

ORIGINAL ARTICLE

Participation Level of Continuing Professional Development (CPD) Program Nurses RSI Surabaya

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ABSTRACT

Introduction: Nurses are an integral part of patient care and play an essential role in improving the hospital's quality of care. Nurses have a responsibility to ensure patient safety with reliable and guaranteed competence. The competencies of nurses must be maintained through continuing professional development. **Objectives:** The purpose of this study was to map the level of participation, driving, and inhibiting factors for the implementation of the Continuing Professional Development (CPD) program. **Methods:** This study used a cross-sectional study design with a quantitative descriptive approach. The study population was all RSI nurses with a total sample of 104 survey participants with purposive sampling technique. Data were collected using an online questionnaire through the google form application from June to September 2020. **Results:** The study results were the level of participation of nurses at the Surabaya Islamic Hospital in carrying out CPD activities, which were divided into three categories, namely high, medium and low involvement. A total of (17.3%) belonged to the low level of participation, (69.2%) the level of participation was medium, and (13.5%) was classified as high. **Conclusions:** Short-term development plans prioritize nurses' thinking in improving (CPD), namely the continuous fulfillment of complete nursing care practices and increasing the clinical career level. The long-term development plan for nurses is that some want to continue educational programs at a higher level, such as specialized education and master's degree in nursing.

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1. Introduction

Nurses are an integral part of patient care and play an essential role in improving hospital quality. Nurses have a responsibility to ensure patient safety with sufficient competence. The availability of programs that optimize nurse competence is crucial in assisting nurses in providing competent and safe care. Nurse competencies must be maintained through continuing professional development (Hariyati, Igarashi, Fujinami, Susilaningih, & Prayenti, 2017). The main problem with the level of participation is in nurses' data, most of whom have not reached the target of nurse training <30 hours per year at the Ahmad Yani Hospital, Surabaya in 2018 (Rumah Sakit Islam Surabaya, 2018). Based on the research report on RSI nRSI nurses' training needs, it was found and nurses' tenure was still relatively young with the, highest level of education being diploma 3 in nursing. A nurse's ability in self-development involves a nurse's edge and skills. Capacity building needs to include learning support for nurses to advance their careers and have the opportunity to develop new knowledge and skills to perform a variety of roles in the hospital. Professional development refers to the skills and knowledge acquired for personal advancement (Department of Health South Australian, 2014). Nursing practice development is carried out through formal education and non-formal education or continuing education. Nursing Practice Development aims to maintain or improve nurse professionalism (Kementrian Kesehatan RI, 2014). Nursing careers can last for more than 40 years, during which continued

professional development is essential. Nurses participate in various learning activities according to their developmental motives. Age psychology suggests that explanations related to work change with age reasons the expectation of continuing professional development. However, little is known about the changing professional development strategies of nurses in various age groups. (Pool, Poell, Berings, & Ten Cate, 2015). Based on the multiple data, the problems can be formulated. First, the development of nurse competence through training has not met the target. Second, most of the nurses are young and inexperienced. Based on these problems' phenomena, this study aims to phenomena the level of participation, driving, and inhibiting factors for the implementation of the Continuing Professional Development (CPD) program. This study also attempted to map nurses' self-development plans, both short and long term (Muhadi, 2019).

2. Research Methods

The research design used was cross-sectional to assess nurses' participation and awareness to implement CPD at RSI Surabaya. The population in this study were all nurses at RSI Surabaya. This study's sampling technique was carried out by purposive sampling technique, namely the nurses distributed in the outpatient, inpatient, emergency, particular room, and hemodialysis sections as many as 104 nurses. The criteria for nurses are clinical nurses 1 to 4. Data was collected using a survey model through an online questionnaire using the google form application. The question item consists of 80 statements. The level of participation is measured by a Likert scale of assessment, namely 1 (never) to 5 (often or permanently). Data analysis was performed through the SPSS 17 software univariately and presented in the descriptive and tabulated narrative.

3. Results and Discussion

Table 1 describes the profile of nurses at the Islamic Hospital in Surabaya, as many as 104 respondents indicated that the majority of participants who participated in this survey were young or generation Y, namely (59.6%), the youngest, aged 22-30 years, female (83.7%), married (70.2%). The majority of nursing education is from nurses (51.9%) and is followed by nurses' diploma education (47.1%). The working period is relatively young (43.3%), namely between 1-3 years. Most of the survey participants came from inpatient units (70.2%). Based on nurses' career ladder, most of the participants had level 1 as hospital clinical nurses (56.6%). Nurses who occupy positions as staff (96.5%) and structural (13.5%).

