowance entitlement, encouragement from management and role models demonstrating the value of career development. The major barriers to participating in CPD programmes in the hospital include; job responsibilities due to staff shortage, lack of motivation by the management, coherent staff development planning by the institution, promotion and funding and responsibility for the family and child care. It was recommended among others that the Hospitals' Management Board should fund the programmes and employ more nurses so that hindrances due to job responsibility and staff shortage will be minimized*

KEYWORDS: perceived effects, CPD, quality, nursing care

INTRODUCTION

The Department of Health in United Kingdom has defined continuing professional development (CPD) as a lifelong education or learning by individual members of health care team which focuses on meeting the needs of the patients to achieve the health outcomes and healthcare priorities of the NHS and enhances health professionals to fulfil their potential (Nsemo, et al., 2013). Continuous professional development (CPD) is mandatory to nurses and it is perceived as a valuable and worthwhile programme that helps in retaining their jobs.

Jarvis (2005) said CPD purposes include assisting nursing practitioners the opportunity to update their knowledge particularly in new developments nursing profession. CPD, according to him, also give room for uptake of additional courses that can allow transfer from one special area to another or acquisition of more specialist knowledge. The main objectives of CPD are: sustenance of nurses' professional competence, acquisition of new skills in line with evolving contemporary patients' and practice needs, improvement of skills and expertise to enhance ethical practice and professionalism, and improve development of interpersonal relationship with other health care givers (Bertulis & Cheeseborough, 2008; Cote 2007; Drey, et al., 2009).

Some researchers have argued that participating in CPD programmes does not guarantee that learning has taken place nor positively affect competence (Dixon, 2011, James & Francis 2011). More importantly, there is little evidence that professional development will improve patient outcomes (Morphet & Holden 2011). Therefore, offering quality CPD needs to be addressed. Also, some nurses only attend CPD programmes to make up the required study hours rather than improving their learning outcomes and relevance to their specific area of practice (Irving, Irving & Sutherland, 2007).

In Nigeria, the NMCN introduced Mandatory Continuing Professional Development programmes (MCPDP) to update and maintain the nurses' professional knowledge, skills, abilities and competence. This is to ensure clinical governance and enhance the provision of appropriate, relevant, high quality service to clients. Proof of participating in MCPDP is a requirement to renewal of license (Nsemo et al, 2013). Although CPD is now mandatory in nursing based on these perceived benefits for nurses, employers and patients, meeting the requirements to participate may be difficult. Despite these highlighted importance of CPD, however, not many nurses/midwives in Nigeria attend CPD programmes unless they are organized by their health institutions or is sponsored by their employers (Nsemo et al, 2013). Nurses in Nigeria perceived the CPD programme to be more relevant for clinical nurses than nurse educators (Nsemo et al., 2013).

The professional factors that usually affect participating in CPD programmes by nurses are; awareness of their need of continuing education, it's potential of meeting the external expectations of public and necessity of making commitment to meet the formal requirements of the profession to ensure job satisfaction and job security (Badu-Nyarko 2015). Another influencing factor is the nurse managers' leadership style and their responsiveness to change (Hughes 2005). Managers' leadership styles has been found to influence on the nurses' ability to reflect on what is learnt in CPD programmes, which in turn, affects the application of learning to practice.

Jaradeh and Abu (2010) conducted a research to explore nurses' experiences of Continuous Professional Development (CPD) and factors that influenced CPD uptake in UK. They found out that there is improvement in the quality of nursing care when nurses participated in CPD activities. The nurses were found to participate well in CPD programmes with their understanding of its impact which include improving nursing care performance, professional knowledge, self-esteem, and the status of the profession. The barriers to CPD include; distance, poor transportation, shortage of staff, ignorance and lack of awareness of available opportunities and lack of motivation by the nursing managers or employers (Pool, et al., 2013).

