

CONTINUING PROFESSIONAL DEVELOPMENT (CPD) IMPACT FOR CLINICAL AND NURSING PRACTICE: A SYSTEMATIC LITERATURE REVIEW

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ABSTRACT

INTRODUCTION AND AIMS:

Professionalism provides for an obligation for nurses in carrying out nursing care in hospitals and this is obtained from continuing professional development (CPD). The aim of this research is to review the benefits of CPD in nursing practice.

MATERIAL AND METHODS:

This paper is a literature review using several databases, namely Scopus, PubMed, Science Direct. Searching for articles were with the keywords /MeSh vocabulary - "[Continuing Professional Development]" OR "[CPD]" AND "[Nursing]" AND [Professional].

RESULT:

Based on the search results, nine articles were found which had used mixed (n=2), qualitative n= 2 and quantitative (n=5) methods.

CONCLUSION:

CPD impacts nurses' knowledge, skills, job retention, patient safety and quality of care.

KEYWORDS

Continuing Professional Development (CPD), nursing, review, professional.

INTRODUCTION

Continuing Professional Development (CPD) is an active participation process used by nurses in the form of continuous learning. It is also a commitment to maintaining, enhancing professionalism and career success [1]. CPD is significant in relation to the satisfaction of nurses and their career paths [2]. According to the Regulation of the Minister of Health of the Republic of Indonesia (Permenkes) No. 40 of 2017 on the professional career path of nurses, CPD is an effort to renew high standards of health services by means of professional practice [3], and improved patient care [4].

CPD has been utilized by nurses around the world. In Australia, CPD is required of nurses [5]. In the UK, CPD has a minimum requirement of 12 hours a year. It even reaches up to 30 hours in other parts of Europe, such as Belgium, France and Italy [6]. In Indonesia specifically, the implementation of CPD is still very basic. One of the reasons for this is the gap in competency and credentialing results. Additionally, meeting the requirements for nurse professionalism is a challenge in the process of achieving the career path process [7].

The implementation of nursing care by prioritizing professional practice is considered the goal and cannot be separated from CPD. If undertaken continuously, this has direct implications for the quality of nursing services in hospitals. Nurses are required to undertake CPD because they have high standards in their work, for example, they must ensure that the care provided is the best, individual-centered, and filled with compassion [8]. It is also for patient convenience [9], and patient safety [10], and it is claimed that with CPD, missed nursing care in hospitals can be avoided [11]. This statement is corroborated by the latest Indonesian Health law number 17 of 2023, meaning that providing health services there must be priority for patient safety [12]. This provision further supports the implementation of CPD and its benefits in improving knowledge and skills [13]. In addition, the development of technology along with the patient needs is a reason for nurses to develop their competence [3]. The implementation of CPD can be in the form of training, formal nurse education, workshops, seminars, research, and community service. In terms of career advancement, CPD is also an indicator and form of recognition or accountability of a nurse's clinical ability. It is also a requirement in determining a nurse's clinical privileges.

In hospitals, if we look at the facts, CPD is prioritized by nurses. The evidence is that they only do CPD when they need it [14], for example, for the purpose of career advancement. This is due to many factors, including the high cost of CPD, family obligations, work-life balance, and stress. As a result, there is still a gap in uptake and it definitely affects nursing practice in hospitals [15,16].

This review was intended to analyze the impact of CPD on the practice of the Indonesian nursing profession, especially in hospitals so that in the future CPD can be carried out continuously and routinely.

METHODS

The methodological framework used was based on Arksey & O'Malley. There were five stages, starting from identifying the research question, relevant studies based on the search strategy, selecting sources of evidence and compiling, mapping, reporting [17], and conclusions. The review was reported based on the PRISMA-Scr extension checklist [18].

IDENTIFYING RESEARCH QUESTIONS: DETERMINING CRITERIA

Research questions were organized based on PICO (Population, Intervention, Comparison, Outcome) [19]. Articles were universally filtered disregarding publication date. The main inclusion criteria here were that the article should be written in English and the title of the article not included review studies (Table 1).