Table 1 Profile of Surabaya Hospital Nurses

Individual Characteristics	f	%
Age		
22-30 Years	62	59.6
31-40 Years	17	16.3
>40 Years	25	24.1
Gender		
Woman	87	83.7
Man	17	18.3
Marital Status		
Married	73	70.2
Single	31	29.8
Employment Status		
Permanent	60	57.7
Contract	44	42.3
Education		
Diploma	49	47.1
Bachelor Nursing	51	51.9
Magister	1	1

Individual Characteristics	f	%
Years Of Service		
1-3 Years	45	43.3
3,1-5 Years	20	19.2
5,1-10 Years	8	7.7
>10 Years	31	29.8
Work Unit		
Emergency	14	13.5
Inpatient	73	70.2
Outpatient	8	7.7
Special Room (ICU, NICU)	5	4.8
Hemodialysis	4	3.8
Career Path		
Clinical Nurse 1	37	56.6
Clinical Nurse 2	35	37.7
Clinical Nurse 3	31	29.8
Clinical Nurse 4	1	1
Position		
Staff	90	86.5
Structural	14	13.5

This study involved 104 participants, namely measuring the level of CPD participation in Surabaya Islamic Hospital nurses using 18 activity indicators with a measurement scale of 1 to 5 ranging from those who never did it to those who often did it. The level of nurse participation shows most activities on a scale of 5, namely often working with mentors and clinical practice supervised by the head of the room. The level of nurse participation shows the results of most activities on a scale of 4 (sometimes done), namely reading nursing books, completing reading books thoroughly, participating in focus group discussion activities, participating in nurse clinical audits. Reading journals or nursing articles, watching video tutorials related to parenting practices nurses on YouTube, guiding students to practice or internships, conducting individual performance evaluations, and maintaining a logbook. The level of participation of nurses on a scale of 3 (rarely done), namely contributing to nursing research, attending one-day nursing seminars, being actively involved in nursing organization activities (PPNI), participating in hospital accreditation activities, participating in the preparation of guidelines and policies related to nurses. The level of nurse participation on a scale of 1 (never done), namely writing articles related to nursing in online media, following nursing technical guidance activities. Table 2 illustrates nurses' participation at the Surabaya Islamic Hospital in carrying out CPD activities divided into three categories: high, medium, and low involvement. A total of (17.3%) belonged to the low level of participation, (69.2%) the level of participation was medium, and (13.5%) was classified as high.

Table 2 Participation Levels CPD

Program Participation Rate	f	%
Low	18	17.3
Moderate	72	69.2
High	14	13.5
	104	100

Table 3 describes the Supporting and Obstacle Factors for implementing the nurse's CPD, which consists of hospital policy support, financial support, feedback, personal feedback, and work quality. Development policy support factors are measured using eight criteria, namely career path policies, leave permission to attend education and training, inhouse and outhouse training, adequate facilities and infrastructure, internet network, and always available access to

information. Almost all of the participants answered that it was open (91.3%). The financing support factor is measured using eight criteria: funding from private sources, government and private grants, family, parents, hospitals, and professional organizations. Almost all participants answered low support (88.5%). Feedback support factors are measured using eight criteria: access to professional development, clinical supervision group meetings, internal meetings, peer reviews, ad hoc teams, and clinical needs assessment. The majority of participants answered that clinical activity feedback was provided (80.8%). Personal feedback support factors are measured using eight criteria: the director, colleagues, head of the room, assessors, unit supervision, patients and patient families, nursing committee, and medical staff. Most of the participants answered that personal feedback was provided (78.8%). Work quality support factors are measured using five criteria: work comfort, satisfaction, leisure, boredom, discipline, and appreciation. Some participants answered that the quality of work was high (50%). Organizational condition factors are measured using eight criteria: leadership style, work decentralization, promotion, career opportunities, nursing modules, orientation, and patient service needs. Some participants answered that the working conditions were very conducive (78.8%). The inhibition factor is measured using four criteria, namely yourself, family, hospital, and environment. Most of the nurses answered that it was low (83.7%).

Table 3 Supporting and inhibiting Factors CPD.

Supporting Factors	f	%	Mean	SD
Policy				
High	95	91.3	1.9	.55
Low	9	8.7		
Financing				
High	12	11.5	2.4	.52
Low	92	88.5		
Feedback				
High	84	80.8	1.9	.54
Low	20	19.2		
Personal Feedback				
High	82	78.8	2.1	.55
Low	22	21.2		
Wok Quality				
High	51	49	2.0	.51
Medium	52	50		
Low	1	1		
Working Conditions				
Very Conducive	82	78.8	2.3	.58
Conducive	15	14.4		
Low Conducive	7	6.7		
Inhibiting Factors				
High	17	16.3	2.1	.60
Low	87	83.7		

The individual development plan is a plan about the future that a nurse wants to achieve through self-quality improvement and education promotion according to the requirements and abilities. Personal development plans are measured using two dimensions, namely the dimensions of short-term plans and long-term plans. Short-term plans are measured with less than one year, while long-term development plans span more than one year. Almost all of the nurses' short-term self-development plans (> 90%) answered nursing care's fulfillment on an ongoing basis and career path enhancement. In comparison, the long-term plans for self-development of nurses (29.8%) had no long-term plans and (14.4%) wanted to continue. Education to the bachelor's degree or the nurse profession. Below (<5%) want to continue their education at the master, doctoral, and specialization level (Ns. Sp.).

