UNIVERSITY OF CAPE COAST

VIEWS OF HEALTH WORKERS IN CAPE COAST TEACHING HOSPITAL REGARDING CONTINUOUS PROFESSIONAL DEVELOPMENT OPPORTUNITIES AVAILABLE TO THEM

EUNICE AFREH

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BY

EUNICE AFREH

Thesis submitted to the Institute for Educational Planning and Administration of the School of Educational Development and Outreach, College of Education Studies, University of Cape Coast, in partial fulfilment of the requirements for the award of Master of Philosophy degree in Administration in Higher Education

JULY 2017

DECLARATION

Candidate's Declaration

I hereby declare that this thesis is the result of my own original research and that no part of it has been presented for another degree in this University or elsewhere.

Candidate's Signature: …….. Date: ……

Name: Eunice Afreh

Supervisors' Declaration

We hereby declare that the preparation and presentation of the thesis were supervised in accordance with the guidelines on supervision of thesis laid down by the University of Cape Coast.

Principal Supervisor's Signature……. Date.....

Name: Dr. Hope Pius Nudzor

Co-supervisor's Signature……. Date…….....

Name: Dr. Edward Akomaning

ABSTRACT

This study is aimed at exploring the views of nurses and midwives at the Cape Coast Teaching Hospital regarding Continuous Professional Development opportunities available to them. The descriptive survey design was adopted for the study. A sample size of 250 respondents was selected through the multi-stage sampling technique from a population of 478 nurses and midwives at the Cape Coast Teaching Hospital (CCTH). The underpinning theory for this study was the human capital theory advocated by Becker (1946). It also presents a conceptual framework showing the types of CPD programmes and their benefits to nurses and midwives. The findings of the study revealed workshops, refreshers courses and seminars as the main forms of CPD programmes attended by nurses and midwives at the CCTH. Similarly, it is evident from the study that nurses and midwives engage in CPD programmes to keep them abreast with modern trends in the health profession and also to serve as means for the renewal of their professional licence. However, the study revealed inconvenient workshop schedule and inappropriate date for the CPD programme as the main challenges nurses and midwives faced in accessing the CPD programme. Based on the findings, it was recommended that the hospital management should collaborate with the NMC to organise more CPD programmes frequently for nurses and midwives. Also, there is the need the NMC to actively involve nurses and midwives in the planning of CPD programmes. Finally, the hospital management and NMC should endeavour to invest in organising more CPD programmes for nurses and midwives.

KEY WORDS

Continuous Professional Development

Health workers

Midwives

Nurses

Nurse and Midwifery Council

Health professionals

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DEDICATION

To my beloved and dearest children,

Angel, Mathias, Andrew.

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LIST OF ACRONYMS

UCC	University of Cape Coast
CPD	Continuous Professional Development
NMC	Nurses and Midwives Council
NMTI	Nursing and Midwifery Training Institution
CCTH	Cape Coast Teaching Hospital
DDH	District Director of Health
GHS	Ghana Health Service
ENRH	Effia Nkwanta Regional Hospital

CHAPTER ONE

INTRODUCTION

Continuous professional development (CPD) is very important in every organisation**.** CPD as discussed in this work involves activities that focus on enhancing the knowledge, competence and skills of workers through orientation, training and support. Within the health profession, CPD programmes are aimed at consciously updating of professional knowledge and improving the professional competence of nurses and midwives (Garba, 2011)

In Ghana, Nursing and Midwifery Council (NMC) is responsible for organising CPD programmes for nurses and midwives. NMC has acknowledged CPD as an essential activity for health workers and other health professionals and as a result have made it a requirement for the renewal of licence. Despite, the importance of the CPD programmes to health workers, the participation of nurses and midwives in attending these programmes is on the low side (NMC, 2016). There have been several instances where nurses and midwives give excuses for not attending CPD programmes which have been organised for them. Whereas this is so for many nurses and midwives, others are of the view that there are no opportunities for them to engage in CPD programmes. These varying views expressed by nurses and midwives have necessitated the need to conduct a study to explore the views of nurses and midwives at the Cape Coast teaching hospital regarding the opportunities for CPD programmes available to them.

Background to the Study

Health care is a very critical issue all across the world. This is because good health care is one of the fundamental human rights of every individual. Due to its importance, having good health was included in the eight (8) Millennium Development Goals which is captured currently as the 3rd goal of the Sustainable Development Goals (Coetzer, 2001).

The African continent is faced with several health care issues and this has accounted for poor health care delivery on the continent. The continent's diseases burden is soaring as high as 24% of the global total. The African continent is stuck deep in diseases like HIV/AIDS, tuberculosis (TB), and malaria. The increase in the disease burden on the African continent may be attributed to challenges which includes inadequate health professionals like doctors, nurses, midwives, health assistance amongst others; and inadequate infrastructural development. Thus, the continuous training and development of health professionals is very essential in meeting the continents' health care goals (Perry, 1995).

The increasing complexity of applied technology and the dramatic impact of new knowledge in health have greatly increased the difficulty of healthcare and placed unprecedented demands and accountability on health care professionals the world over (Perry, 1995; Wood, 2008). This therefore, calls for emphasis on efficiency, quality and effectiveness on health professionals to deliver. All over the world, the face of health care is changing rapidly thus, continuous training and development of health professionals must be able to keep with these changes. The fundamental training given to nurses and midwives places emphasis on general nursing practices which are in most

cases very broad. Nurses and midwives cannot work with this general knowledge throughout their working life. There is the need for nurses and midwives to continually upgrade themselves to equip them with the specific skills and knowledge in dealing with health cases.

According to Altman (2008), Continuous Professional Development (CPD) is the systematic maintenance, improvement and broadening of knowledge and skills, and the development of personal qualities necessary for the execution of professional and technical duties throughout the practitioner's life. Houle (1982) stated further that CPD is the way in which professionals try throughout their active lives of service, to refresh their own knowledge and ability and build a sense of collective responsibility to society. Neale (1997) also averred that CPD is any activity that is aimed at improving the knowledge, competence and skills of workers through orientation, training and support. Similarly, Perry (1995) explains that, CPD is the holistic commitment of the structured skills enhancement and personal or professional competence. Perry (1995), further added that, CPD is the conscious updating of professional knowledge and improvement of the professional competence throughout a person's working life. CPD is again defined as a commitment to structured skills and professional competence (Casey & Egan, 2010). CPD in the view of Wood (2008), encompasses all activities that workers undertake, both formal and informal, to maintain, update, develop and enhance their professional skills, knowledge and attitudes.

Chartered Institute of Personnel Development Guide (2007) stipulate that, CPD is the key to optimizing an individual's career opportunities, both today and the future. CPD has also been acknowledged by Nursing and Midwifery

Council (NMC) as an essential activity for health workers and other health professionals. The CPD programme allows health workers to maintain their skills and competence to stay current with advances in knowledge, skills, competence and technology and to integrate the acquired knowledge into practice (Katsikitis 2013). Inferring from the various definitions presented in this background, one can conclude that CPD is or can be seen as a systematic and on-going process of education that build on the initial training of professionals in the health sector. This continuous education ensures on-going competence, knowledge expansion and personal skills development to handle new responsibilities or changing roles and also to increase personal and professional effectiveness of health workers.

Health professionals are people whose job is to protect and improve the health of their communities. Health professionals form an integral part in the provision of quality health care service to clients in the health industry. Health workers are responsible for the provision of an essential healthcare scheme by stimulating health, preventing illness, restoring health, and lessening suffering (Donkor & Andrews, 2011). Furthermore, health workers are responsible for caring for indisposed patients and also carrying out the directions given by doctors. Key among these health professionals are nurses and midwives.

Nurses and midwives encounter several setbacks in the provision of health care. A Service Provision Assessment Survey completed in Rwanda in 2007 identified gaps in the ability of nurses and midwives to effectively treat many conditions associated with maternal, new born, and child health (WHO, 2006). This report places emphasis on the need to equip more qualified and competent nurses and midwives, who would be able to rise up to the task of

providing healthcare services in their communities. Similarly, the 2006 World Health Organization (WHO) report stated that, developing capable, motivated and supported heath workers is essential for overcoming bottlenecks to achieve national and global health goal (WHO, 2006). This statement elucidates the critical role health workforce plays in the realisation of health goals globally. This statement for the purposes of this research means for instance that, in order for nurses and midwives to provide quality care and meet their communities' changing health care needs, they must acquire the necessary knowledge and skills. This is why pre-service training for health workers is particularly important in developing countries, like Ghana, which is still grappling with limited numbers of motivated healthcare workers to meet the growing population's health needs.

Training up health professionals in Ghana is the prerogative of Nursing and Midwifery Training Institutions (NMTI), such as Universities and Health Training Colleges. These institutions are in two forms, some are managed by private individuals and others managed by the Government. The NMTI are responsible for equipping nurses and midwives with the practical skills and experience they need for practice. As part of their professional training, nurses and midwives are made to take part in a centralised professional examination known as the Licensure Examination. Aside all their training, nurses and midwives still need to upgrade themselves through CPD programmes to equip them with modern trends in solving societal health problems. The changing pattern of the world coupled with the technological advancements and modern science of treating ailments, have made it imperative for nurses and midwives to go for CPD programmes. Neale (1997) speculates that over the years, much

emphasis has not been placed on building the capacity of health workers in the country despite the critical role they play in health care delivery.

Consequently, to this, NMC in 2016 expanded its requirements for renewal of license of nurses and activities other than participation in workshop. With the expansion in the CPD programmes, credit points needed for renewal of license were extended to areas like research, publishing of professional education books or journals, active membership of professional or regulatory bodies, clinical supervision and audits, provision of psychological interventions, lecturing, teaching, facilitating workshops and many other areas. This expansion in the CPD programmes was in accordance with section 55 (f) of Part III of the Health Professions Regulatory Bodies Act, 2013 (Act 857). The Act mandated the NMC to among other things, "determine and implement post-registration, continuing education and CPD programmes for practitioners".

NMC also revealed that unlike previous situations where CPD programmes were classroom centred, practitioners will now have the opportunity of scoring professional education points beyond the classroom. NMC stressed for nurses and midwives to avail themselves for continuing professional development in order to update their knowledge in respect of changes in health patterns, standards of professional education and practice, health sector reforms and technological advancement. NMC reiterated the CPD programme as mandatory for the renewal of license (NMC, 2016).

Despite the expansion in the CPD programmes for nurses and midwives, there appears to be several barriers to participation in the various CPD programmes. These barriers to participation in the CPD programme are

likely to arise from the way the programme is packaged in terms of its organisation and content, method or mode of delivery of knowledge and coverage for the various specialties. This is exacerbated by the fact that in Ghana, most health workers appear not to be aware of the various CPD opportunities available to them (NMC, 2016). In some instances, health workers are expected to pay for the programme, as it is a personal professional development. Others go through several challenges regarding their selection for participation in selected CPD programmes. Against this backdrop, Garba (2011) for example has suggested, CPD workshops need to be improved to enhance health workers' enthusiasm for attending such workshops. This is important as health workers' participation in CPD has the tendency to affect their attitudes and approaches which could contribute to the improvement of the quality of health care delivery in the health centre.

Considering the mandatory nature of the CPD programmes for nurses and midwives in Ghana, it has become important to explore the views of the nurses and midwives regarding the CPD programmes and how it truly helps in the upgrading of their knowledge, skills and competence in order to improve upon their performance. The Cape Coast Teaching Hospital (CCTH), a regional hospital and also a referral centre for most cases in the Central Region must be equipped with professional health workers who would be able to meet up with any health condition they are faced with. This requires their continuous engagement in CPD programmes. Nurses and midwives have been urged to identify, select and engage in relevant CPD activities that will help them in their personal and professional learning goals (NMC, 2016). It is against this

backdrop that this study is being conducted to explore the views of nurses and midwives at the CCTH regarding CPD opportunities available to them.

Statement of the Problem

CPD has in recent years gained credence particularly in the nursing sector in Ghana. According to the NMC's Standards, Protection and Service Guide (2016), CPD programmes for nurses and midwives, has been mandated by the Health Professionals Regulatory Bodies Act, 2013 (Act 557), section 55 (f). The Health Professionals Regulatory Bodies Act, 2013 (Act 557) has mandated the Health Council to determine and implement, continuing education and CPD programmes for nursing assistants, midwives and nurses after registration. According to the guide, it is compulsory for every nursing assistant, nurse and midwife to provide evidence of CPD credit points accumulated to be able to renew one's license every year. Despite these directives by the NMC on CPD, some nurses and midwives do not attend these programmes. The case is not different for nurses and midwives at the CCTH.

