



Original Article

Continuing professional development: Awareness, attitude, facilitators, and barriers among nurses in the Philippines

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ABSTRACT

Background & Aim: Mandatory Continuing Professional Development (CPD) remains to be an issue among nurses. The relatively new implementation of the CPD Act in the Philippines has led to varying perceptions and oppositions that warrant exploration. This study aimed to determine the awareness, attitude, facilitators, and barriers to CPD among hospital nurses in the Philippines.

Methods & Materials: This study employed a descriptive, cross-sectional survey design with 237 randomly selected nurses in tertiary hospitals in Iloilo City, Philippines. Self-administered instruments were used to gather self-report data. Data were analyzed using descriptive statistics, t-test, ANOVA, and Pearson's r.

Results: Results indicated that nurses were moderately aware of the CPD law ($M=2.31$; $SD=.31$), were positive about the importance of CPD ($M=3.91$; $SD=.72$) but were ambivalent toward CPD implementation ($M=5.98$; $SD=2.01$). Attitude toward CPD importance significantly differed ($p=.000$) across age group. Awareness of CPD law ($p=.000$) and attitude toward the importance of CPD ($p=.000$) were significantly related to their attitude toward the implementation of CPD. Awareness that CPD is a requirement for license renewal (90.7%), knowledge that it can help improve skills at work (78.9%), and sponsorship from the organization (62%) were considered the major facilitators while cost (98.75%), not available to all staff (61.6%), and time-related factors (60.3%) were the major barriers to CPD participation.

Conclusion: Along with current efforts to strengthen CPD in the country, it is hoped that identification of knowledge gaps and addressing the barriers may lead to better understanding, acceptance, and participation of nurses to mandatory CPD.

Introduction

Mandatory Continuing Professional Development (CPD) remains to be a critical concern for nurses internationally and locally. In the Philippines, the Nursing Law of 2002 requires nurses "to maintain competence by continual learning through continuing professional education" (1). In 2016, mandatory CPD was introduced through Republic Act (RA) 10912 or the CPD Act. The primary purpose of the CPD law is to promote, upgrade, and improve the competence of Filipino professionals in the country (2). The CPD law requires all regulated professions, including nursing, to obtain CPD credit units as a mandatory requirement for the renewal of the

Professional Identification Card (PIC). Apart from being a legal requirement, the International Council of Nurses Code of Ethics (3) and the Code of Ethics for Registered Nurses in the Philippines (4) direct the significance of nurses' commitment to maintaining competence through continual learning. There is consensus among scholars that professional development is linked with on-going education or continual learning (5). At this backdrop, continual learning or CPD is not only nurses' personal and professional responsibility but also echoes legal and ethical duty that nurses owe to self and others.

One of the driving forces in the implementation of CPD is a dire necessity of the Philippines to gear toward ASEAN harmonization and globalization (2). To maintain global competitiveness, there is a need to align the competencies and

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qualifications of Filipino professionals with international standards and practice (2). Besides, the nursing profession must respond accordingly to the call of globalization and keep up with advancement and changes in the healthcare system (6). CPD can assist nurses in responding to the rapid changes in the healthcare arena as well as in taking proactive actions with the current developments in nursing education and practice (6-7).

However, the implementation of mandatory CPD in the Philippines has met several oppositions and varying perceptions from different professional groups. News reports convey that some legislators seek to amend or abolish the CPD law in the country (8). A study reported that 77.5% of Filipino teachers were not in favor of CPD implementation (9). Another study revealed that only 53.3% of Filipino civil engineers agreed to make CPD units a requirement for renewal of license (10). Review studies conducted elsewhere have shown several barriers to nurses' participation in CPD (5, 11).