Table 4 Individual Development Plan

Short Term Plan	f	%
Consultation With Leaders regarding clinical practice	89	85.6
Consultation services for the patient and hospital needs	75	72.1
Fulfillment of nursing ongoing basis	102	98.1
Improve Carrer Ledder	99	95.2
Enhancing Organizational Experience	71	68.3
Create an independent capacity-building program	78	75
Long Term Plan	f	%
Don't Have a Long-Term Plan	31	29.8
Continuing education at the S1 level	15	14.4
Continuing Specialist Education	4	3.8
Continuing Masters Education	5	4.8
Continuing Doctoral Education	1	1
Special Competency-Based Training	4	3.8

This study investigated nurses' profile, the participation rate of nurses' CPD, and the factors supporting and inhibiting the implementation of nurse's CPD in hospitals. This study also confirms whether there is a significant influence in nurse participation on supporting and inhibiting factors for nurse CPD. This study also attempted to identify short-term and long-term nurse self-development plans. The work profile is related to self-identity or characteristics that describe the job identity of a nurse at the Surabaya Islamic hospital. The age factor is the most important, considering that it affects the physical and psychological strength at work. The higher the nurse's age, the change and development of physical, emotional, scientific, and work experience strength. Nurse age, work experience, career path, the findings of this study indicate the need to adjust CPD or learning activities according to the needs of different age groups or generations. Findings from other studies suggest that younger nurses are on the more disadvantaged side and have a lower chance of participating in CPD (Kivinen, 2012). Female nurses' overall job satisfaction was lower than that of men in all dimensions except for their job satisfaction. However, there are no significant differences between female and male nurses in all dimensions of their job satisfaction except for their satisfaction with their specific nurse job (Akbari, Bagheri, Fathollahi, & Darvish, 2020). Most of the nurses are married. Family support and a sense of coherence were significant predictors of high quality of life in all domains. Most nurses spend more time working than their personal lives (Rn, Mn, Rn, & Rn, 2018).

Differences in nurses' work experience may influence determining who will attend nursing training and competency development. Such a situation certainly provides an overview of the stages of nurses' self-development and human resource management of hospital nurses. Education can affect a person's abilities, especially in understanding, attitudes, and skills towards self-development. The longer a person works, the more likely he is to gain experience and a large amount of hospital training. Analysis of the demographic and occupational characteristics of nurses reveals significant insights into the current nursing workforce.

The knowledge that CPD can improve workplace skills were considered the primary facilitator of CPD nurses' participation in this study. The nurses in this study seemed to recognize the importance of CPD in their careers directly. However, even though nurses are aware of the importance of CPD in enhancing their professional competence, they are still not fully aware of the importance of CPD in achieving their vision in the short and long term. The American Nurses Association provides a definition that includes nursing professional development goals to cover maintaining competence and improving professional practice, and supporting nursing career goals (Pool, Poell, & Berings, 2015). Supporting the achievement of nursing career goals in obtaining financial support, policies, and career path development is an essential hope for them. For example, in terms of career paths where some nurses classified as adults (30-40 years) still have the status as level 1 and 2 clinical nurses. This nursing career goal shows an overview of nursing career development problems with various variations and advancements.

Correspondingly, studies in the Netherlands (Brekelmans, Poell, Wijk, & Brekelmans, 2013) and Finland (Kivinen, 2012) noted variation in perceptions and attitudes towards CPD with younger and older nurses. The authors concluded that perceptions regarding the goal of CPD vary with age and change overage (Brekelmans et al., 2013). Researchers in Canada also noticed some age differences in career experience, expectations, and needs of nurses. Nurses are younger, have less experience, and are motivated and more eager to advance their careers in the early stages of their careers and seek job opportunities that support their continuing learning, increase competence, and help facilitate change transitions (Brekelmans et al., 2013) (Price & Reichert, 2017).

This research was primarily sourced from nurses who worked in inpatient rooms, with clinical nurse levels 2 and 3. Most of the participants also held positions as hospital staff nurses. Another study in India suggests that it is also essential to be aware that nurses report lower levels of clinical competence with increasing years of experience. This study may imply the need for a CPD program to target relevant clinical competencies for experienced nurses. Alongside clinical competence, knowledge of quality improvement [QI], performance appraisal, clinical auditing, and conflict management were identified as some of the critical managerial competencies for nurse self-development (Macaden et al., 2017). Some of the nurses in this survey reported reaching structural positions and clinical ranks of nurses very quickly through the manager's approach and recommendations and high levels of CPD participation. Their self-development is rated above average. Nurses with additional qualifications in informal activities are reported to be more managerial competent than those with formal experience, perhaps because of the many variants and types of training and education that are followed. Efforts to strengthen clinical and managerial competence through CPD must be carefully balanced against the nurse's clinical role in the work unit.

