
CONTINUING PROFESSIONAL DEVELOPMENT AMONG NURSES IN SPECIALIST HOSPITAL, AKURE, ONDO STATE

Cecilia Olusolape Adeyemo

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

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ABSTRACT: *The study examined the continuing professional development among nurses in Specialist Hospital, Akure, Ondo State. The study specifically identified if professional nurses in the hospital agree with the introduction of mandatory continuing professional development training by the nursing and midwifery council of Nigeria; and evaluated the uptake of participation of nurses in continuing professional training in State Specialist Hospital, Akure. The population of the study consisted of 225 nurses working in the hospital. Stratified random sampling technique was used to select the sample size for the study which consisted of 94 nurses. The data collected includes the demographic data of the sample, views and participation in compulsory CPD organized by the Nursing and Midwifery Council of Nigeria and past CPD programmes attended by the nurses. The instrument was given to tests and measurement expert and nurse educators to determine its face and content validity. Internal consistency method was used to determine the reliability of the instrument and coefficient value of 0.81 was derived. The research objectives were analyzed descriptively with frequency counts and simple percentages. The findings of the study revealed that that majority of the respondents supported making CPD training mandatory and they are even ready to sacrifice their off duties to attend the programme. However, greater percentage of them have only attended CPD programmes sometimes while others have not attended at all. The anticipated outcome of the study was found positive because nurses in the hospital are found to be aware of their need of lifelong learning to improve their knowledge and skills. It was recommended among others that the NMCN should include CPD training for special nursing fields, use experts to handle the teaching and make the cost affordable to encourage self-sponsoring.*

KEYWORDS: continuing professional development, nurses

INTRODUCTION

Human resources is considered as the most important factor in production and service delivery, thus human capital building via continuing professional education (CPD) provides an opportunity to improve the quality and extent of services delivered by professional nurses (Gould & Fontenla,

2006). A changing health care environment is impacting on the role of practice nurses. As a result of fundamental changes taking place in both health care and nurse education, the clinical role of the practice nurse will need to extend and expand (Gould & Fontenla, 2006). Ross et al (2013) defined continuing professional education (CPD) as a systematic way of maintaining, improving as well as broadening the knowledge and skills of professionals in order to develop the personal qualities necessary to execute their professional and technical roles.

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. CPD has continuously been integrated in every aspect of health care delivery and used as a means of demonstrating competence (Saaty 2003). It has become an explicit part of the nursing role and investment in nurses' learning and personal development for future quality care.

The International Council of Nurses (ICN) firmly believes that career development is a major contributing factor to the advancement of health systems and the nursing profession worldwide. It affirms that it is directly linked to the maintenance of high quality care delivery (Bandman & Bandman, 2001). Continuous professional development has become necessary for effective, safe and quality nursing care. It is a key factor in nursing retention and in securing job satisfaction in the National Health Service in the United Kingdom (Gould, et al, 2007). CPD has been advocated in a recent report from the ICN as a mechanism to promote workforce development, international integration and the recruitment and retention of nurses (Campbell, 2004).

The current international context of clinical practice includes the need for nurses to respond promptly to change to maintain competence and provide appropriate and quality health care (Ross, et al., 2013). However, they concluded that attending CPD does not alone guarantee sustenance of competency. A qualitative study, Delphi method was carried out by Brekelmans et al (2013) on factors influencing continuing professional development among nursing experts. The major influencing factors found were; registration system, motivation within the profession, opportunities for workplace learning, the role model attitudes of the line manager and attractive education programmes. However, a study conducted by Tame (2013) on the effect of CPD on perioperative nurses' relationships with medical staff in his qualitative study, revealed that it has no direct impact on practice, increased knowledge and facilitation of confidence.

Nsemo (2013) conducted a study in 2 hospitals (a teaching hospital a general hospital) in Calabar, Cross River State in Nigeria. He utilized mixed method (Quantitative and qualitative) in which questionnaires were administered to 155 nurses and unstructured interview of nurses that returned their questionnaires. The respondents perceived CPD as valuable but they only participated because it's mandatory in Nigeria. There is no follow-up evaluation to confirm its contribution to quality nursing care according to the findings. However, Bakare, et al (2012) in their own researched carried out in both public and private hospital in Lagos State, Nigeria, explored the

practice of CPE of health professionals was not on nurses alone. Their findings revealed inappropriate adoption of post qualification education in the state.

