

Nurses' Experiences of Continuous Professional Development

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Abstract

Objective: To explore nurses' experiences of Continuous Professional Development (CPD) and factors that influenced CPD uptake.

Methods: A descriptive cross-sectional study was used. A convenient sample of 80 nurses from two private hospitals in Amman was approached during February 2009. A self report questionnaire was used to collect data after verifying the validity and suitability of the items investigated. Descriptive statistics, content analysis and ANOVA were used to answer the research questions.

Results: Enhancing quality of nursing care was reported as the prime motivator to uptake CPD activities. The top four motivators were: improving performance, increasing professional knowledge, increasing self-esteem, and enhancing the status of the profession. These factors overlapped with respondents' reasons for CPD involvement, and a general consensus of opinion was reached among respondents on the meanings of CPD. Expressed barriers for uptaking CPD indicated four themes: Difficult access to CPD; relevance of CPD; work-life balance, and maximizing the outcome of CPD. Equal and need-based opportunities of CPD activities were recommended. Significant differences were found between the mean scores of nurses' perception of their willingness to undertake CPD activities during annual leave of off days in terms of hospital (p .001), gender (p 0.019) and years of experience (p 0.019). Considering the same characteristics, significant differences were also noted on their readiness to pay for CPD activities (p 0.049, p 0.046, p 0.046) and in improving performance (p 0.001, p0.002, p00.02). No significant difference was found in terms of age. Generally, most of the items that differed significantly were related to intrinsic factors.

Conclusion: The type of CPD activity depends on individuals' goals coupled with the hospital's nursing managers' immediate and felt needs. The driving forces to uptake CPD clearly indicated nurses' commitment towards quality care to promote the nursing profession.

Keywords: Continuous Professional Development, Jordanian Nurses, Motivation and Barriers to CPD, Nursing Profession.

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Introduction

Continuous Professional Development (CPD) has continuously been integrated in every aspect

of health care delivery and used as a means of demonstrating competence.¹ It has become an explicit part of the nursing role and investment in nurses' learning and personal development for

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future quality care. The International Council of Nurses (ICN) firmly believes that career development is a major contributing factor in 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."²

The nursing departments in two private hospitals in Amman share the beliefs of ICN which is evident through the active role of their Continuing Education Departments. Currently, evaluations of CPD activities in both hospitals tend to assess learners' satisfaction with the process and the teaching strategies employed. However, in the current need-led education and outcome-driven health care, it is imperative that those responsible for CPD are able to assess the added value of continuous professional education to career and personal development of nurses and to direct patient care.³

Literature Review

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.⁴⁻⁶ 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.⁷ CPD has been described as: "The maintenance and enhancement of the knowledge, expertise, and competence of professionals throughout their careers, according to a plan formulated with regard to the needs of the professional, the employer and society."⁸ In the broadest terms, CPD consists of "The purposive maintenance, improvement and broadening of professional knowledge, skills and personal qualities in order to perform professional activities successfully throughout your working life".⁹

The term CPD also refers to Continuous Professional Education¹⁰ and is built on prior knowledge acquired through basic professional courses to enhance practice and improve patient health.¹¹ Participating in CPD depends on work

situations and changes of personal needs and individual's ability to consider CPD which is driven by behaviors that are rewarded externally (extrinsic) and/or behaviors that produce satisfaction (intrinsic) within an individual.¹² Intrinsic factors include a desire for personal growth, making the most of the current knowledge to complement competence and assure professional accountability.¹³

The literature identifies that CPD activities are undertaken for personal, professional and practice reasons and most studies assume that tangible behavioral outcomes should have a result.¹⁴⁻¹⁶ A few studies recognized that behavioral change may not be a motivation for, or consequence of, formal study and that benefits may be to practitioners, not to practice.¹⁷⁻²⁰

Kemp (2003) believes that professional development occurs where professionals seek to maintain or improve the quality of their professional performance.²¹ Few studies indicated that participants' attitudes, and funding were among the external barriers to CPD, however, those factors could be overcome if staff are motivated internally and externally.²²⁻²³

Conventional and inflexible learning options such as limited time and resources hinder night shift nurses from participation.²⁴⁻²⁶ Unless professional bodies and employers are able to offer more cost-effective, flexible learning options in return for a commitment to lifelong learning then a degree of conflict with members is likely to arise.⁹ In light of the lack of evidence of the benefits of investments on CPD activities and their impact on the quality of care rendered to patients, most health care organizations prefer to use their limited funding to organize and conduct in-house training that meet the changing health needs and health care environment.³

