

Awareness, Attitude, Facilitators, and Barriers of Continuing Professional Development among Nurses Working in Tertiary Care Hospitals of Chitwan

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ABSTRACT

Introduction

Continuing professional development is one of the vital aspects of maintaining up-to-date knowledge and skills among nurses in health care settings to provide standard patient care. This study's aim was to find out the awareness, attitude, facilitators, and barriers of continuing professional development among nurses.

Methods

A descriptive, cross-sectional study was conducted among 287 nurses working in three different hospitals in Bharatpur, Chitwan. Structured, self-administered questionnaires were used to gather data within the three-month period. The data were analyzed using descriptive statistics.

Results

More than fifty percent of the respondents had high level of knowledge and attitude toward continuing professional development, and 77% had participated in CPD activity. CPD enhances professional development (76.9%), knowledge improves skills at work (76.9%), and sponsorship by the organization (55.2%) were considered the key facilitators, while understanding the entire program (73.8%), a shortage of staff (69.7%), not being available for all staff (68.3%), a lack of organizational support (63.3%), and a lack of commitment (63.3%) were the major barriers to CPD participation.

Conclusions

This study found that less than half of the nurses were unaware and low level of attitude towards CPD. One-third of nurses were not involved in CPD activity. So it is important that the all nurses should participate in the CPD program, which will help to update nurses' knowledge and skills.

Keywords: attitude; awareness; barriers; continuing professional development; facilitators; nurses.

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INTRODUCTION

Continuing Professional Development (CPD) is ongoing learning that occurs after a professional certification or registration has been completed. Nurses are the frontline health workers; thus, they must participate in CPD to develop their skills and competencies and maintain up to date practice.^{1, 2} Different studies reported that CPD contributes to higher job satisfaction, commitment to the organization, and lower stress,^{3, 4} where a lack of CPD made nurses leave their profession⁵ and retire early.^{6, 7} In developed countries, CPD is compulsory but is not prioritized in developing countries such as Nepal.⁸ In Nepal, CPD was conducted in an unstructured form in the past, which was optional. Although there are professional regulatory agencies and licensure policies in Nepal, CPD remains underdeveloped.⁹ So, the purpose of this study was to identify nurses' awareness, attitude, facilitators, barriers, and participation in CPD.

METHODS

A descriptive, cross-sectional study was conducted in three different hospitals, of Bharatpur (Chitwan Medical College Teaching Hospital, College of Medical Sciences, Teaching Hospital, Bharatpur, and Bharatpur Hospital, Chitwan). All the nurses working in the selected hospitals were listed from the administrative department. A needed sample size of nurses was calculated considering a confidence level of 95%, an allowable error of 5%, and considering 60% prevalence of awareness on CPD⁹ by using the Cochran formula ($n = \frac{\alpha^2 pq}{d^2}$)¹⁰, where the required sample size was 368.79. In this study, a total of 880 nurses were working in three selected hospitals (CMCTH: 305, CMSTH: 310, and Bharatpur Hospital: 265). Using the sample size calculation formula for a finite population, the calculated sample size was 261. To reduce the non-response error, 10% of the sample was

added, and the final sample size (n) was 287. Simple random sampling was used to select the desired sample. All nurses in the three hospitals were included, except those who were on leave during the study period and those who did not give consent to participate. Ethical approval was obtained from the Nepal Health Research Council Ethical Review Board (Ref. No. 720). Data collection permission was obtained from three hospitals. Then, respondents were explained the type and purpose of the study. Written informed consent was obtained from all the respondents' prior data collection. The confidentiality of the respondents was maintained throughout the study by not disclosing the information. Data were collected using a self-administered questionnaire from December 1st, 2022, to February 28th, 2023. A structured self-administered questionnaire was developed based on prior literature that relates to continuing professional development¹¹ and consultation with experts in the field of nursing education. This tool consists of four parts. The first part of the research instrument included demographic and professional-related information of nurses. Part two contained nurses' general awareness of CPD and contained yes/No questions. Higher scores (≥ 11 median value) in the scales indicated high awareness, and a lower score indicated low awareness. Part three included nurses' attitudes toward CPD, where a five-point Likert scale was used. Higher scores (≥ 60 median value) in the scales indicated a higher attitude, and a lower score indicated a lower attitude. The last section contained a multiple-item response format that identified the facilitators and barriers of CPD and nurses' participation in CPD. Content validity was developed by consultation with subject experts and peer reviewed. Pretesting of the instrument was done in Narayani Samudayak Hospital, Bharatpur, among 30 nurses to maximize the comprehension and feasibility of the instrument. All collected data were reviewed

