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Full Length Research Paper

Perception of clinical nurses in a Nigerian tertiary hospital towards continuing professional development programs

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Continuing professional development program has become a vital tool to update the knowledge, skills and competence of health professionals worldwide. Nursing in Nigeria under the Nursing and Midwifery Council of Nigeria (NMCN) joined the clique and commenced Mandatory Continuing Professional Development Programme (MCPDP) about a decade ago. This study was set to elicit the perception of clinical nurses in Obafemi Awolowo University Teaching Hospitals Complex, Ile-Ife towards MCPDP. A questionnaire based cross-sectional survey was undertaken among two hundred and seventy-one (271) nurses. The findings of the study revealed that 54.7% had poor perception towards MCPDP. There was a significant relationship between gender (p= 0.040), age, (p= 0.000), current educational qualification (p =0.000), cadre (p =0.000), work experience (p= 0.000), area of practice (p= 0.000) and perception towards MCPDP. However, in the light of these findings it was recommended that the stakeholders in Nigerian Nursing should embrace a more accommodating environment for the delivery of the program and also review the contents to periodically accommodate other specialties tailored to their area of practice.

Key words: Perception, clinical nurses, mandatory continuing professional development program, Nigerian tertiary hospital.

INTRODUCTION

The health care needs and expectations of health care consumers keeps changing to reflect the change in the increasingly complex environment (Ihudiebube-Splendor et al., 2017; Nsemo et al., 2013). The health care delivery system has also witnessed groundbreaking advancement to meet up with the ever-changing population needs. The patronage of the health care consumers is on the premise that the health professionals will provide a safe,

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qualitative, efficient, effective and timely care (Ihudiebube-Splendor et al., 2017; Nsemo et al., 2013). Therefore, health professionals particularly nurses who form an integral part of the health care system need to be better prepared to excel in their career and as they are faced with an increasingly demanding health care sector. This demanding health care sector has led to the remarkable changes witnessed in the preparation of health care professionals, nursing inclusive. This in turn has led nursing profession to keep updating, reshaping, reviewing her educational system to increase the nurses' competencies and keep them abreast with the current and relevant contemporary practice (Oducado and Palma, 2020; Acob and Martiningsih, 2018; Chong et al., 2011). Therefore, the provision of a qualitative nursing care can only be guaranteed by a well-educated nursing workforce who possesses current knowledge and skills (Nsemo et al., 2013). Although the hallmark of nursing education is geared towards providing focused and quality care to health consumers, this should be supported by continuing professional education aimed at ensuring the maintenance and improvement of the competencies already acquired while in training in schools (Ihudiebube-Splendor et al., 2017; Nsemo et al., 2013). Continuing education has become a vital tool used to update the knowledge of nurses after completion of a professional education which in turn helps in improving the health status of the society (Hamzehgardeshi and Shahhosseini, 2014). This has become increasingly important as knowledge gained through basic professional training has a half-life of 2.5 years, and such training is expected to expire by the fifth year post graduation (Chong et al., 2011).

The Mandatory Continuing Professional Development Program (MCPDP) was introduced by the Nursing and Midwifery Council of Nigeria (NMCN) in the year 2010 to improve, review and update the knowledge, skills and ability of all nurses and midwives in the country (NMCN, 2012).

Essence of supervision and monitoring of any program cannot be overemphasized; the NMCN designated her officers as administrative coordinators of all zones in the country, while State coordinators are selected to work with Director of Nursing at the state level. The NMCN in order to ensure uniformity always organizes a three-day training for all newly selected coordinators.

The MCPDP has become a popular tool for updating skills and knowledge, ensuring that professionals attain and maintain their competencies. MCPDP attempts to cover all areas of nursing including practice, education and research. In addition, the council to obtain commitment and compliance of the professional nurses makes the certificate as pre-requisite for renewal of license, where all nurses are expected to have attended at least one session before the expiry of the three-year practicing license.

Nursing education in Nigeria is in two folds; the hospital-based program where nursing students spend three years to obtain the registered nurse certificate, and the university-based program where nursing students spend five years in a Baccalaureate program to obtain registered nurse certificate, registered midwife certificate, registered public health certificate with the bachelor of Nursing Science certificate (Ihudiebube-Spendor et al., 2017). After initial licensing, Nigerian nurses are required to renew their licenses every three years during which time they must have attended at least one continuing education program (Ihudiebube-Spendor et al., 2017). Since the introduction of MCPDP about a decade ago, there is a need to know the practicing profession nurses' views and experiences in relation to the program and its objectives. Hence, this study is to appraise the perception of nurses towards this program and the perceived barriers nurses encountered in their participation.

