

Involvement in Continuing Professional Education and Competencies of Staff Nurses in Hail General Hospital, Saudi Arabia

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To enable keep abreast with changes in health care, nurses have a responsibility to undertake continuing professional development. Acquiring new knowledge and skills is essential for nurses to practice safely in new and extended roles. Continuing professional education is widely viewed as playing a pivotal role in meeting health service delivery needs and the learning needs of individual healthcare professionals. Continuing education in nursing consists of planned learning experiences beyond a basic nursing educational program. These experiences are designed to promote the development of knowledge skills and attitudes for the enhancement of nursing practice, thus improving health care to the public. This study is to determine the (a) degree of involvement of the staff nurses' in continuing professional education, (b) staff nurses' competencies, (c) relationship between the degree of involvement of staff nurses in continuing professional education and their competencies, and (d) problems encountered by staff nurses in complying with continuing professional education. The study utilised one hundred and sixty-eight staff (168) nurses who were purposively selected by employing the descriptive-correlation research design. Findings showed that the staff nurses had very high degree of involvement in continuing professional education in terms of updating, competence-building and performance enhancement. The staff nurses' competencies in terms of degree of relationship, degree of personal qualities and degree of functionality is very high. The higher the degree of involvement of the staff nurses in continuing professional education in terms of updating, the higher is their competencies in terms of degree of relationship, degree of personal qualities and degree of functionality. Lack of off-duty time, unfavorable shift patterns and schedules, and lack of administrative support are the top problems encountered by the staff nurses in complying with continuing professional education.

Keywords: Continuing professional education, competency, staff nurse, health service delivery, Hail General Hospital.

INTRODUCTION

Education is a lifelong process, it is not just an isolated event that happened once in the past but it is a continuing activity in a person's life. As such, it must be actively pursued as a personal goal and a common good shared by members of an organization or professional association. By seriously pursuing continuing professional education, nurses clearly discern what their professional practice demand them to be and what their clients or employers expect them to do. Amidst the

continuous formation of the global community, Filipino professionals must seriously consider their continuing professional education (CPE) – understood the training and development in their field of expertise and beyond. This professional drive towards lifelong learning will keep them at least useful and productive in their present jobs, competitive in their skills, talents, and knowledge vis-à-vis their foreign counterparts, and potentially employable, should the risk of losing their jobs loom into the picture (Tullao, 2009). Article 3 Section 9(c) of R.A. 9173/ "Philippine Nursing Act 2002" delineates the legal basis of continuing professional education for nurses and

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mandates that the Board shall monitor and enforce quality standards of nursing practice necessary to ensure the maintenance of efficient, ethical and technical, moral and professional standards in the practice of nursing taking into account the health needs of the nation.

Nursing is a scholarly profession and practice-based discipline and is built on a foundation of knowledge that reflects nursing's dual components of science and art. Nursing knowledge in conjunction with a liberal education prepares learners to enter practice with identified core competencies. The science of nursing is applied in practice through a critical thinking framework known as the nursing process that is composed of assessment, diagnosis, planning, implementation, and evaluation. The steps of the nursing process serve as a foundation for clinical decision-making and evidence-based practice. The art of nursing is based on a framework of caring and respect for human dignity. The art and science of nursing are inextricably linked, as a compassionate approach to patient care carries a mandate to provide that care competently. Competent care is provided and accomplished through delegated, independent and interdependent practice (Koloroutis, 2004; pp123-125), and through collaborative practice (Tomey, 2009; p397) involving other colleagues and/or the individuals seeking support or assistance with their healthcare needs (ANA, 2004; p12).

Patient expectations for high quality health care services lead health providers to improve the educational status of health professionals in order to meet these expectations and during the process of continuing professional development, individuals take control of their own learning and development, by engaging in an on-going process of reflection and action. On the other hand, Continuing Professional Development (CPD) is based not only on the needs of the individual but also on the employer needs as well as the profession as a whole and society. CPE as a subset of lifelong learning, is gaining increasing recognition in both its' personal and professional applications. It is widely viewed as playing a pivotal role in meeting health service delivery needs and the learning needs of individual healthcare professionals. However, many nurses encounter difficulties in gaining access to CPE, and those opportunities for CPE that are provided may be restricted to traditional methods such as formal academic programmes.

