



## Perception towards mandatory continuing professional development programme among nurses working at University of Nigeria Teaching Hospital, Enugu-Nigeria

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### ABSTRACT

**Background:** With today's rapidly changing world, professional competence needs to be maintained, and it is imperative that nurses at all levels of the healthcare system show interest in life-long continuing professional education. The aim of the study was to examine the perception towards mandatory continuing professional development programme (MCPDP) among nurses working in University of Nigeria Teaching hospital, Enugu – Nigeria.

**Methods:** A cross sectional descriptive survey design was used for the study and convenience sampling was used to select 244 respondents. An adopted questionnaire was used to collect data and data was analyzed with IBM version 21.

**Result:** Result revealed that mean score of  $3.5 \pm 6.7$  of nurses opined that the programme is the act of using learning to improve nursing care, also a mean score of  $3.4 \pm 8.8$  affirmed that MCPDP involves keeping up to date with knowledge and skills, while score of  $3.5 \pm 10.6$  agreed that it is a learning activity after basic formal education, 100% of the nurses participate in the programme to develop proficiency necessary to meet patients' expectations, while 96.8% were of the opinion to renew their licenses. The major barrier faced by nurses was lack of financial support to fund the programme at the desirable time with score of  $3.6 \pm 10.6$ .

**Conclusion:** It was concluded that policy makers should aim at eliminating the barriers faced by nurses and nurses should continue to explore ways to protect public interest in relation to the practice of nursing in Nigeria through update programme.

### 1. Introduction

Every professional nurse should be aware of the need to update and expand his or her knowledge and skills. Fundamental to this is the commitment to assess the learning needs, to search and find appropriate resources and to become self-directing in respect of the learning. The Association (2009) believes it is the individual professional nurse's responsibility to identify and evaluate his or her own learning needs and to be accountable for ensuring that those needs are met. Failure on the part of the professional nurse to accept this responsibility could result in inadequate delivery of nursing care and the neglect of training opportunities. Nurses are called upon to take responsibility of personal and professional development. They are required to pledge to lifelong

learning of specific skills or broad enhanced career development by enrolling in formal or informal continuing education programme. Nurses' commitment to professional development enables them to deliver safe, effective, and quality health care (Cooper, 2009).

Professional development refers to a constant commitment to maintain specific skill levels and career progression that ensure that nurse's skills are current and relevant for addressing patient or client's needs (Cooper, 2009). Mayes and Schott-Baer (2010) study on the professional development of nurses revealed that participation in educational programmes and training sessions is critical for keeping nurses' skill updated. In addition, nurses are often the first responders to patients' problems and often initiate intervention (Mayes & Schott-Baer, 2010). Mandatory Continuing Professional Development Programme

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(MCPDP) is the planned educational activities intended to build upon the educational and experiential basis of the professional nurse for the maintenance, enhancement, and extension of knowledge, expertise and competence of health professionals following graduation from training (Lucy, Johnson, & Long, 2012). 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. Yfantis, Tiniakou, and Yfantis (2010) define Mandatory continuing development programme (MCPDP) as the systematic maintenance, improvement and broadening of knowledge and skills, and the development of personal qualities necessary for execution of professional and technical duties throughout the individual's working life. Continuing Professional Education is a systematic way professionals continue to learn and develop throughout their careers in order to keep their skills and knowledge up to date thereby maintaining and enhancing their professional competencies. It is therefore a means to an end and should involve monitoring and feedback to determine the impact of such programmes on the quality of practice and patient outcomes.

MCPDP was introduced in Nigeria by the Nursing and Midwifery Council of Nigeria (NMCN) in line with the Council's regulatory function for the training and practice of nursing in Nigeria (Nursing and Midwifery Council of Nigeria, 2012). Some reasons that necessitated its introduction include the assertion that majority of nurses do not regularly read professional books (Garba, 2011). Other reasons include changing disease patterns, new technologies in health care, new approaches to care, new drugs, changing clientele, increasing awareness, changing needs of patients, as well as the need for quality assurance in nursing care (Garba, 2011). The need to promote professionalism in nursing such as licensing, promotion and good conduct as well as the need to make nurses up to date in nursing care in particular and health care in general, were other reasons for introducing the programme.