SEARCH STRATEGY

Databases used were PubMed, Scopus, Google Scholar, and Science Direct. The Boolean phrases used were (Ti: Continuing Professional Development* OR CPD*) AND (Ti: clinical practice* OR clinical privilege* OR Nursing Practice). These keywords were a combination of synonyms and MeSH terms.

SELECTING SOURCES OF EVIDENCE

Four reviewers, H.A, RRTSH, TAP and E.N, sorted the extracted papers by title and abstract of each article for initial review, to then be matched with the inclusion and exclusion criteria. Suitable articles were reviewed in full text to reconfirm compliance with the following inclusion and exclusion criteria:

TABLE 1. PICO, INCLUSION AND EXCLUSION CRITERIA

PICO Element	Inclusion	Exclusion
P: Continuing professional development	Focus of Nurses' CPD	CPD in medical, pharmacy and midwifery, CPD in health services (Hospitals, Puskesmas)
I: Strategies used to improve the quality of nurse practice	Interventions to improve professionalism and service quality	-
C: Studies that include comparison, study design	Quasi experimental or experimental study, original research, case study	Systematic review, meta-analysis
O: Patient safety, miss nursing care, good clinical privilege	Includes all impacts of CPD	
Language	English and Spanish	Besides English and Spanish

COMPIILING, SUMMARISING and REPORTING DATA

Information was collected such as author's name, date/year of research, country where the research was conducted, methods used, research results and research gaps/recommendations. A summary of the search results can be seen in Figure 1. The results were then summarized and reported in descriptive form.

RESULTS

ARTICLE SEARCH RESULTS

Based on the search results of retrieved articles in several databases, 2,115 articles were found. They were then

filtered by language and title, leaving 960 articles. After that, we assessed the articles based on Table 1, leaving 570 articles and sorted them again for duplicate publication (i.e. the same article found in different databases), resulting in 56 articles. The last step was to ensure 210 articles had full text and met the inclusion and exclusion criteria. Finally, this study obtained 15 articles consisting of qualitative (n=2, quantitative (n=5), and mixed method (n=2) studies. This process can be seen in Figure 1. Flowchart diagram.

