

Mandatory Continuing Education for Professional Development Program: Perceptions of Nurses in University of Nigeria Teaching Hospital Ituku-Ozalla, Enugu State Nigeria

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Abstract: Education and training on continuous basis have been described as the key investment tools since old skills become obsolete with the advent of new technologies. This study was sought to determine perceptions of nurses towards mandatory continuing education for professional development program (MCPDP) in University of Nigeria Teaching Hospital, Ituku-Ozalla, Enugu State, Nigeria. The specific objectives were to determine: the view of nurses about the relevance of MCPDP; the reasons why nurses participate in MCPDP; and the perceived barriers experienced by nurses with regard to MCPDP. Descriptive survey research design was adopted for the study. The target population of study included all nurses working at University of Nigeria Teaching Hospital, Ituku-Ozalla. A sample size of 264 nurses was drawn from a total population of 600 nurses using Taro Yamane formula. A researcher-developed questionnaire was used as the instrument for data collection. Ethical approval was obtained from the Ethics and Research Committee of University of Nigeria Teaching Hospital, Ituku-Ozalla and informed consent was obtained from the respondents before administering the instrument. Data were subjected to descriptive statistics of frequency, percentage, mean, standard deviation and the results were presented in tables. Major findings of the study revealed that all 212 (100%) the respondents were aware of the concept of mandatory continuing education for professional development for nurses. Majority of the respondents had negative perception (2.46 ± 0.99) about the relevance of mandatory continuing education program for nurses. The major reason for participating in mandatory continuing education was attributed to the renewal of license (3.67 ± 0.47). The major perceived barriers experienced by nurses with regard to MCPDP included: lack of a supportive environment, lack of funding, family and child care responsibilities, and inappropriate timing schedule for the program. The researchers therefore recommended that nurses should make MCPDP to be more than a program attached to the renewal of licenses. Various specialist modules should be made available periodically as this will form the climax of efforts towards improving the quality of patients' care. More so, accrediting more independent bodies to run update courses for nurses would be beneficial.

Keywords: Mandatory, Continuing Education, professional Development, Program, Perceptions of Nurses, Enugu, Nigeria

1. Introduction

Inherent to the concept of a professional is the process of systematic learning to prepare for the field of practice and to maintain proficiency in a context of changing a knowledge base and practice [1]. Being a professional implies a commitment to continuing one's education and the ability to pursue practice-enhancing learning. Continuing professional development (CPD) has been a catchphrase across many professions in recent years. Professional associations and employers in areas such as engineering, teaching, medicine, nursing and allied health stress the importance of continuously gaining new knowledge and skills to keep abreast with the constant change in an individual's work environment especially in the arena of technology [2]. Education and training on continuous basis have been described as the key investment tools since old skills become obsolete with the advent of new technologies [3]. Continuing professional development is a continuing process outside formal undergraduate and postgraduate training that allows individual health professionals to maintain and improve standards of medical practice through the development of knowledge, skills, attitudes and behaviour. It has also been described as the active involvement and

motivation of the learner in developing and expanding his/her knowledge and understanding through a variety of means that include self-directed reading [4]. This could be divided into informal education which includes activities such as reading, studying, watching television and working on committees; and formal education of which seminars, conferences and planned educational programs play an important part. For nurses to appreciate and embrace continuing education, its concept has to be fully understood and incorporated into the nurse's professional career [4].

Continuing professional education (CPE) in health care disciplines is accepted as an essential expectation of professional practitioners [5], [6]. Happell, [7] argued that in order for the nursing profession to achieve professionalism, nurses must develop greater skills, undertake higher education, and engage in life-long learning. Various research studies have shown that knowledge acquired through basic professional education has a half-life of about two to five years and by the end of that period, knowledge not enhanced through further education and training will become outmoded or obsolete [8] [9] [10]. To remain in practice some professions require a minimum amount of CPD each year as

a requirement for relicensure and to maintain certification^[11].