With the mandatory nature of MCPDP, every nurse licensed and practicing in Nigeria is obligated to undergo this programme if he/she must continue to have a valid license. The implication of this scenario is that some nurses may enroll into MCPDP not for any other reason but for the sole purpose of license renewal. Such a stance may defeat the aim for which the programme was initiated. This is likely to be so if nurses' perception to the programme is negative. On the other hand, nurses may have a positive attitudes towards mandatory continuing professional development programme and they may perceive the programme as valuable and worthwhile hence they participated but not without challenges, as seen in other parts of the world (World Health Organization, 2010; Chng, Sellick, Francis, & Abdullah, 2011; Nsemo, John, Etifit, Mgbekem, & Oyira, 2013). Barriers to participation may arise from the packaging of the programme in terms of payment, organization and content, timing and location, and coverage for the various specialties for nurses attending the same programme with nurses that did not specialize. Eliciting these barriers are worthwhile because it will serve as a form of feedback to programme planners of MCPDP in order to maximize its benefits.

It was expected that mandatory continuing professional development programme when introduced, would significantly correct the deficiencies and weaknesses affecting the quality of nursing care, and promote good leadership in nursing that will meet the new challenges (Garba, 2011; Nsemo et al., 2013). Although there have been some studies in the past to assess the perception of nurses towards MCPDP such as Nsemo et al. (2013); Afoi (2015) and Ihudiebube-Spendor, Odike, Ogwu, Chinweuba, and Osuala (2017), it is imperative to reassess nurses' perception of MCPDP as the organizers of the programme in Enugu have consistently reviewed the programme to ensure that the needs of nurses and the nursing profession is met. The present study was designed to examine the views of nurses working at University of Nigeria Teaching Hospital on mandatory continuing professional development programme, their reason for participating towards the

programme, the barriers experienced, and their perceived benefit of the programme.

### 1.1. Problem statement

Although not much research work has been carried out on mandatory continuing professional development programme (MCPDP) for nurses, many studies have shown that in many countries of the world, CPE is now mandatory and a requirement to maintain professional registration (Lucy et al., 2012). Most studies have shown that nurses have a positive attitude towards the MCPDP, but barriers affect commitment and participation (Chng et al., 2011; Gitonga & Muriuki, 2014; World Health Organization, 2010; Ross, Barr, & Stevens, 2013).

In Nigeria, nurses carry the burden of a public health system battling to overcome staff shortages, and under resource public health facilities which result in stressful working conditions. It is difficult to see beyond these harsh conditions to how attaining a higher nursing qualification will ease the burden of care and attract increased monetary reward. The researchers observed that nurses at the University of Nigeria Teaching Hospital, Enugu - Nigeria periodically had informal discussions with some nurses. The comments received from these nurses include lack of support from the management of the facility such as non-payment of mandatory continuing professional development programme fees, too much work stress resulting from staff shortage, and family obligations simultaneously. It is on this note that the researchers set out to assess the perception of nurses towards MCPDP, their reasons for participating, the perceived benefits and barriers to its participation.

### 1.2. Purpose and objectives of the study

The purpose of the study was to examine the perception towards mandatory continuing professional development programme among nurses working at University of Nigeria teaching hospital, Enugu-Nigeria and the specific objectives of the study were to: assess the opinion of the nurses on mandatory continuing professional development programme, determine the reasons why nurses participate in mandatory continuing professional development programme, assess the perceived barriers to mandatory continuing professional development programme by nurses and determine the perceived benefits of mandatory continuing professional development programme to the nurses.

### 1.3. Literature review

#### 1.3.1. Continuing professional development programme

Nursing is a profession that deals with complex human problems, and cannot limit itself to a circumscribed body of information. In order to respond to the array of problems that nurses confront, the profession as a whole and its members individually must be encouraged to profit from every source of knowledge (Eustace, 2011). Research evidence indicates 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 renewed through further training and education is obsolete and unfit to meet current needs of the society (Ihudiebube-Spendor et al., 2017; Williams & Brown, 2009). For one to remain in practice, requires professional renewal of knowledge each year. Continuing professional education (CPE) in health care disciplines is accepted as an essential expectation of every professional practitioner. Continuing professional education is an educational development 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 is an update programme that keeps the nurse current on trends and newest expectations in the practice of nursing (Nolan, Owens, and Nolan (2005). Its effectiveness has been linked with increased motivation, staff retention, and development of leadership skills as well as raised staff morale. It further has led to improved

delivery of patient care, up-to-date knowledge gain, enhanced academic credibility, alteration and change in practice, and made possible enhanced professional status, advanced leadership capabilities and ensured effective mentors for junior nurses, improved salaries, and targeted promotion of nurses (Nolan et al., 2005).

