



PERCEPTION, RELATEDNESS AND CHALLENGES OF MANDATORY CONTINUOUS PROFESSIONAL DEVELOPMENT PROGRAMMES (MCPDP) TO NURSES IN SOUTH SOUTH ZONE OF NIGERIA

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ABSTRACT

The need for professional practice to meet the demands of the contemporary health care system has been an issue of concern to many professionals including nursing. With regular changes in methods of diagnosis, prevention and treatment regimen of diseases to reflect modern trends, it became imperative for Nursing and Midwifery Council of Nigeria to recognize and respond to these changes through the institution of Mandatory Continuous Professional Development Programmes (MCPDP). This study seeks to identify nurses' perception and relatedness of MCPDP programs to nurses' area of practice. Total population sampling technique guided the recruitment of 584 participants in the South South Zone. Structured questionnaire was used for data collection. Findings revealed positive perception of MCPDP among 446 (76.4%) participants with 429 (73.5%) affirming acquisition of new knowledge through the training received. The primary essence of MCPDP was for licensing purposes as accentuated by 399 (68.3%) participants and acquisition of new knowledge 429 (73.5%). But 403 (69.0%) felt training was not related to their area of practice. Similarly, 395 (67.6%) felt they have not utilized previous knowledge acquired. The study revealed major challenges affecting MCPDP program which include long intervals before schedule training, employer's refusal to release participants for training and loaded lectures/activities during the training sessions. The need to draw up yearly programs which display various modules to be implemented especially in South South Nigeria, was suggested to enhance participant's choice in line with practice area.

Keywords: MCPDP programme, perceived values, challenges, south-south Nigeria.

INTRODUCTION

The need for professional update to meet the demands of the contemporary health care system has been an issue of concern to many professionals including nursing. The constantly changing new methods of diagnosis, prevention, treatment regimen of diseases couple with consumer's awareness of their right and demand for accountability

inform need for evidence base practice (Melnyk and Fineout-Overholt, 2015). It became imperative for nurses to recognize and respond to these changes through continuous improvement in knowledge, skills and competence, which could only be achieved through Continuing Professional Development (CPD) which serves as a learning tool after graduation (Nursing and Midwifery Council of

Nigeria Guidelines, 2012). CPD is therefore a means of maintaining, enriching and extension of professional knowledge, competence and expertise among health professionals to achieve their health goals (Pba, 2017). Professionals utilize CPD to develop their personal and professional qualities required throughout their professional lives (Chong *et al.*, 2011). According to American Nurses Association (ANA) (2008), continuing education should be regarded as lifelong process of active participation in learning activities to enhance professional practice as well as aid meaningful growth of nurses knowledge base (ANA,1994). Kloosterman (2014) affirmed that, it should always be regarded as “ *a career-long obligation for practising professionals*” (pg.1) as it promote safety practices and safeguard the public, employers and professionals as well as advances individual unique knowledge and skills in a specific nursing area (Cooper, 2009).

Activities associated with professional development involve participation in formal learning activities which includes courses or conferences and non-formal learning acquired by experience and interaction with professional colleagues (Pba, 2017). However, over a decade ago Brunt (2001) identified two pathways for upgrading of nursing skills and maintaining professional standards basically through formal and informal means. Formal methods entail continuing education, academic education, staff development and research activities. While informal methods utilize consultation, experiential learning, professional reading as well as self-directed activities to advance professional growth (Brunt, 2001). Although some professionals body integrate both formal and informal learning activities into CPD (Pba, 2011). Studies reveal that allowing professionals to only utilized informal means may not enhance professional growth (Chipchase *et al.*, 2012) and Zhou (2010) affirmed that informal learning activities although welcomed

development is not ideal for bedside nurses who seldom read scientific literatures. However, this may be secondary to workload /lack of time as well as a general lack of interest. Additionally, studies reveal that nurses are not usually assertive towards reading scientific literatures though little is known about how to build nurses' capacity to effectively utilized information available in literatures (Asuquo *et al.*, 2013; Asuquo, 2019; Fei-FeiHuang *et al.* 2017). Generally, periodic training and nursing (formal) education are regarded as important components for nurses advancement in knowledge-base globally. In both developed and developing countries, CPD is utilized as a prerequisite for license renewal (Chipchase *et al.*, 2012). Although the length of training hours for knowledge update varies from place to place, course contents are based on specific scientific knowledge and technical skills necessary for the enhancement of nursing practice (Bruce, 2009; LSUA 2019; Swihart, 2009). In Nigeria, the Nursing and Midwifery Council does not recommend any particular type of CPD for individuals, it is the individuals' responsibility to choose CPD related to their area of specialty or CPD most useful to their professional development (Nursing and Midwifery Council of Nigeria Guidelines 2012; RCN, 2016). In Nigeria some participants reported that MCPDP training failed below their expectations and programmes seem to be disjointed (Nsemio *et al.*, 2013).