and checked for completeness, consistency and accuracy. The data were edited, organized, coded and entered in IBM SPSS 23. Data were analyzed using descriptive statistics (frequency, percentage, mean, and standard deviation).

RESULTS

The median age of respondents was 25 years old, belonged to the Hindu religion (84.7%), 54.7% were unmarried, and lived in nuclear family (41.5%) (Table 1).

Characteristics	Frequency (%)
Age in years	
≤ 20	20 (7.0)
20-40	260 (90.6)
≥40	7 (2.4)
Median age: 25 yrs, minimum=19, maximum =54 yrs	
Religion	
Hindu	243 (84.7)
Buddhist	43 (15.0)
Others	1 (0.3)
Marital Status	
Married	130 (45.3)
Unmarried	157 (54.7)
Type of family	
Single	62 (21.6)
Nuclear family	119 (41.5)
Joint family	106 (36.9)

Regarding professional related information, the majority of the respondents (60.6%) had completed Proficiency Certificate Level, and 64.1% were working in private hospitals. Most of the respondents (88.9%) had a temporary job; 78.4% were working as staff nurses. Regarding salary, 55.7% of respondents have less than

Rs. 28,500 per month, which is a basic salary. Respondent's total median working experience was 3 years (Table 2).

Characteristics	Frequency (%)
Professional qualification	
ANM	10 (3.5)
PCL	174 (60.6)
Bachelor	101 (35.2)
Master	2 (0.7)
Type of hospital	
Government Hospital	103 (35.9)
Private Hospital	184 (64.1)
Employment status	
Permanent	32 (11.1)
Temporary	255 (88.9)
Designation	
Staff nurse	225 (78.4)
Senior staff nurse	27 (9.4)
Nursing in charge	28 (9.8)
Supervisor	5 (1.7)
Others	2 (0.7)
Monthly income in rupees	
≤ 28500	160 (55.7)
> 28500	127 (44.3)
Median=Rs25,000, min=Rs15,000, max=Rs 60,000	
Total working experience	
<1 year	84 (29.3)
1 to 5 years	135 (47.0)
5 to 10 years	51 (17.8)
> 10 years	17 (5.9)
Median =3 yrs, minimum=6 month, maximum=27 yrs	

Just above the fifty percent (53%) of the respondents had high level of knowledge about continuing professional development (Table 3).

Level of Knowledge	Frequency (%)
High knowledge (≥ 11)	152 (53.0)
Low knowledge (< 11)	135 (47.0)
<i>Median knowledge=11, minimum score=5, maximum score=12</i>	

Similarly, 53.7% of respondents had a high level of attitude toward continuing professional development (Table 4).

Level of Attitude	Frequency (%)
High level (≥ 60)	154 (53.7)
Low level (< 60)	133 (46.3)
<i>Median=60, minimum score=15, maximum score=75</i>	

Among the 287 respondents, the majority (77%) had participated in any form of structured and self-directed continuing professional development activities. Among them, 52% participated in skill training, and 2.3% were authors of research journals (Table 5).