Nurses have also indicated that enhancement of professional knowledge, acquisitions of credentials, profession advancement, improved social interactions and relief from routine are some of the reasons why they embrace continuing professional education, and however, continuing nursing education has been constrained by various challenges. These include lack of awareness, lack of encouragement from managers, staff shortages, family commitments, lack of sponsorship, funding and other 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 (Eustace, 2011)

The American Nurses Association (ANA) defines mandatory continuing professional development programme as a life-long process of active participation by nurses in learning activities that assist in developing and maintaining their continuing competence, enhancing their professional practice, and supporting achievement of their career goals (American Nurses Association, 2011). Mandatory continuing professional development programme can be as specific as skills training or as broad as personal development (Cooper, 2009). It aims at retention of core skills or extension of nursing roles and career opportunities (Drey, Gould, & Allan, 2009). The definition fits with nurses' perceptions as being important for enhancing service provision, maintaining safety for patients and themselves, and increasing career and personal opportunities (Gould, Drey, & Berridge, 2009).

Participation in mandatory continuing professional development programme enables nurses to acquire competence in their areas of work leading to them being accountable to society for safe practice (Cooper, 2009). Nalle, Wyatt, and Myers (2010) concurred that participation in continuing education also helps to reduce deficiencies between learnt theory and practice, enhances clinical competence, and promotes the acquisition of knowledge and skills necessary for continued professional competence. The role of nurses at the primary, secondary and tertiary clinical care of patients is central for effective and efficient health care delivery in all populations considering that nurses are particularly involved in face-to-face and patient counseling, and promotion of self-management for patients (Kovner, Brewer, Katigbak, Djukic, & Fatehi, 2012). Thus efforts at promoting self-management education for patients could only be effective if nurses at all levels of the healthcare system show interest in life-long continuing professional education accessed through different educational methods (Gormley, Costanzo, Lewis, Slone, & Savage, 2012).

#### 1.4. Conceptual framework

Knowles' adult learning theory was the framework selected to guide this study. Malcolm Knowles was the first to theorize how adults learn, introducing the concept that adults and children learn differently. According to Knowles (1980), earlier teachers of adult learners perceived learning to be a process of active inquiry and not only reception of transmitted content. These teachers invented teaching techniques that actively engaged learners in inquiry. The author further emphasized that in the teaching/learning interaction the teacher should play the role of a facilitator in learning as teachers are no longer regarded as the owners of knowledge. Knowles proposed that adult learning is a process of self-directed inquiry. In order to be effective, teaching should take place in a cooperative learning climate. "Six elements or core principles" Knowles' work outlines promoting optimal learning and their implications for mandatory continuing professional development programmes are: the learner's need to know; self-concept; prior experience; readiness to learn; orientation to learning, and motivation to learn.

## 2. Materials and methods

### 2.1. Research design

A non-experimental cross sectional descriptive survey method was adopted for the study.

### 2.2. Population of study

The population of study comprised of nurses working at University of Nigeria Teaching Hospital, Enugu State- Nigeria. The population of the nurses was 624 (Nursing Services Division, UNTH, 2018). A sample size of 244 was derived for the study using Yamane Taro formulae while returned rate of the questionnaire was 90.2%

### 2.3. Sampling procedure

Convenience sampling method was used to select participants for the study utilizing inclusion criteria of willing to participate in the study and be present as at the time of study. The data was collected from June 28th to July 13th 2018.

### 2.4. Instrument for data collection

The instrument used for data collection was an adopted structured questionnaire from the works of Ihudiebube-Spender et al. (2017) and Richards, Potgieter, and Litt, (2010). The questionnaire was divided into five sections (socio-demographic data of the respondents, nurses' view on MCPDP, reasons why nurses participate in MCPDP, perceived barriers to MCPDP participation, and perceived benefits of MCPDP). Face and content validity was carried out by giving the questionnaire to experts in nursing education who made criticisms and necessary corrections before the copies of the questionnaire were administered to participants. For reliability of the instrument, a pretest study of the instrument was conducted using 10% of the sample size among nurses with the same characteristics at Federal Teaching Hospital Abakaliki Ebonyi State, Nigeria. Data obtained was subjected to test-retest analysis and a Cronbach's Alpha value of 0.86 was obtained. The coefficient being greater than 0.7 means that the instrument is reliable.

