

The Importance Of Continuous Professional Development For Nurse

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Abstract

Nurses' ongoing learning and skill maintenance depend on continuing professional development (CPD). The necessity for nurses' continued professional development is well understood, but how they view it is not. An analysis of how nurses see continued professional development may help design subsequent interventions and use examples from diverse situations. This qualitative study on nurses' CPD experiences. Literature was qualitative. 25 papers met the requirements for inclusion and were evaluated. We identified five main themes. Organizational culture shapes circumstances; a supportive atmosphere is needed, Professional ideals, obstacles, and practice effect on nurses' mindsets and drives. This study shows that nurses feel CPD is essential to competence and ongoing learning. To improve patient care, CPD is necessary. According to the results, continued professional development might be more accessible, practical, and relevant. Promptly finance and provide continued personal growth. To sustain high nursing standards via effective execution, nurses should actively participate in ongoing professional development. This article discusses nurses' believed benefits and obstacles of continued professional development and provides guidance and understanding. This review offers insights and ideas for nurses, policymakers, and anyone interested in nursing education and CPD.

Keywords: continuing professional development, nurse, benefits, obstacles, review.

1. Introduction

Healthcare workers must periodically refresh their skills via continuing education, also known as ongoing professional development (CPD), to ensure the renewal and enhancement of their abilities in healthcare settings. Although the need of Continuing Professional Development (CPD) is well recognized, there is little understanding of how nurses actually undergo and perceive CPD. Furthermore, there is presently no comprehensive worldwide understanding of how nurses perceive and experience CPD. An analysis of the qualitative literature on nurses' experiences of continuing professional development (CPD) might serve as a foundation for better design of future CPD interventions and leveraging examples from other settings. This article is structured as follows: firstly, we introduce the concept of CPD. Next, we focus on the United Kingdom (UK) as a case study to provide an overview of the many processes within a given healthcare context that may influence involvement with CPD. We recognize that comparable processes may also be present in other healthcare settings and nations, and we specifically mention the UK context as a means of providing context for the article. Afterwards, we do a metasynthesis of the qualitative literature that explores the issue of nurses' experience with continuous professional development (CPD).

2. Ongoing professional growth

CPD programs are essential for nurses to engage in lifetime learning and ensure their knowledge and skills remain current. The obligation for nurses to engage in Continuing Professional Development (CPD) varies across European nations and other regions worldwide, and may be either compulsory or optional [1, 2]. For instance, Continuing Professional Development (CPD) is obligatory in the United States. In addition to several states in the United States of America, Belgium, Spain, and Australia also have the mentioned characteristic [2,3,4]. Nurses in these nations participate in Continuing Professional Development (CPD) since it is a compulsory requirement set by nurse regulatory bodies to maintain their registration for practicing. Nevertheless, in Sweden, Netherlands, and Ireland, nurses willingly engage in Continuing Professional Development (CPD) [1, 3, 4, 5] .

In countries where Continuing Professional Development (CPD) is compulsory, nurses fulfill this requirement by actively

engaging in professional development activities that are directly applicable to their specific areas of practice. Mandatory Continuing Professional Development (CPD) is the continuous process of education and development that healthcare professionals undergo during their whole professional career. Its purpose is to ensure that professionals keep their competence to practice and enhance their professional competency and expertise. CPD, or Continuing Professional Development, encompasses a learning framework and activities that enhance professional effectiveness and competency [7]. CPD, or Continuing Professional Development, encompasses both formal and informal methods of ongoing education and learning. Its purpose is to enable practicing nurses to acquire new information and abilities, ensuring that they keep their licensing and competency in their field [8].

Individuals have the ability to use a combination of different learning styles based on the specific conditions and context of the learning setting [9,10,11]. In order to effectively provide comprehensive care for their patients, nurses must use the most reliable and up-to-date evidence at their disposal [12,13,14]. This necessitates many learning modalities and methods of acquiring and constructing information. In order to accomplish this, nurses can utilize various methods to acquire knowledge through Continuing Professional Development (CPD), such as formal learning through courses or workshops, as well as informal learning in the workplace through self-reflection, evaluating literature for the best evidence through journal clubs, and providing feedback to one another [5, 7, 15]. Informal learning is often self-directed and mostly driven by individual nurses who want to enhance their knowledge and abilities [16,17,18].

