

Participation of nurses in Continuing Professional Development (CPD) in a private hospital in Melaka, Malaysia

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Background: Continuing professional development (CPD) is a primary strategy for nurses to keep abreast with the rapid changes in the health care practices of current times. Evidence has shown that nurses lack the initiative to take up the additional CPD offered by their organisation and have to be persuaded to do so once they have achieved the minimum 25 points of CPD mandated by Malaysia Professional Regulatory Board of Nursing (MNB).

Objective: To determine the extent to which nurses from a private hospital in Melaka will participate in CPD and the challenges affecting them from participating in CPD upon achieving the mandatory CPD points specified by MNB.

Methods: This is a cross-sectional descriptive survey. A sample of 188 registered nurses (RNs) from a private hospital in Melaka was recruited via purposive sampling technique to complete a self-reporting questionnaire. The instrument which was adapted and used with permission was pilot-tested for reliability and validated by content experts to ensure its suitability for this local study.

Results: The survey showed that 82.4% of the registered nurses (RNs) had attained additional CPD points apart from the minimum 25 CPD points stipulated by MNB. The findings on RNs reading journals or engaged in distance learning programmes were not encouraging as the percentages were only 31.4% and the latter, 9%. In-service talks, grand round discussions and online sources of continual nursing education that do not require the RNs to be away from their work duties were the most frequent type of CPD activities participated by the RNs as compared to conferences, workshops, distance learning programmes or post basic courses. The top 3 challenges that affect RNs' participation in CPD were time constraint (90.4%), work commitments (85.6%) and difficulty in getting nominated (53.7%) to attend the CPD activities of their choice.

Conclusions: The results of this study highlighted the respondents' views to the management on the

importance to align the approach of sponsoring CPD courses according to the nurses' needs in order to meet their context of practice. The management also ought to take into consideration the identified challenges encountered by the nurses to participate in CPD upon achieving their mandatory CPD points specified by MNB.

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Key words: Continuing professional education; nursing practice; professional development; registered nurses.

Introduction

Nurses play a pivotal role to maintain competency and keep pace with the latest developments in clients' care in order to meet the needs of population change and healthcare organisation. The expectations for high quality of health care services by the patient have led health providers to the educational status of health professionals (Yfantis, Tiniakou & Yfanti, 2010). These increasing demands require a supported, structured and efficient improvement of continuing professional development (CPD) for the nurses, in order to equip themselves to keep abreast of the changing nursing practices. CPD is defined as "the life-long process of active participation by nurses in learning activities that assist in developing and maintaining their continuing competence, enhance their professional practice, and support achievement of their career goals" (ANA's Scope and Standards of Practice for Nursing Professional Development, 2010).

The importance of nurses enhancing their knowledge and practices in their challenging work environment in order to deliver effective and competent care to clients had resulted in many countries such as the United States, Australia, Nigeria, China and Iran implementing mandatory continuing professional education (MCPE). In Australia, nurses have a responsibility through codes of professional conduct to remain competent when they

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are registering for renewal of licensure (Gallagher, 2006). In China, nurses are required to collect a minimum of 45 CPD credit points to renew their three-year practicing certificate (Lee *et al.*, 2005).

In 2008, the mandatory CPD for all RNs was legislated in Malaysia and is monitored by the Malaysian Professional Regulatory Board of Nursing (MNB). With this, all RNs in Malaysia are now required to obtain a minimum of 25 credit points in order to renew their annual practising certificate (APC) (Malaysian Nurses Association, 2010). Based on the findings of a local study conducted on 792 respondents in 2013, only 562 (80%) nurses had engaged in CPD activities during the past 12 months despite the stipulated mandatory CPD (Chong *et al.*, 2014). The nurses are of the opinion that they need not pursue additional CPD once the minimum credit points are achieved.

Various studies of nurses' perception on CPD revealed that the most prominent factors motivating nurses to participate in CPD were their desire to gain and update their knowledge of the newest nursing development and procedure; to improve their practical skills and comprehensive qualities, to maintain professional status, and to receive an academic degree (Muthu, 2006; Ni *et al.*, 2013). In addition, to an exploratory research which was conducted by Murphy *et al.* (2006) in Ireland, it was reported that the main motivators for participation in CPDs were improving self-esteem and confidence and the expectation of increased opportunities for promotion for those with higher educational qualification.