### 2.5. Ethical consideration

Permission to carry out the study was obtained from the Research and Ethics Committee of University of Nigeria Teaching Hospital, Enugu, a clearance ref no. NHREC/05/01/2008B-FWA00002458-1RBOOOO2323 was granted for the study. The purpose of the study was explained to the respondents and informed oral consent was also obtained before issuing the questionnaire and participation was voluntary and confidentiality of data was ensured.

## 3. Result

Table 1 shows the demographic characteristics of the nurses. The study finding established that majority (95.5%) of the respondents were females. This could be a possible reflection of the fact that nursing is still predominantly a female profession especially in Nigeria. Majority of the nurses who participated in the study (23.6%) were between 35 and 39 years, while a greater number (42.7%) possessed Bachelor of Nursing Sciences in addition to Registered and Registered Midwife Certificate.

Table 2 shows the opinion of the nurses on MCPDP where mean score of  $3.5 \pm 1.5$  of the nurses opined that MCPDP is a learning activity after basic formal education, it is also the act of using learning to improve nursing care (Mean = 3.5) as well as a lifelong learning for individuals and team which meets the needs of the patient (Mean = 3.1). Furthermore, a grand mean of 3.1 shows a positive

**Table 1**  
Demographic characteristics of the respondents (N = 220).

Variables	Options	Frequency	Percentage
Age in years	25–29	35	15.9
	30–34	51	23.2
	35–39	52	23.6
	40–44	36	16.4
	45 and above	46	20.9
Mean( ± SD) age	37 ± 0.23		
Gender	Male	10	4.5
	Female	220	95.5
Marital status	Single	20	9.1
	Married	177	80.5
	Never married	8	3.6
	Divorced/separated	0	0
	Widow/widower	15	6.8
Years of qualification	Less than 5 years	24	10.9
	5–9 years	53	24.1
	10–14 years	68	30.9
	15–19 years	23	10.5
	20–24 years	29	13.2
	25 years and above	23	10.5
Highest professional qualification	RN only	43	19.5
	RN/RM	51	23.2
	RN/RM/BNSC	94	42.7
	RN/RM/MSc	32	14.5
Present professional rank	Nursing officer II	51	23.2
	Nursing officer I	52	23.6
	Principal nursing officer	44	20
	Assistant CNO	31	14.1
	Chief Nursing Officer	14	12.7
	Assistant director of nursing	14	6.4
	Director of nursing	0	0
Ethnic origin	Hausa	7	3.2
	Igbo	198	90
	Yoruba	8	3.6
	Others	7	3.2
Have you ever attended MCPDP before	Yes	176	80
	No	44	20

perception.

Table 3 shows that 192(87.3%) of the nurses participated in the Mandatory Continuing Professional Development Programme to keep abreast with the development in the area of specialty, 185(84.1%) stated gaining of knowledge and skills not obtained during those basic training, 212(96.8%) indicated renewal of their licenses, 183(83.2%) affirmed to improve confidence for promotion, and 181(82.3%) indicated being more critical in providing care.

The result shows that 3.6 ± 10.6 of the participants stated that

**Table 2**  
Opinion mandatory continuing professional development programme (N = 220).

Item	SA (4)	A (3)	D (2)	SD (1)	Mean	S.D.	95% C.I.
MCPDP is a learning activity after basic formal education.	114	106	0	0	3.5	10.6	± 1.5
MCPDP involves engaging in formal training after basic training only	60	70	74	16	2.7	7.2	± 1.0
MCPDP is a process of lifelong learning for individuals and teams which meet the needs of patients	59	140	21	0	3.1	9.2	± 1.3
MCPDP is the act of using learning to improve nursing care	126	80	14	0	3.5	6.7	± 0.96
MCPDP involves keeping up to date with knowledge and skills.	117	89	14	0	3.4	8.8	± 1.3
MCPDP is a process that supports flexible career pathways and help career aspirations.	21	123	76	0	2.7	8.3	± 1.2
MCPDP is a process that improves self confidence in patients' nursing care.	42	155	23	0	3.0	7.2	± 1.0
In MCPDP, high standards of excellence are set and achieved	67	117	36	0	3.1	7.7	± 1.1
MCPDP involves participation in workshops, seminars, conferences, journaling, research and formal training.	58	101	45	16	2.9	6.7	± 0.96
The content of MCPDP relate to things already known	28	39	137	16	2.1	7.4	± 1.1
It is a prerequisite for renewal of license by practicing nurses	94	112	14	0	2.7	6.7	± 0.96
<b>Grand mean</b>	<b>786</b>	<b>1230</b>	<b>356</b>	<b>48</b>	<b>3.1</b>	<b>13.0</b>	<b>± 0.56</b>