Florence Nightingale in 1800s foresaw the future of nursing and the weight of responsibility nursing will bear and said “*Let us never consider ourselves finished nurses....we must be learning all of our lives*”. This quote reveals the need for nurses to be up-to-date and contribute effectively as frontline health care workers (Wilson, 2015). Nurses form the bulk of any health care system and they play a significant role in achieving health outcomes therefore must remain relevance with up-to-date knowledge base to

attain desired goals. Individual acknowledgment of professional needs remain the driving force and not coerce for licensing relativity. However, some studies reveal that nurses generally have a good perception of MCPDP globally (Afoi, 2015; Ingwu *et al.*, 2019). In UK studies reveal that nurses generally perceived CPD as measures of professional development bridging theory practice gap and enhancing both individual and professional development. Nevertheless, some participants reveal that content taught were not related to area of practice, or did not sufficiently address practice needs, therefore suggested that emphases should be more on relating content to area of practice (Gould *et al.*, 2007). Additionally the authors further reveal that although many participated in CPD because of policy on retention, for others continuous CPD demand enhances dislike for nursing profession. Similarly Yfantis *et al.* (2010) reported that participants perceived CPD as a life-long learning process targeting clients need as well as fulfilling the criteria for job retention. Nigeria, as a frontline nation in health care delivery, also embraced the need for CPD by the introduction of Mandatory Continuing Professional Development Programme (MCPDP) through the Nursing and Midwifery Council of Nigeria in 2010. The programme aimed at improving, renewing and updating professional knowledge, as well as improvement in professional competence of nurses throughout their work life. Although the vision and goal of the Nursing and Midwifery Council of Nigeria is quite clear toward the need for MCPDP, however most nurses are coerced (operation show valid licensed) into accepting this training because of the need to utilize valid license for work and employment. According to extracts of American Nurses Association, Nursing Professional Development (NPD) is a

professional specialty grounded on the sciences of nursing, technology, research and evidence-based practice, communication, change, leadership, and education (American Nurses Association, 2009b). To maintain her key role in the health care system, there is need for lifelong learning. Therefore this study seek to assess nurses perceive value of MCPDP programs in informing practice based evidence and relatedness of training modules to nurses area of practice in the South South Zone of Nigeria.

METHODOLOGY

Study Setting

In Nigeria, there are 36 states and these states are grouped into six geopolitical zones namely: the North Central (NC), North East (NE), North West (NW), South West (SW), South East (SE) and South (SS). The study setting is the South South geopolitical zone of Nigeria. The zone consists of six states namely: Akwa Ibom, Bayelsa, Cross River, Delta, Edo and Rivers. It occupies a land mass of approximately 85,303. square kilometres with a population of 21,014,655 (Population Council, 2007). Nursing and Midwifery Council of Nigeria utilizes the Zonal administrative setup in the coordination of Mandatory Continuous Professional Development Programme for nurses and the lead author serve as South South coordinator within the period which inform the choice of the study setting.

Research Design

A descriptive research design which utilized cross-sectional survey was conducted between September and December 2017. The study was undertaken in the South South Zone of Nigeria. A cluster of registered nurses who attended MCPDP training in the six states which form South South Zone of Nigeria were used for the study. Five out of the six states in the zone participated in the study, while total population sampling technique guided the recruitments of 612 volunteered participants;

however 584 completely filled the questionnaire with a returned rate of 95.4%.