Conversely, there are factors which hinder nurses from participating in CPD. Work schedule, time constraints and lack of CPD availability related to their area of specialty were perceived as the top three factors reported by Al-Majid *et al.* (2011). Another study conducted by Lee *et al.* (2005) found that deterrent factors to attend CPD included family care burden, high course fees, lack of availability of courses on personal interest, limited

time, and difficulty in requesting time off from work.

The scenario with the private hospital in this study however differs slightly. The organisation had in place its CPD strategy to continually offer and sponsor additional programmes to its nurses on top of the standard minimum requirement of CPD points mandated by MNB. The intent of the organisation was to ensure that its nurses would improve the quality of clients' care in line with the hospital's mission and vision. But based on feedback from the nursing supervisors from the wards, not all the nurses here were keen to attend the additional CPD offered by the organisation and had to be persuaded to apply for these CPD programmes once they had achieved the minimum 25 points.

The aims of this study were to determine the extent to which nurses from a private hospital in Melaka will participate in CPD and the challenges that affects them from participating in CPD upon achieving the mandatory CPD points specified by MNB. We hope that the findings of this study would provide a better understanding to the management of this private hospital to offer CPD programmes that meet the needs of the nurses and are relevant to their context of practice. This approach may also be one of the best way forward for the management to promote active participation among the nurses to take up the additional programmes that are to be offered once the nurses' needs are met.

Methodology

This is a cross sectional descriptive survey where a non-probability purposive sampling technique was applied to recruit the respondents. This method allowed us to recruit our respondents within the time constraints of this study. The targeted population was all the full time Malaysian RNs who were working in this private hospital and had one year of working experience. RNs who were on maternity leave, study leave or unpaid leave, those with less than one year of working experience and part timers were excluded from this

study. The sampling size was calculated with Raosoft software, basing on a margin error of 5% and confidence level of 95%. The estimated population size (N) was 300. The calculated sample required was 186, with an added attrition rate of 10%.

The research variables for this study were the CPD participation and the challenges that affect CPD participation. CPD participation was conceptualised as involvement of CPD programmes, which include continuing nursing education (CNE) sessions (in this study the CNE refers to in-service talks, grand round discussions and online sources of continual nursing education), nursing conferences, workshops, seminars, post basic courses and post graduate programmes (Ministry of Health Malaysia, 2008). Challenges were conceptualised as those elements that prevent or hinder nurses from participating in CPD (Cross, 1981). The 8 elements categorised for measurement under challenges encountered in CPD for this study were time constraint, work commitments, lack of information regarding CPD, lack of organisational support, CPD discussed not relevant to area of practice, difficulty in getting nominated, courses that nurses want do not seem to be available and lack of family support. The instrument was adapted with permission from an existing instrument developed by Kanamu (2014) to suit the local context of this study. The instrument comprised of four parts: Part A: demographic information of the respondents; Part B: concerned CPD information; Part C: the extent of nurses' participation after mandatory NBM CPD points was achieved and Part D: challenges encountered in CPD. The questionnaire had a mixture of dichotomous questions and multiple response answer choices. Part D on challenges encountered in CPD was measured using five-point Likert scale (1= strongly disagree, 2= disagree, 3= undecided, 4= agree, 5= strongly disagree). A pilot study was carried in a sample of 35 RNs. This figure was not included in the actual study. The dichotomous items were analysed

with Kuder-Richardson reliability test which yielded the value = 0.66 and the Likert-scale items were analysed with Cronbach's Alpha Reliability Coefficient which yielded the value of 0.73. Both values showed that the tests have acceptable reliability (Buelow & Hinkle, 2008). A test-retest was also carried out with the same sample of RNs after an interval of 14 days. The Pearson correlation value, r were = 0.96 to 1.00. The higher coefficients signify higher levels of reliability (Munro, 2005). Content validity for each of the items from the questionnaire was reviewed by five panels of experts from a selected private hospital to eliminate totally irrelevant items from it and also to re-phrase questions for items related to the measured constructs where necessary. The mean for item-level content validity index (I-CVI) was 0.93. Lynn (1986) recommended that the item-level CVIs should be not lower than 0.78.