Learning in such a way is commonly achieved via interactions with coworkers and patients due to its unstructured and often inadvertent nature [19]. An benefit of on-site learning, whether formal or informal, is that learners may make use of existing knowledge that is accessible on the ward [5, 15]. On-site learning often takes place based on the managers' judgment and willingness to support by allocating time and space for learning inside the clinical areas. Nevertheless, it is certain that informal on-site learning is not a singular occurrence but rather an ongoing endeavor that is informed by everyday professional encounters. The biggest obstacles to informal workplace learning are the shortage of

nurses with Continuing Professional Development (CPD) training and the demands of the ward, together with inadequate staffing levels [5, 15].

Research in the field of Continuing Professional Development (CPD) suggests that a significant number of nurses have a preference for informal learning techniques that take place in the workplace. They have observed that the most valuable learning experiences often come from engaging with their other coworkers [20]. Clarke's research [21] highlighted the significance of informal learning approaches, such as supervision, attending team meetings/briefings, mentorship, and observing, as reported by nurses. Regardless of the chosen delivery method for CPD, continuing professional development expands the professional capabilities of practitioners beyond their initial training, certification, and induction, thereby possibly improving their practice.

3. Organisational culture influences the circumstances

The organizational culture significantly influenced the professional growth of the workers. The organization's dedication and assistance towards the personal and professional development of its employees were seen as a sign of valuing the staff [5, 15]. Additionally, the implementation of continuous professional development (CPD) programs had a role in recruiting and maintaining employees [22]. Furthermore, several individuals saw a culture that demonstrated flexibility and adaptability towards change as being advantageous for continuing professional development (CPD) [23,24,25].

Flexibility encompasses factors such as the availability of Continuing Professional Development (CPD) options and the opportunity to choose a location. It also pertains to the creation of chances within the nurses' work schedule for their participation [26]. Additional organizational factors that are considered crucial for effective staff development include the provision of funding for CPD programs, ensuring staff have access to CPD learning opportunities, the role of management in supporting staff CPD, maintaining manageable nursing workloads, the design and delivery of CPD activities, and promoting effective communication and collaboration between CPD providers and management [27,28]. Recognizing the need of developing a Continuing Professional Development (CPD) plan, it was also regarded as a crucial aspect of

organizational culture to facilitate participation [29]. Similarly, it was said that the organization should prioritize gradual and consistent improvement of processes, with Continuing Professional Development (CPD) being recognized as crucial in this regard [30].

This view was also articulated in other contexts, particularly from the standpoint of re-skilling or staying current, where the organization is seen to have significant value [31,32]. Multiple studies have underlined the importance of relationships and common understanding between managers and nurses as crucial characteristics that facilitate success. Jantzen contends that organizations should make a deliberate effort to prevent the dispersion of CPD programs [33]. With the increasing digitization of CPD training, IT/ICT skills have been identified as crucial for the effective implementation of CPD [34]. The transition to online learning was recognized to have an impact not just on nurses, but also on the whole department [35].

4. Prerequisite for a supportive environment

A conducive learning environment was considered an essential need for continuing professional development (CPD). The conditions needed to include flexible off-duty schedules to provide time for personnel to engage in studying, the provision of workplace learning opportunities, manageable workloads, and the complete funding of Continuing Professional Development (CPD) or a shared obligation between the employer and staff [36]. Additional signs of a conducive setting were employees having the opportunity to engage in various continuing professional development (CPD) opportunities that align with their professional objectives, while also aligning with the aims of the organization. Furthermore, it was important that staff members felt comfortable studying openly and without secrecy [15, 23]. In addition, the creation of local and contextual Continuing Professional Development (CPD) was seen as a means of facilitating and enabling involvement [37].