Theoretically, any change in a system may cause varied reactions and resistance to change may occur at varying levels. According to Rogers' Diffusion of Innovation theory, proposed changes, innovations, or a new idea, behavior, or product are not adopted simultaneously by all individuals in a social system that may either result in adoption or rejection of change (12). Lewin's field theory proposed to look into the driving and restraining forces to understand groups' reaction to change (13). Further, Lewin theorized that change undergoes three phases: unfreezing, changing, and refreezing (13). Understanding the change process will be useful in analyzing nurses' reactions to the newly implemented CPD law. Lack of accurate information and unclear expectations may result in resistance to the proposed change or innovation (14). To manage change, empirical-rational change strategy emphasizes that any successful change is propelled by proper communication and conveyance of the

necessary information (15). Also, looking into nurses' attitudes is needed as nurses' perception and motives were found to influence their participation in CPD activities (16).

Having inadequate knowledge of the CPD law may result in nurses' non-compliance with CPD requirements. Failure to adhere to the mandatory CPD requirement may lead to non-renewal of the PIC and will prevent nurses from practicing their profession. Understanding nurses' awareness of the CPD law and the barriers to their participation are necessary to identify gaps that may hinder nurses' involvement in CPD and may help address the growing concern of professionals on the implementation of compulsory CPD. This study on CPD has of international significance as mandatory CPD remains to be an issue in certain countries around the globe (5). Although CPD among nurses has been studied internationally by other scholars, there are limited published researches available involving nurses in the Philippines. Furthermore, the relatively new implementation of the CPD law warrants the conduct of this study. The purpose of this study was to determine nurses' demographic and work-related profile and assess nurses' awareness of the CPD law. It likewise aimed to determine nurses' attitudes toward the implementation of the mandatory CPD in the Philippines and examine variation in nurses' attitudes toward the importance of CPD. Lastly, this study aimed to identify facilitators and barriers to CPD participation among nurses.

Methods

This study employed a descriptive, cross-sectional survey design conducted in the third quarter of 2019. The total participants of the study were nurses (N=581) working in tertiary or teaching and training hospitals in Iloilo City, Philippines. Stratified random sampling was used in this study. A total of 237 randomly selected nurses were surveyed that were proportionally allocated in one private and

one public hospital in the city. The names of nurses were obtained from the Nursing Service Office. Codes were assigned to each nurse on the list and sampling units were drawn by the fishbowl method. All nurses in the two hospitals were included except those who were on leave during the time of the survey and those who did not consent to participate. The response rate was 100%.

Self-reported data were gathered using a researcher-made instrument. The first part of the survey was used to know the demographic and work-related profiles of nurses. Part two was a 25-item, 3-point Likert scale that determined nurses' awareness of CPD law answerable by "1=not aware", "2=moderately aware", and "3=highly aware". The third part was a 22-item, 5-point Likert scale that determined nurses' attitude toward the importance of CPD answerable by "1=strongly disagree" to "5= strongly agree". To determine nurses' attitude toward CPD implementation, nurses were asked to rate a global item with one (1) being not in favor and 10 being in favor: "How favorable are you with the implementation of the CPD Law?". Higher scores in the scales indicate higher awareness and better attitude or agreement. The last section was in a multiple-item response format that identified the facilitators and barriers to nurses' participation in CPD. Items on the questionnaire were based on relevant literature on CPD among nurses, the CPD law (2), and its amended Implementing Rules and Regulations (17). The questionnaire was face and content validated by three (3) experts: a nurse-faculty researcher, a nurse-lawyer, and a nurse with a master's degree working at the regional Professional Regulation Commission office. Each item on the questionnaire was evaluated based on relevance and clarity. Unclear items were revised, and only relevant items were incorporated in the final form of the survey questionnaire indicating a content validity index (CVI) of 1. The instrument

underwent pilot testing with 30 nurses in another hospital. Cronbach's alpha of the awareness scale was .881 while the attitude scale was .921.