Essel, Badu, Owusu-Boateng & Saah, (2009) in their study on CPD programmes for health workers in Ghana, reiterated the need for health professionals to fully participate in the CPD programmes in order for them to constantly upgrade their professional knowledge, skills and competency. They came up with the fact that CPD programmes have been designed to improve the knowledge and skills of nurses and midwives to remain competent in the delivery of health care services to their clients. Their study also stressed on the need for all health workers to fully participate in attending CPD programmes in order to improve upon their professional abilities. According to a report by the NMC (2016), the CPD programme was identified as a commitment to

continuous personal and professional development in order to provide quality care and promote professional integrity for the benefit of the individual, clients or patients and the profession. All these descriptions of the CPD programmes given by stakeholder in the health sector paints a clear picture of how important the programme is when it comes to improving healthcare delivery in Ghana. This means that all health workers should gladly embrace the programme with all commitment. However, the case is not so on the part of many health workers in the country.

Nurses and midwives at the CCTH play vital role in the provision of health care in the Central Region and the whole country at large. A report from the District Directorate of Health (DDH) has revealed that most nurses and midwives at the CCTH have not been able to upgrade their professional skills despite the call by the NMC, making CPD mandatory for them (NMC,2016). The refusal or inability of nurses and midwives to upgrade their professional knowledge and skills could have an adverse effect on the quality of health care services they provide to their client. One could wonder why nurses and midwives have refused to participate in the CPD programmes even when the NMC has made it mandatory for them. It has become necessary to explore the views of health workers at the CCTH regarding the CPD opportunities available to them. This is critical in helping to understand types of CPD programmes available to them, the challenges they face and finally their reasons for engaging in these CPD programmes.

Purpose of the Study

This study purports to examine the views of nurses and midwives in the CCTH regarding the CPD opportunities available to them. Essentially, the

study seeks to explore the CPD programmes available to nurses and midwives at the CCTH and the challenges they face in accessing the programmes with the view to improve their practice.

Research Questions

The study is guided by the following research questions:

1. What, in the views of participants of the study, are the types of CPD programmes available to nurses and midwives in the CCTH?
2. What reasons do nurses and midwives in CCTH have in engaging in CPD programmes?
3. What challenges are associated with the CPD programmes available for nurses and midwives at the CCTH?
4. How, in the views of participants of the study, do the CPD programmes organised for nurses and midwives at the CCTH help to them improve their practice?

Significance of the Study

It is envisaged that the findings from this study will provide nurses and midwives with information on CPD programmes available to them. Such information will help nurses and midwives to know the various types of CPD programmes available to them and which one to apply for at a given time. Additionally, findings of this study will also help hospital management to appreciate the reasons why nurses and midwives engage in CPD programmes and the various challenges associated with accessing CPD programmes.

Furthermore, the findings will provide information to supervisors of nurses and midwives as well as the NMC on the challenges nurses and midwives face before, during and after attending CPD programmes and how these challenges

could be solved to improve health workers' engagement in CPD programmes. It will again provide information to NMC for them to assess the types of CPD programmes that are important to individuals and the impact of CPD programmes on the success of the nursing practice.

Finally, researchers who wish to carry out further studies on the topic can use the findings as a guide to carry out their study. Findings from this study will be published in articles and presented during seminars and conferences to ensure that the information gets to all stakeholders.

Delimitations

The study was delimited to CCTH. There are a lot of health facilities in the country, as well as in the Central Region which are both public and private. However, the CCTH was chosen for this study because it is the main referral centre for most health facilities in the Central Region and as a result, CPD is important in equipping nurses and midwives at the CCTH to be able to handle complicated conditions. Also, the CCTH is a teaching hospital for the University of Cape Coast (UCC) medical school and thus it would be prudent to know the views of nurses and midwives of the hospital regarding opportunities for continuous learning and constant upgrading of their skills to provide quality clinical nursing practice training to the students who will come there for their practical lessons.

Also, the study was delimited to only nurses and midwives at the CCTH. Other health professions like laboratory assistants, doctors, pharmacist among others were excluded from the study.

Limitations

The result of the study was viewed within the context of several limitations. First, the study population was restricted to nurses and midwives at the CCTH in Central Region of Ghana therefore the results of the study could not be generalized to other population in the districts and regions in the country.

Methodologically, despite the numerous advantages of the descriptive design used, there will still be some problems with the use of the design. The use of the questionnaire, predetermined questions could potentially restrict participants from including information in their responses that would be relevant to the study. The use of an in-depth questioning using an interview would have provided an in-depth knowledge relevant to the central phenomenon**.**

Definition of Terms

Key terms and expressions used in the study are operationalised as follows:

1. Continuous Professional Development in the context of the study involves assessing training needs, developing and executing plans that ensures that one stays current with new development in the field and complies with regulatory requirement
2. Nurses are trained professionals who focus on the care of individuals, families and communities so they may attain, maintain or recover optimal health and quality of life.
3. Midwives are trained professionals who help healthy women during antenatal, labour, delivery and after the birth of their babies.

4. Health workers are people whose job is to protect and improve the health of the community members and also engage in actions whose primary intent is to enhance health.

Organisation of the Rest of the Study

This study contains five chapters. Chapter One presents the background to the study, statement of the problem, purpose of the study, research questions, significant of the study, delimitations, limitations and organisation of the rest of the study. The Second chapter of the study consists of the review of literature that is relevant to the issue under investigation. It provides the theoretical and conceptual framework for the study. Also, the chapter contains a discussion and summary of other early empirical studies that are related to the issue under investigation and the general summary of the chapter.

The procedures and techniques that the researcher employed to carry out the study are described in Chapter Three. This section of the study which is the research methods described the research design, study area, the population, the sample and sampling procedure, the research instrument, validity and reliability of the research instruments, the data collection procedure and ethical considerations. How the data that was collected was analysed is discussed in this chapter. The chapter also present the general summary of the chapter.

Chapter Four is devoted to the presentation of the results and discussions. The chapter consist of the discussion of the preliminary results as well as the major findings that emerged from the study with regard to the research questions and general summary of the chapter. Finally, Chapter Five focused

on the summary, conclusions and recommendations of the study. Suggested areas for further research are also captured in this chapter.

CHAPTER TWO

REVIEW OF RELATED LITERATURE

Introduction

This chapter critically looks at a review of related literature. It reviews basic and relevant scholarly thought and theories on occupational challenges of employees at their places of work. A review of related literature on this subject provides a conceptual framework for the study on the concept of CPD, benefits of CPD to the nursing practice and some challenges associated with CPD programmes in the health sector. The literature review further identifies the depth of literature on the types of CPD, reasons for engaging in CPD and how these programmes improve the practice of health workers.

Theoretical Framework

The theoretical framework underpinning this study lies within the theory of human capital by Becker (1993 as cited in Smith (2007). The proponents of this theory consider education and training as a form of investment in people to enhance productivity and participation in the new global economy. They also uphold the belief that a country with well-trained and developed teachers has a greater chance of obtaining economic success within the context of limited financial and natural resources.

Human Capital Theory

The origin of human capital theory can be dated back to the work of Adam Smith in the 18th century and John Stuart Mill in the 19th century (Mason & Wagner, 1994). However, the modern formulation of human capital theory as part of the overall economic production function is generally traced to mid-

20th century Nobel Prize winning works by Schultz and Becker whose works have had fairly recent updates (Schultz, 1994)

Human capital theory holds that the well-being of a society is not a function of only the traditional stocks of financial capital, labour and natural resources but also the knowledge and skills of individuals. Human capital can be used like any other asset to generate outcomes of value to individuals and society. In particular, the theory predicts that increased knowledge and skill will yield improved economic outcomes for individuals, societies and nations at large.

Human capital theorists consider education as a form of investment in people to enhance economic productivity. To them, the development of any society relies on how educated its citizens are and how carefully its resources are channelled into the improvement of education. Supporters of this theory further believed that educated persons have strong linkages with other factors of production such as land, capital and entrepreneur to maximise productivity in the society. Adam (as cited in Schultz 1994) in his view as a human capital theorist believes that building human capital can be done through education and continuous training and development of staff which are keys to employee productivity and participation in the new global economy. A country with a well-trained and developed manpower like nurses and midwives have a greater chance of obtaining economic success within the context of limited financial and natural resources. Human capital theorists therefore argue that an educated population is a productive population.

Education is an investment that can help foster economic growth, contribute to personal social development and reduce social inequality. In

addition to the growing economic importance of human capital, the social returns to learning, in the form of enhanced personal well-being and greater social cohesion, are also significant (OECD, 2005). Like any investment, it involves both cost and returns. Some of the returns are monetary, and directly related to the labour market, while others are personal, social, cultural or more broadly economic. Some returns accrue to the individual while others benefit society in general, for example, in the form of a more literate and productive population. Mason and Wagner, (1994) supported the assertion of the proponents of the theory such as Schultz (1994), that an educated population is a productive one. Based upon the work of Schultz, Psacharopoulos and Woodhall (1997) as well as Fitzsimons (1999) conclude that human capital theory rests on the assumption that formal education is highly instrumental and necessary to improve the production capacity of a population.

Becker (1993) in a similar manner postulates that for any nation to develop, it is crucial to evaluate the state of its primary, secondary and higher education with special reference to its research orientation of the education system. A well-educated population is able to produce more qualified outputs and adapt quicker to new technology than a poor education population. If a country has to become an important geopolitical player in its region and an economy to reckon with, it has to invest in the human capital in the country. Skilled, educated and healthy human resources increase the productivity and production of the nation. The production may be done even by the use of unskilled and semi-skilled manpower. But the production of quality goods and variety of goods need skilled manpower. Clearly, ‘a country which is unable to develop the skills and knowledge of its people and utilise them effectively to

increase production in the national economy will be unable to develop anything else' (Psacharopoulos and Woodhall 1997). Aside from the contribution of education to the overall economic production function, human capital theory also underlies studies of the impact of specific forms of investment in education and of different uses of the resources available to education. Under this approach, educational attainment becomes the proximate dependent variable and educational resource allocations and uses becomes the independent variable.

The existence of physical capital alone cannot do anything for economic development but should be combined with other factors of production such as human resource. The growth and development of every institution/organisation or nation thrives on resources such as human, capital and material resources. Among these resources, the most important resource is the human resource. Psacharopoulos and Woodhall (1997) assert that, it is not the capital nor the material resources of an organisation or nation that ultimately determine the character and pace of its economic and social development but the human resources base of an organisation or nation determine its wealth. Human resource is needed to combine physical and fiscal capital, machinery and equipment to effectively run our industries, factories, companies and organisation for national development. To operate the machinery and equipment that run factories and industries of a nation, it is impossible to do so without the involvement of human resource.

Fitzsimons (1999) maintain that human resources constitute the ultimate basis of wealth of nations. Harbison (in Becker 1993) supported the idea and further postulates that capital and natural resources are passive factors of

production; human beings are the active agencies who accumulate capital, exploit natural resources, build social, economic and political organisation, and carry forward national development. That is, if both public and private services have sufficient and effective personnel, with suitable and relevant skill and knowledge, there is every possibility of achieving the aims and objectives of the nation. All these can be achieved if the human resource for any organisation/institution or nation is continuously and properly trained and developed professionally.

Looking at the other side of the discussion, the theory also corresponds to any stock of knowledge or characteristics the worker has (either innate or acquired) that contributes to his or her "productivity". Becker's view of human capital is directly useful in the production process. More explicitly, human capital increases a worker's productivity in all tasks, though possibly differently in different tasks, organisations, and situations. In this view, although the role of human capital in the production process may be quite complex, there is a sense in which we can think of it as represented by a unidimensional object of knowledge or skills and this stock is directly part of the production function. This theory gives attention to the fact that individuals in organisations need to be abreast with the current knowledge needed in the organisation and training is one of the components of human capital that individual can go through to get the needed knowledge required in the organisation.

The strength of this theory is that it enables us to think of not only the years of schooling, but also of a variety of other characteristics as part of human capital investments. These include school quality, training, attitudes

towards work, etc. From the theory, we can make some progress towards understanding some of the difference in earnings across workers that are not accounted by schooling differences alone.

The main weakness is that at some level, we can push this notion of human capital too far and think of every difference in remuneration that we observe in the labour market as due to human capital. For example, if an individual is paid less than the other, that must be because that individual has lower "skills" in some other dimension that's not being measured by years of schooling–this is the famous (or infamous) unobserved heterogeneity issue.

The presumption that all pay difference is related to skills (even if these skills are unobserved to the economists in the standard data sets) is not a bad place to start when we want to impose a conceptual structure on empirical wage distributions. Inferring from the discussion in this section, it can be said that human capital is an essential aspect of human resource development.

Human Capital Theorists believed that investing in human resource in the form of CPD programmes is very important that require every institution or organisation to practice in order to bring achievement or enhance productivity. Investing in human capital can be done through education and regular professional development programmes of employees in all sectors of the economy such as nursing and midwives. Health institutions have to invest in the professional development of nurses and midwives so as to improve the quality of health care services provided to patients and clients in the health industry.

