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Acceptance and satisfaction towards mandatory continuing professional development Programme among nurses working in selected hospitals within Enugu Metropolis, Nigeria

Abstract

The Mandatory Continuous Professional Development Programme (MCPDP) is designed to update the knowledge of registered nurses and midwives in line with global evidence based practice. Despite its importance, participation in Nigeria remains low, unless programmes are workplace based, free, or sponsored. This study evaluated nurses' acceptability of and satisfaction with MCPDP. A total of 166 nurses from selected hospitals were recruited. Data were collected using a self-administered questionnaire and analysed with IBM SPSS version 23. Acceptability was high (79.1%), primarily due to professional development, knowledge improvement, license renewal, and enhanced professional competence. However, satisfaction was moderate (53.6%), with dissatisfaction attributed to limited specialty specific programmes (64.2%), inconvenient venue locations (43.4%), inadequate practical application of topics (43.4%), and content perceived as familiar (20.8%). Nevertheless, 62.9% of participants agreed that MCPDP provides information on recent advances in practice.

Keywords: acceptability, satisfaction, MCPDP, nurses & midwives

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Introduction

Mandatory professional development programme (MCPDP) is an ongoing training for registered nurses and midwives to update their existing knowledge within global evidence based practice. Continuing professional development (CPD) is the means by which members of the profession maintain, improve and broaden their knowledge, expertise, competence and develop the person and professional qualities required throughout their professional lives.[1] The world health organization (WHO), recognized the strengthening of nursing and midwifery through continuous professional development programme to support Universal Health Coverage (UCH) as a key imperative for improving the health of populations.[2] 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.[3] The American Nurses Association defines CPD as "a lifelong process of active participation by nurses in learning activities that assist in developing and maintaining their continuing competence, enhancing professional practice, and supporting the achievement of their professional goals".[4]

The Mandatory Professional Development Programme (MCPDP) as called by some states/ countries (Nigeria in particular) is a vital mechanism that allows nurses to enlarge their knowledge, skill, and competence.[5]

Healthcare users have a right to receive effective, currently, relevant healthcare aligned to the Sustainable Development Goals (SDGs) and delivered by competent nurses and midwives.[6] Africa's healthcare needs lie amidst both a context of a rapidly changing health/disease landscape and the simultaneous ever changing advancement of science and technology, which require nurses and midwives to continually update their knowledge and skills to reduce health inequities.[1]The skills shortage compounds the demands on the nurse and midwife in sub-Saharan Africa, with 3.5 percent of the global health workforce responsible for 27 percent of the global disease burden,[7] hence, increasing the need for continues professional development.

In addition, the council to obtain commitment and compliance of the professional nurses makes the certificate a pre-requisite for renewal of license, where all nurses are expected to have attended

at least one session before the expiry of the three years practicing license.[8]

Studies have shown that nursing care quality, patient safety, nurse satisfaction, and healthcare costs improve due to nurses' ongoing professional development of CPD. However, it has been revealed that nurses' participation in CPD is rare, and when they do participate, it seldom meets their actual needs.[9]

This study was sought to determine acceptance and satisfaction towards Mandatory professional Development programme among nurses working in selected hospitals within Enugu metropolis, Nigeria. More emphasis on exploring the factors responsible for the level of acceptance and satisfaction towards MCPDP, among the study population.

Methodology

This study adopted a descriptive cross-sectional survey design to assess the level of acceptance and satisfaction towards the mandatory Continuing Professional Development (CPD) programme among nurses working in selected hospitals within Enugu Metropolis. This study involved 166 nurses selected from a total population of 250 nurses working at the University of Nigeria Teaching Hospital (UNTH) and Poly General Hospital, Enugu.

Convenience sampling technique was used to recruit the study participants. A self-administered questionnaire was used as instrument for data collection. The questionnaire was divided into 4 sections with a total of 29 questions. Section A comprised of 7 questions which captured the demographic characteristics of the respondents. Section B comprised 5 closed ended questions which aimed to assess the level of acceptance of MCPDP among nurses. Section C comprised 3 closed ended questions that aimed to assess the level of satisfaction of MCPDP among nurses. A 4-point Likert scale questionnaire was used for Section D, contains 14 questions used to gather information on factors that affect participation in MCPDP among nurses. The instrument was validated by an expert from Nursing Education Unit of Department of Nursing Sciences, University of Nigeria Enugu Campus. The instrument was pilot tested using 17 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 0.876 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.

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 23.

Results and discussion

Table 1 revealed the demographic characteristics of the respondents. Findings showed that their mean age was 36 years (± 3.6). Majority were female nurses (94.6%) and are married (74.1%). Those who had Bachelor degree, RN/RM and Nursing Officer 1 were in the majority (80.1%, 69.9% and 64.5% respectively). Majority of the respondents had work experience spanning between 0 – 5 years (64.5%). The age distribution shows that the largest age group ranges from 25-29 years old (28.9%), followed by the 35-39 age group (20.5%). The mean age is 36 years with a standard deviation of 3.6 years, indicating that the respondents' ages are relatively spread out around the mean.