Continuing professional education keeps individuals current on trends, skills and techniques required for effective practice. Nurses' roles can be extended through continuing professional development which is also considered to be a key factor in nursing retention^[12]. Effective continuing education has been linked with raised staff morale, increased motivation, staff retention and development of leadership skills evidenced by the ability to inspire followers, foster confidence and accommodate criticism. It is beneficial to nurses, clients and the healthcare services and can enhance professional education and personal development^[13]. Continuing professional education has advanced the delivery of better patient care; provided an ability to gain up-to-date knowledge; questioned and changed practice; promoted academic credibility, facilitated a raised professional status, developed leadership capabilities and be effective mentors for junior nurses, improved remuneration and promotion^[12]. Since the main purpose of continuing nursing education is to facilitate change in nurses' clinical practice, it has enhanced participants' activities and provided the opportunity to practice skills capable of facilitating positive change in professional practice and general healthcare outcomes. Nurses themselves have indicated that enhancement of professional knowledge, professional advancement, relief from routine, enhanced social interactions and acquisition of credentials as some of the reasons to embrace continuing professional education. However, continuing nursing education has been constrained by various challenges. These include lack of awareness, staff shortages, family commitments, lack of encouragement from managers, lack of funding and structural barriers such as conditions attached to granting study leave, lack of coherent staff development plans and opportunities for promotion, and lack of a supportive work environment^[13].

In Nigeria however, participation at continuing education programs does not seem to count considerably for staff promotion and retention. This is because employers and management responsible for appraisals for promotion simply look at the currency of practicing licence and may not necessarily ask how many, if any, continuing professional education programs had been attended during the period^[12].

Mandatory Continuing Professional Development Program(MCPDP) for nurses is a compulsory process of lifelong learning aimed at meeting patients' needs and improving health outcomes by systematic improvement and broadening of knowledge, understanding, skills and the development of personal qualities necessary for the execution of nursing duties, including the acquisition of new roles and responsibilities^[14]. The Nursing & Midwifery Council Nigeria (NMCN) which is a parastatal of the Federal Government of Nigeria whose duties are to ensure high quality of nursing and midwifery education in Nigeria, maintain high standard of professional practice and enforce discipline within the profession introduced the MCPDP to update and maintain the professional knowledge, skills, abilities, competence of nurses and midwives and enhance the provision of appropriate, relevant, high quality services to clients. To further ensure the mandatory aspect of CPE, the NMCN has also

tied it to the renewal of license to practice and nurses are expected to attend a minimum of five days learning activities every three years before re-licensure^[15]. There has been much debate about the introduction of MCPD requirements for nurses and other health professionals. The literature about professions, which spans many decades, has consistently noted that the need for commitment to continued professional development is essential for ongoing learning^[16]. For nursing to be credited with the status, authority and autonomy that accompany a profession, then MCPD is inevitable. MCPD for nurses is not new and that the issue of professionalism needs to link to ongoing education and learning and should be an obligation for all nurses^[17].

In Nigeria, nursing education is obtained in hospital-based Schools of Nursing for three years leading to the award of registered nurse (RN) certificate. In the universities, baccalaureate five-year program leading to the award of Bachelor of Nursing Sciences (BNSc) including professional certificates such as RN and registered midwife (RM) certificates as the case may be. After initial licensing, nurses are required to renew their licenses every three years during which time they must have attended at least one continuing education program. These programs are often organized in urban cities and nurses in suburbs and rural settings travel far distance to attend to the program. Despite the importance of CPE, not many nurses/midwives in Nigeria avail themselves the opportunity to attend such programs unless they are organized in the health institutions in which they work or is done for free. Although the Ministry of Health, Department of Nursing Sciences in universities, the professional association, health institutions and other organizations and non-governmental organizations also organize CPE for nurses in an attempt to enhance the quality of practice, such programs are often in the form of conferences, seminars, workshops, and clinical meetings. However, most of these programs are not structured and done online, so nurses have to physically attend the courses. Although reviewed literatures identified the importance of continuing professional education and professional development for nurses subsequent to initial registration, there is however paucity of empirical studies on nurses' perceptions of their continuing professional education needs and the perceived benefits of continuing professional education in Enugu State, Nigeria.

Therefore, this study was sought to determine the perception of nurses towards mandatory continuing education for professional development program in University of Nigeria Teaching Hospital, Ituku-Ozalla, Enugu State.

The specific objectives were to:

- 1) Determine the view of nurses about the relevance of mandatory continuing education for professional development
- 2) Determine the reasons why nurses participate in mandatory continuing education for professional development
- 3) Determine the perceived barriers experienced by nurses with regard to mandatory continuing education for professional development.