Participants said that nurses needed both financial assistance and practical support, such as sufficient time to engage in Continuing Professional Development (CPD) activities and appropriate staff coverage when colleagues were absent for CPD activities [23]. Jantzen et al. [34] propose that a supportive atmosphere is driven by three catalysts: mentors, workplace camaraderie, and a highly efficient working team.

Multiple studies have underlined the importance of moral support or encouragement in the context of continuous professional development (CPD). These studies have shown that learners value knowing that their time and effort to CPD is appreciated [35]. The need of acquiring knowledge from healthcare experts other than nurses in daily work was emphasized for professional growth [37]. Furthermore, the notion of a nurturing atmosphere characterized by a strong feeling of camaraderie is conveyed in other sources [39]. Several studies have specifically highlighted the relevance of providing explicit help, including support for rookie nurses [39] as well as the significance of clear management support [37]. In contrast, a research found that respondents saw a decreased level of support for nurses who were experienced or in the latter stages of their careers [38].

5. Nurse's professional ideals are reflected in their attitudes and drive

The research extensively deliberated on the significance and worth of Continuing Professional Development (CPD). Several studies have shown that continuing professional development (CPD) plays a crucial role in defining nurse professionalism [6, 15]. Participating in Continuing Professional Development (CPD) was considered crucial for new nurse graduates to enhance their professionalization in the nursing field [6, 15]. Furthermore, Continuous Professional Development (CPD) was recognized as crucial for improving and acquiring new skills, ensuring that knowledge and abilities remain current, especially in light of the increasing emphasis on evidence-based nursing practice [37,38,40]. In addition, nurses emphasized the significance of Continuing Professional Development (CPD) in order to keep their licensing. They believed that the duty for registering in and engaging in CPD activities lies with the individual nurse, rather than with their employing organizations [38].

In contrast, participants exhibited higher levels of motivation to acquire new knowledge and skills when they had convenient access to Continuing Professional Development (CPD) programs, perceived a sense of support, and were presented with a diverse range of CPD activities. In this context, the significance of bedside and informal learning was highlighted [42]. Furthermore, the act of putting learning in a relevant context and connecting it closely to practical application was shown to increase motivation and involvement

[42]. CPD was also seen as an opportunity to start networking with other peers [44]. A research provided a competence framework, which participants said may assist them in reflecting on their practice. The framework offers a systematic way to evaluating patients and allows individuals to identify their own strengths and shortcomings [41]. Competency frameworks aid in optimizing limited training resources and promote individual accountability for personal growth [41].

6. Nurses' perspectives on obstacles

According to the research evaluated, participants saw a lack of support from their supervisors and the organization as a sign that the organization did not prioritize the professional growth of its employees [42]. Several participants said that the presence of an anti-academic atmosphere and the absence of appropriate continuing professional development (CPD) initiatives provided further evidence for this claim [5, 15, 40]. The nurses recognized that a strong relationship to patient care was a significant motivator, and they believed that continuing professional development (CPD) programs would not be considered unless there was a clear link to patient care [40,41].

Furthermore, many studies have shown that managers must have a vested interest in their own continuous professional development (CPD) in order to inspire and encourage other nurses. The manager's understanding of CPD activities was shown by their approach to work-based study, willingness to accept openly studying workers, allocation of financial assistance, and management of staff shift patterns to accommodate study release time [5, 23, 37, 39]. Fatigue was recognized as a significant obstacle. In the study conducted by Jho et al. [36], participants reported feeling fatigued as a result of the demanding nursing workload combined with the need for continuous professional development (CPD). The presence of a plan and financial measures, such as monetary support or study leave, were seen as barriers [5, 39]. The absence of clear and transparent professional paths was also recognized as a matter of concern [44].