Nurses have a responsibility to undertake CPD to enable them to keep abreast with changes in health care. Acquiring new knowledge and skills is essential for nurses to practice safely in new and extended roles. Opportunities for CPD are thought to increase retention. Most of what counts as the nurses' CPE is carried out through in-service training. "In-service focuses and is designed to re-train people; to improve their performance and communicative ability and to get them started on the never-ending continuum of education". Moreover, they also have the choice of pursuing graduate studies, such

as the program offered by the Institute of Nursing of the University of Asia and the Pacific. "The trend in universities offering a Master's program is to prepare the graduate nurse for increased knowledge and skills in clinical nursing so that their major specialization may either be psychiatric nursing, maternal-child health nursing, public health nursing, or medical-surgical nursing. Others may go into the field of nursing administration or nursing education." There are also short courses offered by other institutions aimed at enhancing their professional and personal growth (Conclara, 2001).

In the health care literature, the term competency is often used to describe the knowledge to be able to perform a particular task. According to Norman (1985) competency is more than knowledge. It includes the understanding of knowledge, clinical, technical, and communication skills, and the ability to problem solve through the use of clinical judgment. Competence is the ability to perform a specific task, action or function successfully. Competencies are used to create unique standards within disciplines and specialties. This encompasses educators, learners, and practitioners.

Verma *et al.* (2006) reports that, "competencies in education create an environment that fosters empowerment, accountability, and performance evaluation, which is consistent and equitable. The acquisition of competencies can be through talent, experience, or training. ANCC (2005) denotes that the current health care system needs not only more practicing nurses but also competent practicing nurses. The American Nurses Association (ANA) through the American Nurses Credentialing Center (ANCC) established the magnet hospital recognition program to identify excellence in the provision of nursing services. An obvious correlation here is that competence is an integral part of excellent in nursing practice. The magnet program recognized those health care institutions that acted as a "magnet" for professional nurses by creating a work environment that rewarded quality nursing services. The name of the program was changed in 1996 to the Magnet Nursing Services recognition program for excellence in nursing services. Currently, the magnet nursing services designation is bestowed for four years and the highest level of reward that can be accorded to organized nursing services in health care organizations. "Continuing education in nursing consists of planned learning experiences beyond a basic nursing educational program. These experiences are designed to promote the development of knowledge skills and attitudes for the enhancement of nursing practice, thus improving health care to the public" (Venzon, 2006).

Abaquin (2009) emphasizes that the eleven (11) core competencies guide in developing curriculum in nursing, serve; as framework in developing test syllabus for entrants to the nursing profession, as tool for performance evaluation among nurses, as basis for advanced practice and specialization, as framework for

developing a training curriculum for nurses, to protect the public from incompetent practitioners, and as yardstick for unethical and unprofessional practice of nursing. Bradshaw and Merriman (2008) examine how nurses are prepared to be clinically competent and safe at the time of registration or licensure, so that they are fit for practice and purpose. They examine the ideology of preparing the 'knowledgeable doer'. In 2003, the Institute of Medicine (IOM) issued a report, *The Education of Health Care Professionals: A bridge to Quality*, in which professional competency was viewed as a shared responsibility of both the public and private sectors. The IOM report recommended that all professional boards move toward requiring licensed health care professionals to periodically demonstrate their ability to deliver care within five competencies. These career encompassing competencies are (1) deliver patient centered care, (2) be members of an interdisciplinary team, while emphasizing (3) evidence-based practice, (4) quality improvement, and (5) informatics (IOM, 2003). To summarize, competence in nursing practice is complex and involves cognitive and kinaesthetic aspects. Conceptually, it is more than just passing an exam or test. It involves action and demonstration of both the physical and cognitive skills used by nurses in the practice environment.