Objectives of the study

The study sets out to achieve the following:

(1) To assess the perception towards MCPDP of clinical nurses in Obafemi Awolowo University Teaching Hospitals Complex, Ile-Ife.
(2) To identify the barriers to MCPDP among clinical nurses of Obafemi Awolowo University Teaching Hospitals Complex, Ile-Ife.

Hypothesis

There is no significant relationship between the socio-demographic characteristics and perception towards MCPDP of clinical nurses in Obafemi Awolowo University Teaching Hospitals Complex, Ile-Ife.

MATERIALS AND METHODS

This cross-sectional study was conducted at the Obafemi Awolowo University Teaching Hospitals Complex, Ile-Ife, Osun State, Nigeria. The study targeted all nurses who are permanent staff of the institution who are working in the clinical department for at least a month prior to the time of data collection. The sample size for the study was calculated using Taro Yamane's formula: $n = N/ 1 + N(e)^2$; where n = desired sample size; N = Population size = 839; e = Sampling error = 0.05. Using this formula, a desired sample size of 271 was calculated. As at the time of the study, the clinical nursing department of the institution was divided into 6 units; Phase I unit (123 nurses), Phase II unit (178 nurses), Phase IVA unit (198 nurses), Phase IVB unit (105 nurses), Wesley guild hospital (WGH) unit (231 nurses), and Dental unit (4 nurses). To generate the proportion, 40 nurses were recruited from Phase I, 57 nurses were recruited from Phase II, 64 nurses were recruited from phase IVA, 34 nurses were recruited from Phase IVB, 75 nurses were recruited from WGH unit, while 1 nurse was recruited from dental unit. The

data collection procedure lasted 3 months.

Stratified random sampling technique was used to select the study respondents. A purpose-designed, structured questionnaire was used as a tool for data collection. The questionnaire was adopted from a previous study by Bello and Lawson (2013). It comprises three sections: Section A of the instrument comprised eight socio-demographic variables of the respondents; Section B is a twelve items question in a 4-point Likert scale to measure the respondents' perception towards MCPDP. The respondents were scored as follows: Strongly agree – 4, Agree – 3, Disagree – 2, and Strongly disagree – 1. The composite score for each respondent was computed. The mean cut point was 35.8±10.5. Scores above the mean score were rated as good perception while scores below the mean score were rated as poor perception. Section C consists of fifteen items on Likert scale that assessed the respondents' barriers to MCPDP.

Validity of the instrument was established through face and content validity techniques. The instrument was validated by experts in nursing research and nursing education. The tool was tested on a sample of 20 nurses who were selected based on similarity to the study sample. The questionnaire was modified as appropriate before administration on the sample population.

Ethical approval was obtained from the Research and Ethics Committee of Obafemi Awolowo University Teaching Hospitals, Ile-Ife with the approval number ERC/2020/06/07. Permission was sought from the Hospital Management and the Head of the Clinical Nursing Department. The nurses were then approached, outlining the purpose of the study by giving them the research information sheet and emphasis was made that participation was voluntary. Informed consent was obtained from the respondents. They were allowed to fill the questionnaires without any influence, interference or cohesion. The questionnaires were retrieved thereafter and cross-checked to ensure completeness. All consenting nurses based on the calculated sample size for each of the units were recruited into the study until the required sample size was obtained. The data was analyzed using Statistical Product for Service Solution (SPSS) version 20 and the results were presented through frequency tables and charts. Statistical significance was set at p <0.05.

RESULTS

The socio-demographic characteristics of the respondents shown in Table 1 show that 36.9% of the respondents belonged to age group (31-35) years. Among them, 41% are Nursing Officer II cadre and 52.0% had between 1 and 5 years working experience. 43.5% of the respondents had Bachelor of Nursing Science (BNSc) while another 15.9% had Master of Nursing Science (MSc). Table 2 shows perception of nurses towards MCPDP. It indicates that 76% of respondents strongly agree that they participated in MCPDP to renew their license; 57.5% respondents agreed that MCPDP improve their confidence. Figure 1 shows that on the aggregate, more than half (54.7%) of the respondents had poor perception about MCPDP. As reflected in Table 3, all the barriers (that is, job responsibilities; family and child care responsibilities; lack of funding; inappropriate date and timing; lack of a supportive work environment; inappropriate programs to clinical practice needs; lack of learning facilities that are nearer to place of residence; shortage of staff; stringent conditions attached to granting of study leave; lack of opportunity to utilize new skills acquired in the work place; lack of information about the upcoming programs; negativity due to previous unpleasant experiences; skepticism about the value of the training; non-availability of training in areas of specialty) were significantly associated with MCPDP participation (p <0.05). The table also shows that more than half of the respondents strongly agreed that lack of a supportive environment, lack of employer's cooperation and lack of funding as barriers while very few (11; 7.2%) strongly agreed that inappropriateness of the program as a barrier.