Administrative and ethical clearances were secured before the conduct of the survey. The study was approved by the Unified Biomedical Research Ethics Review Committee of the University (WVSU.UBRERC-2019.GS-I_002). Written informed consent was obtained from the participants. Data were collected in 2019. The questionnaire was distributed by the researchers a time most convenient to the participants. This was done either before or after their shift. Each questionnaire was placed in a sealed brown envelope and participants were instructed to return the accomplished survey form inside the sealed envelope to ensure confidentiality. Upon retrieval, data were subjected to appropriate statistical tests using IBM SPSS version 23. Frequency, percentage, mean and standard deviation were utilized to describe the data. The t-test for Independent Samples and ANOVA were used to examine differences and to determine the relationship between variables, Pearson's r was employed. Tukey procedure was used for post hoc analysis. The result was considered significant if the p-value was less than .05.

Results

Demographic and work-related characteristics of nurses

Table 1 shows that the majority of the participants were female (81.4%), single (74.7%), and aged 23 to 38 years old (68.8%). There was an almost equal number of nurses from both hospitals: private (51.1%) or public (48.9%). Moreover, the majority of nurses were permanent or regular employees (65.8%), having a non-supervisory or staff nurse position (85.2%) and with a monthly salary of fewer than 300 USD (46%). As to the length of work experience or tenure, the majority (42.6%) worked for 2 to 5 years in their respective hospitals.

Level of awareness and attitude toward CPD

It can be gleaned in Table 2 that generally, nurses were moderately aware (M=2.31; SD=.31) of the CPD law and its Implementing Rules and Regulations. Moreover, nurses generally had a positive attitude toward the importance of CPD (M=3.91; SD=.72) but had an ambivalent attitude toward the implementation of the CPD law (M=5.98; SD=2.01).

Differences in nurses' attitude toward the importance of CPD

As shown in Table 3, the attitude of nurses using the t-test revealed significant

differences according to the type of hospital (p=.000) and employment status (p=.001) while no significant differences were found in sex (p=.127), civil status (p=.068) and position (p=.667). Also, the ANOVA result showed significant differences in the attitude of nurses according to age (p=.000), salary (p=.000), employment status (p=.001), and years of work experience (p=.001). Post hoc analysis using Tukey test revealed that there was the significant mean difference at .05 level among those age 20-22 years old, less than 300 USD monthly salary, trainees and those with 1 year or less work experience having better attitude compared to other categories of age, salary, employment status and years of work experience.

Table 1. Demographic and work-related profile of nurses

Demographic and work-related characteristics (n=237)	N	%
Sex		
Male	44	18.6
Female	193	81.4
Age		
39-54 years old and 55 and above	39	16.5
23-38 years old (Gen Y)	163	68.8
20-22 years old (Gen Z)	35	14.8
Civil Status		
Single	177	74.7
Married	60	25.3
Type of Hospital		
Private	121	51.1
Public	116	48.9
Position		
Supervisory	35	14.8
Non-supervisory	202	85.2
Salary		
More than 500 USD	65	27.4
300 – 500 USD	63	26.6
Less than 300 USD	109	46.0
Employment Status		
Permanent/Regular	156	65.8
Casual/Contractual/Job Hire	44	18.6
Trainee	37	15.6
Length of work experience		
6 years and above	92	38.8
2 to 5 years	101	42.6
1 year and below	44	18.6

Table 2. Awareness and attitude toward continuing professional development

Categories	N	%	Mean	SD
Awareness of CPD law				
High 2.33-3.00	109	46%	2.31	.31
Moderate 1.67-2.32	125	52.27%		
Low 1.00-1.66	3	1.3%		
Attitude toward the importance of CPD				
Positive 3.67-5.00	109	46%	3.91	.72
Ambivalent 2.34-3.66	125	52.7 %		
Negative 1.00-2.33	3	1.3 %		
Attitude toward the implementation of CPD				
In favor 7.01-10.00	63	26.6%	5.98	2.01
Ambivalent 4.01-7.00	123	51.9%		
Not in favor 1.00-4.00	51	21.5%		

Table 3. Differences in attitude toward the importance of continuing professional development