Characteristics	Frequency (%)
Participated in CPD (n=287)	
Yes	221 (77.0)
No	66 (23.0)
Types of CPD Activities (n=221)	
Seminars	79 (35.7)
Workshops	69 (31.2)
Skills trainings	115 (52.0)
Conferences	73 (33.0)
Tours and visits	11 (5.0)
Continue nursing education	77 (34.8)
Post-Graduate studies	8 (3.6)
Authorship of books/manuals/designs/etc.	5 (2.3)
Case presentation/report	22 (10.0)
Authorship of news articles, blogs & books	7 (3.2)
Author of research journals	5 (2.3)
Relevant educational videos	69 (31.2)
Reading journal articles	72 (32.6)
Participate in online learning activities/courses	73 (33.0)

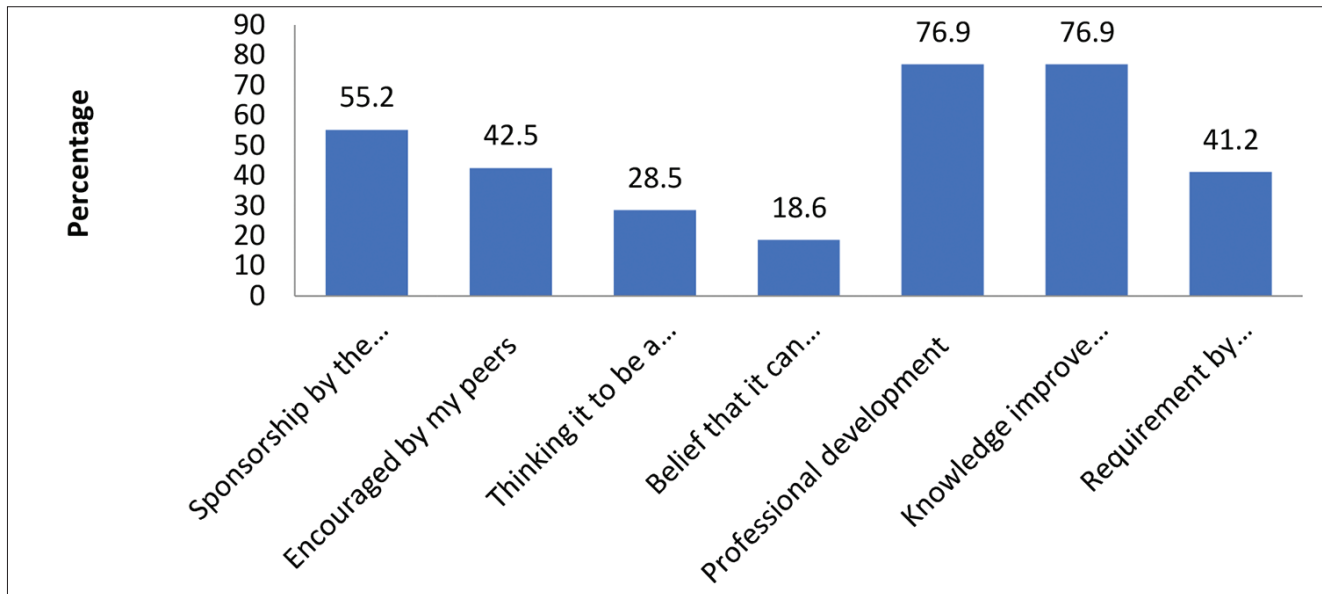


Figure 1. Facilitators of CPD (n=221).

Among 221 respondents, there were 7 key facilitators identified where sponsorship by the organization (55.2%), encouragement by peers (42.5%), means for promotion (28.5%), belief that it can augment salary (18.6%), professional development (76.9%), knowledge to improve skills at work (76.9%), and requirements by department

(41.2%) (Figure 1). Regarding barriers, the highest percentage of the respondents answered that they require understanding of the entire program, a shortage of staff, not being available for all staff, , lack of organizational support, and a lack of commitment, i.e., 73.8%, 69.7, 68.3%, 63.3%, and 63.3%, respectively (Table 6).