Additional obstacles, or variables that decrease motivation, were identified: challenges in attending continuing professional development (CPD) activities and maintaining a healthy work-life balance [37]. Barriers identified were formal continuing professional development (CPD) courses that were not conducted in clinical settings, which were seen as lacking

authenticity [39,38]. Another barrier was a misalignment between nurses' expectations and the actual outcomes, where nurses saw themselves as agents of change but the organization was unable to provide the necessary resources to support this desire for change [40,44]. While competence frameworks were generally seen as beneficial in providing guidance, some people believed that they were restrictive and imposed restrictions that participants found restricting. This was particularly the case when the frameworks were employed in a prescriptive manner, preventing nurses from identifying their own learning requirements [37]. The presence of inadequate IT skills was also seen as a hindrance [42], leading to an increase in online continuing professional development (CPD) activities.

7. Difficulties encountered by nurses during CPD

During the literature review, participants expressed dissatisfaction with their current conditions for continuing professional development (CPD). They identified specific obstacles and difficulties, including concerns about insufficient funding for CPD, inadequate staffing levels, limited time allocated for study, lack of organizational support due to negative cultural practices, issues with CPD design and delivery, and a limited range of CPD activities to choose from. The following issues are discussed: the influence of organisational culture on circumstances, the importance of a supportive workplace, and nurses' views of impediments [2, 11, 34, 41]. However, previous research have not investigated the perspectives of nurses about the recruiting and retention process and how it affects their ability to access a wide range of Continuing Professional Development (CPD) activities. The evidence presented in this study suggests that if healthcare is modernized while concurrently reducing financing for continuing professional development (CPD) for nurses, it might result in a restricted number of nurses acquiring the necessary skills and competencies required for the modernization process.

Considering the alleged understaffing mentioned in other sources [5, 15], we have identified a reason to be concerned. The presence of these perceived impediments has the potential to hinder the professional growth of nurses [23, 38]. Furthermore, the results given in this study have shown that nurses encounter many difficulties when it comes to their continuing professional development (CPD) involvement. The issues include a scarcity of available CPD activities, subpar

means of delivering CPD, detrimental organizational culture practices such as anti-intellectualism, and a dearth of support. Consequently, nurses exhibited reduced motivation to engage in continuous professional development (CPD) training [37].

The research indicates that IT issues are more prevalent, as seen by the growing number of CPD courses available on digital platforms [39]. This issue is a matter of concern for both the individual nurses themselves, as well as the organizations they work for. Nurses had varying preferences for CPD delivery modalities. These concerns are accompanied by the belief that learners acquire knowledge in various ways, which are influenced by the specific setting and topic of study [43,44]. This evidence supports the concept that people possess distinct learning preferences [43]. Some adult learners thrive in a structured and teacher-guided environment, while others prefer a more self-directed approach.

8. Conclusion and Limitations

The review reveals disparities between the CPD requirements and expectations of nurses and the strategies used by organizations for their professional development. The research exposes a clear discrepancy between the language used to promote Continuous Professional Development (CPD) as a means to improve nurses' abilities, and the actual implementation of CPD interventions, where nurses lack support from their organizations and immediate superiors. The study also indicated that Continuing Professional Development (CPD) is a crucial component of nursing practice and plays a significant role in the lifetime learning of nurses. Moreover, it indicates that nurses are driven to engage in Continuing Professional Development (CPD) in order to augment their knowledge, increase their abilities, and stay abreast of current evidence. Although nurses generally feel that Continuing Professional Development (CPD) positively affects patient care, there is a paucity of recent research to confirm this assertion. Additionally, the data from this study is weak in supporting this assumption. Nevertheless, the review's findings indicate and verifies that the primary obstacles to continuing professional development (CPD) in nursing are insufficient money and limited time for engaging in CPD activities, both of which are directly linked to the structure of the organization.

It is hard to see how these settings may support the flourishing of nurse CPD. Perceived hurdles hinder nurses' ability to stay updated on knowledge and skills and provide optimal patient care, while also meeting the evolving requirements and expectations of their patients. This issue is worsened by bad cultural norms inside the organization and a lack of expertise on how to effectively manage, create, and deliver continuous professional development (CPD) for their workers. It is essential for policy makers and key stakeholders to implement policies that facilitate continuous professional development (CPD) for nurses in the long term. This will include removing any obstacles that hinder CPD.