2. Research Methodology

A descriptive survey research design was adopted to observe, describe and document aspects of mandatory continuing education for professional development. The study was carried out at University of Nigeria Teaching Hospital (UNTH), Ituku-Ozalla, Enugu State. It is a tertiary hospital and a referral centre for other health facilities in Enugu and its environs. It is located at the boundaries of Ozalla, Nkanu West and Ituku in Agwu local Government area of Enugu State, along Enugu Port-Harcourt express way, about 5 km from Garki Awkunanaw Enugu. It has 7 medical wards and 5 surgical wards with a total capacity of 360 beds with nurses of different academic qualifications and specializations. The target population of study included all nurses (600) working at UNTH, Enugu State between January and September 2016. A sample size of 240 was determined using Taro Yamane formula (1976).

$$\frac{N}{1+N(e)^2}$$

where N= total population

e = precision level (level of significance (0.05)

10% of the sample size as attrition rate was added to the sample, bringing the sample size to 264.

Convenience sampling technique was used to recruit participants for the study. A researcher-developed questionnaire was used as instrument for data collection. The questionnaire consisted of forty eight (48) items which were divided into two sections, namely sections A and B. Section A comprised six items which elicited information on demographic characteristics of the respondents while Section B comprised forty two items which was presented on a four-point scale and elicited information on perceived relevance of MCPDP, reasons for participation, benefits and the barriers to participating in MCPDP. The minimum cut-off point for the items on four-point scale was 2.5. The instrument was validated by three experts from Nursing Education Unit of Department of Nursing Sciences, University of Nigeria Enugu Campus. The instrument was pilot-tested using 26 nurses in Enugu State University Teaching Hospital (ESUTH), Parklane who were not part of the population of the study. Data were subjected to Cronbach's alpha test which yielded a reliability coefficient of 0.89 indicating that the instrument was reliable. Ethical approval was sought and obtained from Ethics and Research Committee of University of Nigeria Teaching Hospital, Ituku-Ozalla. Administrative permit was gotten from the Head of Nursing Services UNTH Ituku-Ozalla, Enugu while written informed consent was obtained from the participants before administering the instrument. A total of 264 questionnaires were distributed and 212 were returned making 80.3% return rate. Data obtained were collated and subjected to descriptive statistics of frequency, percentages, mean and standard deviation. All analysis was done with the aid of Statistical Package for Social Sciences (SPSS) version 20.

3. Results

Table 1: Demographic characteristics of the respondents
n = 212

Demographic characteristics	Frequency	Percentage (%)
Age		
Less than 30 years	53	25
30 – 39 years	93	43.9
40 – 49 years	45	21.2
50 – 59 years	21	9.9
Total	212	100
Gender		
Male	24	11.3
Female	188	88.7
Total	212	100
Marital status		
Single	62	29.2
Married	141	66.5
Divorced	2	1
Widowed	7	3.3
Total	212	100
Religion		
Christianity	196	92.4
Muslim	15	7.1%
Traditional	-	
Others (atheist))	1	0.5
Total	212	100
Years of experience as a nurse		
Less than 5	36	17
6 – 10 years	79	37.3
11 – 15 years	52	24.5
16 – 20 years	36	17
20 – 25 years	9	4.2
Total	212	100
Present Rank		
Director of Nursing	-	
Assistant Director of Nursing	1	0.5
Chief Nursing Officer	14	6.6
Assistant Chief Nursing Officer	25	11.8
Principal Nursing Officer	34	16
Nursing Officer I	81	38.2
Nursing Officer II	57	26.9
Total	212	100

Table 1 showed the demographic characteristics of the respondents. Majority 93 (43.9%) of the respondents were within 30 – 39 years, 53 (25%) of the respondents were less than 30 years and 21 (9.9%) of the respondents were 50 – 59 years. Majority 188 (88.7%) of the respondents were females and the remaining were males 24 (11.3%). Majority 141 (66.5%) of the respondents were married, 62 (29.2%) were single, 2 (1%) were divorced and 7 (3.3%) were widowed. Majority 196 (92.4%) of the respondents were Christians, 15 (7.1%) were Muslims and only 1 (0.5%) was an atheist.

Based on respondents' years of experience as a nurse, 36 (17%) had less than 5 years experience as a nurse, 79 (37.3%) had 6 – 10 years of experience, 88 (41.5%) had 11 – 20 years experience, and 9 (4.2%) had 20 – 25 years experience. Present rank of the respondents revealed that majority 138(65.1%) were junior nursing officers (Nursing Officers I & 11), while 74(34.9%) were in administrative cadres (Principal Nursing Officer [PNO], Assistant Chief

Nursing Officer [ACNO], Chief Nursing Officer [CNO] and Assistant Director of Nursing [AND]).