**Table 3**  
Reasons why the nurses participate in MCPDP N = 220.

Variables	Options	Frequency	Percentage
To keep abreast with the development in the area of specialty	Yes	192/28	87.3/12.7
	No		
To gain knowledge and skills not obtained during those basic training	Yes	185/35	84.1/15.9
	No		
To develop leadership capabilities	Yes	102/118	46.4/53.6
	No		
To be an effective mentor for newly qualified nurses/nursing students	Yes	94/126	42.7/57.3
	No		
To renew my license	Yes	212/8	96.8/3.2
	No		
To improve potentials of promotion	Yes	146/74	66.4/33.6
	No		
To provide a break from the pressures of work	Yes	73/147	33.2/66.8
	No		
To develop proficiency necessary to meet patients' expectations	Yes	220/0	100/0
	No		
To improve confidence	Yes	183/37	83.2/16.8
	No		
To get job security	Yes	74/146	33.6/66.4
	No		
To obtain an additional qualification	Yes	89/131	40.5/59.5
	No		
To plan my career	Yes	71/149	32.3/67.7
	No		
To be more critical in providing care	Yes	181/39	82.3/17.7
	No		
To improve my decision making skills	Yes	121/99	55.0/45.0
	No		
To improve my management skills	Yes	168/52	76.4/23.6
	No		
To obtain knowledge to achieve professional status	Yes	138/82	62.7/37.3
	No		

they perceived barriers to MCPDP was lack of financial support to fund or go on CPE courses at the desirable time; too much workload 2.9 ± 7.2; lack of employer's co-operation to allow time away from the workplace 2.7 ± 9.2; family and child care responsibilities which deter one from active participation in the CPE programme 3.0 ± 6.7; lack of a supportive work environment due to colleagues' refusal to sit in for one's absence 2.8 ± 8.8 and time that is scheduled for the programme is inappropriate with mean value of 2.9 ± 8.3 (See Table 4).

The result shows that 3.5 ± 10.6 of the nurses stated that the perceived benefits of MPDP participation enhance knowledge base, it enables the nurse to provide improved patients care 3.3 ± 7.2, it improves job performance 3.5 ± 9.2, it helps in developing skills/technique in nursing care 3.5 ± 6.7 and in assisting nurses to meet various needs of the patients with mean score value of 3.3 ± 8.8 (See Table 5).

#### 4. Discussion of the findings

The findings of the study revealed that the nurses of University of

**Table 4**  
Perceived Barriers to MCPDP (N = 220).

Item	SA (4)	A(3)	D (2)	SD(1)	Mean	S.D.	95%C.I.
Lack of financial support to fund or go on MCPD courses at the desirable time	128	85	7	0	3.6	10.6	± 1.5
Too much workload	21	163	36	0	2.9	7.2	± 1.0
Lack of employer's co-operation to allow time away from the workplace	21	154	22	23	2.7	9.2	± 1.3
Family and child care responsibilities which deter one from active participation in the CPD programme	53	118	49	0	3.0	6.7	± 0.96
Lack of a supportive work environment due to colleagues' refusal to sit in for one's absence	59	79	65	17	2.8	8.8	± 1.3
Date and time that is scheduled for the programme is inappropriate	52	111	50	7	2.9	8.3	± 1.2
Conditions attached to the granting of study leave	42	155	23	0	3.0	7.2	± 1.0
Difficulty in coping with academic work due to age	52	64	50	54	2.5	7.7	± 1.1
Lack of early notification of the programme	7	147	50	16	2.6	6.7	± 0.96
Lack of learning facilities near to place of residence	28	137	39	16	2.8	7.4	± 1.1
Negative experiences with previous CPD programme	14	64	128	14	2.3	6.7	± 0.96
Unavailability of appropriate programme that is relevant for nurses to clinical practice needs	7	103	94	16	2.4	7.4	± 1.1
Lack of opportunities to utilize new skills in workplace	21	141	29	29	2.7	6.7	± 0.96
<b>Grand mean</b>	<b>505</b>	<b>1521</b>	<b>642</b>	<b>192</b>	<b>2.8</b>	<b>13.0</b>	<b>± 0.56</b>