FIGURE 1. FLOW CHART DIAGRAM

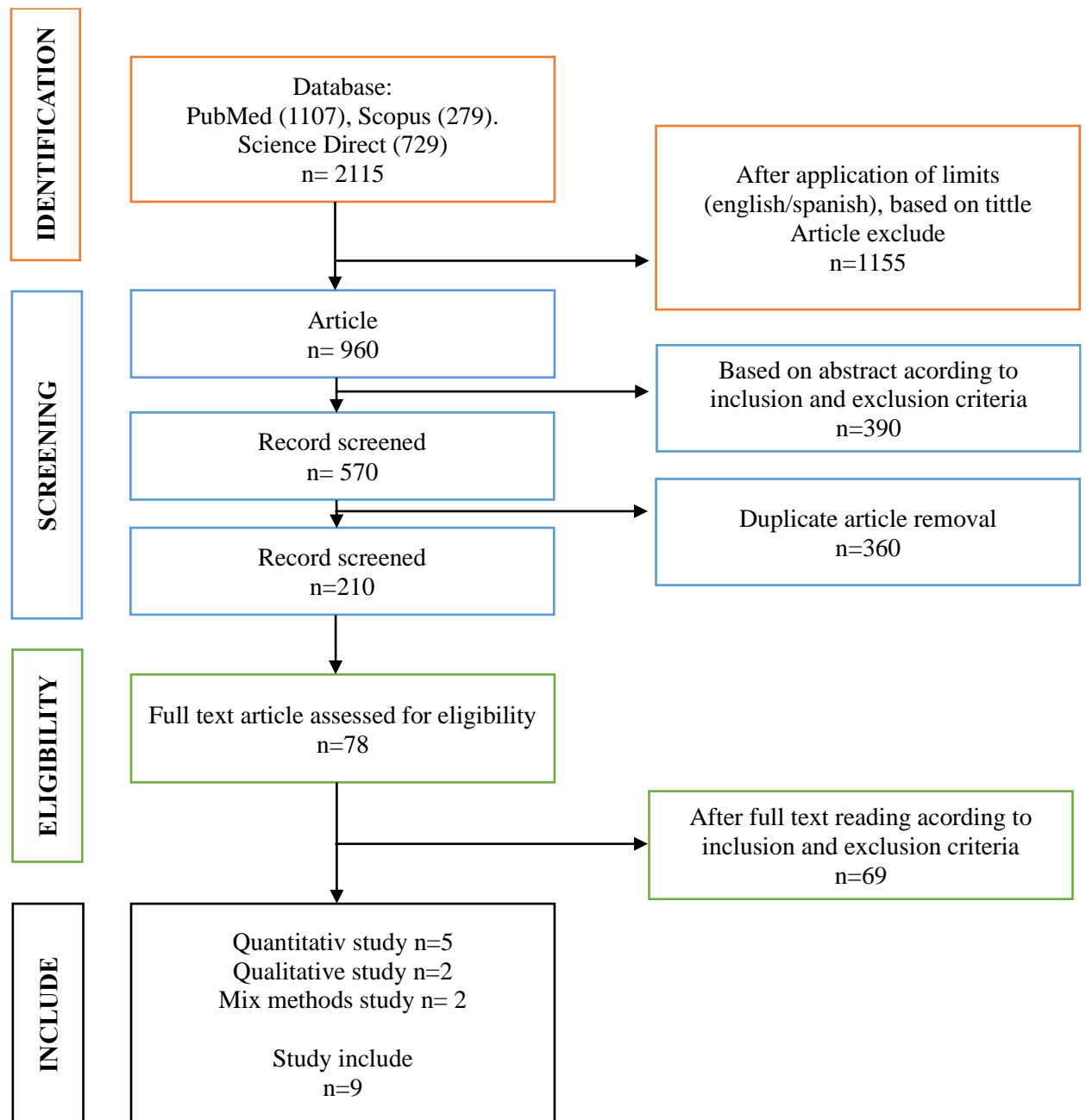


TABLE 2.CHARACTERISTICS OF THE SELECTED STUDIES IN THIS REVIEW

Study Country	Aims/Design	Sample/data Size collection methods	Main result	Limitation
[20] Eutopia	Qualitative, sequential	Nine, semi-structured interview	3 themes identified: <ol style="list-style-type: none"> 1. Sharing knowledge about CPD in the form of PONT training 2. Availability of accessible training 3. Changes in the nurse 	This study only used nurses as a source of information about the impact of PONT training. Interviews with leaders and organizations in support, especially CPD activities, are needed.
[21] Scotlandia	Quantitative/ Survey	2,813, Questionnaire	More than 75% of respondents spend 0-10 hours a month doing CPD. Discussion with friends was the most preferred activity by all respondents.	This research was a survey and there were limitations to the questionnaire in obtaining data. Although many respondents participated, they still suggested that other methods be used in the future.
[22] Filipina	Quantitative/Descriptive	105, Questionnaire	CPD can improve nurses' skills, performance and productivity.	This study suggests that research respondents are not only nurse educators, which was a shortcoming of this study.
[23] Myanmar	Quantitative	60, Questionnaire	There was an increase in pre-seminar knowledge and nurses also realized their self-efficacy improved.	The average knowledge score was high because the questionnaires were distributed after the seminar. Long-term research is needed to measure nurses' knowledge.
[24] United Kingdom (UK)	Mix-Methods/sequential explanatory design	39, Questionnaire and semi-structured interview	From the questionnaire results, e-learning helps nurses' CPD process. From the interview results, it was found that motivation influences CPD, perceived value and challenges of engagement in CPD.	This study was small-scale, only on 1 unit in the hospital, namely the pediatric ward.
[25] Kanada	Qualitative/Ethnography	10, Interviews	The INSÉPARable portfolio is a form of CPD supporting continuous patient safety from nursing practice experiences.	This study focused on the nurses' experience. In the future, it is recommended to focus on the patient so that patient-nurse interaction occurs at the same time.