An experienced search engine professional did the search. However, it is possible that we have not been successful in locating all of the pertinent articles. The research focused only on qualitative investigations, hence excluding studies that primarily used quantitative or mixed methodologies. However, it is worth noting that these excluded studies may still provide valuable insights. In the paper's introduction, we used the UK as a case study to illustrate how CPD may potentially be controlled. Nevertheless, we have thoroughly examined the existing literature and our study was not biased towards the UK. Although it is important to consider the specific laws and procedures of each research, the similarities in the results are remarkable.

References

1. Pool IA, Poell RF, Berings MGMC, Ten Cate O. Motives and activities for continuing professional development: An exploration of their relationships by integrating literature and interview data. *Nurse Educ Today*. 2016;38:22–8
2. Ross K, Barr J, Stevens J. Mandatory continuing professional development requirements: what does this mean for Australian nurses. *BMC Nurs*. 2013;12(1):9.
3. Brekelmans G, Poell RF, van Wijk K. Factors influencing continuing professional development. *Eur J Train Dev*. 2013;37(3):313–25
4. James A, Francis K. Mandatory continuing professional education: what is the prognosis? *Collegian*. 2011;18(3):131–6.
5. Govranos M, Newton JM. Exploring ward nurses' perceptions of continuing education in clinical settings. *Nurse Educ Today*. 2014;34(4):655–60
6. Pool IA, Poell RF, Berings M, ten Cate O. Motives and activities for continuing professional development: an exploration of

- their relationships by integrating literature and interview data. *Nurse Educ Today*. 2016;38:22–8
7. Gallagher L. Continuing education in nursing: a concept analysis. *Nurse Educ Today*. 2007;27(5):466–73.
 8. Hegney D, Tuckett A, Parker D, Robert E. Access to and support for continuing professional education amongst Queensland nurses: 2004 and 2007. *Nurse Educ Today*. 2010;30(2):142–9
 9. Astin F, Closs SJ, Hughes N. The self-reported learning style preferences of female Macmillan clinical nurse specialists. *Nurse Educ Today*. 2006;26(6):475–83.
 10. Frankel A. Nurses' learning styles: promoting better integration of theory into practice. *Nurs Times*. 2009;105(2):24–7.
 11. Vinales JJ. The learning environment and learning styles: a guide for mentors. *Br J Nurs*. 2015;24(8):454–7.
 12. Bradshaw W. Importance of nursing leadership in advancing evidence-based nursing practice. *Neonatal Netw*. 2010;29(2):117–22.
 13. Baumann SL. The limitations of evidenced-based practice. *Nurs Sci Q*. 2010;23(3):226–30.
 14. Barker J. Evidence-based practice for nurses: SAGE publications. Sage; 2013.
 15. Brekelmans G, Poell RF, van Wijk K. Factors influencing continuing professional development: a Delphi study among nursing experts. *Eur J Train Dev*. 2013;37(3):313–25.
 16. Noe RA, Tews MJ, Marand AD. Individual differences and informal learning in the workplace. *J Vocat Behav*. 2013;83(3):327–35.
 17. van Rijn MB, Yang H, Sanders K. Understanding employees' informal workplace learning: the joint influence of career motivation and self-construal. *Career Dev Int*. 2013;18(6):610–28.
 18. Tews MJ, Michel JW, Noe RA. Does fun promote learning? The relationship between fun in the workplace and informal learning. *J Vocat Behav*. 2017;98:46–55.
 19. Lamintakanen J, Kivinen T. Continuing professional development in nursing: does age matter? *J Work Learn*. 2012;24(1):34–47.
 20. Zaleska KJ, De Menezes LM. Human resources development practices and their association with employee attitudes: between traditional and new careers. *Hum Relations*. 2007;60(7):987–1017
 21. Clarke N. Workplace learning environment and its relationship with learning outcomes in healthcare organizations. *Hum Resour Dev Int*. 2005;8(2):185–205.
 22. Goudreau J, Pepin J, Larue C, Dubois S, Descôteaux R, Lavoie P, et al. A competency-based approach to nurses' continuing education for clinical reasoning and leadership through

