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Study Title

EVALUATION OF ADHERENCE TO CONTINUING PROFESSIONAL
DEVELOPMENT GUIDELINES OF NURSING COUNCIL OF KENYA BY
CPD PROVIDERS' IN MERU COUNTY

INTRODUCTION & BACKGROUND 1/2

- ❖ The International Council of Nurses (2010) advocate for nurses' continuing learning to maintain their competences as they have the biggest responsibilities and accountability for patients continuing care.
- ❖ Nurses require to take part in CPDs to update themselves and keep abreast with current changes and to increase their competencies.
- ❖ As CPDs play significance role to nurses, several countries are executing compulsory continuing professional development programmes.
- ❖ Regulators in Kenya have resulted in governing the licensure and registration of health workers to promote and uphold the ethical standards of practice

INTRODUCTION & BACKGROUND 2/2

- ❖ Despite the many efforts by the regulatory body, it is commonly observed that CPD activities in many Counties are fragmented and rarely standardized and regulated with proper implementation mechanism.
- ❖ Furze and Pearcey (1999) recognizes lack of empirically documented information analysing adherence to continuing professional development guidelines, and the perceived outcomes in relation to changes in knowledge accrual, attitudes, skills, job fulfilment, worker's retention and career advancement.

The Problem 1/2

- ❑ The nurses Act Cap 257 commends CPD as a medium for skills enhancement in promotion and protection of public wellbeing while ensuring quality care is accorded to the health care sector.
- ❑ The Ministry of Health (2013) reported a challenge in tracking institution which was conducting training where, and who was being trained on CPD especially after decentralisation of health services to County Governments
- ❑ Institute of Medicine (2010) highlights the absence of a comprehensive and well-integrated system of continuing education (CE) in the health professions as an important contributing factor to knowledge and performance deficiencies at the individual and system levels.

The Problem 2/2

The present approach to CPD has intense faults with large gaps in research, regulation, and financing. The CPD activities are managed by different stakeholders operating in isolation and each conducting the training in their own different styles.

A report by DTC coordinators supported by (Ravitch & Riggan, 2017) noted that there are no records of CPD providers and the mechanism to train on CPDs addressing the thematic areas set by the NCK was lacking.

Thus the study endeavoured to evaluate CPD provision in Meru County in an effort to improve health care services that are offered at Meru County.

Research objective

1. To establish the CPD providers' adherence to the continuing professional development guidelines of Nursing Council of Kenya.

Justification of the study

CPD has remained one of the numerous approaches aimed at strengthening health care workers and deemed necessary to improve quality of patient care and safety

In the contemporary era of paradigm shift in health, revolution of CPD guidelines programmes calls for re-programming and alignment of learning continued community prospects and the requirements of health care practitioners.

The present approach to CPD has intense faults with large gaps in research, regulation, and financing. The CPD activities are managed by different stakeholders operating in isolation and each conducting the training in their own different styles.

Significance of the study

- There is a critical need to determine adherence to continuing professional development training for nurses especially with devolution of health services.
- As database decisions are more valuable than intuition-based decisions, the study findings has given valuable information to the decision makers for the development of interventions.
- The Nursing Council of Kenya may borrow the study results to normalize, regulate, strengthen and harmonize CPD programmes for nurses in public, private and faith based health institutions to meet minimum standards responsive of patients' safety and quality nursing services.
- The documented outcomes of the study may be used by the county's policy makers to support, develop and implement CPD programmes that enhance nurses' skills and competences for the benefits of patients in general.

Literature reviewed 1/5

Egunyomi (2001) asserts that professional development is envisioned around the major concept of continuing learning after the basic education which leads to adoption of life long adult learning.

Speck and Knipe (2005) defines professional development as learning to earn qualified credentials for work opportunities in one's area of practice.

Gopee (2001) emphasizes the necessity for nurses to take part in all-time learning and continuous professional training to keep for knowledge and skills upgrade along enhancing competences.

The nurses Act Cap 257 section 11 subsection 4 provides for regulation, retention and licensing that prescribes that any person who is registered by the Council must renew their licenses every year upon meeting the criteria for retention (NCK, 2015).

Literature reviewed 2/5

- The Council identifies the constantly changing CPD environment with multiple players hence the CPD providers include individual nurses registered and licensed by the Council, Health facilities (Public, private, Faith based), training institutions (Public, Private and Faith based), relevant Health Professional bodies, Non-Governmental Organizations collaborating in the health sector, Pharmaceutical and or Medical Technology Organizations, Research Institutions and any other CPD provider as approved by the Council
- Accordingly WHO (2010), providers and trainers of CPD are needed to meet the set quality standards, that is, be familiar with and adhere to the CPD framework, ensure CPD is provided by teachers who use effective teaching and learning strategies matched to content and the level and type of learners and use valid and reliable assessment methods that provide feedback on whether the learning objectives have been met

Literature reviewed 3/5

- There is a crucial need for commitment to continued professional growth for life-long learning (Thomas, 2012). Continuing professional development (CPD) is imperative for nurses' skills enhancement and improvement of quality service delivery.
- CPD should enhance effectiveness in the practice and practitioner's development within the profession while being based on the principles that it is a continuous process actively seeking to improve the skills, knowledge and performance aligned to the individual learning needs.
- Willis (2012) emphasizes on the quality of continuing education especially for nurses to enable them provide optimal care to their patients and respond to the needs of the community.