In nursing, every nurse goes through an initial education but with time, most nurses want to develop and upgrade. This results in improved health care

which also can be measured as increased productivity. All things being equal, the measurement of nurses' productivity is the quality of health care they provide. Human capital theory suggests that nurses like all other workers should constantly improve and upgrade their skills and knowledge to increase their productivity.

Concept of Continuous Professional Development (CPD)

CPD for nurses and midwives is primarily concerned with the maintenance and development of their knowledge and skills of profession to enable them to provide competent and safe nursing care (Sakamota & Powers 1995). Keighley and Murray, as cited in Eales (2001), advocate that CPD is more than imparting of knowledge and information. CPD provides opportunities for maintaining interest, encouraging high professional standards, keeping up-to-date, motivating, providing reassurance and boosting confidence. In comparison to other professions, CPD in nursing is based on the philosophy that nursing education is an on-going, lifelong process. CPD for nurses continues till the nurses stop practicing for this reason nurses continuously should sharpen and develop their skills to be abreast with current issues and trends in their practices (Dixon-Woods, McNicol, & Martin, 2012)

CPD has been defined by a lot of researchers. Some of the definitions by scholars are discussed in this section. The Chartered Institute of Personnel and Development guide (2007) stipulates that, CPD is the key to optimizing an individual's career opportunities, both today and the future. Coetzer, (2001) defines CPD as activities aimed at improving the knowledge, competence and skills of professionals in a particular field through orientation, training and support. Garba (2011), sharing similar opinion also defined CPD as the

holistic commitment of the structured skills enhancement and personal or professional competence. Garba (2011) further added that, CPD is the conscious updating of professional knowledge and improvement of the professional competence throughout a person's working life. Casey and Egan (2010) also views CPD as a commitment to structured skills and professional competence. CPD in the view of Wood (2008), encompasses all activities that workers undertake, both formal and informal, to maintain, update, develop and enhance their professional skills, knowledge and attitudes.

The concept of CPD in the nursing profession is often ill-defined, with the separate notions of formal training and on-the job learning serving to confuse the issue further. However, Day's (1999) definition of CPD encompasses all behaviours which are intended to effect change in the work place. He views CPD in nursing as consisting of all-natural learning experiences and those conscious and planned activities which are intended to be of direct or indirect benefit to the patient or client, which contribute, through these, to the quality of health care delivery. It is the process by which health workers review, renew and extend their commitment as agents of change in the provision of quality health care services in their community. It is evident from literature that, through the CPD programmes, health workers mainly nurses and midwives are able to acquire and develop critically their knowledge, professional skills and emotional intelligence essential to good professional thinking, planning and practice with their patients and clients.

From the foregoing, CPD can be seen as a systematic and on-going process of education, in-service training, learning and support activities that build on the initial education and training to ensure continuing competence,

extend knowledge and personal skills to new responsibilities or changing roles and increase personal and professional effectiveness of health workers.

CPD has been acknowledged by NMC as an essential activity for health workers and other health professionals. The CPD programme allows health workers to maintain their skills and competence to stay current with advances in knowledge, skills, competence and technology and to integrate the acquired knowledge into practice (Katsikitis 2013). James and Francis (2011) opined that health workers' views on what activities constitute CPD is frequently limited to attendance at courses, conferences and in-service training, often to meet professional requirements. Professional learning, or "on the job" learning is regularly seen by health workers as separate from CPD, and something that is just done as part of the job (Jaradeh & Hamdeh, 2010). However, available literature points to several facets of effective CPD, many of which are far removed from the commonly held perceptions of CPD as one-off events.

In 1990 nurses, midwives and health visitors became the first healthcare professionals whose re-entry onto their professional register was dependent on their ability to prove they made an effort to maintain their professional competence' (Kahn, 1999). This statement is in line with the actual requirements of these professional groups, which are concerned with undertaking learning activities and maintaining a personal professional profile to meet particular standards (NMC, 2006). The nursing professions in both the US and the UK now consider the importance of CPD as both continuing education and staff development (in-service education), hence the definition from the American Nurses Association (ANA, 2013, p. 5) as 'the lifelong process of active participation in learning activities to enhance professional

practice'. Flowing from the discussion above, it can be said that CPD is important both for individual and professional purposes. This is because, continuous learning will help the nurse to be abreast with currents knowledge and skills in her field which will help the nurse to work efficiently and effectively. In the same vain, CPD builds the individual nurse and makes her employable in case he or she leaves her current post to find a new post.

CPD and Training Methods

There are three approaches to training: the traditional approach, the experiential approach, and the performance-based approach Rama, Etling and Bowen, (as cited in Lai, 2006). In the traditional approach, the training staffs design the objectives, contents, teaching techniques, assignments, lesson plans, motivation, tests, and evaluation. The focus in this approach is intervention by the training staff. In the experiential approach, the trainer incorporates experiences where the learner becomes active and influences the training process. Unlike the academic approach inherent in the traditional approach, experiential training emphasizes real or simulated situations in which the trainees will eventually operate. In this model, the trainers and trainees jointly determine the objectives and other elements of training. Trainers primarily serve as facilitators, catalysts, or resource persons. In the performance-based approach to training, goals are measured through attainment of a given level of proficiency instead of passing grades of the trainees. Emphasis is given to acquiring specific observable skills for a task.

Types of Training

Lai (2006) broadly categorized training into two types namely; pre-service training and in-service training. Pre-service training is more academic in

nature and is offered by formal institutions following definite curricula and syllabuses for a certain duration to offer a formal degree or diploma. In-service training, on the other hand, is offered by the organisation from time to time for the continuous development of skills and knowledge of the incumbents.

Pre-service training

Pre-service training is a process through which individuals are made ready to enter a certain kind of professional job such as teaching, agriculture, medicine, or engineering. They have to attend regular classes in a formal institution and need to complete a definite curriculum and courses successfully to receive a formal degree or diploma certificate. Pre-service training institutions usually award certificates at the end of the training period. Certificates may include diploma, degree and masters from an appropriate institution.

In-service training

In-service training for health workers cannot be expected to prepare nurses and midwives for all the challenges they will face throughout their careers no matter how good it may be. Education systems therefore seek to provide nurses and midwives with opportunities for in-service professional development in order to maintain a high standard of health care delivery and to retain a high-quality health professional workforce. In-service training is a process of staff development for the purpose of improving the performance of an incumbent holding position with assigned job responsibilities. It promotes the professional growth of individuals. It is a programme designed to

strengthen the competencies of extension of nurses and midwives while they remain throughout on their job (Lai, 2006).

In-service training is a problem-centered, learner-oriented, and time-bound series of activities which provide the opportunity to develop a sense of purpose and increase capacity to gain knowledge and mastery of techniques. In-service training may broadly be categorized into five different types: induction or orientation training, foundation training, on-the-job training, refresher or maintenance training, and career development training. In-service training can further be described as a workshop for employed professionals, non-professionals and other practitioners to acquire new knowledge, better methods and many more.

On-the-job-training is an aspect of in-service training which occurs when workers pick up skills whilst working alongside experienced workers at their place of work (Lai, 2006). On-the-job training may take different forms, which include coaching, mentoring and job rotation. Coaching has been defined as support requested by or offered to professional learners who own the responsibility for their learning development (Landers, McWhorter, Young, Hickman, & Schuerman, 2010). Maharaj (2013) defines coaching as an in-service strategy that involves unplanned informal training and development activities provided by supervisors and peers. While coaching may provide valuable help for employees, it should be viewed strictly as a supplement to, rather than a substitute for formal training and development programmes. Coaching is an intervention delivered by an external professional coach and it is skills or competency focused.

Mentoring on the other hand is a learning situation which is broader than what is involved in coaching. Landers et al (2010) posit that a help by one person (normally a senior person) to another in making significant transmission in knowledge, work or thinking. Mentoring is further explained later in this study.

Off-the-job training is another aspect of in-service training; however, it occurs when workers are taken away from their place of work to be trained. Unlike on-the-job training where workers receive training while they remain on the job, off-the-job training occurs when the workers are off their job. This may normally take place at a training agency or local colleges. Maharaj (2013) opines that there is a great range and variety of methods available and each brings its own opportunities, advantages and consequences. Training can take the form of lectures or self-study and can be used to develop more general skills and knowledge that can be used in a variety of situations, like management skills programme.

Retraining on the other hand, is used by organisation to bring about development and improved competency in workers. This is essential especially with the frequent policy changes in education and also in evolving new knowledge and technology-based society. Retraining nurses and midwives can help to reduce mistakes and improve innovations in the nursing profession. Retraining of health professionals can be done in the following ways: in service training programmes, conferences, workshops, seminars and demonstrations.

The purpose of retraining according to OECD (as cited in Maharaj (2013) is to update, develop and broaden the knowledge that nurses and midwives

had acquired during the initial health care education and/or provide them with new skills and professional understanding that improves the effectiveness as health professionals. Mann (2005) describes retraining as a vehicle to improve on the professional competence of nurses and midwives' effectiveness. They further noted that teachers getting involved in staff development programmes, particularly pursing higher education and retraining, motivate them into taking their teaching roles more seriously. However, World Bank (2007 in Mann, 2005) noted that despite the benefits associated with retraining of health workers in various health care facilities, it is to a large extent neglected by the hospital management.

Metamorphosis of CPD Programme in Nursing

During the 1970s professional development of nurses in NMTI was based on the notion that there is a deficit in nurses' skills and knowledge. Most professional development programmes for nurses consisted of "one shot" workshops aimed at improving nurse's skills and knowledge. Later in the 1980's CPD for nurses moved towards healthcare improvement and equipping nurses and midwives to providing mentoring and coaching of nursing trainees at the ward (Guskey, 2002). This traditional approach was necessary but not sufficient to change nurses' mode of working.

Globally, many studies have reported nurses' and midwives' views on CPD and its perceived impact on practice (Gould, Drey & Berridge, 2007; Govranos & Newton, 2014; Nsemo et al., 2013). In Australia, there have being studies which have observed that respondents perceived CPD as business since it is only in the form of workshops and conferences and the role of CPD is not clearly defined, so professionals are not mostly used to facilitate CPD

clinically. This makes it difficult to achieve improved patient outcomes and maintain competency and efficiency. Some nurses and midwives also perceived CPD as part of the work while the majority saw it as separate from the workplace. Other nurses and midwives also viewed the CPD as a requirement for renewing their license. Furthermore, most of these nurses and midwives believe that there is no link between CPD and the ward context. The relevance of the content of CPD is also questioned by nurses and midwives as seen in the study findings of some authors (Gould et al., 2007). Similarly, studies in Australia also viewed the CPD as requiring a framework to facilitate an education that allows nurses to express their choice in topics for CPD (Gould et al., 2007; Govranos & Newton, 2014; Thomas, 2012). The authors of this study used both qualitative and quantitative approaches and got similar findings. However, Gust (2004), made an intensive and extensive analysis of previous research findings but failed to mention the methodologies used in the studies as well as their strengths and weaknesses.

The findings of some UK based studies conducted by Gould et al., (2007) revealed that nurses perceive CPD as important to bridge the gap between theory and practice as well as enhance career development. The methods of delivery of the course content were heavily criticized. Gould et al., (2007) observed that the delivery methods did not consider what was to be taught and that the content was not sufficiently related to practice and the methods of assessment were also not appropriate to meet practitioners' needs. They also noted that CPD does not consider self-learning (Gould et al., 2007). In the Gould et al. study, respondents perceived that nursing is becoming overly academic rather than clinical and nurses attend more and more training

without improving clinical awareness, thereby making nursing unattractive. The findings of Drey, Gould, and Allan, (2009); Gould et al., (2007) also showed that respondents perceived that managers hinder the implementation of new knowledge and expertise acquired. Although relatively large samples were used for these studies, a qualitative mixed method approach would have clarified the respondents "context of" inappropriate assessment methods" and "making nursing unattractive". How managers hinder the use and practice of new skills acquired was not exactly explained in the study. It is possible that the training needs of junior, senior and novice nurses were not considered hence a qualitative approach to this study would have given the authors a clearer picture. In Canada, CPD was perceived as important for practice. However, health works also perceived CPD programme as not based on learning needs. The study revealed that most health professionals preferred online CPD for reasons of distance and accessibility and a few others preferred short conferences, seminars and classroom lecture methods (Baxter, Dicenso, Donald, Misener, Opsteen, & Chambers, 2013).