In view of the above, the study examined the continuing professional development among nurses in Specialist Hospital, Akure, Ondo State. The study specifically:

1. identified if professional nurses in the hospital agree with the introduction of mandatory continuing professional development training by the nursing and midwifery council of Nigeria; and
2. evaluated the uptake of participation of nurses in continuing professional training in State Specialist Hospital, Akure

METHODOLOGY

The population of the study consisted of 225 nurses working in the hospital. Sampling method to be selected in a research process depends on the design, structure of the objectives and research questions. Stratified random sampling technique was used to select the sample size for the study which consisted of 94 nurses as this enabled the researcher to get detailed information from the management cadre down to the newly employed about the situation of CPD among nurses in the hospital.

The data collected includes the demographic data of the sample, views and participation in compulsory CPD organized by the Nursing and Midwifery Council of Nigeria and past CPD programmes attended by the nurses. The support of the nurses in the hospital for mandatory MCPD training was measured with four items scaled used by David (2006) in her study which consisting of yes/no, strongly against, against, in favour, strongly in favour, always, frequently, seldom/never options. Level of uptake of nurses at the hospital was measured with questions structured from both the questionnaires used by both David (2006) and Richard (2007).

The instrument was given to tests and measurement expert and nurse educators to determine its face and content validity. The comments received were used to modify the final draft of the instrument before it was finally administered. Pre-test of the questionnaire was done with 10% of the respondents in a facility that did not participate in the study. The data collected was used to determine the reliability of the instrument using Cronbach Alpha (R) in order to bring out internal consistency of the instrument. The collected data were statistically analyzed using SPSS version 27 to get the Cronbach's alpha coefficient value of 0.81.

Quantitative approach was employed to distribute questionnaire to respondents of the State Hospital. The questionnaire was developed from literatures of some researcher's assessment of CPD among nurses to answer the research questions (Richard 2007, David 2006). The research objectives were analyzed descriptively with percentages, frequencies, and measures of central tendency.

RESULTS

Objective 1: Professional nurses agreement with the introduction of mandatory continuing professional development training by the Nursing and Midwifery Council of Nigeria. (NMCN)

This section dealt with the measurement of the first objective of this study. To achieve this, two questions were asked with selection of options between yes, no and don't know. The questions sought for whether Continuous Professional Development participation should be compulsory for nurses and renewal of license by the Nursing and Midwifery Council of Nigeria to be tagged with proof of participating in CPD activities. Another question was asked on how they would like the course to be structured to enable you benefit. The following structures were listed under this question under strongly against, against, in favour and strongly in favour options; full – time course, Part- time course, Workshops/ Conferences/seminars and Study days at the workplace. Finally in this section, methods by which they prefer the CPD training is facilitated in the MCPD programme were asked under always, frequently and seldom/never. The methods listed under this question include; lecture method, small group discussion, case studies, workshops and lecture demonstration. Responses to these questions helped the researcher to know the nurses' in the hospital support of mandatory CPD training organized by the NMCN.

Table 1: Perception of MCPD

Perception of MCPD	Yes (%)	No (%)	Don't know (%)	Total (%)
Making MCPD compulsory	77 (81.9)	11 (11.7)	6 (6.4)	94 (100.0)
Tagging proof of MCPD participation on renewal of license	56 (59.6)	32 (34.0)	6 (6.4)	94 (100.0)

In Table 1, greater percentage (81.9% and 59.6%) agreed that participating in MCPD should be made compulsory and tagged to renewal of license while 11.7% and 34 % of the respondents objected while 6.4% of them selected don't know boxes to both. This implies that nurses in the hospital supported MCPD training organized by the NMCN and tagging it to renewal of their licenses.