Financial constraints due to lack of funding and personal costs has been noted as a significant barrier (Richards, 2010, Kataoka-Yahiro, 2011). Lack of support by employer occurs regardless of the acknowledgement of both employer and nurses for the need for professional development. Employers often fail to give financial support because unavailability of time due to work load and shortage of staff to replace staff who go for CPD activities and this has been found to be a major barrier (Pool, et al., 2013). Also, lack of internet access and technical support has been found in literature as a common barrier (Kataoka-Yahiro & Mobley 2011).

In view of the above, the study examined the perceived effects of continuing professional development on quality nursing care in Specialist Hospital, Akure, Ondo State. The study specifically:

1. explored the perception of nurses' knowledge about the effect of continuing professional development programmes in achieving quality nursing care; and
2. identified the initiators and barriers to implementation continuing professional development of nurses in the hospital

METHODOLOGY

The population of this study consisted of nurses working at State Specialist Hospital, Akure in Ondo State of Nigeria. The total number of nurses working in the hospital is 225 nurses according to the statistical record at the Head of Nurses Service office. In this study, sampling was conducted by stratified random sampling (according to the nurses' different cadre e.g. Chief nursing officer, nursing officer etc.) to ensure equal representation of all cadre of nurses. The sample size includes 94 nurses working in the hospital who were recruited for the study to ensure generalization of the findings.

The data collected includes the demographic data of the sample, their perceived knowledge of CPD, motivating factors and the barriers of participating in CPD programmes. Perceptions regarding CPD was measured with four items scale developed from questionnaires used by both David (2006) and Richard (2010) in their studies containing both yes/no, strongly disagree, disagree, agree and strongly agree options. Motivators and barriers to CPD were measured with questions structured from both the questionnaires used by both David (2006) and Richard (2010). The instrument was given to tests and measurement expert and nurse educators to determine its

Journal level DOI: https://doi.org/10.37745/ijphpp.15

face and content validity. The comments received were used to modify the final draft of the instrument before it was finally administered.

In this research process, the data collected was analysed using subjective interpretation as an inductive research approach with supportive argument of the findings to enhance the fulfillment of the research objectives in order to have a reasonable conclusion (Flowers 2009). The data collected were presented in percentage distribution tables. Common themes responses to the open-ended questions' responses were identified, coded and analyzed to assess the unique perspectives and different views of the nurses on the phenomenon. This gave more in-depth view of the nurses' perception of their need of CPD program and the hindrances to their participating in CPD in the past.

RESULTS

Objective 1: The perception of nurses' knowledge on the effect of continuing professional development programmes in achieving quality nursing care

To meet this first objective, the participants indicated their perceptions of the concept of CPD before the study, reasons for engaging in continuing professional development education or programmes and the impact of previous CPD programmes on quality nursing care.

Table 1: Perception of CPD Concept

Perception of CPD	**Response**	
Before receiving this questionnaire were you aware of the concept CPD	**Frequency**	**Percentage**
YES	87	92.6
NO	7	7.4
TOTAL	94.0	100.0

Table 1 showed that a good number of the nurses (92.6%) have previous knowledge of the concept CPD before this study and only 7.4% are ignorant of the concept.

Perception of the impact of previous CPD programmes

The participants were asked to choose from yes or no options their perception of whether previous CPD activities they have participated in have contributed to quality nursing care of their patients. This helped the researcher to determine whether the main question of this study; the perception of nurses' working at State Specialist Hospital, Akure on the effect of continuing professional development programmes in delivering quality nursing care, is answered. To further established this, open-ended question requiring the participants to state the specific benefits they have received from the previous CPD programmes they attended was asked.

Journal level DOI: https://doi.org/10.37745/ijphpp.15

Table 2: Impact of previous CPD Programmes

Did you think previous CPD programmes have contributed to quality nursing care?	**Yes**	**No**	**Total**
Frequency	78	16	94
Percentage	83.0	17.0	100.0

According to Table 2, 83% of the respondents perceived that previous CPD programmes have contributed to quality nursing care while only 17% objected to its having positive impact.

Perception of the impact of previous CPD programmes on quality nursing care

The responses to this open-ended question was coded into themes and analysed as shown in the table below.