The Jordanian literature refers to an urgent need for Continuing Education (CE) and specialist training by setting national minimum standards for continuing professional development requirements if nurses' role adequacy and continued competence are to be maintained.²⁷ Additionally, a study by Al-Maiata and Momani

identified areas of priority of CE and indicated that two thirds of the subjects had not attended a CE program in the previous year due to the lack of motivation and no credit earning for CE participation.²⁸ A descriptive study of 472 nurses in a large Jordanian hospital found that educators should focus on CE content rather than on convincing nurses that they need CE.²⁹

Most written literature about CPD was based on nurse managers' and nurse educators' perspectives.^{11, 30, 31} Accounts of qualified nurses' experiences were poorly represented.

Numerous studies of learners' evaluations were found; nevertheless they were limited because they obtained information about the merits of the course from a managerial, educational and occasionally service-user perspective.^{32, 33} There are reports of resentment among nurses who perceive their personal needs as being overlooked by those of the service³⁴ and indication of heavy workload and absence of colleagues to cover the work preventing uptake of CPD.³⁴

For the purpose of this study, the following concepts are defined operationally:

Motivation: is two-dimensional: categorized as extrinsic, which refers to behaviors that are rewarded externally, or intrinsic, where individuals' behaviors produced satisfaction un-reliant on an external reward system.

Intrinsic and Extrinsic Factors: Intrinsic factors refer to the inner forces that come from an individual rather than any external (extrinsic) forces such as money, policies etc, which drive someone to accomplish personal, organizational and professional goals.

Perceived Factors: refers to the factors that nurses are aware of or believe exists, whether or not that belief is factually correct, that have influenced their motivation to undertake CPD.

Purpose of the Study

The purpose of this study was to explore nurses'

experiences of CPD and to identify factors influencing the uptake of CPD.

Research Questions

1. What are nurses' experiences and views of CPD?
2. What are the perceived factors influencing nurses' motivation towards CPD uptake?
3. What are the perceived barriers and measures to enhance CPD uptake?
4. Do nurses' perceived motivators and barriers to uptake CPD differ in relation to hospital and demographic characteristics such as age, gender, years of experience and qualifications?

Methods

Research Design, Setting and Sample

This descriptive cross-sectional study was conducted at two private hospitals in Amman, Jordan during February 2009. The two private hospitals were selected because they were the practice areas for our students. The principle purpose behind choosing these two hospitals was to find out whether the nursing staff, who represent a model for our nursing students, has enough opportunities to update their knowledge. An understanding of their needs and challenges may enable us to collaborate with the hospital administration to develop plans for continuing education programs that will subsequently reflect on our students' learning and practice.

A convenient sample of 100 nurses working day-shift was selected. The sample formed 10% of the total population from each hospital. A self-report questionnaire using close and open end questions was used to collect data with a response rate of 80%.

Description of the Tool and Ethical Consideration

The questionnaire was developed and previously used by the second author. It consisted of four parts: 1- Demographic data, 2- Perception of CPD 3- Motivation (activities and learning

opportunities), and 4- Barriers for undertaking CPD and suggestions that would improve CPD.

In the second part of the questionnaire (CPD perception), respondents were asked to state CPD activities received during 2008. Part three consisted of 18 statements, on a 5-point Likert motivation scale where (5) means strongly agree and (1) for strongly disagree. In other words, a higher mean reflects a higher motivation.

In part 4 (barriers and measures to enhance CPD), which formed the qualitative data questions, participants were asked to specify three factors that prevented them from uptaking CPD activities and suggest three measures that would enhance CPD uptake.

To determine face and content validity of the questionnaire, 16 staff members (four staff development coordinators, four nurses in charge and eight senior registered nurses) participated as key informants, systematically judging the relevance, length, clarity and usefulness of items in addressing the essential concepts. A 90% of the informants agreed that language was clear and manageable to answer. Some comments suggested rephrasing two items from the motivational scale and reordering the open ended questions. A final modified tool was used for this study with a Cronbach's alpha reliability of 0.837.

The Faculty of Nursing Research Committee gave its approval on the proposal. A clear explanation of the purpose of the study and the instrument was offered to the nursing administration and only consenting nurses were given the questionnaire. Anonymity and confidentiality assurances were enclosed within the questionnaire.

Data Management and Analyses

Data were analysed using SPSS Version 11.5. Descriptive statistics, content analysis and ANOVA were used to answer the research questions.