A similar study conducted in China on the perceptions of CPD programme among health professional revealed CPD as necessary and as being clinical and hospital based, comprising clinical teaching rounds, seminars, academic meetings and case discussions lasting five days or less (Ni, Hua, Shao, Wallen, Xu & Li, 2014). Nurses and midwives view CPD as a process of lifelong learning to meet clients" needs with better health outcomes while achieving job retention (Yfantis, Tiniakou, & Yfanti, 2010). In a study in Las Vegas in the United States of America, respondents favoured both online and face to face learning for CPD (Landers, McWhorter, Young, Hickman, & Schuerman,

2010). Respondents in a study in Scotland perceived CPD as important for nurses and whether it was mandatory or not, they were still going to attend. The nurses noted that expectations were met using both face to face and e-learning. This was because nurses and facilitators were highly motivated; facilitators were highly skilled and continued to provide skilled support beyond the workshop/seminar time (Stout, 2013). The majority of the studies in Canada, China, and USA used the quantitative approach except for that of Scotland which combined qualitative and quantitative approaches that is the mixed method approach. Unlike the findings of the studies in Canada and China, the respondents in Scotland appeared to be satisfied with CPD. In South Africa, physiotherapists perceived that CPD should be mandatory while others preferred self-learning, hence CPD was meaningless to them (Maharaj, 2013). The study was largely female dominated and comprised mainly of physiotherapists with no other therapists. Therefore, the responses may reflect the views of female physiotherapists only.

In Ghana, Aiga (2006) reported in his study that Ghanaian health workers participate in CPD mainly for maintaining professional competence and skills development. In Ghana, not much work has been done on CPD. Studies by Aiga (2006) and Badu Nyarko (2015) have revealed that nurses and midwives perceived CPD as invaluable for all nurses and midwives, but all nurses and midwives observed that CPD does not meet their expectations because the programme seemed fragmented. The Badu Nyarko (2015) study also revealed that, there were no other workshops recognized for renewing their licence except the CPD organized by the NMC of Ghana. Furthermore, CPD programmes did not credit points. More so, a study conducted by Aiga (2006)

discovered that learning needs of nurses and midwives are not considered because there was usually a limited practical demonstration and limited time for questions.

Notwithstanding all these challenges, the studies by Badu Nyarko (2015) and Aiga (2006) have shown that nurses agree that CPD plays an important role in enhancing service provision and maintaining safety for patients and nurses. They assert that CPD bridges the gap between theory and practice as well as enhancing the professional practice of nurses and midwives. It is valuable and worthwhile and a consequential guarantee that the public will receive the best possible health outcomes. (Baxter et al., 2013; Chong, Sellick, Francis & Abdullah, 2011; Govranos & Newton, 2014; Ni et al., 2014; Nsemo, John, Etifit, Mgbekem, & Oyira 2013; Yfantis, Tiniakou, Yfanti 2010).

Models of CPD

Latter, Maben, Myall, and Young, (2007) classified CPD into three types: direct teaching (such as courses, workshops and so on); learning on-the-job (such as peer coaching, critical friendships, mentoring, action research, and task-related planning teams); and off-the-job learning (such as learning networks, visits to other health centres, hospital partnerships and so on). Mann (2005) supported what was described by Latter et al (2007) and also described nine models of CPD, which includes training which focuses on skills, with expert delivery, and little practical focus. Second on the list of the models, is award bearing which is usually in conjunction with a higher education institution, this brings the worrying discourse on the irrelevance of academia to the fore. Thirdly, deficit, this looks at addressing shortcomings in an individual nurse or midwife, it tends to be individually tailored, but may not

be good for confidence and is unsupportive of the development of a collective knowledge base within the school. Furthermore, cascade which is relatively cheap in terms of resources, but there are issues surrounding the loss of a collaborative element in the original learning.

Standard based is the next model, which assumes that there is a system of effective teaching and is not flexible in terms of learning among nurses and midwives. It can be useful for developing a common language but may be very narrow and limiting. Also, coaching / mentoring which involves the development of a non-threatening relationship and can encourage discussion, but a coach or mentor needs good communication skills. Community of Practice is another model which may inhibit active and creative innovation of practice, although they have the potential to work well through combining the knowledge bases of members. Action Research is another model; it is relevant to the hospital and wards and enables nurses and midwives to experiment with different practices, especially if the action research is collaborative. Lastly, Transformative model, this is the integration of several different types of the previous models, with a strong awareness and control of whose agenda is being addressed.

Mann (2005) suggested that the first four of these were essentially transmission methods, which give little opportunity for nurses and midwives to take control over their own learning. Standard based, community of practice coaching and mentoring, gives an increasing capacity for professional autonomy, with the action research and transformative models being able to provide even more professional autonomy, and giving teachers the power to determine their own learning pathways.

Direct teaching or training, the traditional perception of CPD, is often perceived as a top down delivery model of CPD, where information on methods is passed on to the individuals undergoing the CPD, for them to implement. Such lecture-style teaching has proved unpopular with nurses and midwives, who tend to prefer more active and practical styles of learning (Landers et al 2010). Day (1999) described how such top-down delivery could reinforce the idea of the nurse as a practitioner uncritically implementing externally imposed policies.

Day rejected the idea of a "guru culture", with nurses being told how to deliver their services by people in higher authority, and instead suggests that nurses and midwives should see themselves as a resource and use their own experience and background to develop their own critical and reflective practice over the course of their professional lives. An awareness of less formal and traditional forms of CPD is slowly growing, with calls for nurses and midwives to become more creative in the approaches to their own professional development and move away from more traditional transmission-based methods (Latter et al, 2007).

OECD (2005) also described the following as various models of CPD.

Pre-service training

According to OECD (2005), pre-service training is provided before employment of professionals. Pre-service training is generally a pre-requisite for professional practice. It is aimed at professional growth of health professionals which in this case encompass nurses and midwives. Pre-service training is planned and provided in such a way that it leads to the development

in them a positive attitude towards education and towards improving their own performance in terms of better and improved service delivery (OECD, 2005).

In-service training

In-service education and training refer to all those activities that contribute to professional growth and qualifications of an employee, examples include participating workshops, seminars, conferences and visits to educational institutions that give the employee a sense of security and a feeling of self-confidence while discharging his/her routine health workers leading to the improvement of their professional competence. The OECD (2005) postulate that in-service training is a never-ending process that goes on continuously throughout the educational life of the health professional. Nurses and midwives do not complete learning once they have graduated or they started working. Training health professionals helps them improve with the passage of time by gaining experience. This experience comes as a result of constantly practicing and also studying other experienced professionals. In-service training is a means to meet the changing needs of time and to be abreast with modern trends in the health sector, continuous training is required. With the rapid increase in human knowledge, new approaches, new methods of treating patients, and new avenues to explore other areas in the health sector are being introduced for nurses and midwives. If nurses and midwives fail to keep themselves in touch with these developments, they will be proving themselves as inefficient and ineffective. A report by Government of New Zealand (2000) outlined some different techniques of in-service training organised for lecturers in educational order to achieve this end, it is necessary that the opportunities of in-service education be provided for nurses and midwives in

all endeavours of their profession. These techniques are discussed along the lines of in-service training organised for nurses and midwives aimed at improving their professional knowledge and skills at their various workplace.

Refresher courses. As is evident from the name, refresher to give strength or vigour to the efficiency and output of the already employed professional. These courses are of high value regarding the achievement of the following purposes: familiarizing nurses and midwives with new cases and provides them with current methods of treating these cases.

Also, the Government of New Zealand (2000) asseverates that workshops are periods of discussions and practical work on a particular topic/subject, when groups of people share their knowledge and experiences. The report avers that members of the workshop discuss and exchange views on issues. The duration of the workshop may be from a day to ten days depending upon the gravity of the problem.

Furthermore, seminars form an important part of in-service training. Seminars employ small group of people who meet to discuss a topic and each participant has the opportunity to gain knowledge and experience (Government of New Zealand, 2000). Conferences are meetings for discussion or exchange of views. Usually the conference of nurses, midwives, health assistants, and health administrators can broaden their professional horizons and cultivate in the participant members a professional team spirit (Government of New Zealand, 2000).

In addition to the above, lectures and study circle are other forms of in-service training programmes. Lecture is an oral activity, the simplest of ways practiced for in-service education and nurse' re-orientation programmes.

Lecture is suitable particularly for transmission of knowledge. Samway and Whang (1996), are also of the view that study circle is one of the desirable techniques of the in-service education. In this method the nurses in a particular ward have a meeting and discuss the ways and means of treating certain complicated cases among others.

The Government of New Zealand (2000) asserts that correspondence courses are very effective method for the in-service education. With these courses nurses and midwives can improve their professional knowledge.

Club meetings are also effective techniques of in-service education for the participating lecturers. The nurses and midwives are given instructions in these clubs to promote their understanding and the capacity of mentoring nursing trainees (Government of New Zealand, 2000).

Publications are next on the list as advanced by the Government of New Zealand (2000). The report posits that nurses and midwives may write on certain topic of general interest for the nurses and midwives, with this method they communicate their personal experiences. The health authorities may publish the material or the abstract of certain useful research for the benefit of all health workers.

Demonstrations are pre-arranged for the observation of the group. The demonstrator is usually a skilful expert of the field being demonstrated. Efforts should be made to make the demonstration genuine and natural so that artificiality could be avoided. Demonstration may be used for workshop or any other course of study where knowledge and skill is being improved. After the demonstration, a follow up should be made (Government of New Zealand, 2000).

Panel's presentations, Debates, symposium, informal panel are other forms of in-service training. According to Government of New Zealand (2000), panel presentation is a technique in which two persons speak on a single topic. Other times presentation can take the form of films. Debate is an organized form of the panel in which stress is laid on the facts and ideas and the group observe the same may be large in number. Symposium is a series of brief presentations made by series of persons to the group, while spontaneity is the conspicuous feature of informal panel. A number of speakers speak on the topic in informal panel. Other technique like the ward visitation by nurses and midwives to learn other things that take place with other wards within the hospital and self-reading by the nurse or midwife can also be used.

Traditional approaches to CPD such as formal courses or one-off seminar are criticized for their shortcomings of being unable to get nurses prepared for the new role of knowledge facilitator rather than knowledge transmitter (Latter, et al 2007). An awareness of less formal and traditional forms of CPD is slowly growing, with calls for nurses to become more creative in their approaches to their own professional development and move away from more traditional transmission-based methods (Landers et al., 2010). It can be deduced that the quality of health care delivery of a country depends upon the professional qualification of the health workers of that country. Main purpose for the promotion of CPD is to produce qualitative and always learning manpower, which becomes a reliable source of effective health care delivery. Nurses are important resource personnel in the provision of healthcare and mentoring nursing trainees thus, their training and utilization therefore requires critical consideration. This is due to changing demands on the new

roles of nurses in the 21st Century. Health workers including nurses therefore, need various tools to become successful in effective provision of health services. All these models derived by various authors indicate that there are several CPD programmes available and all the CPD programmes help the nurses and midwives to improve upon their skills in order to be competent in the hospital providing better and improved health care services to clients.

Factors Affecting Selection of CPD Programmes

Stout (2013) theorized that employees' beliefs about whether development activity would result in favourable outcomes would influence their motivation to participate in developmental activities. It was a mediator in their model between personal and work characteristics and development activity. A study conducted in 2015 by Badu Nyarko, to identify what factors health workers take into consideration when selecting a CPD programme, revealed characteristics of the development programme as one main factor to consider when developing a programme, as participants felt that this was their most important consideration of CPD programme selection. Less focus was brought to variables such as workplace setting, degree, financial support, age, and number of years in practice, as these did not affect CPD selection significantly.

According to Stout (2013), individual nurses' involvement in CPD activities can arise from an interest in lifelong learning, a sense of moral obligation, a felt need to enhance professional competence and to keep abreast with recent developments in their field of work, the need to comply with mandatory government requirements, or for career advancement. Other factors which may influence the selection of a CPD programme include; favourable

learning environments like giving timelines for achieving learning objectives and the availability of professional programmes (Thomas, 2012).

Understanding how nurses perceive CPD and what factors affect their participation in CPD is an extremely important segment for it provides hospital management with accurate information to use in making effective decisions regarding CPD programmes (Stout, (2013).

Attitudes of Nurses and Midwives regarding CPD in Health care Delivery

There is little information available on nurses‟ attitudes towards mandatory professional development programme. In a study in the Federal Republic of Ireland, Timmins (2008) reported that cardiovascular nurses showed a positive attitude towards continuing professional education. The nurses said that continuing education is essential if nursing is to develop as a profession. Out of 195 participants, the researcher recorded a response rate of 52% of the self-report questionnaires and 94% of the participants were females. The findings of this study therefore cannot be generalised as representing the opinion of nurses in Ireland. The findings can only be generalised as the attitude of female nurses within the setting the study was carried out. A qualitative approach to this study would have also added more insight to the attitudes of nurses in the study setting.

Also, in his study, Naicker (2006) examined the attitudes of perioperative nurses towards continuing education and professional development using a mixed method approach. He found that nurses displayed a positive attitude towards continuing education and professional development as well as mandatory continuing education and professional development. Factors that were perceived as motivators for participation in continuing education and

professional development included funded courses, study leave and courses related to current speciality. The mixed method approach, which is the use of both quantitative and qualitative methods is commendable for this study. The findings suggest that motivation influences positive attitudes towards CPD participation.