Hasson and Arnetz (2008) in a study of nursing staff competence, work strain, stress and satisfaction in elderly care found that the lack of competence development, high levels of work strain and low levels of work satisfaction among nursing staff have been associated with high turnover. Nursing staff perceptions of their competence, work strain, stress and satisfaction were measured by questionnaire. In general, staff in home-based care reported significantly less sufficient knowledge compared with staff in nursing homes. Obviously, this information has relevance to clinical practice as lack of competence development may have significant negative implications for work satisfaction. If competence is seen as a normative concept, it is likely that the indicators used to imply competence should be those which indicate the possession of a broad range of normative items. A 2006 study by Farrand *et al.* sought to examine whether the implementation of competency recommendations has led to improvements in the confidence of nursing students in their clinical skills. They found the positive effect that the competency recommendations had upon levels of confidence in nursing practice. Not surprisingly, they discovered that there is a relationship between competence and confidence. The rapid expansion of computer-driven technologies into multiple aspects of modern health care suggests that many of the important competencies of the 21st century nurse will encompass mastery of computer technology. Little agreement was found regarding specific computer-focused competencies necessary for nurses. Taken as a whole, however, there is consensus that the computer-competent nurse possesses a general knowledge and understanding of computer technology,

Table 1: Degree of Staff Nurses' Involvement in Continuing Professional Education (CPE).

Indicators	Weighted Mean	Verbal Interpretation	Rank
1. Updating	4.99	Very High	1
2. Competence building	4.97	Very High	3
3. Performance enhancement	4.97	Very High	3
Average Weighted mean	4.98	Very High	2

coupled with a positive attitude toward computers and software. In addition, such a nurse is skilful in the use of computer hardware and software and able to grasp how such technology benefits nursing, patient care and the overall health care environment.

A study by Williams *et al.* (2008) comparing clinical competencies between nursing students with degrees and traditional students was performed because students with second degrees have been recently considered as an answer to the nursing shortage. They are thought to possess greater ability to critically think and engage in self-directed learning behaviors, and possess greater motivation to master clinical skills. Their results yielded statistically significant differences on two of the 36 competency measures identified in the study. Second degree students indeed are different in maintaining client confidentiality and developing appropriate, prioritized nursing diagnosis. Therefore, this study supports that second degree nursing students have greater clinical competency in professional behaviors of client confidentiality and critical thinking with nursing diagnosis. It was interesting to note that the results did not support second degree students as superior in mastering 17 basic nursing clinical skills. Issues related to competence are not easily resolved but are nevertheless crucial to the trust that has been placed in nursing by society. The accountability of the profession demands that nurses individually and collectively: identity competencies central to nursing; participate in groups influential to competency measurement; be informed about competency issues; and think proactively and raise questions about competency whether it is broadly or narrowly defined.

Valera (2010) asserts that simulated clinical experience has bearing on the eleven core competencies development of student nurses. He further revealed that there are other factors that may directly affect students' competencies to include the delivery of theoretical lectures, length of clinical exposure, and methodology of delivering clinical instruction. There is a dearth of studies emphasizing the benefits of engaging into continuing education to the competency development of nurses. Hence, this study is to determine the (a) degree of involvement of the staff nurses' in continuing professional education, (b) staff nurses' competencies, (c) relationship between the degree of involvement of staff nurses in

Table 2: Staff Nurses' Competencies in terms of Degree of Relationship.

Indicators	Weighted Mean	Verbal Interpretation	Rank
1. Creates a relationship with patient that acknowledges their strengths and assists patients in addressing their needs	4.98	Very High	1
2. Build strong ties by collaborating with the other health professional and agencies as appropriate	4.97	Very High	3
3. Helps to build harmonious relationship by creating a conducive learning environment for volunteers and new staff nurses	4.97	Very High	3
4. Respects the role of the head nurse and maintains a climate of mutual trust	4.96	Very High	5
5. Follows the chain of command and values the Director of Nursing's aspiration to provide holistic and quality care to patients	4.98	Very High	1
Average Weighted Mean	4.97	Very High	

Table 3: Staff Nurses' Competencies in terms of Degree of Personal Qualities.