Categories	Attitude toward the importance of CPD			
	Mean	SD	t/F	P-value
Sex				
Male	3.76	.86	-1.530	.127
Female	3.95	.69		
Age				
39 and above	3.74	.87		
23-38 years old	3.86	.71	8.274	.000*
20-22 years old	4.45*	.42		
Civil Status				
Single	3.96	.67	1.834	.068
Married	3.77	.85		
Type of hospital				
Private	4.09	.55	-3.814	.000*
Public	3.74	.83		
Position				
Supervisory	3.87	.80	-4.31	.667
Non-Supervisory	3.92	.71		
Salary				
More than 500 USD	3.85	.72		
300 – 500 USD	3.65	.91	8.989	.000*
Less than 300 USD	4.11*	.53		
Employment status				
Permanent	3.85	.72		
Not permanent	3.81	.84	7.664	.001*
Trainee	4.33*	.43		
Years of work experience				
6 years and above	3.84	.75		
2 to 5 years	3.82	.75	7.676	.001*
1 year and below	4.29*	.42		

*significant if $p < .05$

Differences in nurses' attitude toward the importance of CPD

As shown in Table 3, the attitude of nurses using the t-test revealed significant differences according to the type of hospital ($p=.000$) and employment status ($p=.001$) while no significant differences were found in sex ($p=.127$), civil status ($p=.068$) and position ($p=.667$). Also, the ANOVA result showed significant differences in the attitude of nurses according to age ($p=.000$), salary ($p=.000$), employment status ($p=.001$), and years of work experience ($p=.001$). Post hoc analysis using Tukey test revealed that there is a significant mean difference at .05 level among those age 20-22 years old, less than 300 USD monthly salary, trainees and those with 1 year or less work experience having better attitude compared to other categories of age, salary, employment status and years of work experience.

Relationship between variables

Table 4 shows that statistical analysis using Pearson's r revealed that nurses' awareness

of the CPD law ($r=.239$; $p=.000$) and their attitude toward the importance of CPD ($r=.402$; $p=.000$) had a significant positive correlation with nurses' attitude toward CPD implementation.

Facilitators and barriers to CPD participation

Facilitators and barriers to CPD participation of nurses are shown in Table 5. The majority of nurses considered that the awareness that CPD is a requirement for license renewal (90.7%), the knowledge that can help improve skills at work (78.9%), and sponsorship by the company (62%) were the main facilitators to CPD participation. On the other hand, the majority of nurses disclosed that cost (98.7%), not available to all staff (61.6%) and time-consuming (60.35%) were the major barriers to CPD participation. Nearly half of the nurses reported that the belief that CPD is not an assurance for a better career (46.4%) and that details of CPD programs are not properly disseminated (44.35%) hindered their participation to CPD. Other recounted barriers are presented in Table 5.

Table 4. Correlation between variables

Variables	Attitude toward the implementation of CPD	
	r	P-value
Awareness about CPD law	.239	.000*
Attitude toward the importance of CPD	.402	.000*

*significant if $< .05$

Table 5. Facilitators and barriers to CPD participation

Facilitators and barriers	%
Facilitators	
Awareness that CPD is a requirement for license renewal	90.7
The knowledge that it can help improve skills at work	78.9
Sponsorship by the company/organization	62
Encouragement by peers	43.5
Thinking it to be a means for promotion	30.4
The belief that it can augment salary	18.6
Barriers	
Costly and expensive	98.7
Not available for all staff	61.6
Time-consuming	60.3
Not an assurance for a better career	46.4
Details about CPD programs are not properly disseminated	44.3
Entails additional workload	38.8
Limits time with family	34.2
Limits rest and relaxation	31.2
Jeopardizes commitment in the workplace	22.8
Requires understanding of the entire program	17.3
Curtails enjoyment with friends	8.9
Irrelevant and not helpful to career	8.0

*Multiple response item

Discussion

This research investigated nurses' profile, awareness of CPD, and their attitude toward the implementation of the CPD law. It likewise ascertained whether significant differences existed in the attitude of nurses toward the importance of CPD. This study also attempted to identify facilitators and barriers to CPD participation among nurses in the Philippines.