This study was approved by IMU Joint-Committee on Research and Ethics. Data were collected from January to March 2016. Consent, study information sheet and the questionnaire were distributed to all respondents who agreed to participate in this study. The respondents were instructed to return their completed questionnaire to the nurse managers in a sealed envelope. All completed questionnaires were given a designated code with the utmost regard for confidentiality and anonymity.

The data collected were analysed with Statistical Package for the Social Sciences (SPSS) software version 23 in mean scores, frequencies and percentages.

Results

A total of 200 questionnaires were distributed to respondents, of which 190 questionnaires were returned; however only 188 respondents had answered the questions completely. This represented a response rate of 94% ($n = 188$). The demographic data of the 188 respondents are tabulated in Table 1 below.

Table 1: Demographic data of respondents (n = 188).

CHARACTERISTIC	N	%
Age (yr)		
20 – 29	115	61.2
30 – 39	51	27.1
40 – 49	14	7.4
50 – 59	8	4.4
Marital status		
Married	95	50.5
Not married	93	49.5
Gender		
Male	22	11.7
Female	166	88.3
Working department		
Medical ward	22	11.7
Surgical ward	28	14.9
ICU and HDU	30	16
Paediatric ward	23	12.2
Operation theatre	22	11.7
Emergency department	20	10.6
Obstetrics and Gynaecology ward	14	7.4
Others	29	15.4
Years of experience		
Between 1 and 2 years	55	29.3
Between 3 and 5 years	61	32.4
Between 6 and 10 years	41	21.8
More than 10 years	31	16.5
Level of education		
Diploma	141	75
Diploma with post basic	34	18.1
Degree	13	6.9
Post Graduate (Master / PhD)	0	0

Table 2 illustrates the types of CPD activities that nurses had participated in. The most popular CPD activities attended by the respondents which topped the list were CNE sessions (33.6%); workshop (31.2%) and seminar

(16.8). Generic nursing conference and other CPD activities attendance were very much lower at 15.3% and 3% respectively.

Table 2: The types of CPD activities that nurses have participated in (n=188).

	PERCENTAGE BASED ON ANSWERS (%)
*CNE sessions	33.6
Workshop	31.2
Seminar	16.8
Nursing conference	15.3
**Others	3.0
TOTAL	100

*CNE sessions = In-service talks, grand round discussions and online sources of continual nursing education

**Others = Distance learning programmes and post basic courses

Table 3: Extent of nurses' participation after mandatory Nursing Board Malaysia CPD points achieved (n=188).

Variables	n	%
Do you think CPD is important for professional development?		
Yes	183	97.3
No	5	2.7
Are you willing to attend CPD activities during your off-duty hours?		
Yes	78	41.5
No	110	58.5
Do you read nursing journals?		
Yes	59	31.4
No	129	68.6
If your answer to the above is "Yes", how often do you read nursing journals?		
PRN	18	30.5
Monthly	25	42.4
Once every two months	5	8.5
Annually	9	15.3
Others (e.g. twice per week, twice per year)	2	3.4
No response	129	0

Variables	n	%
How often do you access the internet for work purposes?		
Daily	57	30.3
PRN (when necessary)	34	18.1
Alternate day	32	17
Once per week	31	16.5
Others (e.g. once per month, twice per month)	34	18.1
Do you subscribe to any nursing journal?		
Yes	20	10.6
No	168	89.4
Do you subscribe to any professional association?		
Yes	41	21.8
No	146	77.7
Did you participate in any distance learning programme in the last 12 months?		
Yes	17	9
No	171	91
If your answer to the above "Yes", please state the name of the programme		
Degree in Nursing	10	58.8
Post Basic courses	7	41.2
No response	171	0

As shown in Table 3, the majority (97.3%) of respondents perceived that CPD was important to their professional development. Not many of the nurses from this hospital read nursing journals (31.4%) and the frequency of them reading any journals on a monthly basis was 42.4% and 30.5% read only when necessary. Meanwhile, most of the respondents accessed the internet daily for work purposes (30.3%) whereas 18.1% accessed the internet when necessary. In the past

12 months, only a mere 9% of the respondents engaged in distance learning programmes.