Answers to open ended questions of a sample of 10 participants were written down and read carefully by the authors to form common ideas and allow sub-themes or categories to emerge from the data. Rough categories of answers that seemed to belong together were coded with keywords. The authors again listed and interpreted all answers according to the codes which ended up with four themes for CPD concept comprehension and four themes for the perceived barriers and measures of CPD activities enhancement.

Results

Sample Characteristics and Demographic Data

An approximately equal number of nurses were selected from each hospital (51.2% vs. 48.8%); 67.1% of them were females; more than half (53.8%) were single, 81.6% were BSN nurses; while 5% were Master's degree holders, and 13.4% were diploma nurses. 62.5% were staff nurses and the remaining were nurses in-charge. More than half (55%) of them were below 27 with an age range of 23 -36 years old.

A third (33.8%) of the respondents were working in male general wards, 25% in paediatric ward, 16.1% in ICU and the remaining were in obstetric and gynaecology and outpatient departments. Approximately, two thirds (65%) had less than two years of experience; while 19.5% had more than 14 years of experience.

Perception of CPD Activities

Respondents were asked to reflect on their understanding of the concept, CPD. Qualitative analysis revealed that "*update knowledge and skills*" was a common phrase expressed by the majority (85%). This answer overlapped with their answers to the question whether they update their knowledge regularly and the reasons for undertaking CPD activities.

The main themes emerging from participants' statements were:

1. Updating professional knowledge and skills and improving performance.

Maintaining skills and remaining professionally updated was expressed explicitly by such comments: "Update self with every issue related to nursing and career development" (Nurse 23).

2. Means and strategies of CPD.

Respondents indicated that nurses adopt or undertake CPD activities to increase and keep abreast with current professional knowledge: "Courses, lectures, internet sources and research activities are important to improve knowledge in my area of specialty" (nurse 27).

3. Enhance quality care.

Most respondents linked CPD with delivery of quality care and enhancing patient care: "...to be more competent and deliver good and quality nursing care to our patient" (nurse 40), "...promotes patient's safety and minimize harm" (nurse 56).

4. Life (career) long learning process.

Respondents indicated that CPD is a continuous life process: "Continuous building up of professional data base" (nurse 18), "Continue self education" (nurse 12), "Continuous development in my specialty" (nurse 76).

Over half of the respondents (59.5%) reported undertaking CPD activities during 2008. More than half (63.8%) undertook CPD activities through self initiation, while 38.8% through the Staff Development Unit. Moreover, 36.2% of the respondents reported having a choice in the CPD activities while others (28.8.2%) were partly involved in that choice.

Motivation

The 18 statements were categorized into extrinsic and intrinsic factors. Range of mean scores for the extrinsic factors was 3.53-4.49, and 4.22-4.71 for the intrinsic factors. The ranked mean of these scores are presented in tables (1 and 2), respectively.

Table (1): Distribution of responses of subjects according to perceptions on factors that motivate them to undertake CPD (Extrinsic factors).

#	Statement	#	Mean
1	To enhance the status of the profession as a whole	77	4.49
2.	To fulfil credit points requirements	75	4.07
3	I will undertake a CPD course/activity if it is funded by the hospital	73	4.05
4	I am willing to undertake CPD as identified by Staff Development Unit	76	4.01
5	It is a request for renewal of license	76	3.71
6	I am willing to undertake a CPD course/activity during my annual leave or off duties	78	3.71
7	I am prepared to pay for my CPD courses/activities	75	3.56
8	To respond to pressure exerted from administration to undertake CPD	75	3.53

Table (2): Distribution of responses of subjects according to perceptions on factors that motivate them to undertake CPD (Intrinsic factors).

#	Statement	#	Mean
1	To increase my professional knowledge	76	4.71
2.	To enhance quality of nursing care	77	4.65
3	To improve my performance	77	4.64
4	To increase my self-esteem	77	4.62
5	To refresh forgotten knowledge or skill	78	4.53
6	I want to demonstrate that I am professionally competent	76	4.51
7	To achieve a higher educational qualification in order to progress in my career	7	4.49
8	To update my existing qualifications	75	4.44
9	I am willing to undertake CPD if it is relevant to my needs	76	4.32
10.	To prevent myself from becoming bored	77	4.22

One-way analysis of variance (ANOVA) was used to compare the mean responses of nurses' perception in relation to hospital and selected demographic factors (gender, years of experience, age and qualification). F- Ratio was computed to find whether there were any significant differences in their perception. 0.05 is a significant level.