Nigeria Teaching Hospital, Enugu opined that the Mandatory Continuing Professional Development Programme (MCPDP) is a learning activity after basic formal education and that a nurse participates in it after basic formal education. They also opined that MCPDP is a process of lifelong learning for nurses in order to meet the needs of patients and that it involves the act of using learning to improve nursing care. This finding is supported with the work of Drey et al. (2009) who stated that, in Canada, CPE was perceived as important for practice and the respondents perceived the programme as not based on learning needs. In addition, the study also revealed that MCPDP involves keeping up to date with knowledge and skills and that it is a process that supports flexible career pathways for career aspirations. They also opined that it is a process that engenders self confidence in patients' nursing care and high standard of excellence are set and achieved in MCPDP. This finding disagrees with the findings of Nsemio et al. (2013) who stated that all nurses observed that MCPDP on evidence-based practice, attitudinal issues, nursing theories and patient safety does not meet their expectations because the programme seemed fragmented

Furthermore, the study also revealed that the nurses opined that MCPDP involves participation in workshops, seminars, conferences, research and formal training and is a prerequisite for renewal of license by practicing nurses. This finding agrees with the study of Gould et al. (2009) who stated that nurses understood MCPDP as being part of the work, others saw it as a separate entity from the workplace and a requirement for re-licensure. This is also supported by the studies of Ni et al. (2014) who stated that nurses in China observed CPE as necessary and as being clinical and hospital based, comprising clinical teaching rounds, seminars, academic meetings and case discussions lasting five days or less for license renewal.

The findings of the study revealed the major reasons why nurses of the University of Nigeria Teaching Hospital, Enugu – Nigeria participate in the Mandatory Continuing Professional Development Programme was to renew their license and to keep themselves abreast

with the development in the area of specialty. This finding also agrees with the Ni et al. (2014) who revealed that workshops and conferences improve knowledge and practice behaviours of the attendees and renewal of their licenses.

The finding of the study revealed that the paramount reason why nurses at the University of Nigeria Teaching Hospital, participated in the mandatory continuing professional development programme was to develop proficiency necessary to meet patients' expectations. This finding agrees with the study of Govranos and Newton (2014) who revealed that MCPDP plays an important role in enhancing service provision and maintaining safety for patients and nurses. It agrees with the findings of Jukala, Henly, and Lindeke (2008) who explained that participation of nurses in CPD programme leads to delivery of quality health care and lack of these programme act as barriers to recruitment and retention of health care professionals. However, it disagrees with that of Philips, Piza, and Ingham (2012) who reported that participants perceived there is no commensurate improvements in patients' outcomes after the programme.

The findings of the study revealed the barriers to mandatory continuing professional development programme faced by nurses of the University of Nigeria Teaching Hospital, Enugu – Nigeria to include lack of financial support to fund or go on CPE courses at the desirable time; too much workload; lack of employer's co-operation to allow time away from the workplace; family and child care responsibilities which deter one from active participation in the CPE programme and that lack of a supportive work environment due to colleagues' refusal to sit in for one's absence. This findings are supported with the study of Aoki and Davies (2012) who revealed that physical or situational barriers such as lack of time due to job responsibilities; family and child care responsibilities, are some of the barriers to mandatory continuing professional development programme faced by nurses. In addition, the nurses also perceived other barriers to include the conditions attached to the granting of study leave; difficulty in coping with academic work due to

**Table 5**  
Perceived benefits of MCPDP (N = 220).

Item	SA (4)	A (3)	D(2)	SD(1)	Mean	S.D.	95%C.I.
Participation in MCPDP enhances the knowledge base of nurses	118	95	7	0	3.5	10.6	± 1.5
MCPDP participation enables the nurse to provide improved patients' care	88	117	15	0	3.3	7.2	± 1.0
MCPDP improves job performance	118	102	0	0	3.5	9.2	± 1.3
Participation in MCPDP helps in developing skills/techniques in nursing care	118	95	7	0	3.5	6.7	± 0.96
MCPDP participation assists nurses to meet various needs of patients	88	117	15	0	3.3	8.8	± 1.3
MCPDP enables the nurse to evaluate his/her own area of practice	73	116	31	0	3.1	8.3	± 1.2
MCPDP increases self-confidence and self-esteem	51	124	29	16	2.9	7.2	± 1.0
MCPDP helps individuals retain their job	21	74	63	62	2.2	7.7	± 1.1
MCPDP improves nurses' clinical leadership skills	7	147	50	16	2.6	6.7	± 0.96
MCPDP maintains professional competence	56	156	8	0	3.2	7.4	± 1.1
MCPDP enables the nurse to contribute to the development of Nursing and Midwifery practice	58	155	7	0	3.2	6.7	± 0.96
<b>Grand mean</b>	<b>796</b>	<b>1298</b>	<b>232</b>	<b>94</b>	<b>3.1</b>	<b>13.0</b>	<b>± 0.56</b>