Table 6. Barriers.	
Barriers	Frequency (%)
Time-consuming	120 (54.3)
Irrelevant and not helpful to career	50 (22.6)
Female gender profession	69 (31.2)
Details about CPD program are not properly disseminated	122 (55.2)
Entails additional workload	123 (55.7)
Limits time with family	125 (56.6)
Jeopardizes commitment in the work place	97 (43.9)
Not available for all staff	151 (68.3)
Requires understanding of the entire program	163 (73.8)
Costly and expensive	125 (56.6)
Only focus on government staffs	100 (45.2)
Limits rest and relaxation	113 (51.1)
Lack of autonomy	103 (46.6)
Lack of organizational support	140 (63.3)
Shortage of staff	154 (69.7)
Lack of commitment	140 (63.3)

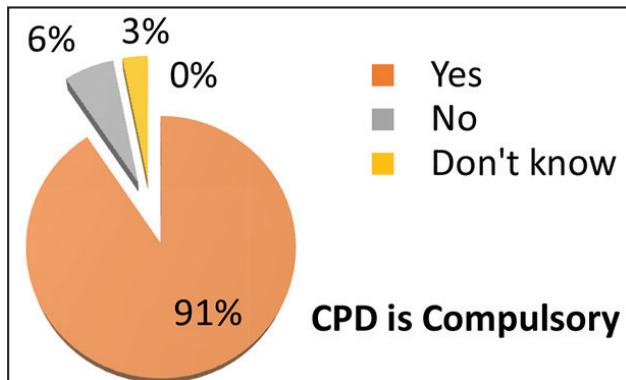


Figure 2. CPD is Compulsory.

In figure 2, most of the respondents (91%) perceived that CPD should be compulsory for nurses, whereas 3% had no idea about it.

Similarly, 58% said CPD is a mandatory requirement for the renewal of nursing licenses by the Nepal Nursing Council, while 30% of respondents said there is no need for CPD (Figure 3).

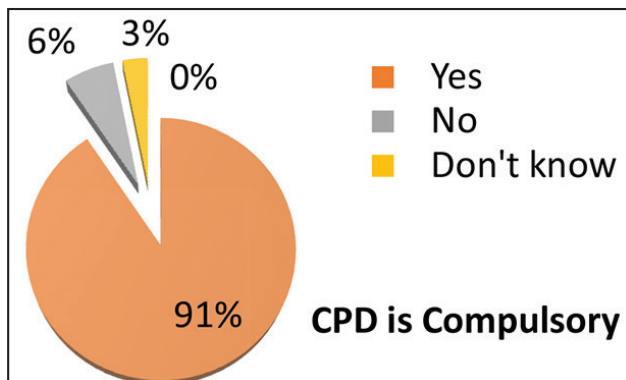


Figure 2. Compulsory of CPD as perceived by respondents (n=287).

DISCUSSION

The study results showed that more than half (53%) of the respondents had a high level of knowledge, and 53.7% of nurses had a high level of attitude toward CPD. Various study findings demonstrated that nurses had a favorable attitude toward continued professional development, despite facing numerous hurdles in the meantime.^{12, 13} Similarly, nurses were moderately aware regarding CPD law and its implementing rules