In another study involving dental therapists and dental nurses, the participants' attitudes towards CPD was positive but the nurses had challenges accessing CPD that met their needs (Mercer, Bailey, & Cook, 2007). Jordanian and Australian nurses were reported to have positive attitudes toward continuing education. There were no statistically significant differences in nurses‟ attitudes towards continuing education according to age or gender among Jordanian nurses (Fahey & Monaghan, 2005; Jaradeh & Hamdeh, 2010). Sifting through the literature, nurses from all departments have mostly shown positive attitude towards continuous professional development and for this reason when the terms and conditions are favourable most nurses would not want to sit out of a CPD programme.

Challenges Associated with CPD among Health Workers in Ghana

According to Falk (2001), lack of uniformity of the CPD formats for the portfolio and absence of guideline about what should be included in the format confuses nurses and midwives. Similarly, NMC established that, CPD facilitators or mentors are not performing their responsibilities of providing clear feedback for nurses and midwives on the portfolio documents. This absence of feedback on the portfolio development compels nurses and midwives to repeatedly copy the already existing portfolio documents. Most nurses and midwives in NMTI have no knowledge about the purpose of the

portfolio. Thus, nurses and midwives see it as time wasting paper work rather than as means of professional development. Many nurses are filling in the format not knowing why and what the outcome of the task could be. This creates less commitment and resistance against the implementation of the CPD practices.

Furthermore, leadership and supervision for professional development is distributed among nurses, midwives and other health administrators. CPD for nurses and midwives is most effective when there are strong leadership and supervisory assistance. However, defects in the leaders' recognition of the value of high-quality professional development discourage and undermine the participation of nurses and midwives, and communication about the benefits of professional development to stakeholders (Gust, 2004).

Besides, limited resources hinder the effective implementation of CPD. Almost all CPD program need a certain amount of monetary and material inputs to run. It does not matter whether it is on-the-job training or off-the-job based CPD. Without financial resources, CPD programme cannot run. These programmes need financial resources for logistical purposes. These may include transportation, buying of materials to use during and after the training, paying allowances to resource persons and participants and paying for accommodation of participants if the training is an off-the-job based CPD program (Maharaj, 2013). Governments need to commit themselves to CPD program budgets and ensure that they are used for the intended purpose. Cost effective ways of running effective CPD programmes need to be explored so that the programmes do not suffer much due to limited funding.

In addition, duration and time span of CPD programmes is another determining factor for the effective implementation of CPD. Several authors including Latter et al, (2007) have pointed out that a common criticism of professional development activities designed for nurses is that they are too short and offer limited follow-up of nurses once they begin to teach. This results in nurses either assimilating their professional skills into their current repertoires with little substantive change or rejecting the suggested changes altogether.

Maharaj, (2013). also postulates that professional development that is of longer duration and time span is more likely to contain the kinds of learning opportunities necessary for nurses to integrate new knowledge into practice. And also, Little (1992), stated that in most cases nurses are poorly experienced to implement reforms in subject matter teaching that end with the absence of the integration of the contents with students, opportunity to learn. Gust (2004) as cited in Little (1992), further indicates that the magnitude of CPD task frustrate nurses and discourage them to dilemmas.

Landers et al. (2010) assets that generally, the main challenges that can hinder nurses from active involvement in CPD are lack of skill, less commitment and nurses' resistance, low level of understanding about the significance of CPD, scarcity of need-based trainings, lack uniformity on how to use the portfolio modules, and absence of consolidated collaborative health care delivery system. Landers et al. (2010), in their study conducted also found out that, geographic isolation and poor technological and telecommunications infrastructure were key barriers to CPD delivery and access. Again, Landers et al. (2010) revealed that financial factors, such as

funding to support travel or cost of attendance, were also identified as major challenges. They identified tele-education programming as a best practice approach to improve CPD access, as were regional CPD activities and self-directed learning programmes. Employer-sponsored initiatives, including staff coverage or locum support, remuneration for time off and paid travel expenses for CPD participation were also identified as best practice approaches.

Still on the challenges of CPD among nurses and midwives in Ghana, significant blocks to learning are identified by Mumford (1988) such as perceptual, cultural, emotional, motivational, intellectual, physical, expressive, situational and the specific environment. The pharmacy profession recognizes the need for CPD, however, the rate of participation in organized CPD remained low. Badu Nyarko (2015) identified in his study on the perceptions of health worker on CPD programme revealed time constraints, accessibility – in terms of travel and cost, relevance, motivation, quality and method of CPD delivery as some challenges associated with the CPD programme.

Although the internet is an effective and satisfactory educational format, challenges encountered during the usage of the internet for CPD still exist (Eales, 2001). Despite the advantages of learning through the internet, there is limited access to computers and the internet facility in most towns and villages where these health workers practice in Ghana and this stalls their learning progress. Internet knowledge is also reduced, making it a disincentive for health professionals to use internet for CPD. Although in-person CPD remains the most frequent and most preferred format, internet CPD is gaining popularity. Most participants who engage in on-line CPD are satisfied with the experience and find it to be an effective learning format. However, some

challenges associated with on-line CPD include technical difficulties and lack of computer knowledge

Again, the methodology used in delivering content at CPD programmes can be another big challenge. In most cases, the content of the CPD programme is perfect but the delivery cripples the whole system (Khatony, Nayery, Ahmadi, Haghani, & Vehvilainen-Julkunen, 2009; Phadtare, 2009). There are merits and demerits of each of the approaches used in delivering CPD progrmmes. Phadtare (2009) criticized face to face lectures as being inflexible, boring and not applicable to real life demands. Khatony et al. (2009), supported that the traditional didactic approach to learning is not student centred. E-learning has also received some criticism that there are several challenges such as accessibility to computers. Biggs and Tang (2007) and Fry, Ketteridge, and Marshall (2009), reported that the learning processes of an individual plays a vital role in the efficacy of their education and must be considered when providing programmes of learning especially in the designing of CPD programmes.

Barriers to Participation in CPD by Nurses and Midwives

According to Sakamota, and Powers, (1995) practicing health workers have also experience difficulties in accessing CPD opportunities. Cross, as cited by Landers et al., (2010) has identified three barriers to participation in CPD, namely situational barriers, institutional barriers and dispositional barriers. According to Landers et al., (2010), situational barriers are those factors in the individual's life circumstances at any given time, e.g. lack of time, money and home and job responsibilities. On the other hand, institutional barriers are those practices, procedures and policies that place

limits on opportunities for potential adult learners to participate, for example course scheduling, residence requirements and bureaucracy. Lastly, Sakamota, and Powers, (1995) posit that dispositional barriers relate to attitude and self-perceptions about oneself as a learner and these include low confidence, negative past experiences, lack of energy and fear of being too old to participate.

Lack of early notification of CPD events was found to influence course attendance. Lathlean and Farnish, as cited in Casey and Egan (2010) found that inadequate advance notification promoting in-service education events hindered the uptake of these events because ward nurses did not have sufficient time to ensure that the ward was adequately covered. Inadequate staffing levels at the hospitals have been reported by Casey and Egan (2010) as a strong barrier to CPD participation.

Lack of financial assistance and lack of obtaining study leave as factors affecting CPD participation are well documented in the literature (Falk, 2001). In a research conducted by James and Francis (2011), they concluded that there is a growing tendency amongst nurses to fund themselves or go on courses in their off-duty time. Lai (2006) have recommended that CPD will require capital investment and employer support to allow the nurses time away from the workplace and financial assistance to enable them to attend CPD programmes.

The commitment that professional nurses and midwives have towards their family members have been reported by Afoi, Emmanuel, Garba, Gimba, and Afuwai, (2012) as a significant factor that effects CPD participation. Nurses who are most likely to participate in CPD activities are nurses who have no

children and those whose children are older than five years (Afuwai, 2012). However, according to Larcombe and Maggs, (as cited in Kem & Baker, 2013), nurses with family commitments prefer to work part-time or night duty. Kem and Baker (2013), found that nurses on night duty and part-time duty are persistently thwarted in gaining access to CPD on an equal basis with their full-time colleagues.

Lai (2006), found out that there is a significant difference in CPD participation on the basis of rural versus urban dwelling. Nurses living in the urban areas participate more in CPD activities compared with the nurses living in the rural areas. In the rural areas CPD are not readily available and the potential for low attendance does not make courses financially feasible. CPD programmes for nurses in Ghana are limited. The few CPD programmes available to provide nurses with continuing education are situated in the larger urban centres and therefore are inaccessible to rural nurses. Rural nurses are finding it difficult to leave their homes, families and work in order to go to the big cities to study. Eustace (2001) however has recommended that nurses in the rural areas could have access to desired CPD courses using the present technology and distance learning resources. Chagiel (2014) go even further to state that it is important that the provision of CPD courses be accessible to nurses in their geographic locations.

Lacking motivation to learn, not coping well with academic work and too old to learn have also been reported by a few nurses as challenges to participating in CPD activities (Eustance, 2001).

There is much discussion around what constitutes support for CPD, and this can be a key factor governing an individual's decision to participate in it.

Education is expensive and time consuming in terms of financial, personal and work commitment and requires careful consideration both from intended participant and employer/sponsor. The cost of replacing staff on study leave has an impact on manpower and skill mix. Two further obstacles identified by Fareo (2013) were the challenge to convince nurse managers that staff development is of vital importance for the services, and the importance of a systematic approach in identifying educational and training needs. The idea of an investment in education could be reflected by the reasons offered on the questionnaire and could also link with the themes of self-development and standards of care. The concept of expectation, which could be linked, with the theme of pressure to undertake a degree will then be discussed in light of the comments made by some applicants.

CPD for Nurses in Ghana

The third part of section 55 (f) of the Health profession regulatory bodies Act, 2013 (Act 857) requires the NMC to determine and implement post registration, continuing education and CPD programmes for nurses. The NMC (2016) contextualizes CPD as the processes by which nurses may improve their knowledge and skills to remain up to date in their field of work, and to make them beneficial to their client and the wider profession. As spelt out here, the NMC wishes that nurses are current with regards to skills, knowledge and technology for metering out service to patients. This point is reiterated by nursing scholars Gitonga and Muriuki (2014) and he posits that increase in nursing educational and professional development has a positive impact on death toll. In their research, Gitonga and Muriuki (2014) found out that when the hospital employed 10% of upgraded nurses, the death toll at the particular

hospital was reduced by 4%. In Ghana, just like other countries, the aim of the CPD programmes is to safeguard that nurses, nurse assistants, midwives and tutors have the requisite skills and knowledge valuable to their practice. NMC (2016) also reveals that because of the health sector reforms and technological advancement, health professionals including nurse should always be contemporary. The NMC has made it a requirement that before nurses can renew their license every year, the nurses should have attained CPD credit points. The penalty for failure to undertake the CPD programme is that the nurse will have a stale license and it is illegal to practice without a valid license. According to NMC (2016) different category of nurses require different sum of CPD points, nursing assistants are to accumulate 10 points yearly. Staff nurses, staff midwives and midwife officers require 15 points whilst the senior nursing, midwifery officer, health tutors and assistant lecturers require a total sum of 20 points yearly.

Various activities account for different points, the Table 1 Shows nursing CPD activities and points accruing to them.