Analysis of the demographic and work-related characteristics of nurses reveals significant insights into the current nursing workforce. The majority of nurses are female indicates that nursing remains to be a female-dominated profession (18). Moreover, it is significant to note that a considerable proportion of the participants belong to the age group of 23 to 38 years old (Generation Y or Millennials) and a new breed of nurses, Generation Z, has entered the nursing workforce (19). The generational

cut-off points for this study were based on the work of the Pew Research Center (20). This study supports that Millennials now occupy the largest proportion of the labor workforce (21). Unsurprisingly, the majority of nurses in this study have a length of work experience of 2 to 5 years. Nurses in the Philippines leave the country to work abroad after obtaining relatively substantial clinical or hospital work experience (22), commonly about 2 to 3 years. Furthermore, it is disturbing to note that the majority of nurses only receive a monthly salary of fewer than 300 USD (1 USD = PHP 50.00). Filipino nurses' migration abroad is attributed to the low salary of nurses in the country since it is not able to match international salary standards (22).

On the lighter side, this study found that nurses acknowledge the importance of CPD. Nurses in other countries like Nigeria (18), Canada (23), Australia (24), and in a nearby Asian country, Malaysia (25) similarly recognized the value of CPD in keeping

nurses up-to-date and competent in their practice. The knowledge that CPD can enhance skills at work is considered as a key facilitator to CPD participation of nurses in this study. Nurses in this study seem to be intrinsically driven on the importance of CPD in their careers. However, while nurses recognize the importance of CPD in enhancing their professional competence, there seems to be an air of hesitation on the importance of CPD in achieving their personal goals in securing a better career. The American Nurses Association provided an encompassing definition of the purposes of nursing professional development to include not only about maintaining competence and enhancing the professional practice but also in supporting nurses' achievement of their career goals (7). Supporting nurses' attainment of their career goals in terms of getting financial security and in securing promotion through CPD may not have been realized by nurses in the Philippines. On the contrary, the expectation of increased opportunities for promotion was a motivator for CPD participation among nurses in Ireland (26).

It was also demonstrated in this study that younger nurses, trainees, and generally those with lower years of work experience are significantly in more agreement on the importance of CPD compared to older nurses. Correspondingly, studies in the Netherlands (7) and Finland (27) noted variation in the perception and attitude toward CPD with younger and older nurses. The authors concluded that perception regarding the purpose of CPD varies with age and changes across the lifespan (7). Researchers in Canada (23) also noticed some age differences in the career experiences, expectations, and needs of nurses. Younger nurses, having lesser experience, and at the early stage of their careers are motivated and more eager to advance their career and seek employment opportunities that support their continued learning, improve their competence and help facilitate their transition in practice (7, 23). Moreover, this study found that nurses in private hospitals and those with lower

monthly salaries have a significantly better attitude toward the importance of CPD. This may be explained by the characteristics of younger nurses in this study. Nurses' age, years of work experience, salary, and position as trainees appear to have coincided in this study. Nonetheless, the findings of this study suggest the need to tailor CPD or learning activities according to the needs of the different age groups or generational cohort. It was earlier noted that younger nurses were at a more disadvantaged side and had lesser opportunities for CPD participation (27). Correspondingly, some nurses in this study related that CPD not being made available for all staff prevented their participation in CPD programs and activities.

Moving on, nurses in this study are generally aware of the CPD law, although there are still some provisions of the law that they may not be familiar with. Nurses' awareness about the CPD law may be due to the efforts made in disseminating information about the law since its enactment in 2016. It is worth mentioning that a big majority of nurses in this study considered that the awareness that CPD is a requirement for license renewal is a primary driver to CPD participation. In the same way, a significant proportion of nurses in Nigeria disclosed that one of the reasons why they participate in CPD was to renew their license (18). This finding evokes the significance of having a law that facilitates nurses' involvement in CPD. The CPD law, in one way or another, serves an assurance and safeguard that nurses remain current, safe, and competent in their practice. However, other scholars have warned about the implication of having a mandatory CPD law as it may perhaps defeat the very purpose of having CPD (18). Some nurses may take part in CPD activities not for any other reason, but merely for compliance of license renewal and registration requirements (18).