Table 1: Showing demographic characteristics of participants during the survey

Variable	Frequency	%
Gender		
Female	409	70.0
Male	175	30.0
Total	584	100.0
Marital Status		
Single	235	40.2
Married	324	55.5
Separated	18	3.1
Widowed	7	1.2
Total	584	100.0
Age of respondents		
20-30years	102	17.5
31 -40years	140	24.0
41- 50years	204	34.9
51 -60years	127	21.7
61 years and above	11	1.9
Total	584	100.0
Religion		
Christianity	457	78.3
Islam	127	21.7
Total	584	100.0
Place of work		
Akwa Ibom State	112	19.1
Bayelsa State	23	3.9
Cross River State	104	17.8
Delta State	113	19.3
Edo State	115	19.7
Rivers State	117	20.0
Total	584	100.0
State of Origin		
Akwa Ibom state	92	15.8
Cross River State	88	15.1
Delta	86	14.7
Edo	77	13.2
Rivers	79	13.5
Abia	33	5.7
Imo	21	3.6
Others states in Nigeria	108	18.5
Total	584	100.0
Highest educational level		
Registered Nurse/Midwife	418	71.6
University(BSc)	119	20.4
MSc	42	7.2
PhD	5	0.9
Total	584	100.0
Type of Health facility		
Primary	113	19.3
Secondary	271	46.4
Tertiary	147	25.2
Private	48	8.2
Self Employed	5	0.9
Total	584	100.0
Years of working experience		
1-10 years		
11 -20years	169	28.9
21 -30 years	209	35.8
31 years and above	116	19.9
Total	90	15.4
Total	584	100.0

Structured questionnaire was used to elicit data from participants. The questionnaire was made up of six sections namely: socio demographic characteristics, effect of MCPDP, nurses' perception of MCPDP, willingness to participate in future training, challenges encountered and training relatedness to area of practice making up a total of 35 items. The instrument was validated with a reliability coefficient of 0.75 to 0.85, following test-retest method which indicated reliability of the instruments. Informed consent was obtained from study participants, the Cross River State and Edo State Research Board Ethical Committees. The generated data were analyzed using the SPSS 21.0 computer software and presented using descriptive

statistics such as percentages, means, pie and bar charts.

RESULTS

The demographic characteristics of the participants are presented in Table 1. The majority 409(70.0%) of study participants were females while 175(30.0%) were males. 235(40.2%) were single ,18(3.1%) were separated,7(1.2%) were widowed, while the majority 324(55.5%) were married. 102(17.5%) participants were in the age range of 20-30years,140(24.0%) were within31-40years,the majority 204(34.9%) were within the age range of 41-50years,127(21.7%) were within the age range of 51-60 years, while 11 were 61 years and above.

Table 2: Participants Perception of MCPDP activities

Variables	Strongly Agree/agree	%	Strongly disagree/disagree/ undecided	%
The Idea about this continuous mandatory update for nurses is not necessary.	79	13.5	505	86.5
I came because nursing and Midwifery council made this training compulsory for licensing.	381	65.2	203	34.8
Nurse's work always in the clinical areas therefore have sufficient knowledge, and need no further training.	151	25.9	433	74.1
MCPDP is just another avenue of extorting money from nurses.	140	24.0	444	76.0
This Training programs does not exposes us to new idea and concepts.	185	31.7	399	68.3
Nurses need advancement in education and not MCPDP.	117	20.0	467	80.0
Other means of upgrading our licensed should be utilized and not MCPDP.	172	29.5	412	70.5
This program will add nothing to my previous knowledge.	106	18.2	478	81.8
At first MCPDP was a welcome initiative, but now my opinion have change negatively.	71	12.2	513	87.8
MCPDP is not a welcomed idea because it will not help us to add to our knowledge base.	61	10.4	523	89.6
MCPDP is not a welcome idea and will never be welcome to me.	56	9.6	528	90.4
Total	1519		4905	6424
Data Transformation	1519/6424x584 =139		4905/6424x584 =446	

Among the study participants, majority 505(86.5%) felt that the idea about continuous mandatory update for nurses is necessary, while 79(13.5%) participants felt it was not necessary. The majority 381(65.2%) said they attended MCPDP because nursing and Midwifery council made this training compulsory for licensing, while 203(34.8%) agreed it was not just for licensing, the derive more benefits for professional development among others. 151(25.9%) participants asserted that Nurse’s work is always in the clinical areas therefore they have sufficient knowledge and need no further training, while the majority 433(74.1%) had a opinion.140 (24.0%) participants considered MCPDP as another avenue of extorting money from nurses, but the majority 444 (76.0%) was of the contrary. 185 (31.7%) participants remarked that the training programs did not expose them to new ideas and concepts, while the majority, 399(68.3%) had a different opinion. Data collation/transformation revealed the majority 446 (76.4%) had a positive perception of MCPDP, while on 139

(23.6 %) had a negative perception of MCPDP. Other data on measurement of perception are as displayed in Table 2.