age; lack of early notification of the programme; lack of learning facilities near to place of residence and lack of opportunities to utilize new skills in workplace. This finding is supported with the study of Penz et al. (2009) who revealed that unavailability of nearby education institutions and lack of support from managers are the structural barriers experienced or faced by nurses. This finding is supported with the work of Hamzehgardeshi and Shahhosseini (2014) who revealed that work commitments, cost of courses, time constraints, and geographical distance, poor scheduling of programme, and lack of organizational support, information and accessibility to programs were barriers faced by nurses while participating in continuing education.

The perception of the respondents revealed that the benefits of mandatory continuing professional development programme to the nurses of University Of Nigeria Teaching Hospital include the fact that MCPDP enhances the knowledge base of nurses; enables nurses to provide improved patients' care; it improves job performance; helps in developing skills/techniques in nursing care and it assists nurses to meet various needs of patients. This finding is supported with the study of Gitonga and Muriuki (2014) who stated that nurses will possess up-to-date knowledge and skills appropriate to the specialist field in which they practice through the programme. In addition, the study revealed that some other benefits of mandatory continuing professional development programme to the nurses include that the programme enables the nurse to evaluate his/her own area of practice; it increases self-confidence and self-esteem; it improves nurses' clinical leadership skills and that MCPDP maintains professional competence and enables the nurse to contribute to the development of Nursing and Midwifery practice. This study agrees with the study of Jukala et al. (2008) who stated that the reasons given by nurses for engaging in continuing education include enhancement of professional knowledge; advancing professional and acquirement of credentials.

#### 4.1. Implication for nursing

There is need for employer support (in terms of duty scheduling and finance) for nurses especially when they have to attend CPE programmes in settings far from their base. There continues to be a lack of research showing the impact of CPE on patient care and if this is not remedied it may be difficult to justify future expenditure of public funds on CPE for nurses. Continuing professional education (CPE) as currently done in Nigeria is fragmented because organizers do not work together and so there is the tendency of repetition of content. The hospital administrators must ensure that those challenges in relation to the release of nurses to attend MCPDP which are beyond the capacity of the nurses should be looked into and resolved through meetings between hospital managers, employers and the heads of nursing to ease participation in the mandatory continuing professional development programme which nurses struggle to attend. Learning needs of the participants must also be guided properly to meet their expectations and the programme must also find means to introduce specialty modules and ensure skilled personnel are recruited to deliver the content in order to enhance competencies.

#### 5. Conclusion

The study ascertained the perception of nurses working at the University of Nigeria Teaching Hospital, Enugu, Nigeria towards mandatory continuing professional development programme. The study revealed that the nurses opined that the mandatory continuing professional development programme is a learning activity after basic formal education and that a nurse participates in it after basic formal education. It also revealed that the paramount reasons why the nurses participate in the programme are to develop proficiency necessary to meet patients' expectations. In addition, it revealed the barriers faced by nurses to include lack of financial support to fund or go on CPE courses at the desirable time; too much workload; lack of employer's co-

operation to allow time away from the workplace. Furthermore, it revealed that the benefits of mandatory continuing professional development programme to the nurses to include the fact that mandatory continuing professional development programme enhances the knowledge base of nurses; enables nurses to provide improved patients' care.

#### 6. Recommendations

Based on the findings and the literature review, the researcher recommends that the Nursing and Midwifery Council of Nigeria should review their mandatory policy for nurses to participate in continuing professional development and align it with nurse's needs, expectations and performance improvement goals. Nurses should continue to explore ways to protect public interest in relation to the practice of nursing in Nigeria through update programme and Nigerian government needs to provide continuing professional development activities that are in line with the nurses' needs and expectations to further improve their job performance.

#### Appendix A. Supplementary data

Supplementary data to this article can be found online at <https://doi.org/10.1016/j.ijans.2019.100169>.

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