Table 1: Nursing CPD Activities and Points Accruing to Them

Continuous professional development activities which fetch 1 point		
Participation in in-service sessions or skill development programmes of a minimum of three (3) hours duration	Participation in a journal club meeting	Participation in commemoration or special events relevant to work role (1 point per event)
Working with a mentor to improve practice	Active membership of professional body(ies) (e.g. attending and contributing at meetings and adding value as a member)	Participation in a ward conference, ward, tutorial staff or academic meetings
Reading professional journals and books and making a summary of lessons learnt and how it will be applied to practice which is verified by supervisor (1 point per article)		
Continuous professional development activities which fetch 2 points		
Keeping a monitored practice journal or reflective diary.	Participation in research/ clinical research as a team member point per attendance)	Participation in project work as a team member (2 points per project).
Facilitating a journal club meeting (2 points per meeting)	Participation in professional or scientific conferences, lectures, seminars workshops or professional meetings outside workplace	Participation in disciplinary hearings (2 points per hearing).
	Fully Participating in all Ward-in-Charges meetings throughout the year	Keeping an audit trail of activities

Continuous professional development activities which fetch 3 points		
Presenting at conferences, ward conferences or departmental meetings in-service sessions, lectures, seminars, workshops, health talks including OPD, school, church/mosque others or professional meetings (3 points per presentation).	Acting as a preceptor, mentor, coach or supervising staff or students at Clinical Sites. (At least 1-month duration).	Active participation in clinical audits, case reviews, focus groups discussions, community disease surveillance, or critical incident monitoring and evaluation (3 points per meeting).
Active participation in workplace committees, for example accreditation, clinical audit, quality improvement/ assurance, infection prevention and control, or occupational health, safety and wellness committees. (3 points per committee).	Participation in short courses, completion of a module-classroom based, distance or online with a minimum of 3 hours of active learning each week (3 points per week).	Providing counselling for colleagues/students
Participation in a health screening/ medical outreach programme. (3 points per programme). Providing psychosocial interventions, e.g. therapy, cognitive psychotherapy, recreational behavioural Therapy	Award for Monthly Best Departmental Nurse/Midwife based on exceptional display of clinical knowledge, skills and attitude. Using partograph throughout in monitoring labour	Participating in effective referral system in the CHPS compound /health facilities with evidence of documentation (a minimum of 3 referrals) Using the nursing process throughout patient care

Continuous professional development activities which fetch 4 points		
Being an Internal /External examiner or Assessor. (4 points per week).	Attending short courses classroom, distance or online with a minimum of 15 hours of active learning each week. (4 points per week)	Investigating disciplinary cases or being an expert witness. (4 point per case)
Managing a project or a special assignment in addition to regular duties. (4 points per project)	Planning, running or facilitating a seminar, workshop in-service session or on-job training, lecture, or professional meeting. (4 points per event)	Organizing or coordinating commemorations or special events relevant to work role. (4 points per event)
Managing a project or a special assignment in addition to regular duties. (4 points per project)	Active membership of professional body as a member of the executive committees Coordinator for preceptorship, mentorship, coaching or supervision program for staff or students in addition to regular duties. (4 points per program)	Chairing clinical standards development or review meetings. (4 point per document) Participation in a commission of inquiry. (4 point per case).
Continuous professional development activities which fetch 5 points		
Faculty-Clinical practice. (5 points per session) Participation in research/ clinical research as a team member (5 points per programme).	Participation in community based (e.g community survey) services or voluntary work relevant to practice.	Planning, running or facilitating an international conference. (5 points per conference).
Planning, running or facilitating a short course classroom based, Distance or online. Supervision of Patients-family care study and project work. (5 points per examination session)	Serving as a resource person on Radio or Television discussion programme on health issues Participation in research/ clinical research as a team member	Assuming a leadership role in developing policies, protocols or guidelines. (5 points per session)

Continuous professional development activities which fetch 10 points		
Published educational material, article. (10 points per material and article).	Reviewing Clinical Standards/ Protocol practice for publication. (10 points per publication). Conduct of assessment for promotion at the University level.	Award of Annual Best Facility Nurse/ Midwife based on exceptional display of clinical knowledge, skills and attitude.
Presenting at international conferences, ward conferences. (10 points per conference). Conducting research or project work as a principal investigator or supervisor.	Being an internal or external examiner for Masters or Doctoral thesis. Identifying prevailing/potential mental health related issue in the community and strategize to curb it	Reviewing educational materials, journal articles, books. (10 points per article/book). Identifying health issue in a specialized area of practice and strategizing to curb it.
Identifying a prevailing/potential health issue in a community and strategize to curb it.	.	Organising a health screening/medical outreach programme. (10 points per programme)
Continuous professional development activities which fetch 20 points		
Published journal article, book chapter Published book.	Education programme leading to a qualification (e.g. diploma or degree) Completed education programme with a qualification (e.g. diploma or degree)	Innovation in Nursing / Midwifery Care

Source: NMC (2016)

Reasons for Participation in CPD Programmes

In a study conducted by Joyce and Cowman (2007) on "CPD: investment or expectation", they found out that diverse reasons account for nurses undertaking professional development programmes. Prominent amongst the reasons is that nurses undertake CPD programmes for self-development purposes. This is because mostly nurses may have lost confidence in their traditionally acquired skills and need to sharpen these skills (Babbie and Mouton, 2011). Secondly, in the work of Doswell, Hewison and Hinds (1998), which found that nurses rated increasing job opportunities available within nursing as more important than promotion opportunities. Furthermore, Babbie and Mouton (2011), postulates that obtaining promotion is the one of the reasons why nurses and other health professionals undertake CPD. In their work "unpacking the 'value added' impact of continuing professional education: a multi-method case study approach", Smith (2004) concluded that individual nurses undertake CPD programmes to improve patients' care. The respondents revealed that the more they participated in the CPD programmes the better they cared for their patients. Again, Smith (2004) aver that from a professional view-point, individual nurses felt under pressure from their work environment to undertake the course and others felt they would be left behind and this was buttressed by the findings of Babbie and Mouton (2011), which suggests that improving practice and nursing career plans are reasons for undertaking CPD programmes. Joyce and Cowman (2007) also believe that participation in CPD programmes is necessary when individual nurses are scared of becoming stale. Their work also revealed that nurses are always keen on filling up gaps in their previous education as a reason for participating

in CPD programmes. Other respondents undertook CPD programmes for hopes of adding economic value to themselves that is increasing their future earnings (Joyce & Cowman, 2007). The study of Calpin-Davies (1996) harmonizes with the findings of Joyce and Cowman as he reveals that employees who have undertaken more education earn on average higher salaries than those who have undertaken less education and nurses should calculate the probability that additional education will lead to promotion in making the decision to undertake more education. Submission from Mann (2005) reveals that nurses and other health professionals see CPD as expectations, with nurses, this expectation reflects the ever-increasing accountability placed on the professions. The expectation impacts nursing tutors and educators to prepare safe and competent health care providers. Lastly, Perry (1995) concluded in his study that a supportive environment is another reason why nurses participate in CPD programmes. Perry suggested that new knowledge needs a supportive environment to be utilized. Perry's work revealed that CPD is seen as a reward for most nurses and that's the reason why they undertake CPD programmes. The most significant goal of CPD is to provide better patient care and improve health care to the community (Waddell, 2001 & Perry, 1995)

Summary of Literature Review

This chapter reviewed literature on the views of nurses and midwives about CPD, the perceived impact of CPD on patients' outcomes and the barriers that affect nurses' and midwives' participation in CPD. The studies reviewed showed that both qualitative and quantitative methods were used to obtain the views of CPD participants. The mode of operations of the CPD

programmes differed among countries. Paucity of Studies on CPD in West Africa including Ghana was noted. Only one study was accessed by the researcher on CPD in Ghana. No study on CPD for nurses and midwives was found in the Central Region of Ghana. This study set out to obtain the views of nurses and midwives towards CPD in the CCTH, in the Central Region.

CHAPTER THREE

RESEARCH METHODS

This chapter describes the procedures and techniques that were employed to conduct the study. It comprises a description of the research design, the study area, the population, the sample and sampling procedure, the research instruments as well as the validity and reliability of the research instruments and ethical consideration. The data collection procedure and analysis of data were also described and justified in this chapter.

Research Design

The descriptive survey design was employed for the study. The choice of this design was because the study aimed at describing the views of nurses and midwives regarding CPD opportunities available to them. A descriptive survey is concerned with collecting data to explain or predict the conditions or relationships that exist, opinions that are held by subjects as well as practices that are going on. In this design, the researcher attempts to describe the existing conditions without analysing relationships among variables (Gay, 1992; Kahn, 1999; Fraenkel & Wallen, 2000). According to Gay (1992), data are usually collected in order to test hypotheses or answer research questions concerning the current status of a phenomenon.

The descriptive survey design was used to conduct this study because it enabled the researcher to observe, describe and interpret the views of nurses and midwives regarding gaining full access to the CPD programmes in the CCTH. Moreover, the use of this design permitted the researcher to study and describe, in a systematic manner, the CPD programmes available to nurses and

midwives of the CCTH as well as how the CPD programmes are being accessed by the nurses and midwives at the CCTH. Fraenkel and Wallen (2000) also state that descriptive survey has the potential of providing a lot of information from quite a large number of individuals in a study. Hence, this design is employed to carry out the study in other to enable the researcher to obtain evidence from a large group of respondents concerning the views of nurses and midwives at the CCTH regarding the CPD opportunities available to them.

Study Area

The study setting was CCTH. The CCTH which was formally called Cape Coast Regional Hospital is located at Pedu in Cape Coast, the Central Regional capital of Ghana. The CCTH is the referral point in the region and as such receives clients from all over the region and beyond. There was the need to train more health workers such as doctors and nurses who will remain in the region to receive, attend to and care for these referred clients. On the 21st of February, 2013 the Medical and Dental Council and the National Accreditation Board accredited the then Cape Coast Regional Hospital to operate as a Teaching Hospital to serve as a facility to train medical students from the UCC. It is also a centre of training for several NMTI. To be a world class leader in Tertiary Health Care, Medical Education and Research is the Vision of the CCTH. The mission of the CCTH is to provide advanced clinic health service to support primary and secondary health care. Again, to provide service as training ground for undergraduate and postgraduate training for medical and other professionals and lastly to undertake research for the purpose of improving the condition of people's health. The CCTH is governed

by the GHS and Teaching Hospital Act, Act 525 of the 1996. The CCTH has lot of departments and wards (such as Outpatient Department, Accident and Emergency Department, Surgical wards, Theatre) with health professionals working in all these departments and units to meet the vision and mission of the facility. Some of the health workers include doctors, pharmacists, anaesthetists, nurses and midwives. The study concentrated on using nurses and midwives as the respondents because the hospital is a teaching hospital and also the referral point in the region as such receives clients from all around the region and beyond. The nurses and midwives are the health workers who mostly meet the clients first and also spend most of their working time with the client. This calls for the nurses and the midwives to be equipped with the necessary skills to meet the needs of their clients. Nurses and midwives are working in all these units and departments. Participants which are health workers were selected among nurses and midwives in all these units because these CPD programmes are requirements for them all to upgrade their knowledge and also to renew the PIN.

Population

Population is a group to which the results of the study are intended to apply Fraenkel & Wallen (2000). The target population was made up of health workers from the CCTH. The total population for the study was 478 which comprised of both registered general nurses and registered midwives at the CCTH (CCTH Nursing Administration, 2018). The population of nurses and midwives were used for the study because they handle most referral cases and they attended to patient more often and as a result, they need to continually upgrade themselves to have the competent skills that they need to be able to

attend to clients. The total population of 478 were grouped into fifteen (15) units in the CCTH. This consists of 317 nurses and 161 midwives at the CCTH. Table 2 presents the distribution of the population of nurses and midwives across the various units in CCTH.

Table 2: Distribution of the Population of Nurses and Midwives across the Various Units

Unit	Nurses	Midwives
Male Medical	32	-
Female Medical	32	
Male Surgical	32	
Female Surgical	33	
Paediatrics		34
Neonatal Intensive Care Unit		33
Obstetrics & Gynaecology		34
Dental Service	30	
Intensive Care Unit	32	
Dialysis	34	
Accident & Emergency	30	
Out Patient Department	30	
Ante Natal Care		28
Surgical Suite	32	
Dental Service Theatre		32
Total	317	161

Source: CCTH Nursing Administration, (2018)

Sample and Sampling Procedure

A sample is defined as a subset of a population (Creswell 2009). The sample has properties which represents the whole. Similarly, Mugo (2002) refer to sample as a portion of population that is selected for investigation. Sampling on the other hand is the act, process, or technique of selecting a suitable sample, or a representative part of a population for determining

parameters or characteristics of the whole population (Mugo, 2002). Sample and sampling procedure in research is very important because it helps to limit a study to a relatively small portion of the population and also determines how respondents of a study are selected over whom the findings of the study apply and are generalized.

The total sample for the study was pegged at two hundred and fifty (250) respondents. Leedy and Ormond (in Mugo, 2002) opine that for a population less than one hundred the entire population must be surveyed. However, if the population is about five hundred (500) then 50 percent should be sampled. This sample of two hundred and fifty (250) respondents was selected based on the table for determining sample size by Krejcie & Morgan (1970). Krejcie & Morgan (1970) gave a total of 214 respondents to be sampled from a population of 478 respondents. However, to ensure reliability of the study, the researcher thought it wise to increase the sample from 214 to 250 to take care of the possibility of some respondent(s) not responding to the questionnaire. A larger sample size would make it easier to generalize, this is because, the larger the sample's size, the lower the likely error in generalizing the study to the population (Saunders, Lewis & Thornhill 2009).

A multi-stage sampling procedure was used for the selection of the respondents for the study. The first stage was the use of the stratified sampling technique to select the respondents based on the proportionate in each ward. The stratified sampling technique is an adjustment of the random sampling in which you can divide the population into two or more relevant and significant strata based on one or two numbers of attribute before selecting the sample (Alston & Bowles 2003). The sample of 250 was selected

proportionate to respondent in the various wards. The sample was then selected proportionally to the population of the respondent in each ward or unit. Stratified sampling helped to give a fair representation of nurses and midwives in the various wards. In the second stage, simple random sampling technique was used to select the required stratified sample size for nurses and midwives from each ward/ unit. The method generated a total of 250 respondents.