The percentage of additional CPD points attended by respondents upon achieving the required mandatory NBM for CPD points was assessed and the findings are presented in Figure 1. A total of 17.6% of the respondents did not proceed to obtain additional CPD points upon achieving the minimum 25 CPD points.

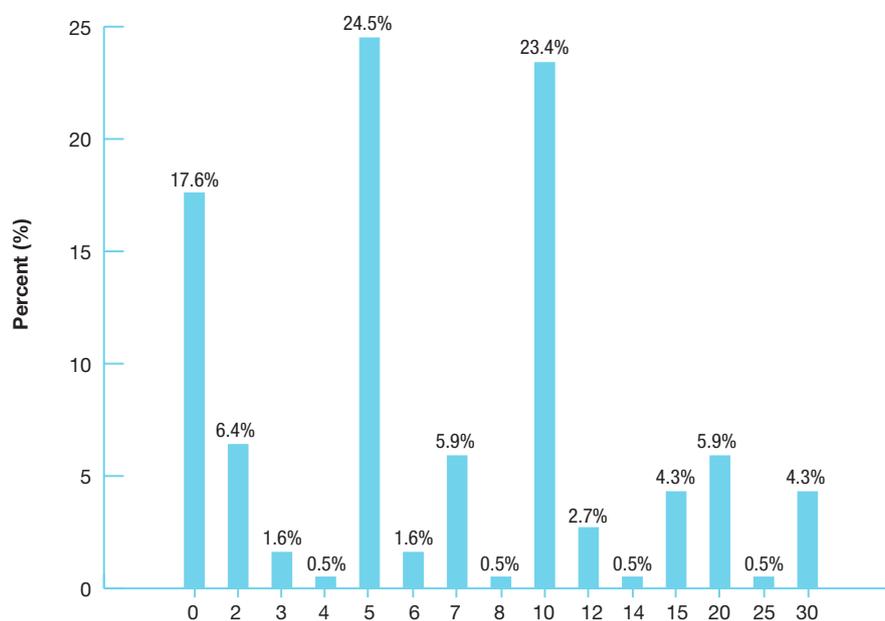


Figure 1: Percentages of additional CPD points attended by respondents after achieving the required mandatory NBM for CPD points ($n=188$).

Table 4: Mean and standard deviation of the challenges that RNs encountered in CPD ($n=188$).

Variables	Mean	Standard deviation
Time constraint	4.12	0.729
Work commitments	4.02	0.865
Difficulty in getting nominated	3.32	1.032
Courses that I want do not seem to be available	2.77	0.969
Lack of information regarding CPD	2.73	0.928
Lack of family support	2.61	1.350
CPD discussed not relevant to your area of practice	2.52	0.951
Lack of organisational support	2.49	0.989

Table 4 shows the mean and standard deviation of the challenges the RNs encountered in CPD. The top three highest mean scores of challenges encountered in

CPD according to respondents' point of view were time constraint, work commitments and difficulty in getting nominated.

Discussion

Nurses' participation in CPD remains the primary means of attaining lifelong self-learning after entry into professional practice. Nurses are expected by the management to be equipped with current knowledge and competencies in order to deliver quality care to clients. This study reveals that the organisation of this private hospital has gone the extra mile to provide more CPD activities for its nurses to participate. The popular choice of CPD preferred by the RNs here was the CNE sessions such as in-service talks, grand ward rounds and online resources of continual nursing education. The RNs are also mandated to spend some recommended hours per month on the Lippincott's Nursing Procedures and Skills' online resource (Lippincott Williams & Wilkins, n.d), subscribed by this private hospital. This finding was consistent with the previous studies which found participating in in-service programmes was often the choice of CPD activities among nurses (Griscti & Jacono, 2006) apart from workshops and conferences.

The respondents of this study also agreed that CPD is important for their professional development, sharing the similar outcome of study conducted by Flanagan *et al.* (2000). Twaddell and Johnson (2007) stressed that each nurse must take responsibility for his or her professional development. In the area where the respondents of this study used internet search to obtain additional CPD, the percentage of involvement was low at 7.4% whereas the study conducted by Pathan (2008), 29% of the nurses used internet for CPD purposes.