Table 2: Preferred structure of MCPD by the nurses

How should the course be structured to enable you benefit?	Strongly against (%)	Against (%)	In favour (%)	Strongly in favour (%)	Total (%)
Full – time course	13 (13.8)	35 (37.2)	31 (33.0)	15 (16.0)	94 (100.0)
Part- time course	16 (17.0)	40 (42.6)	25 (26.6)	13 (13.8)	94 (100.0)
Workshops/Conferences/ seminars	3 (3.2)	2 (2.1)	42 (44.7)	47 (50.0)	94 (100.0)
Study days at the workplace	14 (14.9)	20 (21.3)	40 (42.6)	20 (21.3)	94 (100.0)

According to Table 2, most of the respondents preferred the MCPD to be structured in form of workshops/conferences/seminars as 50% of the respondents favoured it strongly and 44.7% of them were in favour of it. The more preferred structured is to have study days at the workplace (42.6%). However, most (42.6%) of the respondents were against doing MCPD as part-time course and 37.2% of them also objected to offering it as full-time course. Notwithstanding, good percentages of them (33% and 26.6%) supported offering it as full-time and part-time courses respectively.

Table 3: Methods of facilitating use in MCPD

Methods use to facilitate MCPD	Always	Frequently	Seldom/Never	Total
Lecture method	56 (59.6)	34 (36.2)	4 (4.3)	94 (100.0)
Small group discussion	29 (30.9)	40 (42.6)	25 (26.6)	94 (100.0)
Case studies	24 (25.5)	36 (38.3)	34 (36.2)	94 (100.0)
Workshops	35 (37.2)	41 (43.6)	18 (19.1)	94 (100.0)
Lecture demonstration	41 (43.6)	40 (42.6)	13 (13.8)	94 (100.0)

According to Table 3, MCPD is facilitated always (59.6%) in lecture method. Lecture demonstration, workshops, small group discussion and case studies are also utilized frequently (42.6%, 43.6% and 38.3% respectively). However, good percentages (36.2% and 26.6%) of the

respondents pointed that case studies and small group discussion are seldom or never used. The researcher assumed differences of these responses to be due to differences in CPD programmes attended by nurses in the past. Various method of facilitation might have been utilized at one programme or the other.

Objective 2: The uptake of participation of nurses in continuing professional training in State Specialist Hospital, Akure

Questions on the schedule of in-service CPD in the hospital and past attendance of nurses in CPD programmes were asked to evaluate the uptake of participation of nurses in continuing professional training in the state specialist hospital.

Table 1: Schedule of in-service CPD in the hospital

Schedule of in-service CPD in the hospital	Not at all (%)	Weekly (%)	Monthly (%)	Quarterly (%)	No Response (%)	Total (%)
How frequently is in-service CPD provided?	15 (16.0)	0 (0.0)	16 (17.0)	60 (63.8)	3 (3.2)	94 (100.0)

Table 4 revealed that in-service CPD activities are scheduled on quarterly basis in the hospital according to 63.8% of the respondents, 17% indicated monthly, none weekly while 16% indicated none schedule for in-service CPD activity in the hospital.

Table 2: Past CPD programmes attended by the respondents

Participating in CPD	Yes	No	Sometime	No Response	Total
Do you attend the in service CPD programmes?	33 (35.1)	20 (21.3)	38 (40.4)	3 (3.2)	94 (100.0)

According to Table 5, greater percentage (40.4%) of the respondents have attended CPD programmes only sometime, 35.1% attended regularly, 21.3% have not attended any while 3.2% did not respond.

Table 6: Reasons not participating in CPD programme.