Table 3: Impact of previous MCPD on quality nursing care

Impact of previous MCPD on quality nursing care	**Frequency**	**Percentage**
Improve nursing skills	19	16.1
Improve knowledge	27	22.9
More competence in patients' care	22	18.6
Improve good nurse-patient inter-personal relationship	5	4.2
Informative about new trends in nursing practice	23	19.5
Improve health education skill	1	0.8
Helps to correct obsolete nursing practice	7	5.9
Helps in attainment of MDG's goals for health	1	0.8
Improve the skill of using nursing care plan	7	5.9
Exposure to new technology	1	0.8
Improve infection control practice	1	0.8
Encourage networking among nurses	2	1.7
Boost staff morale	2	1.7

Objective 2: The initiators and barriers to implementation continuing professional development of nurses in the hospital

Motivators of CPD

The participants were required to identify they perceive to be motivators and barriers to participating in CPD programmes to achieve the last objective of the study.

Table 4: Motivators/Initiators of participating in CPD programmes

Motivators or Initiators	Very weak (%)	Weak (%)	Strong (%)	Very strong (%)	No Response (%)
Obtaining a CPD qualification with skills allowance entitlement	9 (9.6)	11 (11.7)	34 (36.2)	36 (38.3)	4 (4.3)
Funding assistance	15 (16.0)	13 (13.8)	21 (22.3)	41 (43.6)	4 (4.3)
Encouragement from management	9 (9.6)	16 (17.0)	29 (30.9)	36 (38.3)	4 (4.3)
Peer encouragement	6 (6.4)	14 (14.9)	46 (48.9)	24 (25.5)	4 (4.3)
Role models who demonstrate the value of career development	3 (3.2)	8 (8.5)	48 (51.1)	31 (33.0)	4 (4.3)
Assistance with working out a career pathway	2 (2.1)	13 (13.8)	49 (52.1)	26 (27.7)	4 (4.3)
A recent (< 2 years) successful programme of study	10 (10.6)	17 (18.1)	45 (47.9)	18 (19.1)	4 (4.3)
Real prospects of promotion and remuneration	11 (11.7)	15 (16.0)	42 (44.7)	22 (23.4)	4 (4.3)

In Table 4, funding assistance (43.6%), obtaining a CPD qualification with skills allowance entitlement (38.3%) and encouragement from management (38.3%) topped what the respondents perceived to be as very strong motivators to participating in CPD programmes. Also, assistance with working out a career pathway (52.1%), Role models who demonstrate the value of career development (51.1%), Peer encouragement (48.9%) and a recent (< 2 years) successful programme of study (47.9%) are identified as strong motivators.

Barriers to CPD

Table 5: Barriers to participating in CPD programmes

BARRIERS TO CPD	Strongly disagree	Disagree	Agree	Strongly agree	No Response
Scepticism about the value of CPD.	10 (10.6)	46 (48.9)	21 (22.3)	8 (8.5)	9 (9.6)
Negativity due to unpleasant past experiences of CPD programmes.	10 (10.6)	43 (45.7)	25 (26.6)	7 (7.4)	9 (9.6)
Lack of motivation to study again.	10 (10.6)	19 (20.2)	40 (42.6)	16 (17.0)	9 (9.6)
Lack of funding	7 (7.4)	15 (16.0)	36 (38.3)	27 (28.7)	9 (9.6)
Family and child care responsibilities	14 (14.9)	26 (27.7)	32 (34.0)	13 (13.8)	9 (9.6)
Job responsibilities	3 (3.2)	15 (16.0)	47 (50.0)	20 (21.3)	9 (9.6)

According to Table 5, the greater percentage of the respondents disagreed that; scepticism about the value of CPD (48.9%); negativity due to unpleasant past experiences of CPD programmes (45.7%); lack of role models in the workplace (38.3%) and not knowing the selection criteria for being granted study leave/nomination for CPD programmes (43.6%) are barriers to participate in the programme. However, most of them agreed that; lack of motivation to study (42.6%), funding (38.3%), coherent staff development plans by the institution (41.5%) and opportunities for promotion/upward mobility (42.6%); family and child care responsibilities (34%); job responsibilities (50%); lack of employer co-operation/motivation (e.g. for funding) (45.7%) are barriers to participating in CPD programmes. Job responsibilities topped the identified barrier as half (50%) of the respondents agreed while 9 (9.6%) of the respondents did not respond to this questions at all.