Table 4 shows that there is a significant relationship between gender (p= 0.040), age (p= 0.000), current educational qualification (p =0.000), level (p =0.000), work experience (p= 0.000), area of work (p= 0.000) and perception towards MCPDP.

DISCUSSION

The Nursing and Midwifery Council of Nigeria (NMCN), the regulatory body of the nursing profession in Nigeria introduced the mandatory continuing professional development program (MCPDP) in the year 2010, where every nurse is expected to earn a minimum of 6.0 continuing education unit (CEU) within each three-year cycle of licensure (NMCN, 2012). The program aimed to regularly update practitioners in line with the dynamism of change; maintain continuity in professional education and practice; meet health team needs; set and maintain standards; meet needs of employers; and meet needs demanded by change in nursing and society, new diseases, new drugs and increasing awareness (NMCN, 2012). Since it is a mandated program for all nurses in the country, this study assessed the perception of nurses towards the program after a decade of its existence and the perceived barriers towards its implementation.

It sufficed from this study that almost all (98%) of the respondents only attended the MCPDP for the purpose of renewing their licenses, this is at variance with a related study conducted among nurses of University of Nigeria Teaching Hospital whose main purpose was to develop proficiency necessary to meet patients' expectations (Ingwu et al., 2019).

Overall, the study revealed that majority (54.7%) of the respondents had poor perception of MCPDP while 45.3% had good attitude. This finding was substantiated by the findings of Ihudiebube-Splendor et al. (2017) who reported that majority of the nurses had negative perception towards MCPDP. Also, Nsemo et al. (2013) supported that participant only attended the program to retain their jobs. This finding was however contrary to the study by Ingwu et al. (2019), where all participants attended the program for professional development.

Table 1. Socio-demographical characteristics of the respondents.

Respondents characteristics	Frequency (n=271)	Percentage (100%)
Gender		
Male	37	13.7
Female	234	86.3
Age (years)		
20-25	36	13.3
26-30	79	29.2
31-35	100	36.9
36-40	35	12.9
>40	21	7.7
Marital status		
Single	105	38.7
Married	164	60.5
Separated	2	0.7
Highest educational qualification		
RN/RM	110	40.6
BNSc	118	43.5
MSc	43	15.9
Job position:		
NO II	125	46.1
NO I	58	21.4
SNO	50	18.5
ACNO	21	7.7
ADNS	17	6.3
Years of working experience (years)		
<1	6	2.2
1-5	141	52.0
6-10	55	20.3
11-15	33	12.2
>15	36	13.3
Ward/Area of practice		
Neonatal	17	6.3
Maternity section	61	22.1
Outpatient	9	3.3
Medical wards	151	55.7
Orthopedics	3	1.1
Surgical wards	23	8.5
Theatre	5	1.8
Pediatrics	2	0.7
Last MCPDP attended		
None yet	73	26.9
<3 years ago	50	18.5
3-5 years ago	140	51.7
>5 years ago	8	2.9

Table 2. Perception of nurses towards MCPDP.

Item	SA (%)	A (%)	D (%)	SD (%)
To renew my license	193 (76.0)	56 (22.0)	5 (2.0)	0 (0)
To plan career pathway	73 (28.7)	104 (40.9)	57 (22.4)	20 (7.9)
To network with other nursing colleagues	82 (31.5)	134 (52.8)	35 (10.1)	3 (1.1)
To keep abreast with new developments in my specialty	33 (41.6)	109 (45.8)	10 (4.2)	20 (8.4)
To improve my confidence	62 (22.5)	142 (57.5)	31 (112)	16 (4.5)
To improve prospects of remuneration and promotion	76 (29.9)	73 (28.7)	73 (28.7)	32 (12.6)
To be an effective mentor for newly qualified nurses/nursing students	81 (31.9)	115 (45.3)	40 (15.7)	18 (7.1)
To provide me with a break from the pressures of work	48 (20.2)	63 (26.5)	71 (29.8)	56 (23.5)
To provide me with knowledge and skills not received during my training	84 (33.1)	123 (48.4)	30 (11.8)	17 (6.7)
To develop proficiency necessary to meet patients' expectations	96 (37.8)	124 (48.8)	18 (7.1)	16 (6.3)
To facilitate the development of nurse leadership capabilities	79 (31.1)	124 (48.8)	20 (7.9)	31 (12.2)
To obtain an additional qualification	59 (23.2)	46 (18.1)	79 (31.1)	70 (27.6)