Table 2: Nurses awareness about mandatory continuing education for professional development

Responses	Frequency	Percentage
Yes	212	100
No	-	0
Total	212	100

All 212 (100%) of the respondents were aware of mandatory continuing education for professional development.

Table 3: Perceived relevance of Mandatory Continuing Education for Professional Development
 n = 212

Responses	SA	A	D	SD	$\bar{X} \pm SD$
Continuing education should be made mandatory for nurses	14	52	92	54	2.12± 0.79
The things I learn in mandatory continuing education programs will be useful to me.	12	48	57	95	1.67± 0.97
I do not see how the content of mandatory continuing education programs relates to anything I already know.	72	76	42	22	2.93± 0.97
In mandatory continuing education programs, I try to set and achieve high standards of excellence	19	37	69	87	1.94± 0.97
Topics in mandatory continuing education are presented in a way that seems important.	38	99	63	12	2.77± 0.81
To accomplish my goals, it is important that I do well in mandatory continuing education programs	30	88	72	22	2.59± 0.86
I do not think I benefit much from mandatory continuing education programs	28	64	102	18	2.48± 0.83
The personal benefits of mandatory continuing education programs are clear to me.	68	97	35	12	3.04± 0.84
The attendees of a continuing education programs actively participate in mandatory continuing education programs	19	56	101	36	2.27± 0.85
Content of mandatory continuing education programs relate to things I already know.	48	99	45	20	2.83± 0.89
I enjoy the topics of mandatory continuing education programs so much that I want to know more about the topic.	22	36	62	92	1.94± 1.01
Completing a mandatory continuing education programs lesson or activity successfully is important to me.	56	82	46	28	2.78± 0.98
Mandatory continuing education lessons or activities are so abstract that it is difficult to keep my attention on them.	28	94	58	32	2.56± 0.91
Mean of means					2.46± 0.99

Note: SA implies strongly agree; A = Agree; D = Disagree; SD = Strongly disagree

Decision rule: Reject items with mean score < 2.5; Accept items with mean score > 2.5

Table 3 showed the mean and the standard deviation of the perceived relevance of Mandatory Continuing Education for Professional Development. Out of 13 items in the subscale, 7 items had mean score > 2.5 while 6 items had a mean score < 2.5.

Table 4 showed the respondents' reasons for participating in mandatory continuing education for professional development. Out of the 9 items in the subscale, 5 items had mean scores > 2.5 while 4 items had mean scores < 2.5. Generally, the reasons for participating in mandatory continuing education for professional development were accepted which indicated that nurses had significant positive reasons (2.60± 1.03).

Table 4: Reasons for participating in mandatory continuing education for professional development
 n = 212

Responses	SA	A	D	SD	$\bar{X} \pm SD$
To renew my license	142	70	-	-	3.67±0.47
To be knowledgeable about my area of specialty	18	34	98	162	2.04±0.89
To obtain an additional qualification.	32	76	82	22	2.56±0.87
To plan my career pathway.	14	62	80	56	2.16±0.89
To keep abreast with new developments in my area of specialty.	38	72	28	74	2.35±0.80
To improve my confidence.	14	32	62	104	1.79±0.93
To improve prospects of remuneration and promotion	62	108	28	14	3.03±0.84
To provide me with knowledge and skills not received during my basic training.	48	97	42	25	2.79±0.93
To develop proficiency necessary to meet patients' expectations.	58	112	32	10	3.03±0.79
Mean of means					2.60± 1.03

Note: SA implies strongly agree; A = Agree; D = Disagree; SD = Strongly disagree

Decision rule: Reject items with mean score < 2.5; Accept items with mean score > 2.5

Table 6: Perceived barriers to mandatory continuing education for professional development
 n = 212

Responses	SA	A	D	SD	$\bar{X} \pm SD$
Job responsibilities	19	62	101	31	2.33±0.84
Family and child care responsibilities	38	84	49	41	2.56±1.00
Lack of funding	41	92	27	52	2.58±1.43
Date and timing of the program is not appropriate	46	89	41	36	2.68±1.00
Lack of employer's co-operation	38	74	45	55	2.45±1.06
Conditions attached to granting of study leave, e.g. repay the service a year for each year of study	28	64	85	35	2.40±0.91
Lack of a supportive work environment	49	81	49	33	2.69±0.99
Available programs are inappropriate to clinical practice needs	47	82	36	47	2.61±1.06
Lack of learning facilities near to place of residence	48	72	44	48	2.57±1.08
Shortage of staff	56	95	32	29	2.84±0.97
Mean of means					2.57±1.00

Note: SA implies strongly agree; A = Agree; D = Disagree; SD = Strongly disagree

Decision rule: Reject items with mean score < 2.5; Accept items with mean score > 2.5

Table 6 showed the perceived barriers to mandatory continuing education for professional development. Out of the 10 items in the subscale, 7 items were accepted with mean scores > 2.5 while 3 items had mean scores < 2.5. In general, the perceived barrier to mandatory continuing education for professional development was positive (2.57±1.00).