Indicators	Weighted Mean	Verbal Interpretation	Rank
1. Accepts guidance from direct superiors	4.99	Very High	1
2. Shows readiness in implementing plan of care to patients	4.99	Very High	1
3. Shows good behavior and respects other people	4.98	Very High	3
4. Accepts new ideas and maintains open communication to other people	4.98	Very High	3
5. Complies with the work attire by wearing neat and proper uniform on duty	4.97	Very High	5
Average Weighted Mean	4.98	Very High	

CPE and their competencies, and (d) problems encountered by staff nurses in complying with continuing professional education.

METHODOLOGY

This study utilized the descriptive-correlational design. Descriptive research involves description, recording, analysis, and interpretation of the present nature, composition and process of certain phenomena (Polit and Beck, 2004). Correlational design consists of the study of two or more variables where there is a conceptual basis and is looking for a cause and effect relationships in the results but cannot specify the direction of the relationship at the beginning of the study (Brink, 2001). The respondents of the study were the staff nurses from Hail General Hospital, Kingdom of Saudi Arabia. The Hail General Hospital was used for the study because of the

excellence in the provision of nursing services. From a total population of 292 staff nurses, this study utilized 168 staff nurses randomly chosen from the different clinical areas. The ratio of male to female of the study population was 1:7 and their average age 30 years with an average working experience of 5 years.

A self-made closed-ended questionnaire consisting of 3 parts was used in the study. Part 1 covered the degree of involvement of the staff nurses in continuing professional education, while Part 2 dealt with the staff nurses' competencies. Part 3 dealt with the problems encountered by the staff nurses in complying with CPE. The questionnaire was validated by three (3) experts in nursing, research, and statistics. Permission to conduct the survey was secured from the Director of Nursing of Hail General Hospital and from the researchers' institution. Upon the approval of request, the researchers distributed the questionnaires to the respondents. To ensure participation of the respondents, permission was

Table 4: Staff Nurses' Competencies in terms of Degree of Functionality.

Indicators	Weighted Mean	Verbal Interpretation	Rank
1. Shows excellent problem solving skills and perform solutions if needed	4.99	Very High	2
2. Performs hospital procedures with the use of appropriate hospital equipment and shows flexibility if transferred to other areas other than his/ her specialization	4.98	Very High	5
3. Communicates with the health care team effectively and provides comfort and emotional support to patients	4.99	Very High	2
4. Acts as patient advocate in providing safe and quality health care delivery system.	4.99	Very High	2
5. Demonstrates leadership skills if delegated with additional tasks and role.	5.00	Very High	1
Average Weighted Mean	4.99	Very High	

Table 5: Staff Nurses' Competencies.

Indicators	Weighted Mean	Verbal Interpretation	Rank
1. Degree of Relationship	4.97	Very High	3
2. Degree of Personal Qualities	4.98	Very High	2
3. Degree of Functionality	4.99	Very High	1
Overall Average	4.98	Very High	

Table 6: Relationship between the Staff Nurses' Involvement in Continuing Professional Education and their Competencies.

Degree of Involvement in Continuing Professional Education	Competencies		
	Degree of relationship	Degree of personal qualities	Degree of functionality
Updating	0.0000*	0.0000*	0.0000*
Competence-building	0.5154	1.00	1.00
Performance enhancement	0.2359	1.00	1.00

*Significant @ 0.05

Table 7: Problems Encountered by the Staff Nurses in Complying with CPE.