Among the 584 participants, the majority 429 (73.5%) affirmed the acquisition of new knowledge through training received. 96 (16.4%) said no additional knowledge was added to what they already learnt, however 59(10.1%) were not sure if they acquired any new knowledge during the training (Fig. 1).

The primary essence of attending MCPDP activities varied with many participants, however for the majority 399(68.3%), it was just for licensing purposes. 98 (16.8 %) participated for acquisition of new knowledge while 87 (14.9%) use it as the only form of training they could achieve (Fig. 2). Among the 584 participants only 181(31.0%) felt the training received was related to area of practice, while the majority 403(69.0%) felt it was not related to their practice area (Fig. 3).

Out of 584 participants, 189(32.4%) had utilized the acquired knowledge, while 395 (67.6%) felt they have not utilized previous knowledge acquired (Fig. 4).

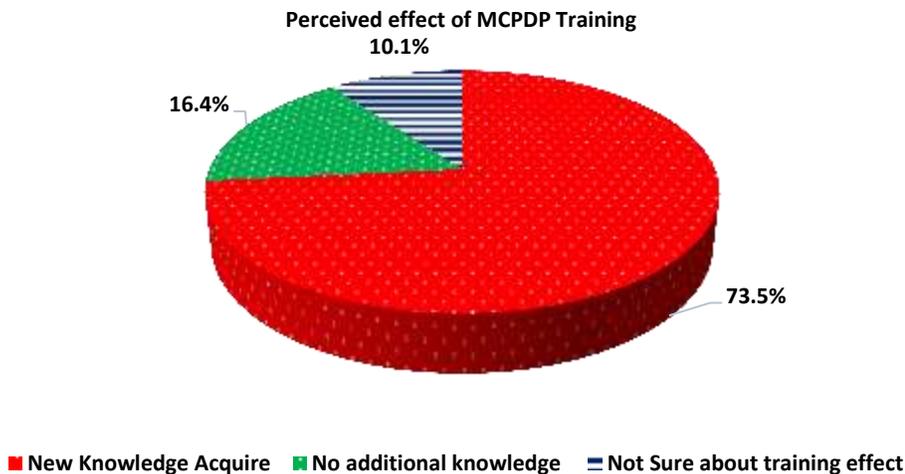


Fig. 1: The Perceived effect of MCPDP training

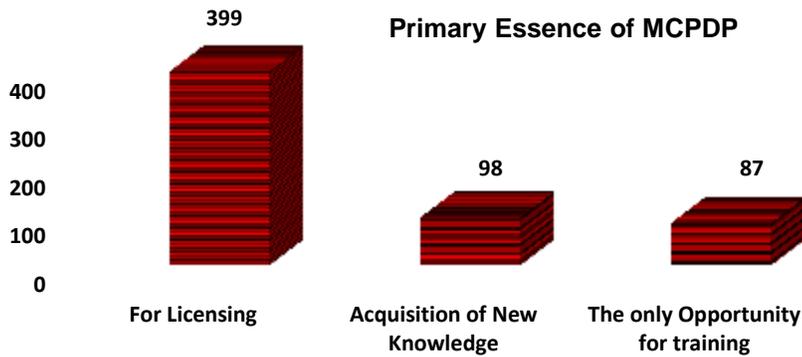


Fig. 2: The primary essence of attending MCPDP



Fig. 3: The training relatedness of MCPDP to area of practice

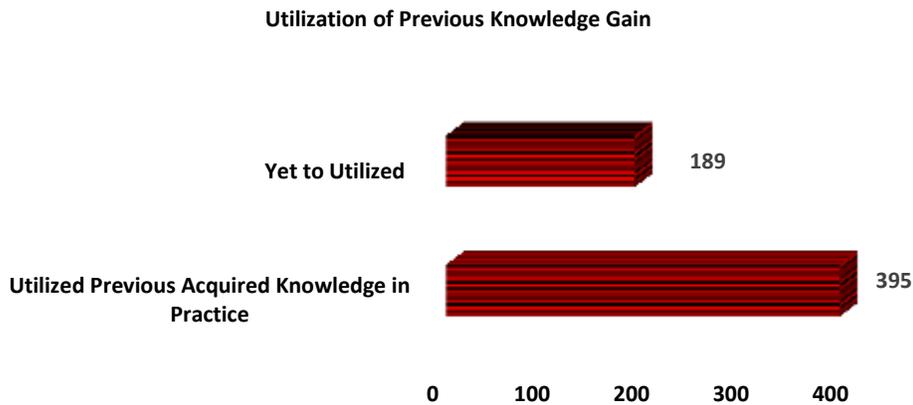


Fig. 4: The Utilization of acquired knowledge in practice

Table 3: The Challenges encountered by Participants

Challenges Encountered	Yes	%	No	%
Before attending MCPDP				
Lack of registration fees	205	35.1	379	64.9
Employers refusal to release for training	284	48.6	300	51.4
Distance to training venue	119	20.4	465	79.6