4. Discussion of Findings

Findings of the study revealed how respondents expressed their views about relevance of MCPDP. Among these views were how positive or negative the MCPDP program has been to them and the profession. Majority of respondents (2.46 ± 0.99) had negative perceptions about relevance of MCPDP as they disagreed with most of the statements made about MCPDP. It is crystal clear that nurses do not want mandatory continuing education to be made compulsory for them which may be due to the fact that majority 138 (65.1%) of the respondents were junior cadre nurses and are young in the profession, probably just graduated from school. The respondents also noted that topics treated during the program were not novel thus making them lose interest and do not actively participate in the program. There is sometimes no link between discussion topics and the ward context which makes it difficult to achieve improved patient outcomes and to maintain competency and currency. This however does not necessarily meet the specialty needs of specialist groups who need to maintain currency and competency in practice. The findings of this study disagreed with the study conducted by ^[18] which revealed that nurse educators' had positive perception about the relevance of continuing education for professional development. The difference in the perception might be in the group of nurses used for the study. Nurse educators seem to understand better the relevance of the program as they need an update program to impact knowledge in the students quite unlike the clinical nurses who might think such program might not be useful in their practice area.

The major reasons identified by the respondents for participating in the program were: renewal of their professional license (3.67 ± 0.47), improve prospects of remuneration and promotion (3.03±0.84), and develop proficiency necessary to meet patients' expectations (3.03±0.79). These findings accordingly revealed that renewal of license to practice, gain more paper qualification for promotion, and increase competency in rendering care to patients were core reasons for nurses' participation in MCPDP. Thus, nurses do not see the program other than been made compulsory for the renewal of license. This policy of coercion generated much controversy among nurse participants of the program and there used to be resistance to participate in the program. Participation in the program soon became compulsory as nurses who attempted to renew their licenses without the MCPDP were refused relicensure. Confronted with such reality, nurses were reported to start participating in the program in order to renew their licenses. As a regulatory body mandated to regulate nursing education and practice, the Nursing and Midwifery Council of Nigeria

(NMCN) required 5 days each for each of the 3 credits required to make up the 6 credits required for relicensure.

Major factors perceived as barriers to MCPDP by respondents were: family and child care responsibilities, lack of funding, inappropriate time schedule for the program, lack of a supportive work environment, inappropriate topics to meet clinical practice needs, inaccessibility to learning facilities and shortage of manpower. Issues about family and child care responsibilities might be associated with the fact that majority 188 (88.7%) of the respondents were females who are still at their reproductive age. They are faced with challenges of going for school run and attending to other family needs. These findings were in line with the studies conducted by ^[13], which revealed that time constraints, family care, lack of funding, geographic distance, lack of support from family, peers, organization and supervisors are impeding factors to participation in continuing education. Respondents also reported that program accessibility is the main challenge confronting nurses regarding participating in update programs. Distance, was mentioned as one of the challenges and was said to confront them in different ways. Distance from ones place of work/residence to the venue of the program was a problem for many especially among nurses in the rural areas since update programs are mostly held in urban centres. More so, a nurse may be forced to combine work with the update program especially where the program is held close to the facility where the nurse works, participation becomes easier, otherwise it becomes difficult to leave patients to go for updates.

In conclusion, it is clear that continuing education for nurses is necessary for the maintenance of competency in nursing education and practice. The perception of the program was poor in Enugu State as many nurses came into contact with the program only when their licences were expiring or had expired. Continuing education cannot be said to provide competency until it provides the desired knowledge that is required for improved practice. Therefore the learning needs of the participants must be properly assessed to meet their expectations.

It is therefore recommended that various specialist modules will be made available periodically as this will form the climax of efforts towards improving the quality of patients' care. Effective monitoring and evaluation systems should be put in place to assess impact of the program on staff competence and patient outcomes. Furthermore decentralization of the MCPDP and accrediting more independent bodies to run update courses for nurses would be beneficial.

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