More than half of the RNs in this study were not keen to attend CPD activities while they were on off-duty. This may be due other commitments for example: they need to spend time with their family members or there were more important matters to attend to. In addition, the result had identified that only 30% of the respondents read nursing journals on a monthly basis and when necessary. This result is consistent with Pathan (2008) who found that only 45% of the respondents indicated that they had read one or more nursing journal articles in the past two years. The majority of the

respondents from this study did not engage in distance learning programme for the last one year. Ni *et al.* (2013) found that more than sixty percent (68.6%) of nurses indicated that they preferred short-term training or case discussion by clinical educators rather than attending tertiary study. Therefore, it is a logical assumption that RNs in this organisation preferred shorter CPD activities or somehow they were not willing to be bonded by contract with the employer if they pursued the post basic courses or degree programmes sponsored by the organisation.

A total of 82.4% of the respondents from this study attended additional CPD programmes after meeting the mandatory requirement by MNB, whereas 17.6% did not pursue further. Possible reason may be complacency as every nurse has different goals, needs and values towards self-development. Lawton and Wimpenny (2003) found that some nurses may only participate in CPD activities to meet the requirements of the statutory bodies which periodically revalidate nurses' right to practice.

Although CPD participation is an integral part of increasing and maintaining nursing competency, barriers present within nursing practice have made ongoing participation in CPD challenging (Penz *et al.*, 2007). In this study, it was revealed that time constraint was one of the main challenges faced during CPD participation. It can be explained that most of the respondents were married, they prioritised their time to attend to the needs of their family especially those with young children or aged parents instead of CPD participation. This result supported the findings by Penz *et al.* (2007) and Friedman and Philips (2007), who identified time as a barrier to CPD participation due to inflexible working hours, shift work or busy with household chores and demands of home and family life. As for work commitments, the majority of the respondents agreed that lack of staff to cover a shift, staffing shortage or difficulty to get time off to attend CPD had deterred them from participating in CPD. This result is in line with the results of other studies conducted by Ni *et al.* (2013) and Chong *et al.* (2014).

The nurse managers of this hospital are responsible to determine the CPD needs of the RNs. More than half of the respondents agreed that they encountered difficulties in getting nominated by their manager to attend certain nursing conferences sponsored. Kanamu (2014) asserted that 61% of the participants of the study had difficulty in getting nominated for training programmes because there was no goodwill from their employers.

Most of the respondents in this study expressed that lack of family support was not the main challenge that they encountered for CPD participation. However, another study by Schweitzer and Krassa (2010) stated that family and child care responsibilities among married subjects were reported as main barriers deterring their CPD participation.

Healthcare organisations play an important role in promoting the resources available to support CPD (Kleinman, 2004). Many respondents in this study viewed that their organisation is very supportive towards promoting CPD attendance among the nurses. In addition, the organisation that supports CPD could develop a learning culture which could enhance and impact nurses' perceptions toward CPD participation. Contrastingly, a study conducted by Murphy *et al.* (2006) showed lack of employer support as one of the barriers to participate in CPD.

Managing human resources for the nursing team is one of the most important roles of the nurse administrators in employees' development. This includes focusing at CPD activities which is likely to increase the nurses' knowledge and skills in order to provide better clinical services to clients (Sajjadnia *et al.*, 2015). Coordination between the nurse managers and policy makers of this organisation to evaluate and improve on the effectiveness, quality and impact of offering CPD to the RNs is crucial. This will ensure that their RNs' area of practice is current and that the RNs are equipped to provide quality health care services to clients in order to achieve the mission and vision of this

organisation. It is commendable for nurse managers to arrange flexible rosters or arrange coverage for staff to attend CPD activities. Organisers of CPD activities for nurses should also consider offering shorter duration of the programme rather than full-day or multiple-days' workshop which helps to address the concerns of nurses encountering difficulty to get time off to attend CPD as well as nurse managers grappling with challenges to release more staff to attend CPD.

Conclusion

Time constraint, work commitments and difficulty in getting nominated were the 3 main challenges that affected RNs from this private hospital to participate in CPD. Nurse managers and top level management should place considerable emphasis on offering flexible working schedules for the RNs to attend CPDs. With systematic and planned CPD structure based on the individual learning needs of the nurses, it is foreseeable that this will improve nurses' performance in providing quality care to the clients which is aligned to the organisation's mission and vision.

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