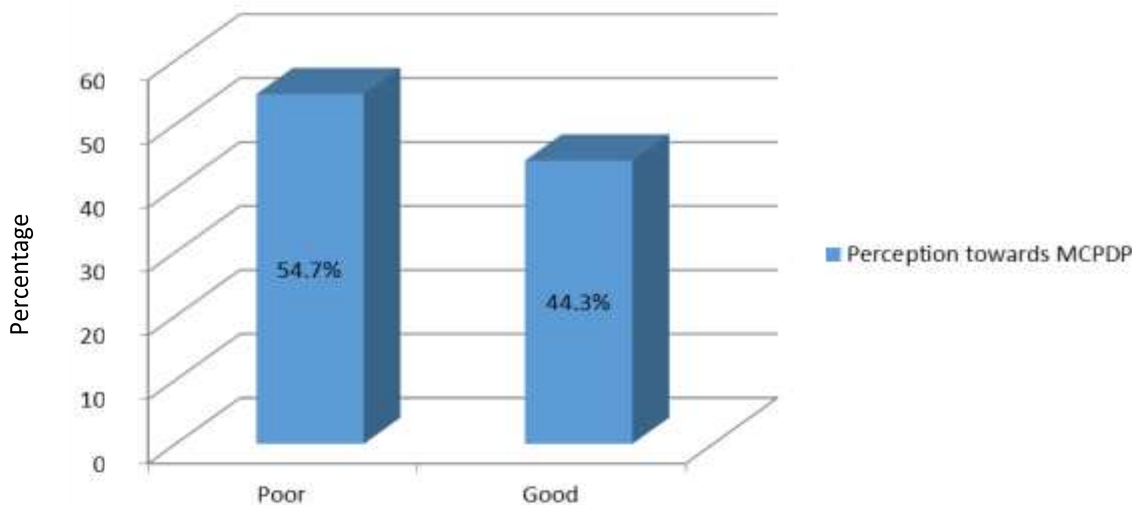

Figure 1. Perception of nurses towards MCPDP.

The findings in this study revealed that all the assessed barriers to respondents participation in MCPDP (job responsibilities; family and child care responsibilities; lack of funding; inappropriate date and timing of the program; lack of employer's cooperation; lack of a supportive work environment; available programs are inappropriate to clinical practice needs; lack of learning facilities near to place of residence; shortage of staff; conditions attached to granting of study leave; lack of opportunity to utilize new skills acquired in the work place; lack of information about the upcoming program; negativity due to previous unpleasant experiences; skepticism about the value of the training; non-availability of training in areas of specialty) were statistically significant ($p < 0.05$). This implies that the aforementioned factors are contributory to the extent of respondents' participation in MCPDP. It can be inferred that these barriers would have contributed to the poor perception of nurses. In a similar study, Nsemo et al. (2013) cited lack of time, lack of relief staff, lack of support from supervisor, and distance to location are barriers to attending MCPDP. Thus, identified barriers from this study corroborate the latter findings except for inappropriate topics to meet clinical practice needs. The finding further suggests the likely improvement in MCPDP over the years.

Also, finding was supported by Ihudiebube-Splendor et al. (2017) who reported that 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

Table 3. Barriers to MCPDP.