Table 1 Socio-demographic characteristics of the respondents (n=60)

Variables	Options	Frequency	Percentage (%)
Age (years)	Less than 25	20	12
	25-29	48	28.9
	30-34	27	16.3
	35-39	34	20.5
	40-44	16	9.6
	45 and above	21	12.7
Mean	36 years (3.6)		
Gender	Male	9	5.4
	Female	157	94.6
Marital status	Single	43	25.9
	Married	123	74.1
Educational qualification	Diploma	26	15.7
	Bachelor degree	133	80.1
	Masters	7	4.2
Professional qualification	RN only	24	14.5
	RN/ RM	116	69.9
	other specialty	26	15.7
Cadre	NO 1	107	64.5
	NO 2	16	9.6
	SNO	8	4.8
	ACNO	22	13.3
	CNO	7	4.2
	AND	6	3.6
Years of experience	0-5	107	64.5
	6--10	24	14.5
	11--20	29	17.5
	21-30	6	3.6

Table 2 showed the level of acceptance towards MCPDP among the nurses. The overall level of acceptance towards MCPDP among the nurses was (79.1%). More than half (66.3%) had attended MCPDP training before while those who accepted MCPDP training for nurses were in the majority (84.9%). This study revealed the major reasons for not accepting MCPDP were attributed to, total waste of time and that it should it be made optional (68.0% and 32.0% respectively). However, the major reasons for accepting the programme were; required for license renewal (70.9%), enhances professional competence (68.8%), improve knowledge (62.4%) and good for professional development (51.8%) as found in this study. Majority of the respondents accepted MCPDP as a means of improving nursing knowledge (86.1%).

The research found that the substantial majority of nurses (79.1%) had a positive view of MCPDP and were willing to embrace it in their practice (Table 2). Specifically, more than half (66.3%) had attended MCPDP training before while those who accepted MCPDP training for nurses, were in the majority (84.9%). There are a few potential explanations for why the nurses in this study showed a high level of acceptance for the MCPDP program. Firstly, the nurses may understand the importance of continuing education and professional development in order to stay up-to-date with the latest evidence based practices and to provide high quality patient care. Secondly, the

program may have been designed to be convenient and accessible for nurses, making it more likely for them to participate. Impliedly, the high acceptance of the MCPDP program among nurses in this study could have a significant impact on nursing practice in Nigeria, this is in line with the report of Jackson.[10]

Table 2 Level of acceptance towards MCPDP among nurse (n=166)

Characteristics	Frequency	percent
Attended MCPDP		
yes	110	66.3
No	56	33.7
Accept MCPDP training		
Yes	141	84.9
No	25	15.1
Reasons for not accepting		
Total waste of time	17	68
Note beneficial	0	0
Made optional	8	32
Amount paid is too much	0	0
No knowledge increase	0	0
Others	0	0
Reasons for accepting the program		
Required for license renewal	100	70.9
Improves knowledge	88	62.4
Good for professional developments	73	51.8
Enhances professional competence	97	68.8
Reminds of some nursing fact	70	49.6
opportunity to relax	24	17
Improves potential of prompotion	50	35.5
Improves my confidence	49	34.8
Others	0	0
Accept MCPDP as a means of improving nursing knowledge		
Yes	143	86.1
No	14	8.4
Don't know	9	5.4
Over all acceptance		
Good acceptance	**79.10%**	
Poor acceptance	**20.90%**	

Table 3 evidenced the level of satisfaction towards MCPDP among nurses. The overall level of satisfaction towards MCPDP among the nurses was average (53.6%). The major reasons for not been satisfied were: different programs for different specialties (64.2%); location of the venue is always difficult (43.4%) and no practical application of the topics (43.4%). The major reasons for being satisfied were: provides information on new advances (62.9%); programme is always well organized (61.8%); improves decision making skills (50.6%); programme is commendable (43.8%) and tutors are well knowledgeable (43.8%).

Despite the high level of acceptance of MCPDP among the nurses in the present study, further findings revealed that the overall level of satisfaction (53.6%) towards MCPDP among the nurses was average (table 3). Perhaps, the reason for this gap might be adduced to the fact that some nurses viewed the MCPDP program as a waste of time. First, they may feel that the content is not relevant to their specific area of practice. Also, the context of the Nigerian healthcare system is important to consider when looking at the reasons why some nurses may not be satisfied with the MCPDP program. The healthcare system in Nigeria is often overburdened and under resourced, and nurses may feel that they do not have the time or resources to participate in the program. In addition, the program may be seen as an extra burden for nurses who are already working long hours and struggling to meet the needs of their patients. In this context, mandatory programs may be seen as an additional burden that is not feasible or sustainable. In addition, given the lack of resources, it may be more effective to focus on improving the quality of education and training for nurses rather than making a specific program mandatory. However, for those who were satisfied they maintained that the MCPDP programme provides information on new advances in nursing care and that the programme is always well organized. Other authors have reported similar findings.[11,12]

Table 3 Levels of satisfaction towards MCPDP among nurses (n=160)