Significant differences were observed in eight items (# 1, 6 and 3 of extrinsic factors and 3, 6, 7, 8 and 9 of intrinsic factors) in terms of hospital; five items in terms of gender and years of experience (# 6 and 7 of extrinsic factors and 1, 3, and 9 of intrinsic factors), and one item (# 2 of extrinsic) in relation to qualification. No significant difference was found on perception in terms of age. Most of the items that differed significantly were related to intrinsic factors.

The Tukey's Honestly Significant Difference (HSD) post-hoc test was conducted to identify where differences in agreement to statement were observed. HSD post hoc test was not performed for the statements with significant results in terms of hospital and gender because the number of subgroups was fewer than three.

The results of HSD post hoc test on items 6 and 7 of the extrinsic factors in terms of years of experience indicated a significant difference ($p \leq 0.05$) between respondents who had ≥ 14 years, 10-13 years of experience and those who had less years of experience in the four subcategories. Mean difference (range from- 0.30 to- 0.7) showed that the level of agreement among respondents who had more years of experience is lower than those with less years of experience. However, respondents with 2-5 years of experience and those with 10-13 years of experience had lower means than other subgroups in relation to items 1, 3, 10 of the intrinsic factors.

Regarding item 2 of the extrinsic factors, the data indicated that respondents who had Diploma in nursing had higher means (4.29) than those who had BSN (4.12) and MSN (3.00).

Barriers and Measures to Improve CPD

The following issues or themes emerged as factors of perceived barriers for uptaking CPD activities and measures that might improve CPD activities in the respective hospitals.

1. Resources and CPD

Perceived barriers to undertake CPD included: lack of time, work load, shortage of nurses and most importantly financial constraint. "...*there is no time...*" (nurse 22), "*the courses are expensive ... the salary is not enough*"(nurse 25), "*Inadequate learning and development sources*" (nurse 55).

2. Work-life balance and CPD

Social responsibility and family commitments were emphasized as barriers for undertaking CPD activities. "*Activities are during my annual leave which take me away from home*"(nurse 12), "*children and family*"(18):

3. Relevance of CPD

The type, nature and content of CPD activities are not need-based and thus nurses are reluctant to join these activities. "*Programs are not interesting nor convenient*" (nurse 44), "*courses are not matching my needs and desire for CPD*" (nurse 29).

4. Measures to improve CPD outcomes

Data analysis of barriers and measures to improve CPD implied that future planning of CPD should be focused towards maximizing CPD outcomes and minimizing barriers. Statements like these were mentioned: "*Plan CPD activities prior to planning of duty roster ... consider nurses' point of view*" (nurse 13), "*allow for experiential learning*" (nurse 22), "*allocate funds*" (nurse 19).

Perceived impact of CPD on knowledge, skills and performance

On a scale of 0-100% respondents were asked to

indicate the extent of CPD activities improving their knowledge, skills, and performance. It was noted that respondents rated themselves higher in terms of knowledge improvement (70%) than in skills (64.9%) and performance (57.6%).

Discussion

The findings of this study focused on nurses' understanding of CPD, and its motivating factors and barriers to uptake CPD.

Respondents' comments on reasons for uptaking CPD showed their keenness on improving their performance to assure professional competencies through knowledge update which is congruent with CPD description by Madden and Mitchell, 1993.⁸ Most expressed opinions were in agreement with previous research findings, indicating barriers such as shortage of staff and heavy work load.³⁴ Similarly, night duty nurses were at a disadvantage because most CPD activities are conducted during daytime hours.²⁴⁻²⁶

Time and money formed a major barrier to participation. Nurses indicated that CPD cost is greater than their monthly income and that family commitments hinder their participation outside duty hours. Although CPD was essential for professional practice and quality care, only 59.5% undertook CPD activities in 2008. This is probably related to the barriers indicated above.

Findings also indicated nurses' appreciation of the role of CPD in improving their performance as enhancing patient care and in career development. This result is congruent with the literature.²

Respondents were internally motivated to uptake CPD activities. This was emphasized by the higher mean scores of 'intrinsic' in nature statements compared with only one 'extrinsic' statement. This reflects respondents' commitment towards professional competency and quality care which is congruent with earlier reports.^{13,34} External factors were not among the driving forces for CPD, except the statement related to the enhancement of nursing profession.