Table 6: Comments to open-ended questions on nurse leaders lack of role model

Comments on nurse leaders lack of role model	Frequency	Percentage
Leaders does not motivate staff to learn	9	64.3
Not granting study leave due to shortage of staff	2	14.3
Criticise nurses that cherish CPD	1	7.1
No more commitment to job due to style of leadership	1	7.1
Changing of scheduled date of CPD programmes	1	7.1

Table 6 showed that only 14 of them commented as requested, 9 (64.3%) of them stated that nurse leaders does not motivate staff to learn, 2 stated that nurses are not being granted study leave due to shortage of staff while one of the respondent each commented that leaders use to criticise nurses that cherish CPD, no more commitment to job due to style of leadership and change the scheduled date of CPD programmes.

Suggestions on improving CPD in the hospital

Table 7: Suggestions on improving CPD in the hospital

Suggestions on improving CPD	Frequency	Percentage
Funding by the management	14	20.9
Self-motivation and finance of CPD programmes	5	7.5
MCPD to be done monthly	3	4.5
Equal opportunity for all nurses to attend CPD programmes.	2	3.0
Employment of more nurses	4	6.0
Management to motivate employees to participate in CPD programmes.	7	10.4
Regular CPD programmes	5	7.5
Wide and long notice for better planning	4	6.0
Inclusion of CPD for special nursing fields	3	4.5

CPD programmes to be done weekly within the hospital for easy access	7	10.4
Hospital Management Board to participate in planning CPD programmes for nurses	7	10.4
Cost to be affordable when there is no funding by the management	2	3.0
Nurse managers to be granting study leave for staff to attend CPD programmes	2	3.0
Experts to handle the CPD teaching	2	3.0

Table 7 showed the suggestions to the open-ended question made by the respondents on how to improve CPD in the hospital. Funding by the management topped the suggestions (made by 14 respondents) while management motivation of employees to participate in CPD programmes was also recognised by tangible number (7) of the respondents. Some respondents (7 each) suggested that CPD programmes to be done weekly within the hospital for easy access and that the Hospital Management Board should be participating in planning for CPD programmes for the nurses as seen in the table.

DISCUSSION

The analysis of the data collected through questionnaire showed that the nurses are enlightened about the value of CPD and their previous participation in the programmes have contributed to improved quality nursing care of the patients. They attested to it that it helps them to improve their knowledge and skills and that it's informative about new trends in nursing practice among others. This is found to be in consistence with the findings of Richard (2010) on perception of nurses on continuing formal education. Additional findings revealed evidence that nurses in the hospital recognise and value the need for continuing education (Badu-Nyarko, 2015), as 62.8% of the respondents have either obtained nursing degree after their basic qualification or are directly having honours degree in nursing.

Funding assistance, obtaining a CPD qualification with skills allowance entitlement, encouragement from management and role models demonstrating the value of career development are the major identified motivators of CPD by the nurses. Encouraging the Individual nurse to work out a career path enhances motivation towards participating in CPD programmes and to ensure that only relevant skills necessary are acquired (Hoban 2005). The management of organisations should share responsibility of developing career progress of their employees for more successful attainment (Richard 2010). They are to identify their learning needs during performance review process and plan for their needed development (Hoban 2005). However, self-

motivation is said to be important to secure tangible improvements in patients' outcomes, changes in the nursing professional and individual nurse personal growth.