This approach was chosen to facilitate the selection of a representative group each section of the population identified, as the population was rather large and homogeneous in the characteristics under study. The formula was the total number of nurses and midwives divided by the total target population of nurses and midwives in the CCTH and multiplied by the sample size. For example, the total number of respondents of nurses in all the wards is 317. The grand total of population of the respondents is 478. The desired sample size was 250. So, the number of nurses sampled for the study is 317÷478×250= 166. Thus, a total of 166 nurses were sampled from all the wards. The same formula was used to select the number of nurses needed from each ward. Thus, the number of nurses sampled from the medical ward is 32÷317×166= 16.75, approximately 17 nurses were sampled from the medical ward. Similarly, the number of midwives sampled for the study was 161÷478×250 = 84. The same formula was used to select the number of midwives needed from each ward. Thus, the number of midwives sampled from the paediatrics unit is 34÷161×84= 17.73, approximately 18 midwives were sampled from the paediatrics unit. The formula was repeated for all the other wards and also for the number of midwives selected for the study.

The stratification of respondent for a study ensures that the sample accurately reflects the population on the basis of the criteria used for stratification whereas random sampling ensures that each member of the target population had an equal and independent chance of being selected. The random sampling also ensures high reliability of sample, high degree of representativeness, and allows for generalisation of research findings (Babbie & Mutton, 2011). This technique is a probability technique in which the population is divided into a number of strata and a sample is drawn from each stratum. The sub-samples will make up the final sample of the study. The researcher used this method because it best represented all groups of the target population in the sample. The random sampling also ensures high degree of representativeness and allows for generalisation of research findings.

The data collected from the participants was used to generalise over the entire population. This sample was used because the respondents selected had the desirable characteristics as well as the information needed for the study. McMillan (1996) supports this idea by stating that the sample chosen should possess the needed characteristics for a research to be conducted. These people were included in order to gather extensive and in-depth information on the issue under study. The rationale for the choice of the sample technique, according to the researcher, was to select respondents who were abreast with relevant information and knowledge in the issue under study.

The lottery method was used to pick the respondents from each unit. In using the lottery method, the researcher developed a sampling frame which consisted of an alphabetical list of names of the respondents in each ward. The names listed in the sampling frame were substituted with a folded paper

such that the folder paper will correspond to a name of either a nurse or midwife at the unit. The folded papers were put in a container and mixed thoroughly and were randomly removed one by one without replacement. The number of any selected folded paper was registered to correspond to a nurse and midwife's name. This process was continued until the required number of respondents in each ward was selected. The method was repeatedly used in all the units to select the 250 nurses and midwives. This method was employed to ensure that each nurse and midwife in all the units had equal and independent chance of being selected. However, the selection of the sample size was judgementally proportionate to the total number of nurses and midwives in each of the hospital unit. This is shown in Table 3: Distribution of sample of nurses and midwives across the various units in CCTH.

Table 3: Distribution of Sample of Nurses and Midwives across the Various Units

Unit	Nurses	Midwives
Male Medical	17	-
Female Medical	17	
Male Surgical	16	
Female Surgical	17	
Paediatrics		18
Neonatal Intensive Care Unit		17
Obstetrics & Gynaecology		17
Dental Service	16	
Intensive Care Unit	16	
Dialysis	18	
Accident & Emergency	16	
Out Patient Department	16	
Ante Natal Care		14
Surgical Suite	17	
Dental Service Theatre		17
Total (250)	**166**	**84**

Source: Field survey, Afreh 2018.

Data Collection Instruments

The data collection instrument employed for the study was a questionnaire. Questionnaire helps the researcher to collect quantitative data from the respondents. The decision of the researcher to use the questionnaire is that nurses and midwives can read and respond to the items in the questionnaire. Questionnaires help to portray the features of the target population in relation to the identified variables and also ensure reliability (Babbie & Mutton, 2011). Though questionnaires are mostly used because of its strength, the use of the questionnaires is not without challenges. Questionnaires have been associated with low response rates (Gay, Mills & Airasian, 2006). That is, in most cases not all the questionnaires are returned or even answered. For this reason, the researcher administered the questionnaires herself and persuaded the respondents in order to obtain high response rate. To ensure that the respondents are not restricted to only pre-determined questions, open-ended questions were added.

The researcher designed a questionnaire to collect data on views of nurses and midwives regarding CPD opportunities available to them. The questionnaire consisted of five sections. The first section included questions to retrieve demographic information about participants, such as gender, the current grade of respondents in Ghana Health Service (GHS), wards or units of respondents as well as their ages. This section was designed to collect information that helped the researchers to have a deeper understanding of the respondents and the trends that emerged from the study.

Section B of the questionnaire consisted of the types of CPD programmes available to nurses and midwives at the CCTH. Section C to E consisted of 21

Likert scale items that consisted of why nurses and midwives attend CPD programmes, challenges in accessing and/or participating in CPD programmes as well as whether the CPD programmes help nurses and midwives to improve their nursing practice respectively.

The questionnaire also included open-ended questions to allow respondents to express their views without being limited only to the views from literature. The questionnaire was administered to 250 nurses and midwives at the CCTH. All the questionnaires were retrieved from the respondents.

Validity and Reliability of Instrument

According to Pallant (2001), validity describes a measure that accurately reflects the concept it is intended to measure. Mugenda and Mugenda (2003) also defined validity as the accuracy and meaningfulness of inferences, which are based on the research results. To ensure face, content and construct validity, my supervisors were consulted to read through the items to find out whether the items in the questionnaires would measure the intended content. This is in support of what Gay (1992) said about content validity of an instrument which is improved through expert judgement.

On the other hand, reliability refers to the degree of stability or consistency of measurement. If the same individuals measured under the same condition, a reliable measurement would produce identical measurement (Gravetter & Forzano, 2006). Joppe (2000) defines reliability as "the extent to which results are consistent over time and an accurate representation of the total population under study is referred to as "reliability and if the results of a

study can be reproduced under a similar methodology, then the research instrument is considered to be reliable" (p.1).

The questionnaire was pre-tested to ascertain the reliability and validity of the items on the questionnaire. The purpose of conducting a pilot test was to check the clarity and adequacy of the questionnaires used so that items which needed to be modified were modified to improve the quality of the instrument used for the study. There was also the need to find out whether the instructions accompanying the items were explicit enough and would, therefore guide the participants to complete the questionnaire as accurately as possible. Piloting the instruments also paved the way for the researcher to gain feedback on the completeness and appropriateness of the items in instrument employed for the study. The instrument was pretested to determine the reliability and validity of the instruments. To achieve this, thirty (30) questionnaires were pilot tested at the Effia Nkwanta Regional Hospital (ENRH) to enable the researcher ascertain possible errors and ambiguities in the instrument and make the necessary corrections.

The motivation for the choice of the ENRH is that the hospital has similar characteristics with the CCTH in terms of its status as a regional hospital and the referral centre for most medical facilities in the region. Again, the 30 nurses and midwives were chosen at convenience, just to make pretesting easier and faster. The completed questionnaires were then collected, edited for completeness, coded, and analysed with the aid of computer software known as Statistical Package for Social Sciences (SPSS Version 21.0). This was done with the view of computing the Cronbach Alpha Reliability Co-efficient for each item on the questionnaire.

According to Mohen and Dennick (2001), Croncbach's alpha (α) is way to measure reliability or internal consistency of a psychometric instrument. Thus, for interpreting the Croncbach's alpha (α), a score more than 0.7 is considered accepted. For this study, the Croncbach's alpha (α) value recorded for section C, D and E was 0.656, 0.788 and 0.640 respectively. Thus, the alpha value for section D was greater than 0.7. This implied a higher internal consistency between the test items. However, the value for the other sections was less than 0.7, implying a lower internal consistency. The test item in the sections that recorded the low Cronchach alpha value were modified with the help of my supervisors. The overall reliability score for all the Likert scale items, however, was an alpha value 0.850, which suggested that there was a higher internal consistency between the overall Likert scale items.

The result was an indication that the instrument was reliable. The alpha value was considered as an acceptable measure of determining the reliability of an instrument for research purpose because Cohen, Manion (2001) and Morrison (2007) have indicated that such reliability co-efficient are considered high and therefore adequate. Nevertheless, the items with the lower internal consistency were reconstructed with the approval of my supervisors.

This statistical technique was used because the items on the questionnaire were multiple-scored. This helped the researcher to determine the internal consistency of the items in the questionnaires. Also, the results obtained made the researcher amend some of the items on the questionnaire which were not so clear to the participants. This enabled the researcher come

out with the final instrument which was, in view, more effective and explicit in eliciting the right responses.

Data Collection Procedure

In order to provide accurate and reliable information to answer the research questions, primary data were used for the study. The primary data were collected through self-administered questionnaires given to the nurses and midwives at the CCTH.

Prior to the administration of the instrument, the researcher took an introductory letter (see Appendix A) from the Director of IEPA, UCC, to the hospital management and the various Ward in- Charges, to seek permission to administer questionnaire to the participants. Copies of the questionnaire were personally delivered to participants during their break period. Participants were given enough time to answer the questions. Questionnaires were collected the same day they were administered.

Upon arrival at their various wards, the researcher spoke with the Ward in-Charges for permission before giving the questionnaires out to the nurses and midwives. After the researcher has been given the permission to carry on the exercise, the selected respondents were met and instructions were given to them concerning how to complete the questionnaire. The researcher gave them guidelines on how to complete the instrument and then issued copies of the questionnaires to the respondents to complete within 60 minutes. The completed questionnaires were carefully checked and collected. This procedure was repeated until all the respondents in all the sampled nurses and midwives in the various wards were contacted. This strategy yielded 100% return rate for the Questionnaires distributed.

Ethical Considerations

Ethics means conforming to accepted standards and being consistent with agreed principles of correct moral conduct (Vos, Strydom, Fouche, & Delport, 2005). First, an introductory letter was obtained from the Institute for Educational Planning and Administration of University of Cape Coast to the administration of the CCTH to help get information. Informed consent was sought from the respondents before selecting them for the data collection. This is achieved by explaining the purpose of the study to them and giving them an informed consent form to fill. The purpose is to guarantee that respondents are willing to participate in the study. Respondents were made aware that information given would be confidentially kept and not exposed to individuals or groups who are not expected to have access to the information collected from them. The names and other demographic characteristics of respondents such as year group or classes that identify them personally were not also disclosed to any third party without their permission.

Data Processing and Analysis

Data analysis is the process through which responses are assessed and evaluated in order to make significant conclusions with respect to the research topic. In processing the questionnaires, Malhotra (1999) stated that responses from respondents should be taken through the process of checking, editing, coding, categorizing, transcribing and data cleaning.

Thus, the questionnaires were taken through these processes. During the editing process, responses were reviewed so as to increase the level of accuracy and precision, this is done to prevent any incomplete responses. After the editing, responses or information was coded and then keyed into the

software (Statistical Package and Service Solution [SPSS], Version 21.0). The coding was done so as to put responses into format that made it easier for the researcher to use (SPSS Version 21.0). The SPSS software was used because it offers the opportunity to use a variety of up-to-date statistical methods for analysis and also due to the fact that it has a good editing, labelling and ability to produce results in both report and table formats (Pallant, 2001). Table 4 shows the data analysis matrix. The descriptive statistics was therefore used to analyse the research data. According to Haig (1991), descriptive statistics involves tabulating, depicting, and describing collections of data. They stated that descriptive statistics provide very simple summaries about the sample of study and the measures. In this regard, the researcher used simple frequencies, percentages, means, and standard deviation to analyse the data for the research questions.

Relative frequency and relative frequency percentage were used to facilitate comparison of the responses since the participants were made to select responses from multiple answers in section A and B. Relative frequency and relative frequency percentage were also required for items where participants gave multiple answers to the open-ended question. Responses in section A and B were present in tables, pie charts and bar chats. The mean was used to find the opinion of respondents on items in section C, D and E of the questionnaire. The standard deviation was also used to measure how dispersed the average ratings were from the mean ratings. In employing the means and standard deviation for the analysis, the decision rule was followed. A mean of 3.5 – 4.0 was perceived as strongly agree, and a mean of 2.5 – 3.4 was perceived as agree whilst a mean of 1.5 – 2.4 and 0.1 – 1.4 were perceived as disagree and

strongly disagree respectively. Generally, agree and strongly agree were put together as agree whiles disagree and strongly disagree were also put together as disagree. The decision rule and the data analysis process are presented in the Tables 4, 5 and 6.

Table 4: Summary of Data Processing and Analysis

Research Questions	**Types of Question**	**Analysis Done**
What, in the views of participants of the study, are the types of CPD programmes available to nurses and midwives at the CCTH	Multiple response	Frequency tallies, frequency counts were determined using the SPSS.
What reasons do nurses and midwives at the CCTH have for engaging in CPD programmes?	Likert type scale	Frequency tallies, means, standard deviations were determined using the SPSS
What challenges are associated with the CPD programmes available to nurses and midwives in the CCTH?	Likert type scale	Frequency tallies, means, standard deviations were determined using the SPSS
How, in the views of participants of the study, does the CPD programmes organised for nurses and midwives in the CCTH improve their practice?	Likert type scale	Frequency tallies, means, standard deviations were determined using the SPSS

Field survey, Afreh, (2018).