- reflective practice in a care situation. *Nurse Educ Pract.* 2015;15(6):572–8.
23. Balls P. What are the factors that affect band 5 nurses' career development and progression? *Nurs Times.* 2010;106(15):10–3.
 24. Tame SL. Secret study: a new concept in continuing professional education. *Nurse Educ Today.* 2011;31(5):482–7.
 25. Cleary M, Horsfall J, O'Hara-Aarons M, Jackson D, Hunt GE. The views of mental health nurses on continuing professional development. *J Clin Nurs.* 2011;20(23–24):3561–6
 26. Cleary M, Horsfall J, O'Hara-Aarons M, Jackson D, Hunt GE. The views of mental health nurses on continuing professional development. *J Clin Nurs.* 2011;20(23–24):3561–6
 27. Shrestha GK, Bhandari N, Singh B. Nurses' views on need for professional development in Nepal. *JNMA J Nepal Med Assoc.* 2010;49(179):209–15
 28. Lee N-J. An evaluation of CPD learning and impact upon positive practice change. *Nurse Educ Today.* 2011;31(4):390–5.
 29. Draper J, Clark L. Managers' role in maximising investment in continuing professional education. *Nurs Manag.* 2016;22(9):30–6
 30. Averlid G. Norwegian Nurse Anesthetist Perceptions of Professional Development and the Influence of Production Pressure. *AANA J.* 2017;85(5):345–51
 31. Pool IA, Poell RF, Berings MGMC, ten Cate O. Strategies for continuing professional development among younger, middle-aged, and older nurses: a biographical approach. *Int J Nurs Stud.* 2015;52(5):939–50
 32. Pool I, Poell R, ten Cate O. Nurses' and managers' perceptions of continuing professional development for older and younger nurses: a focus group study. *Int J Nurs Stud.* 2013;50(1):34–43
 33. Clark E, Draper J, Rogers J. Illuminating the process: enhancing the impact of continuing professional education on practice. *Nurse Educ Today.* 2015;35(2):388–94.
 34. Jantzen D. Refining nursing practice through workplace learning: A grounded theory. *J Clin Nurs.* 2019;28(13–14):2565–76
 35. Green JK, Huntington AD. Online professional development for digitally differentiated nurses: An action research perspective. *Nurse Educ Pract.* 2017;22:55–62
 36. Jho MY, Kang Y. Perceptions of Continuing Nursing Education in Korea. *J Contin Educ Nurs.* 2016;47(12):566–72
 37. Kyrkjebø D, Søvde BE, Råholm M-B. Nursing competence in the municipal health service: can professional development be accommodated? *Nor J Clin Nurs Sykepl Forsk.* 2017;12:64027.
 38. Ennis G, Happell B, Reid-Searl K. Enabling professional development in mental health nursing: the role of clinical leadership. *J Psychiatr Ment Health Nurs.* 2015;22(8):616–22

39. Price S, Reichert C. The Importance of Continuing Professional Development to Career Satisfaction and Patient Care: Meeting the Needs of Novice to Mid- to Late-Career Nurses throughout Their Career Span. *Adm Sci.* 2017;7(2):17.
40. Thurgate C. Supporting those who work and learn: A phenomenological research study. *Nurse Educ Today.* 2018;61:83–8
41. Stanford PE. How can a competency framework for advanced practice support care? *Br J Nurs.* 2016;25(20):1117–22
42. Gray M, Rowe J, Barnes M. Continuing professional development and changed re-registration requirements: midwives' reflections. *Nurse Educ Today.* 2014;34(5):860–5
43. Goudreau J, Pepin J, Larue C, Dubois S, Descôteaux R, Lavoie P, et al. A competency-based approach to nurses' continuing education for clinical reasoning and leadership through reflective practice in a care situation. *Nurse Educ Pract.* 2015;15(6):572–8.
44. Hayes C. Approaches to continuing professional development: putting theory into practice. *Br J Nurs.* 2016;25(15):860–4.