Characteristics	Frequency	Percent
satisfied with the MCPDP programs		
Yes	89	53.6
No	53	31.9
Don't know	24	14.5
Reasons for not being satisfied		
Location of the venue is always difficult	23	43.4
Contents are what is generally known	11	20.8
Different programmes for different specialties	34	64.2
No practical application of the topics	23	43.4
Experts are not always invited	0	0
Waste time and money	8	15.1
Others	19	35.8
Reasons for being satisfied		
Programme is commendable	39	43.8
Topics are easily understandable	21	23.6
Tutors are well knowledgeable	39	43.8
synergy between training topics	29	32.6
Programme is always well organized	55	61.8
provides information on new advances	56	62.9
Improves my decision making skills	45	50.6
Provide information	20	22.5
Others		
Overall satisfaction		
Satisfied	**53.60%**	
Dissatisfied	**46.40%**	

Table 4 highlighted the factors affecting participation in MCPDP among nurses. The predominant factors identified were: relevant to practice (2.9±0.9); updating skills and knowledge (2.9 ± 1.0); inflexible and work environment (2.9±0.9); last minute changes to work schedules make it hard to participate in CPD (2.8±0.9) and renewal of license (2.7±1.0). For those who were satisfied they maintained that the MCPDP programme provides information on new advances in nursing care and that the programme is always well organized. Other authors have reported similar findings.[11,12] The study found evidence that there were several factors that influenced the participation of nurses in MCPDP. While some of these factors were reported to be positive, others were negative. For instance, the study found out that majority of the respondents stated that it was relevant to practice and helped them to update their skills and knowledge. This view has

already been reported in several studies. Impliedly, it can be suggested that, by participating in the program, the nurses may be more likely to adopt evidence based practices and improve their knowledge and skills. This could lead to better patient outcomes, increased efficiency, and reduced errors in the delivery of care. In addition, the program may help to foster a culture of continuous learning and improvement among nurses, which could have a lasting impact on the profession. A similar view was also reported in the study of Nsemo.[5] However, some other factors that affected practice include inflexible and work environment. Perhaps, this finding suggests that the healthcare system in Nigeria is often underfunded and understaffed, and nurses may feel overwhelmed and overworked and might see the mandatory programs as an additional burden that is not feasible or sustainable, a similar view was also reported in previous studies.[8,13]

Table 4 Factors affecting participation in MCPDP among nurses (n = 166)

Item	SA (4)	A (3)	D (2)	SD (1)	Mean	S.D.
Overwhelming job responsibilities affect my participation	0	83	68	15	2.4	0.6
Family responsibilities affect my participation in the CPD programme	0	58	68	40	2.1	0.8
Lack of financial support	20	59	53	34	2.4	0.9
Lack of administrative cooperation	25	32	68	41	2.2	1
Renewal of license	32	75	28	31	2.7	1
Inflexible and work environment	43	80	28	15	2.9	0.9
The place of providing the CPD programs is remote from place of residence	13	91	25	37	2.5	0.9
Relevant to practice	47	85	11	23	2.9	0.9
Negative experiences with previous CPD programme	0	37	67	62	1.8	0.7
Date and time that is scheduled for the programme is inappropriate	0	61	63	42	2.1	0.7
Developing leadership capabilities	36	74	22	34	2.6	1
Lack of early notification of the programme	14	45	81	26	2.3	0.8
Last-minute changes to work schedules make it hard to participate in CPD	39	82	19	26	2.8	0.9
Updating skills and knowledge	51	73	16	26	2.9	1

Conclusion

The study found evidence that there were several factors that influenced the acceptance, satisfaction and participation of nurses in MCPDP. While some of these factors were reported to be positive, others were negative. This study has established that MCPDP is very relevant to practice and help to update nurses' skills and knowledge. This could lead to better patient outcomes, increased efficiency, and reduced errors in the delivery of care. In addition, the program may help to foster a culture of continuous learning and improvement among nurses, which could have a lasting impact on the profession. The findings will assist policymakers in identifying key areas of the Mandatory Continuous Professional Development Programme (MCPDP) that require improvement. While the high level of acceptability demonstrates that nurses value the programme for professional development, license renewal, and enhanced competence, the moderate level of satisfaction reveals gaps that may limit its effectiveness. These findings provide evidence for the need to expand workplace based and subsidized training opportunities to improve participation and accessibility. In addition, policymakers should strengthen monitoring and evaluation mechanisms by conducting periodic assessments of the programme's impact on patient safety, clinical outcomes, and nursing competency. Data generated from these evaluations can inform continuous quality improvement, guide future training priorities, and ensure that MCPDP remains relevant, effective, and responsive to the evolving needs of nursing practice.

Recommendation

There is need to tailor the program content and delivery to meet the needs of different groups of nurses, based on age, gender, and educational level. Moreso, to improve communication and collaboration between the MCPDP program providers and nurses to create a positive learning environment, creating opportunities for feedback and evaluation of the program to ensure that it meets the needs of nurses.

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Conflicts of interest

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