Long Intervals before Schedule Training	321	55.0	263	45.0
During MCPDP				
Poor Teaching Abilities of Some Resource Person	291	49.8	293	50.2
Poor slides Presentation	107	18.3	477	81.7
Congested Lectures/Activities	311	53.3	273	46.7
Compulsory Passing of Post Test	263	45.0	321	55.0

The data revealed major challenges encountered before attending MCPDP training which include: lack of registration fees among 205(35.1%) participants, not willing to release participants for training 284(48.6%), while majority 321(55.0%) identified long intervals

between training. Challenges encountered during training include congested lectures among 311(53.3%), poor teaching abilities of some resource persons 291(49.8%) while 263(45.0%) felt post-test should not be used as a criteria for successful training.

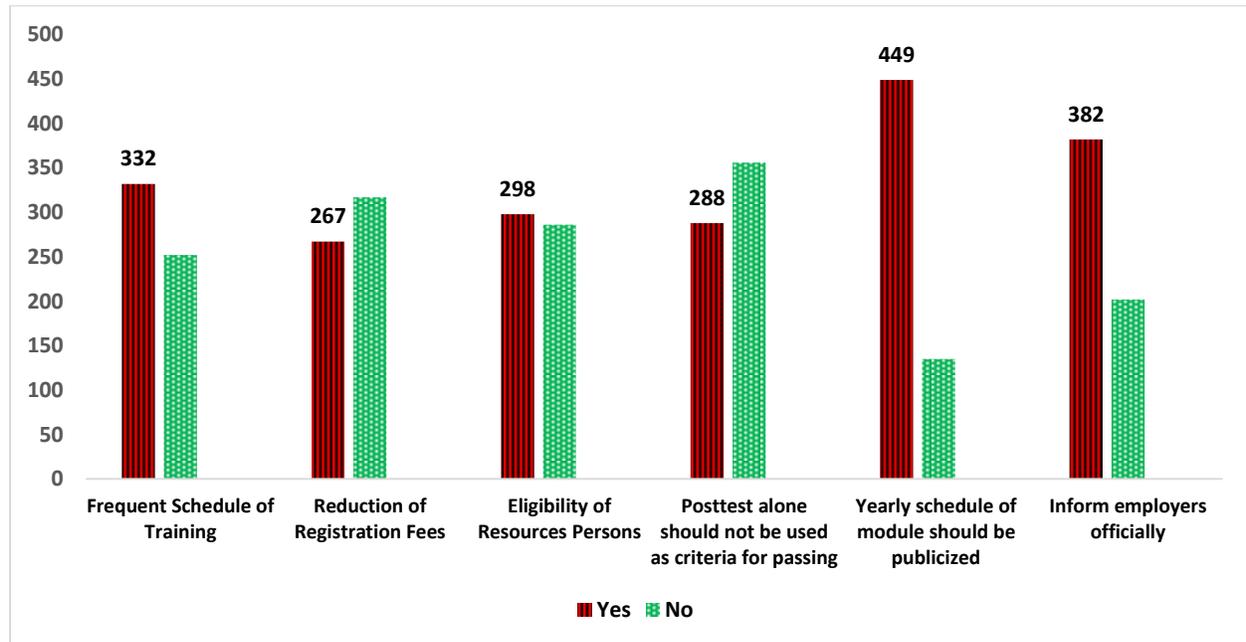


Fig. 5: Suggested measures to overcome identified challenges

Suggested measures to overcome identified challenges include frequent schedule of training among 332(56.8%) and reduction in registration fees by 267(45.7%) participants. 298 (51.0%) proposed ensuring eligibility of resources persons with vocal ability and 228(39.0%) mentioned that post-test alone should not be used as a criteria for successful completion of training workshop. Majority 449 (76.9%) participants recommended yearly schedule of module with publicity at the beginning of the year, while the some 382 (65.4%) said employers should be informed officially about MCPDP and the need to send eligible participants for training.