Increasing my professional knowledge was reported as the prime motivator to uptake CPD activities. Three more important factors included: enhancing quality of nursing care; improving my performance; and increasing my self-esteem. These factors overlapped with respondents' reasons for CPD uptake and a general consensus of opinion was reached among respondents on the meanings of CPD. The respondents' expressed opinions were congruent with Hamdeh's (2008) study conducted in Oman on a similar sample of nurses from two public hospitals.

Findings suggested that respondents who had fewer years of experience were more willing to invest time and money for CPD participation. It is possible to think that new graduates carry on the value of continuing education emphasized during their undergraduate education.

Results indicated a significant difference between hospitals regarding respondents willingness for self-funding of CPD, undertaking CPD during annual leave, achieving higher education, demonstrating competence, improving performance and enhancing patient care. Differences could be related to the higher efforts of one of these two hospitals to achieve accreditation and excellence awards and thus it was transmitted to the staff interest in CPD.

To maximize the outcome of CPD, respondents suggested that proper planning and provision of adequate time for training would maximize the outcome of CPD. Respondents indicated that CPD level of improvement in clinical performance is lower than the improvement in knowledge and skills. This may be related to the type and nature of training that emphasises the cognitive domain learning. Many nurses expressed preference of work-based learning instead of conventional learning.

Study Limitations

1. Data collection is limited to a survey questionnaire with open and close ended questions. A qualitative approach would have revealed the nurses' needs and barriers in more depth.

2. Data reflected the opinion of nurses from two private hospitals in Amman, and thus generalization is cautioned.

Recommendations and Implication to Nursing Practice

Based on the findings, the following recommendations are put forth:

1. Staff development coordinators are advised to assess learning needs, and CPD activities should be outcome driven and patient centered.
2. Creation of a supportive atmosphere in the clinical environment that promotes CPD activities.
3. Planning CPD activities should be done in consultation with the target group.
4. A study could be undertaken to assess the impact of CPD on the level of care rendered to patients.

Conclusion

The study results indicated that nurses appreciate the role of CPD in enhancing their knowledge, skills and thus nursing performance. Time and support for CPD participation, sources of learning and funding were major concerns that continuing education departments and staff development coordinators should consider for making the most of CPD. Work-based and experiential learning are examples of effective strategies to improve performance. Approaches to CPD should be based on proper planning, selecting and implementing CPD activities. Individuals should have the opportunity to reflect on their learning and share it with other colleagues to maximize the benefits of CPD.

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خبرات الممرضين والممرضات في التطوير المهني المستمر

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الملخص

هدفت الدراسة الى التعرف على خبرات الممرضين والممرضات في التطوير المهني المستمر والعوامل المؤثرة في الانخراط به. شملت هذه الدراسة المقطعية (80) ممرضاً وممرضة ممن يعملون في اثنين من المستشفيات الخاصة في عمان، وقد أجريت في شباط، 2009. تم استخدام أداة خاصة بعد التحقق من صدقها وملاءمتها لأغراض البحث. أجري التحليل باستخدام التحليل الوصفي وتحليل ANOVA وظهرت النتائج التالية: إن التطوير المهني المستمر محفز هام لتحسين نوعية الرعاية التمريضية إلى جانب المحفزات التالية: تحسين الأداء، زيادة المعرفة المهنية، زيادة الثقة بالنفس، تطوير مهنة التمريض بشكل عام. كما أبرزت الدراسة أن العوامل المعيقة تعود إلى صعوبة الاشتراك بأنشطة التعليم المهني المستمر، بُعد الأنشطة عن الواقع المهني وعدم توازن أنشطة التعليم المستمر مع طبيعة العمل، وعدم التمكين من مخرجات التعليم المستمر.

بينت الدراسة اختلافات ذات دلالة إحصائية بالنسبة إلى بعض العوامل الشخصية مثل المستشفى، العمر، وسنوات الخبرة ومدى الرغبة في المشاركة بنشاطات التطوير المهني المستمر أو المشاركة في اثناء الإجازات والمساهمة مادياً وتحسين الأداء. وأوصت الدراسة أن تكون أنواع أنشطة التعليم المهني المستمر وفق أهداف المؤسسة والأفراد وأن تعكس التزام العاملين بمؤسساتهم وتحسين جودة الرعاية التمريضية وتطوير المهنة.

الكلمات الدالة: التطوير المهني المستمر، الممرضين والممرضات الأردنيات، الدوافع والمعوقات للتعليم المستمر لمهنة التمريض، مهنة التمريض.