The major barrier pointed out by the nurses in this study is job responsibility. Also, lack of motivation by the management, coherent staff development planning by the institution, promotion and funding were greatly recognized. Responsibility for the family and child care is also a paramount barrier identified by a tangible number of respondents. These identified motivators and barriers are consistent with the findings of many researches on the phenomenon (Richard 2010; David 2006). The managers and organisational management should be responsible for budget planning to provide funding for CPD programmes of their employees on a continuous rotating basis. (Hoban 2005). Also, recognition of the barriers to CPD, according to David (2006), requires the collaboration of the health care institution, the individual nurse and the nurse manager to overcome them.

CONCLUSION

It can be concluded from this study that nurses at State Specialist Hospital, Akure know the value of CPD and their previous participation in the programmes have improved their knowledge, skills and have contributed to improved quality nursing care of patients. The factors identified as motivators include; funding assistance, obtaining a CPD qualification with skills allowance entitlement, encouragement from management and role models demonstrating the value of career development. The major barriers to participating in CPD programmes in the hospital include; job responsibilities due to staff shortage, lack of motivation by the management, coherent staff development planning by the institution, promotion and funding and responsibility for the family and child care.

Recommendations

It is recommended that the management of the State Specialist Hospital, Akure should motivate their nurses to participate in CPD programmes by organizing programmes weekly within the hospital for easy access and grant relevant study leave to staff. The Hospitals' Management Board should also fund the programmes and employ more nurses so that hindrances due to job responsibility and staff shortage will be minimized.

References

Badu-Nyarko, S. K. (2015). Survey of Continuing Professional Education of Nurses in Ghana. *International journal of educational studies,* 2 (2), 71-81.

Bertulis, R. & Cheeseborough, J. (2008). The Royal College of Nursing's information needs survey of nurses and health professionals. *Health information & libraries journal,* 25 (3), 186-197.

Cote, D. M. (2007). *A survey of British Columbia family physicians' and nurses' experiences with continuing professional development and technology.*

Davids, J. M. (2006). (Online). *Continuing professional development in nursing. Stellenbosch University http://scholar.sun.ac.za.*

Dixon, D. (2011). Controlling quality in CME/CPD by measuring and illuminating bias. *Journal of continuing education in the health professions,* 31 (2), 109-116.

Drey, N., Gould, D. and Allan, T. (2009). The relationship between continuing professional education and commitment to nursing. *Nurse education today,* 29 (7), 740-745.

Hoban, V. (2005). The CPD challenge. *Nursing times,* 101 (8), 22-24.

Highes, E. (2005). Nurses' perceptions of continuing professional development. *Nursing standard,* 19 (43), 41.

Irving, M., Irving, R. & Sutherland, S. (2007). E-learning for cancer nurse education. *Nursing times,* 103 (9), 30-31.

James, A. & Francis, K. (2011). Mandatory continuing professional education: What is the prognosis? *Collegian,* 18 (3), 131-136.

Jaradeh, M. & Abu H.H (2010). Nurses' Experiences of Continuous Professional Development. *Jordan medical journal,* 44 (3), 313-322.

Jarvis, P. (2005). Lifelong education and its relevance to nursing. *Nurse education today,* 25 (8), 655-660.

Kataoka-Yahiro, M. R. (2011). Benefits, barriers, and intentions/desires of nurses related to distance learning in rural island communities. *The journal of continuing education in nursing,* 42 (3), 127.

Morphet, J. and Holden, K. (2011). Get Energised: Professional development for emergency nurses. *Australasian emergency nursing journal,* 14 (3), 189-195.

Nsemo, A. D., (2013). Clinical nurses' perception of continuing professional education as a tool for quality service delivery in public hospitals Calabar, Cross River State, Nigeria. *Nurse education in practice,* 13 (4), 328-334.

Pool, I., Peoll, R. & Ten Cate, O. (2013). Nurses' and managers' perceptions of continuing professional development for older and younger nurses: a focus group study. *International journal of nursing studies,* 50 (1), 34-43.

Richards L. (2010). Perceptions of registered nurses in four state health institutions on continuing formal education. *Curationis,* 33 (2), 41-50.