DISCUSSION

The need to update the knowledge base becomes imperative if nursing must remain relevant to the health care system. Nurses form the bulk of the health care workers; therefore their leadership in health care reform is mandatory to attained health care goals (Institute of Medicine, 2010). This informed the need for knowledge update through MCPDP. The study findings revealed that nurses in South South zone had positive perception towards MCPDP in the South South zone. Participants were aware of the need for additional training to enhance knowledge and sharpen skills to meet current challenges in the health care system. A possible explanation for their positive perception may be due to personal reflection on their abilities with obvious knowledge deficiency in emergent issues, diagnosis and new treatment modalities which hinder quality care. This finding supports evidence from previous studies that nurses in Nigeria have a positive perception towards continuous professional development (Afoi, 2015; Nsemo *et al.* , 2013;_Ingwu *et al.*, 2019). The study also showed that study participants identified

acquisition of new knowledge as perceived effect of MCPDP training. This result may be explained by the fact that educational training packages are tailored towards achieving specific goals, hence for the nurse, current practices to eradicate obsolete ones are integrated to enhance evidence base practices. This finding is similar to Afoi (2015) who affirmed the merits of MCPDP as being very educative and provides an up to date knowledge and skills that supports career aspirations (Ingwu *et al.*, (2019). Similarly, Yfantis *et al.* (2010) stated that participants perceived CPD as a life-long learning process targeting clients need as well as fulfilling the criteria for job retention. In this study, the primary essence for attending MCPDP was for renewal of license. This is true in that most Directors of Nursing Services in South South zone indulged in “operation show valid licence”, a practice which uses valid license for all official document and promotion exercises. This finding is similar to studies in Nigeria which indicate that licence renewal were primary intensions in addition to knowledge building and skills acquisition (Afoi, 2015; Ingwu *et al.*, 2019).

The study further revealed that although new knowledge were added, acquired knowledge was not related to their area of practice. A possible explanation for this is that, most nurses only attend available MCPDP training session for licencing obligations, therefore whether modules are related or not, it is not an issue of interest to them. The findings corroborate with Nsemo *et al.*,(2013) who affirmed in their study that MCPDP training failed below their expectation. The findings is in contrast to Washington State Nurses Association (2016) which reported that CPD education should relate to area of professional practice and area should be identified through self-assessment to advance professional growth. Additionally, Royal College of Nursing (2016)

affirmed that nurses are expected to ensure that any CPD –related learning should be relevant to individual specialty areas. The study findings was similar to studies which affirmed the need to develop module in line with all specialties as one size cannot fit all (Afoi, 2015; Gould *et al.*, 2009). Although, study modules were not related to specialty, study participants had utilized acquired knowledge in practice. This is true because as long as they are in practice area, it is possible to utilize acquired knowledge. These results corroborate the findings of Gitonga and Muriuki (2014) who revealed that nurses possess knowledge and skills through CPD programme to improve practice.

The study also revealed challenges before attending MCPDP to include financial constraint, employer not releasing employees for training as well as long interval between training. A possible explanation for these results are poor staffing or reduce manpower in most Nigerian health care system which hinder employer’s willingness to release staff for training. Additional MCPDP state implementing committee most have enough participants before training to reduce cost. This findings corroborates Afoi (2015) who affirmed cost as an issue and employers who can either encourage or discourage participant from attending MCPDP, moreover long training interval with impromptu notice prevent planning .

Congested lectures/activities, quality of resource persons and mandatory post-test were challenges during MCPDP training sessions. This is obvious for participants who have not been in the school environment for a long time, therefore training looks and feel cumbersome. This findings is similar to Gould *et al.* (2009), who remarked that few participants felt that nursing has lost its direction moving from clinical and concentrating more in academics. Certainly majoring in traditional values without evidence base practice is a dead end for nurses

in today’s contemporary society. Recommended measures to overcome challenges include yearly schedule of module with publicity at the beginning of the year coupled with timely information to employers among others.

Implication to Nursing

Nurses are critical component in attaining health care goals globally, therefore personal and professional development is needed to maintain and improve both individual and professional standards to provide competent care in line with health expectations. There is need to advertise module content and training period to enhance planning and individual responsibility in related CPD activities. Although CPD is needed for licencing, but emphasis is more on knowledge and competence to practise effectively, therefore measures to determine the relatedness of CPD before renewal of licensing should be put in place. Directors of nursing services should liaise with hospital administrators to ensure release of nurses for related trainings.

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