Reasons not participating in CPD	Strongly Disagree (%)	Disagree (%)	Agree (%)	Strongly Agree (%)	No Response (%)	Total (%)
None organized	34 (36.2)	26 (27.7)	13 (13.8)	8 (8.5)	13 (13.8)	94 (100.0)
Topics discussed not relevant	38 (40.4)	32 (34.0)	3 (3.2)	5 (5.3)	16 (17.0)	94 (100.0)
Not motivated to learn	37 (39.4)	18 (19.1)	17 (18.1)	6 (6.4)	16 (17.0)	94 (100.0)
Short staff	10 (10.6)	16 (17.0)	23 (24.5)	32 (34.0)	13 (13.8)	94 (100.0)
Date and time that it is scheduled is not appropriate	20 (21.3)	30 (31.9)	19 (20.2)	8 (8.5)	17 (18.1)	94 (100.0)
Not notified of the programme	20 (21.3)	34 (36.2)	16 (17.0)	7 (7.4)	17 (18.1)	94 (100.0)

From Table 6, the major reason why the respondents are not able to attend CPD activity is due to shortage of staff according to 34% of them. However, greater percentages of the respondents ruled out; topics discussed not relevant (40.4%), not motivated to learn (39.4%), none organized (36.2%) and not notified of the programme (36.2%) as causes of not participating in CPD activities. These revealed that topics treated in CPD programmes attended in the past were relevant to nursing practice, nurses are motivated to learn to some extent, CPD programmes are organized and nurses are given notice about CPD opportunities in the hospital.

Table 7: Willingness to attend CPD programmes during off duty

Willingness to attend CPD programmes during off duty.	Yes (%)	No (%)	No Response (%)
FREQUENCY	74 (78.7)	17 (18.1)	3 (3.2)

Table 7 showed that most of the respondents (78.7%) are willing to attend CPD programmes even during their off duties. Only 18.1% of them are not ready to sacrifice their off duties to attend CPD programmes while 3.2% of them did not respond.

DISCUSSION

From the data collected, the nurses in the hospital supported making CPD mandatory by the Nursing and Midwifery Council of Nigeria. This is in support of what is being practiced in NHS, UK (Council, 2008) and Canada (Cutcliffe & Forster 2010). It also discredits the argument of Spencer (2006) that making CPD mandatory connotes forcing the nurses to participate in continuing learning. However, attending CPD programme is not mandatory in Netherland, nurses can voluntarily register their CPD activities in the National Quality Register developed by the Dutch Nursing Association (Pool et al. 2013). So also, research conducted by David (2006) in South Africa among nurses on CPD also indicated that the nurses do not support making CPD mandatory. They prefer the use of both formal and non-formal learning opportunities to improve their knowledge and skills. The CPD programmes tutors should be applying the principles of adult learning in delivering these programmes. (David 2006).

The study also revealed that greater percentage of the respondents (40.4%) have only participated in CPD programmes sometimes, i.e. occasionally, 35.1% have participated regularly while 21.3% of them have not participated at all. This is also similar with the findings of Richard (2010) in South Africa however, the research conducted by Jaradeh and Hamdeh (2010) in UK showed that nurses participate well in CPD activities. The top reasons why they participate are that it helps them to; keep abreast with new developments in their area of specialty (55.3%), effectively mentor newly qualified nurses/ nursing students (51.1%) and that it improves their confidence (47.9%). This is in agreement with Parsons as quoted by Gary (2002) that health care professionals constantly developed are more effective and confident in their jobs than those who are not privileged. Gary (2002) also concluded that the health care professionals are better empowered through CPD and consequently resulted in sense of self-worthiness, competency of the nurses and improvement in patients' outcome (Gary 2002). It is, however, encouraging to find out from this study on the perception of nurses in state specialist hospital, Akure that nurses engage in CPD programmes for the appropriate reasons, which are majorly to enhance professional development and improve patient care.

CONCLUSION

It can be concluded that majority of the respondents supported making CPD training mandatory and they are even ready to sacrifice their off duties to attend the programme. However, greater percentage of them have only attended CPD programmes sometimes while others have not attended at all. The anticipated outcome of the study was found positive because nurses in the hospital are found to be aware of their need of lifelong learning to improve their knowledge and skills. It is clear from the data collected that they understand the necessity to cope with the constant changes in nursing care in this 21st century.

Recommendations

It is recommended that the NMCN should include CPD training for special nursing fields, use experts to handle the teaching and make the cost affordable to encourage self-sponsoring. It is also recommended that the Hospitals' Management Board should participate in planning CPD programmes for nurses in order to enhance effectiveness. Also, the board should ensure equal opportunity for all nurses to attend CPD programmes.

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