and regulations, and they had a positive attitude towards CPD.¹¹ Moreover, there was adequate knowledge, awareness, and positive perception towards CPD among nurses in public hospitals in Douala, yet only a few nurses engaged in CPD programs.¹⁴ This study found that among 287 respondents, the majority (77%) participated in continuing professional development activities in the last 2 years. Regarding structured CPD, 52% participated in skill training programs, 35.7% in seminars, continuing nursing education (34.8%), conferences (33%), and workshops (31.2%). While in India, 58% of nurses reported that they had attended a CPD program in the past 12 months.¹⁵ Similarly, among Malaysian nurses, workshops were found to be the most familiar CPD activity¹⁶, while seminars, workshops, and conferences were the CPD activities usually participated by nurses in Western Kenya and Philippines.^{17, 18} Attending trainings and conferences were also a preferred method of CPD among Indian nurses.¹⁵ Regarding self-directed CPD, 33% attended online learning activities or courses, 31.2% showed relevant educational videos, and 2.3% were authors of research journals. This is similar to a study conducted in the Philippines that found that 20% participated in online learning activities or courses.¹⁸ A study finding suggested that 50% of nurses had never attended any training, and 60% were unaware of recognized CPD training in Nepal.⁹ Though there are some beginnings of good practice in continuous nursing education (CNE) and skill training in a few private hospitals. CPD participation is reported for a variety of reasons, including job satisfaction, staff morale, patient safety¹⁹⁻²¹, performance appraisal, and career and skill improvement.²² These findings showed that both personal and professional growth have a significant impact. Our study also reported that nurses attended CPD training largely for their professional development (76.9%) and to improve skills at work (76.9%). Other key facilitators were sponsorship by the

organization (55.2%), encouragement by peers (42.5%), means for promotion (28.5%), belief that it can augment salary (18.6%), and requirements by departments (41.2%). Similarly, in India, it was reported that nurses attended CPD training for their professional development needs and their personal interests, but also interestingly as an opportunity for socializing, updating knowledge (75%), providing high-quality care (68%), increasing competence (65%), professional development (45%), and being more confident in providing care for patients (41%).¹⁵

Regarding barriers to attending CPD training, the highest percentage of the respondents answered professional reasons such as understanding of the entire program, shortage of staff, not being available for all staff, lack of organizational support, and lack of commitment (i.e., 73.8%, 69.7, 68.3%, 63.3%, and 63.3%, respectively), while personal reasons include time-consuming, limiting time with family, cost, and limiting rest and relaxation. Different studies found similar barriers to CPD attendance, including domestic responsibilities, distance, cost, commitment, staff shortage and lack of information¹⁵, lack of time and finance, access to CPD²², difficulty balancing work, continuing education, and home life⁸, cost or lack of financial support, nursing workload, and staffing concerns were major hindrances to CPD participation among Philippines' nurses.¹¹ Similarly, lack of opportunity, lack of provisions for CPD in institutions, shortage of staff, lack of notification, and difficulty obtaining study leave were the major barriers among Nepalese nurses.⁹ Thus, to maximize participation in CPD, it is essential to develop a conducive environment in which nurses can participate interactively.

In this study, most nurses (91%) perceived that CPD participation should be compulsory for nurses, whereas 3% had no idea about it. Similarly, 58% said CPD is a mandatory requirement for the renewal of a nursing license by the Nepal Nursing Council, while 30%

of respondents said that CPD is not needed. Though CPD training is not a new concept in our context, the government has provided CPD training on a regular basis, with most of the training focusing on government employees. Nurses can continue to work without any CPD or post-registration training. Even though there is a professional body, the Nepal Nursing Council (NNC), to regulate nursing registration, there is no mandatory post-registration or CPD training for nurses to enhance and improve nursing skills. Recently, NNC has planned to provide post-registration training in collaboration with the Nepal Nursing Association and UK universities, which have a long history of providing pre- and post-registration nursing training to improve the quality of nursing care through CPD.⁹

This study has some limitations. Firstly, it was a cross-sectional survey, which could not explore the causal relationship. Second, self-administration of questionnaires for data collection may lead to self-reported bias. Thus, larger-scale studies involving nurses from other fields or specialties could be conducted to distinguish the different viewpoints of nurses in different settings.

CONCLUSIONS

According to the findings of this study, approximately half of the nurses had a low level of awareness and attitude toward CPD. Different barriers prevented nurses from participating in CPD training. As a result, CPD programs should be required for continued nursing practice in order to keep nurses' knowledge and abilities up-to-date.

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Conflict of interest

The authors declare that there is no conflict of interest in the publication of this study.

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