The CPD program is essential to improve the quality and safety of care provided by nurses and increase job satisfaction and staff morale (Macaden et al., 2017). In this survey, nurses also reported that they obtain self-development policy support through career development, education, training, and adequate means to support nurses in increasing their knowledge and skills. Not a few nurses in improving themselves face many obstacles, especially the problem of financing. Barriers to attending CPD training mainly include personal reasons such as household responsibilities, distance, cost, and professional reasons such as lack of information and managerial support. Similar barriers to the presence of CPD have been found elsewhere; including, lack of time and finances, access to CPD (Tiwari, 2012), difficulty balancing work, continuing education, and home life (Ross, Barr, & Stevens, 2013).

For a CPD program to be effective, it must be responsive to professional and personal needs and, more importantly, reflect the organization's strategic health priorities. Some nurses have plans to continue with higher education, such as continuing to master programs and specialist nurses, although some do not have a long-term development plan. Other research shows nurses seem to conceptualize continuous professional development in three dimensions: goals, level of formality of learning activities, and scope of action (Pool, Poell, & Berings, 2015). Needs and expectations are expressed for nurses at various career stages. Early career nurses expect sufficient training and education to facilitate workplace transitions and continuing education opportunities throughout their career for advancement. For mid-to-late career nurses, the importance of lifelong learning is understood in the context of maintaining competence, providing quality patient care, and enhancing future career opportunities. Education and training are directly related to nursing career satisfaction. A healthy work environment is identified by nurses as one that invests in continuous professional development opportunities to ensure sustainable growth in their practice and provide optimal quality patient care. Training and education are emerging as cross-cutting themes at all career stages and have implications for patient care and retention, and recruitment (Pool, Poell, & Berings, 2015). Other research shows a clear relationship between learning education and development activities and works attitudes and performance. Investments in nurses' learning and development have a positive impact on patient care, individual nurses, and health care organizations (Johnson, Hong, Groth, & Parker, 2010). Individual motivation is one of the most significant factors identified as contributing to

participation in CPD. If nurses are not motivated to change their behavior, there is no adequate CPD (Kiriaki, Olga, Christos, Aikaterini, & Lambrini, 2020).

At the organizational level, the role of the CPD is influenced by its relationship to organizational strategy, the commitment of key decision-makers, and the provision of internal infrastructure for CPD. Without the support and encouragement from their superiors, nurses will experience difficulties in their professional development. The majority of nurses need support and advice for CPD (Hemmington, 2000). A variety of other factors also influence individual and organizational commitment to CPD and the ability to implement CPD, including professional development planning, learning culture, and change dynamics (Hemmington, 2000). The key components are teamwork and team spirit, the nurse's attitude, the possibility to participate in training programs, and effective communication to stimulate CPD (Hemmington, 2000). The drivers and constraints of CPD can be considered at three different levels: individual, organizational, and at the level of the business environment. At the individual worker level, the main problems that arise are awareness and understanding of CPD, conflicting demands about time, availability of funds, and access to resources. At the organizational level, the role of the CPD is influenced by its relationship to organizational strategy, the commitment of key decision-makers, and the provision of internal infrastructure for CPD. Organizational leadership plays an essential role in supporting attendance in continuing professional development as an investment for the future (Brekelmans et al., 2013).

These insights can help the organization direct its professional development approach that is sustainable to all age groups' needs (Coventry, Maslin-prothero, & Smith, 2015). This insight should be particularly relevant in the face of current demographic changes in an increasing nursing workforce. Nurses seek guidance in their workplace to ascertain, build and develop their practical and professional knowledge. Hierarchical structures, cultural practices, and personal relationships in the workplace affect the accessibility of knowledge and experience. Workplace learning is an essential part of professional development when education is a changing process for learners and the environment. The field of nursing is very diverse and ever-changing (Skår, 2010). Regular and periodic training needs to be carried out to improve nursing services (Pangandaran, 2018).

4. Conclusion

The high participation rate of the program (CPD) supports the career and professional path of nursing. Short-term plans prioritize nurses' thinking in improving (CPD), namely the fulfillment of nursing care practices entirely and continuously. The long-term plan for nurses is to continue educational programs at higher levels, such as specialized education and a master's degree in nursing. Awareness and level of participation (CPD) are supported by financing, feedback, quality of work and development plans, working conditions, and personal feedback.

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