The current study also disclosed that while nurses regarded the merit of CPD and are familiar with the CPD law, nurses at the time of the survey, were ambivalent about

the implementation of the CPD law. Uncertainty toward the newly enforced law is an expected reaction of nurses as the CPD law at this time still goes into transition. According to Lewin, the second stage of change wherein change is being implemented, is a period of transition and is typically accompanied by feelings of hesitation and confusion (13). It is noteworthy that in this study, nurses' attitude toward the implementation of CPD is influenced by nurses' awareness and attitude toward CPD importance. The more nurses are aware, and the more nurses are positive about the value of CPD, the more likely they are supportive of the implementation of the CPD law.

Challenges to CPD participation found in this study are similar to the findings of studies conducted in other parts of the world. Cost or lack of financial support, nursing workload, and staffing concerns were major hindrances or restraining forces to CPD participation as demonstrated in this study. This supports the findings of studies conducted among nurses in Nigeria (18), Australia (24), Iran (28), and health professionals including nurses in Malawi, Tanzania, and South Africa (29). Nurses are not allowed to leave their work settings to attend CPD activities due to staffing shortages (30). As well, lack of support from the employer and the difficulty to balance home and work life were some reported drawbacks by nurses in Ireland (26). Problems in nurse staffing across the globe and also locally appears to negatively affect nurses' participation in CPD. The nurse-patient ratio in Philippine hospitals remains high, and nurses are seemingly overworked and underpaid (22, 31). Nurses in this study generally reported a low salary. For struggling professionals, CPD requirement may be perceived as an undue burden. Economic implications or cost of CPD participation emerges to be an essential consideration not only for nurses in other countries but much more in the Philippines. The offering of free CPD activities in the form of staff development programs and in-

service training may be considered to help overcome this barrier.

As a final point, nurses appear to understand and value CPD. However, nurses face a wide array of barriers toward CPD participation. This study affirms the findings of previous studies underscoring the financial implications for nurses on their engagement in CPD activities. Furthermore, this study highlights the importance of adequate information dissemination and in appealing to the attitude of nurses to manage change and to have greater acceptance of change such as the relatively new implementation of the mandatory CPD for nurses. This study also draws attention to the fact that nurses may perceive CPD differently across different age groups or generational cohort. The results of this research have some focal implications to policymakers, program planners, and CPD providers suggesting the need to develop strategies and activities for CPD based on the needs and motivations of nurses taking into consideration the characteristics of the different generational cohort. Additionally, staff development plans must be carefully crafted by employers to ensure that CPD activities are relevant, and there is relatively equal involvement of nurses in different CPD activities. Along with the current efforts to strengthen CPD in the country, it is hoped that identification of knowledge gaps and addressing the barriers found in this study may lead to better understanding, acceptance, and participation of nurses to mandatory CPD.

Because CPD implementation in the Philippines is still in its transition period, findings may be considered preliminary. Also, this study bears certain limitations in terms of self-report bias and the cross-sectional method of data collection. The results of this research cannot be extrapolated to other nurses not included in the survey. Also, because generational typologies may fail to account variations and overlap between generational cohort (23) and generational stereotypes are not absolute (19), the researchers propose to use caution when interpreting and applying the findings

of the study. Despite the limitations, findings are supported by earlier studies. This study is among the relatively few studies that offered a written documented evidence regarding CPD in a sample of nurses in the Philippines. Further studies may be conducted on a larger scale involving nurses in other fields or specialty to differentiate the views of nurses in other settings. A follow-up study may also be conducted to track changes in nurses' perceptions and support to the mandatory CPD law implementation.

Alongside with the on-going changes and development of the CPD Act, maximum and equitable engagement of nurses to relevant CPD opportunities is envisioned. Participation in CPD will not be merely for compliance or to meet professional regulatory requirements rather will be to promote, improve and maintain professional competence and for keeping practice current and safe, a duty that nurses owe to self and the public.

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Conflict of Interest

The authors declare that there are no conflicts of interest in the publication of this study.

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