Literature reviewed 4/5

- Kenya, like many other countries in the region, requires nurses to obtain continuing professional development (CPD) which is also linked to licensure renewal (Evans, Timmins, Nicholl, & Brown, 2007)
- Several regulators in Kenya have resulted in governing the licensure and registration of health workers to promote and uphold the ethical standards of practice.
- It has been recognized that all health professionals, through continuing professional development activities, need to adhere to new developments in health care which has led to many countries engaging their employees in mandatory continuing education.
- In order for nurses to update both their knowledge and skills, and remain competent, there is need to take part in lifelong learning and continuous professional education.

Literature reviewed 5/5

- There must be appropriate regulation of formal CPD activities and all providers of formal CPD activities must adhere to training policies
- Hence, the study focused on evaluating adherence to NCK CPD guidelines by the CPD providers, the nurse practitioners, and the county government adherence to the monitoring and evaluation mechanisms
- This in turn helped to identify any gaps in terms of compliance to the guidelines hence work towards improvement on the same

Research methods and materials

Study location

The study was carried out in Meru County. Meru County borders Laikipia County to the West, Nyeri to the South West, Tana River to the East, Tharaka-Nithi to the Southeast and Isiolo County to the North.

The county has nine administrative sub-counties, which are equivalent to the electoral constituencies with 45 electoral wards. These are Tigania East, Tigania West, Igembe Central, Igembe North, Igembe South, Imenti North, Imenti South, Buuri and Central Imenti.

Research methods and materials

Research Design

- ❑ The study was a descriptive survey to evaluate adherence to guidelines of CPD Nursing Council of Kenya in Meru County health facilities.
- ❑ Different methods of data collection (triangulation) were used (questionnaires, interview guide and documentary analysis checklist)

Study Population

The study population comprised of nurse practitioners, CPD providers and County health administrators in Meru County.

Research methods and materials

Data Collection

- ✓ Structured and unstructured questionnaires,
- ✓ interview schedules, and
- ✓ documentary analysis to collect data.

Data Analysis

- ✓ Sorting, editing, coding and analysis of primary data was done to eliminate errors
- ✓ SPSS version 22.0 and Microsoft excel was used in the data analysis

Ethical considerations

- ✓ The relevant approvals were sought before data collection
- ✓ Confidentiality and Anonymity was maintained during the study

Results and discussion

The study sought to establish the extent to which CPD providers adhered to CPD guidelines

Results: 50% of the respondents indicated that CPD providers participate in training needs assessment to a great extent as portrayed by a scale of 4. Also all the CPD providers develop deliver and assess training needs to some extent (3) with no deviation.

(50%) of the CPD providers' participate in monitoring and evaluation of CPD to some extent (3), as well as collaboration with partners at County and National levels. The participants indicated that (50%) of CPD providers publish their training calendar to greater extent (4). This was an average fairing which it translation is that they should improve their adherence parameters

Results and discussion

- 62.50% of the CPD providers conform to the set guidelines to some extent (3), with 62.50% of the CPD providers providing training reports to the council
- 60% of the CPD providers cited that they create an evaluation process to some extent (3) and also award certificate to nurses who complete CPD training.
- 50% of the CPD providers renew their practicing licenses and 60% have taken part in CPD forums.
- The study found out that only 37% of the CPD providers promote awareness of the CPD activities.
- With deviation of 0.51, the respondents stated that collaboration between CPD coordinators and the providers only happens to some extent (3).

Results and discussion

❑ Some training areas/gaps needed by the CPD providers to enhance their training:

- Information, Technology & Communication,
- Human Resources Management courses,
- policy making & leadership management,
- Public Relations and
- Counselling courses.

❑ Challenges cited by CPD providers as hindrance to adhering to the CPD guidelines:

- inadequate time to enhance rolling out of the continuous professional development programs,
- some nurses repeat courses and some attend training which are irrelevant to them.
- Some nurses lack interest to attend CPD training to build their nursing competence and keep abreast with the current nursing practise.

❑ This is an implication that nurses are either not motivated to embrace their professional growth or are not aware of such CPD trainings within the county

Results and discussion

Rarieya and Tukahirwa (2006) emphasizes that CPD trainings are necessary for one's competence. It was clear that expensive venues, lack of funds and lack of quorum were some of the challenges that CPD providers were facing during the implementation of CPD programs.

That in turn interfered with timely submission of reports, renewal of practising licenses, participation and evaluation of CPD activities, and promotion of awareness and creation of forums to foster such activities.

Conclusion, recommendation & future research

- ❑ It was connoted through the study that the CPD providers hardly adhere to the NCK CPD guidelines.
- ❑ The mentioning of trainings required to enhance competency showed that nurses and the providers still required strengthening in thematic areas cited by the council as key for competency.
- ❑ lack of regional NCK officer hindered supportive supervision.

Conclusion, recommendation & future research

- ❑ This study recommends that whether a legitimate onus or a free deliberate choice, nurses must adhere to the regulators requirements by undertaking some trainings which will result to efficiency and improved patient's management and improved health outcomes
- ❑ To enhance adherence to CPD guidelines, the council should ensure that it has officers in the county to enhance coordination and rolling of the CPD activities.
- ❑ The CPD providers should be accountable for all the activities in case there is a trainer who is not accredited, and their license should strictly be revoked if they are not abiding with the NCK set guidelines.
- ❑ based on the findings, using regression technique, a study should be conducted to predict the effects of CPD to the quality of health care in a case study county.