Problems	Frequency	Percentage (%)	Rank
Lack of off-duty	100	59.5	1
Unfavorable shift patterns/scheduling	86	51.2	2
Lack of administrative support	53	31.5	3
Lack of time	28	16.7	4
Lack of personal motivation	28	16.7	4
Lack of professional motivation	17	10.1	6
Lack of funding	15	8.9	7
Family/home commitments	12	7.1	8

sought from each unit head nurse. The survey lasted for three weeks. The researchers personally retrieved the 168 questionnaire from the respondents. The gathered data was tabulated and subjected to statistical treatment. Weighted mean was used to determine the staff nurses' (a) degree of involvement in continuing professional education, and (b) competencies using a 5-point scale of strongly agree or very high to strongly disagree or very low. Pearson Product Moment Correlation Coefficient (Pearson r) was used to determine if there is significant relationship between the staff nurses' degree of involvement in CPE and their competencies.

RESULTS AND DISCUSSION

Degree of Staff Nurses' Involvement in CPE

As shown in Table 1, for the degree of staff nurses' involvement in continuing professional education in terms of updating, competence-building and performance enhancement, an average weighted mean of 4.98 (interpreted as very high) was obtained. This means that the staff nurses have high degree of involvement in continuing professional education which results to information, formation and transformation of nurses to be able to provide safe and quality nursing care.

Staff Nurses' Competencies

As shown in Table 2, an average weighted mean of 4.97 (interpreted as very high) was obtained for the staff nurses' competencies in terms of degree of relationship. This means that the staff nurses are able to collaborate with the health care team. Also as shown in Table 3, an average weighted mean of 4.98 (interpreted as very high) was obtained for the staff nurses' competencies in terms of degree of personal qualities. This means that the staff nurses are able to show good behavior and character towards others.

As shown in Table 4, an average weighted mean of 4.99 (interpreted as very high) was obtained for the staff nurses' competencies in terms of degree of functionality. This means that the staff nurses are able to perform their duties and responsibilities to provide safe and quality nursing care to health consumers. Table 5 shows the staff nurses competencies in terms of degree of relationship, degree of personal qualities, and degree of functionality. The obtained average weighted mean of 4.98 (interpreted as very high) showed very high level of competencies which results to the delivery of safe and quality nursing care.

Relationship between the Staff Nurses' Involvement in CPE and their Competencies

Table 6 shows the relationship between the staff nurses'

involvement in continuing professional education and their competencies. There is significant relationship between the staff nurses' degree of involvement in CPE in terms of updating and their competencies in terms of degree of relationship, degree of personal qualities and degree of functionality as shown by p values which were lower than the 0.05 level of significance. This means that the higher the degree of involvement of the staff nurses in CPE in terms of updating, the higher is their competencies in terms of degree of relationship, degree of personal qualities and degree of functionality.

Table 7 shows the problems encountered by the staff nurses in complying with CPE. The major problems identified by the respondents are; Lack of time, Lack of funding, Unfavorable shift patterns/scheduling, Lack of off-duty, Lack of professional motivation, Family/home commitments, etc. Staff nurses' lack of off-duty hours with a frequency of 100 and having 59.5% was ranked the highest among the identified problems. This shows that staff nurses need more off-duty time to have access to CPE. Staff nurses commitment to family/home with a frequency of 12 and having 7.1% was ranked least among the identified problems.

Conclusion

The staff nurses had very high degree of involvement in continuing professional education in terms of updating, competence-building and performance enhancement. The staff nurses' competencies in terms of degree of relationship, degree of personal qualities and degree of functionality is very high. The higher the degree of involvement of the staff nurses in continuing professional education in terms of updating, the higher is their competencies in terms of degree of relationship, degree of personal qualities and degree of functionality. Lack of off-duty time, unfavorable shift patterns and schedules, and lack of administrative support are the top problems encountered by the staff nurses in complying with continuing professional education.

Recommendations

Hospitals administration should provide more in-service training such as ward lectures, case presentations, case scenarios and seminars. They should continue to encourage and support their staff nurses for further studies, attend seminars; convention and updates for professional advancement. Nursing administrators should review the administrative policies concerning nursing departments' education, training and research in order to address individual weakness in staff nurses involvement in updating their continuing professional education. They should develop systematic staffing and scheduling to meet maximum participation of staff nurses in their involvement on continuing professional education.

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