[26] Indonesia	Quantitative/non-experimental design	149, Questionnaire	CPD has an effect on nurses' careers.	Respondents in this study were on a small scale because they were from 1 area. In the future, various places are needed to see the broad impact of CPD on nurses' careers.
[27] Rwanda	Quantitative/Cross-sectional study	463, Questionnaire	93.7% said CPD is very important, it concerns the quality of their service to patients and 92% thought Online CPD can be utilized as a source of new knowledge.	This study used a self-developed tool; although it was scrutinized for validity and reliability, we admit that it was not sufficient as the reliability test was conducted on a small sample.
[28] Kanada	Mixed-Methods/case study	55, Website questionnaire and semi-structured interview	Respondents reported the highest rate of using smartphones (53.8%) and the lowest rate of using mobile apps (35.8%) for CPD, while the interviews found the flexibility of using mobile-based learning, the level of autonomy and the comfort of self-learning.	The low response rate of participants may be due to the fact that the researcher did not directly supervise the participants, which may have biased the study.

DISCUSSION AND CONCLUSION

CPD IMPROVES KNOWLEDGE, SKILL, CONFIDENCE, AND JOB RETENTION

Abebe's research in Ethiopia collected data using in-depth interview techniques from nine perioperative nurses. From the results, nurses said CPD, in the form of training, can improve their skills, knowledge and confidence [20]. Martin's research has also highlighted the importance of CPD for the development of performance, skills and mediating the transformation of practice services from individuals [29]. Both are clear evidence of the need for CPD in hospital practice settings by nurses.

CPD is nothing new. Nurses and other professionals are willing to spend a few hours a month undertaking CPD [21]. Seeing this case, a study modified technology by conducting CPD online. This intervention certainly saves costs without clashing with nurses' routine activities, namely the results of Beckett by utilizing e-learning as a CPD program that is easily accessible in any condition as long as it is connected to the internet network [24]. Vernon's research also identified CPD with the help of a cellular application and indeed based on the results of this study it is actually easy for nurses to learn [28].

For nurses, there is no other option but to do CPD. Confidence in caring for patients is much better with CPD [30]. In fact, a theory by Bandura sets out that someone who is equipped with the right information will not be able to use the information if it is not driven by confidence, knowledge and trust in using the information [31].

Some research can reassure nurses that CPD makes them more productive in providing nursing care to patients [22]. Nurses believe that what they accomplish is not wasted and has a positive impact on the patients.

Confidence is also often linked to service satisfaction. Nursing is known as a caring and compassionate profession. However, the fact is that not just a few nurses experience fatigue which has a negative impact on patient care and worse if it leads to turnover [30]. This is related to job retention. Hariyati's research specifically highlighted the benefits of CPD for nurses' career paths [26]. According to Hariyati and Safril, CPD is one of the main factors in determining the process and determination of nurses' career path. In Indonesia, this standard has been set

and must be implemented by all nurses as a necessity and demand [26].

CPD FOR PATIENT SAFETY AND QUALITY OF CARE

CPD is also often linked to patient safety [29]. This is also supported by Allen's research in 2020 which asked participants about the benefits of their CPD practices, and the results showed that CPD can shape a nurse's self-identity, making nurses more confident in their actions to patients [33]. Moreover, Cervero (2015) research positions CPD at the forefront as a strategy to guarantee nurses' professional actions [34]. That way, nurses are able to take pride as a profession that implements evidence-based practice because it is supported by knowledge.

One aspect of evidence practice is the certainty of safe service [35]. All patients desire the best service, and it is not uncommon for them to be willing to spend their fortune to get it. Indicators of safe and comfortable service have become the demands of all health professions, including the nursing profession. Accomplishing this is not easy and requires the commitment and seriousness of nurses in order to continue to enhance their skills and knowledge through CPD. It is admitted that evidence-based practice necessitates expertise and competence [36]. Nurses must also ensure all treatments are in accordance with standards and prioritize patient safety [37,38].

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