Item	SA (%)	A (%)	D (%)	SD (%)	Chi Square	P value
Job responsibilities	125 (49.2)	73 (28.7)	36 (14.2)	20 (7.9)	94.186	0.000*
Family and child care responsibilities	97 (38.2)	63 (24.8)	68 (26.8)	26 (10.2)	70.417	0.000*
Lack of funding	129 (50.8)	87 (34.3)	24 (9.4)	14 (5.5)	34.073	0.000*
Date and timing of the program, is inappropriate	93 (36.6)	116 (45.7)	34 (13.4)	11 (4.3)	59.582	0.000*
Lack of employer's cooperation	140 (55.1)	65 (25.6)	44 (17.3)	5 (2.0)	13.479	0.036*
Lack of a supportive work environment	143 (56.3)	60 (23.6)	38 (15.0)	13 (5.0)	33.191	0.000*
Available programs are inappropriate to clinical practice needs	18 (7.2)	56 (22.4)	130 (52.0)	46 (18.4)	43.993	0.000*
Lack of learning facilities near to place of residence	84 (33.6)	99 (39.6)	53 (21.2)	14 (5.6)	30.242	0.000*
Shortage of staff	106 (39.7)	71 (26.6)	62 (20.9)	28 (10.5)	47.223	0.000*
Conditions attached to granting of study leave	85 (36.3)	86 (36.8)	49 (20.9)	14 (6.0)	49.282	0.000*
Lack of opportunity to utilize new skills acquired in the work place	89 (35.6)	89 (35.6)	61 (24.4)	11 (4.4)	64.158	0.000*
Lack of information about the upcoming program	91 (36.4)	87 (34.8)	61 (24.4)	11 (4.4)	43.889	0.000*
Negativity due to previous unpleasant experiences	92 (26.8)	106 (42.4)	41 (16.4)	11 (4.4)	47.332	0.000*
Skepticism about the value of the training	94 (37.6)	84 (33.6)	64 (24.4)	11 (4.4)	38.105	0.000*
Non-availability of training in areas of specialty	105 (42.0)	98 (39.2)	31 (12.4)	16 (6.4)	58.933	0.000*

Table 4. Hypothesis testing.

Socio-demographic characteristics	Perception towards MCPDP		Chi square	P value
	Poor	Good		
Sex				
Male	26	11	4.224	0.040*
Female	113	104		
Age				
20-25	7	12	58.497	0.000*
26-30	28	51		
31-35	49	51		
36-40	35	0		
Above 40	20	1		
Marital status				
Single	40	48	6.001	0.050*
Married	97	67		
Separated	2	0		
Qualification				
RN/RM	34	76	62.565	0.000*
BNSc	62	39		
MSc	43	0		
Level				
NO II	34	74	60.798	0.000*
NO I	43	15		
SNO	25	25		
ACNO	20	1		
ADNS	17	0		

Table 4. Contd.

Working experience (year)				
<1	2	4		
1-5	47	77		
6-10	26	29	58.117	0.000*
11-15	33	0		
>15	31	5		
Area of work				
Neonatal ward	7	10		
Maternity	16	45		
Outpatient	5	4		
Medical	85	49	43.112	0.000*
Orthopedic	0	3		
Surgical ward	21	2		
Theatre	3	2		
Pediatrics	2	2		
Years of experience				
<1 year	28	20		
1-5 years	77	60	3.196	0.202
>5years	2	6		

need inaccessibility to learning facilities and shortage of manpower were the perceived barriers to MCPDP in their study. Another hospital based study among Chinese nurses reported that time constraints, work commitments, lack of opportunity, cost of courses and negative experiences were the barriers to participation in continuing education (Ni et al., 2014).

Implication of the study

Nurses remain the single largest health care professionals in the world and share close proximity to the recipient of healthcare. The need to have nurses who are vast in knowledge and skilled in practice cannot be overemphasized as it presents a workforce who can influence a positive change in the health status of the citizens. NMCN as the body saddles with the regulation of nurses and nursing profession in the country must organize a need assessment of the current practice, review the schedule and timing of MCPDP. Though few, the NMCN should continue with the periodical review of content of MCPDP to accommodate and suit the various specialties and categories of nurses. Nurse managers and employers should adopt strategies that will enhance nurses' participation in MCPDP through flexible duty scheduling, financial support and promotion of harmonious working relationship. In addition, the study covered the only teaching hospital institution within the state, with a large population of nursing staff, however if extended to state hospital and mission hospitals it might have given room for comparison.

Conclusion

The study had assessed the perception of nurses towards MCPDP in a tertiary hospital in Southwest, Nigeria. The results showed that more than half of the respondents had poor perception towards MCPDP which may be due to several factors as discovered in this study. Efforts should be put in place by the NMCN and hospitals managers on improving the MCPDP, thus making it more suitable, appropriate and convenient for nurses to participate.

CONFLICT OF INTERESTS

The authors have not declared any conflict of interests.

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