Table 5: Decision Rule for Means Values

Means	Scale
4.0-3.5	Strongly Agree
3.4-2.5	Agree
2.4-1.5	Disagree
1.4-1.0	Strongly Disagree

Source: Field survey, Afreh, (2018)

Table 6: Decision Rule for Standard Deviation Values

Standard Deviation Values	Interpretation
1 or greater than 1	Responses differ much from each other
Less than 1	Responses did not differ much from each other

Source: Field survey, Afreh, (2018)

Chapter Summary

This section dealt with the methodological approach that was adopted to ensure that the finding of this study was well grounded in the evidence this study provided. The study employed a descriptive survey design which helped to collect quantitative data. The population of the study constituted 478 nurses and midwives. A sample of 250 respondents were selected for this study using multi-staged sampling technique. Finally, the data collected were analysed using means and standard deviation.

CHAPTER FOUR

RESULTS AND DISCUSSION

Introduction

This chapter presents the analysis of data and discussion of the research findings. The study gathered data on the views of nurses and midwives in the CCTH regarding the CPD opportunities available to them. The findings are presented according to the research questions posed. The chapter presents the background information of the respondents first before the presentation and discussion of the main findings of the study.

Background Information of the Respondents

This section deals with the information collected on the background of the respondents. The characteristics of the respondents discussed in this section include the gender, age, current grade in the GHS and the wards the respondents find themselves in. Table 7 and 8 presents the background information of the respondents.

Table 7: Background Information of the Respondents

Variable	Sub-scale	N	%
Gender	Male	85	35.1
	Female	157	64.9
Age	20-30	141	58.3
	31-40	68	28.1
	41-50	25	10.3
	51-60	8	3.3
Current Grade in MoH	Staff Nurse/Midwife	129	53.3
	Senior Staff/ Midwife	49	20.2
	Nursing/ Midwifery	20	8.3
	Senior Nursing/Midwifery Officer	19	7.9
	Principal Nurse/Midwife Officer	17	7.0
	Deputy Director Nursing Services	8	1.7
	Deputy Director Midwives services	8	1.7
Wards of Respondents	Male/Female medical ward	40	16.5
	male/female surgical ward	41	16.9
	Pediatrics ward	23	9.5
	Obstetrics & Gynaecology	40	16.5
	Intensive Care Unit	14	5.8
	Neonatal Intensive Care Unit	10	2.5
	Theatre	29	12.0
.	Out Patient Department	12	4.5
	Ante Natal Care	11	3.3
	Dialysis	16	6.6
	Accident and Emergency	14	5.8

Source: Field Survey, Afreh, 2018.

Table 8: Distribution of Respondents Based on their Years of Service

Variable	Frequency	Percent (%)
1-5	147	60.7
6-10	51	21.1
11-15	21	8.7
16-20	11	4.5
21-25	2	.4
26-30	8	2.1
31-35	8	2.1
36-40	2	.4

Source: Field Survey, Afreh, (2018).

Tables 7 and 8 show the background information of the nurses and midwives who participated in the study. The results in Table 7 showed that 85 (35.1%) of the respondents were males and 157 (64.9%) were females. This gives reason to the fact that more females were involved in the study than their male counterparts. This result could probably emanate from the fact that more females are enrolled in the NMTI than males.

The nursing and midwifery profession is generally seen as a profession for females. This could also be a contribution fact for recording more females than males in this study. On the ages of the respondents, the results found 141 (58.3%) were between the ages of 20-30, 68 (28.1%) were between the ages of 31-40, 25 (10.3%) were between the ages of 41-50 and finally, 8 (3.3%) were between the ages of 51-60. This implies that majority of the nurses and midwives involved in the study were very young and have not been in the field of nursing for long. This result can possibly be attributed to the fact that the

CCTH is a teaching hospital and thus, most young nurses and midwives are usually posted there to gain first-hand knowledge of the nursing profession. Regarding the grade of nurses and midwives, it was revealed that 129 (53.3%) were in the grade of Staff Nurse/Midwife, 49 (20.2%) were also Senior Staff Nurse/ Midwife, 19(7.9%) were Senior Nursing/Midwifery Officer, 17 (7.0%) were Principal Nursing/ Midwifery Officer. The study also involved 4 (1.7%) Deputy Director of Nursing/ Midwives Services. This implies that majority of nurses and midwives used in this study were in the lower grade. This could possibly be attributed to the fact that most of the nurses and midwives at CCTH are young and 'fresh' professionals from the NMTI. Regarding their current ward of operation, it was discovered that 40 (16.5%) were in male/female surgical ward, 41 (16.9%) were in the male/female medical ward, 30, (12.0%) were in the obstetrics & gynaecology, 23 (9.5%) were in the paediatric ward and 29 (12.0%) were in the theatre. The male and female medical and surgical wards recorded the highest number of nurses and midwives working there. This is probably because, these wards are the first point of call for all patients on admission. Patients who are admitted into the wards are first taken to the medical and surgical wards of the hospital depending on their condition before any referral is made. Dues to this, these wards are well resourced with nurses and midwives to attend to patients at any point in time.

Table 8 displays the years of service of the respondents. Findings presented in Table 8 show that most of the respondents 147(60.7%) had served between 1-5 years, followed by 51 (21.1%) of the respondents who have served for 6-10, 21(8.7%) have served for 11-15 years in the hospital. These

findings imply that majority of the nurses and midwives in the hospital are within their first to fifth year of working. This corroborate the earlier findings that majority of the nurses and midwives who participated in this study are between 20-30 years. This also agrees with the speculation that most nurses and midwives working at the CCTH are young and 'fresh' professionals from the NMTI.

Relating to the information gathered from the demographic data of the respondents, it can be concluded that, majority of the respondents were nurses and midwives in their youthful ages, have served for a relatively lesser number of years, and have low professional experience, thus the presence of CPD opportunities to these nurses and midwives may perhaps go a long way to enhance their professional skill and competencies.

Presentation and Discussion of Major Findings

The analyses of the data are presented in this section of the chapter. The analyses are arranged and presented in relation to the research questions which directed the study. Descriptive statistics such as means and standard deviation were used in analysing the data.

Research Question One: What, in the views of the participants of the study, are the types of CPD programmes available to nurses and midwives at the CCTH?

Respondents were asked to respond to items on the questionnaire that sought to explore the views of nurses and midwives at the CCTH regarding the types of CPD programmes available to them. They were also asked how they hear about the CPD programmes and how often they attend CPD programmes in a year. The results are represented in Table 9.

Table 9: Types of Continuous Professional Development Programmes

CPD programmes	Multiple responses		Ranked
	Frequency (f)	Percentage (%)	
Workshop	194	42.1%	1st
Refresher course	108	23.4%	2nd
Personal studies	65	14.1%	3rd
Seminar	4	9.1%	4th
Further studies	40	8.7%	5th
Field trip	12	2.6%	6th

Source: Field work, Afreh 2018

Information from Table 9 shows the responses of nurses and midwives on categories of CPD programmes they have attended in the course of their career. The findings indicate that majority of 194 respondents representing 42.1% which ranked 1st avowed to the fact that they frequently attended workshops. This was followed by refresher courses where 108 respondents which represent 23.4% confirmed that they usually attend refresher courses as a professional development programme. This study recorded workshops as the CPD programme most nurses and midwives attended mainly because the NMC has outline workshops and refresher courses as basic requirement for nurses and midwives to renew their licences or pins (NMC, 2016)

Furthermore, the results from Table 9 reveals that nurses and midwives do not frequently engage in further studies and field trip as CPD programmes. Field trip and further studies recorded low attendance. Table 9 recorded a total of 40 nurses and midwives representing 8.7 % and 12 nurses and midwives representing 2.6% indicated that they engaged in further studies and field trip

respectively as CPD programmes. These findings may be attributed to the difficulties in obtaining study leave to pursue further studies. Most nurses and midwives who qualified for further studies are unable to achieve the necessary financial clearance. The few nurses and midwives who are able to pursue further studies do so forfeiting their monthly salaries. These challenges discourage most nurses and midwives from pursuing further studies as a means of upgrading their professional competence. Moreover, CPD programmes like seminars and personal studies recorded an appreciable number of attendances implying that nurses and midwives do engage in such programmes for their professional development.

These findings corroborate Lieberman's (1996) model of CPD. He classified CPD into three types: direct teaching (such as courses, workshops and so on); learning on-the-job (such as peer coaching, critical friendships, mentoring, action research, and task-related planning teams); and off-the-job learning (such as learning networks, visits to other health centres, hospital partnerships and so on). Deducing from the model of Lieberman, one can infer that the CPD programmes available to nurses and midwives at the CCTH are in line with the generally accepted norms. These CPD programmes include workshops, refresher courses, conference, seminars among others. Supporting the discoveries made in this study, Bolam (2000), is of the view that CPD programmes should focus on professional training (short courses such as; workshops, orientation, conferences, seminars, job rotation etc.), professional education (further studies), and professional support (mentoring and coaching) which is broader than in-service training. This is exactly what this study

revealed. The respondents confirmed the availability of these forms of CPD programmes at the CCTH.

Aside the categories of CPD programmes nurses and midwives attend, the study also sought to explore how often respondents attend CPD programme in a year. The results of these findings are presented in Figure 1.

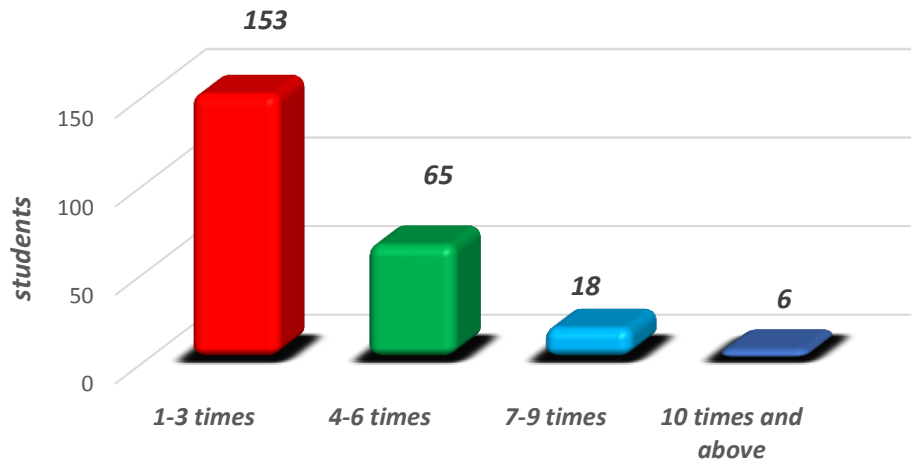

Figure 1: How often respondents attend continuous professional development programme in a year

Source: Field work, Afreh 2018

Figure 1 reveals the responses from nurses and midwives on how often they attend CPD programmes in a year. The findings indicate that majority of 153 (63.2%) respondents sampled for the study asserted that they do attend 1 to 3 times within a year while 65 respondents representing 26.8% affirmed that they attend 4 to 6 times within a year. Also, the results show that only 6 respondents representing 2.4% confirmed that they attend the CPD programmes 10 times and above within a year. These findings reveal that most of the respondents sampled for the study were of the view that they usually attend CPD programmes 1 to 3 times within a year. The implication of these findings is that nurses and midwives at the CCTH attend CPD programmes

between one to three times in a year. This can be attributed to the fact that there are no properly structured CPD schedules for the nurses and midwives. Again, the responses from the nurses and midwives can also be ascribed to the criteria nurses and midwives consider in choosing to attend a CPD programme.

Literature reviewed on the criteria for selecting CPD programmes has revealed that, employees' beliefs about whether development activity would result in favourable outcomes, would influence their motivation to participate in developmental activities (Lieberman, 1996). Stout, (2013) also identifies some factors health workers take into consideration when selecting a CPD programme. He revealed the characteristics of the development programme as one main factor to consider when developing a programme, as participants felt that this was their most important consideration of CPD programme selection. Day (1999) also believes that individual nurses' involvement in CPD activities can arises from an interest in lifelong learning, a sense of moral obligation, a felt need to enhance professional competence and to keep abreast with recent developments in their field of work, the need to comply with mandatory government requirements, or for career advancement. These factors in the view of the researcher, may have accounted for the reason why most nurses and midwives do not engage in CPD programmes more often in a year.

Finally, in determining the types of CPD programmes available to nurses and midwives at the CCTH, the respondents were required to provide information on how they hear about available CPD programmes. The findings are represented in Figure 2.

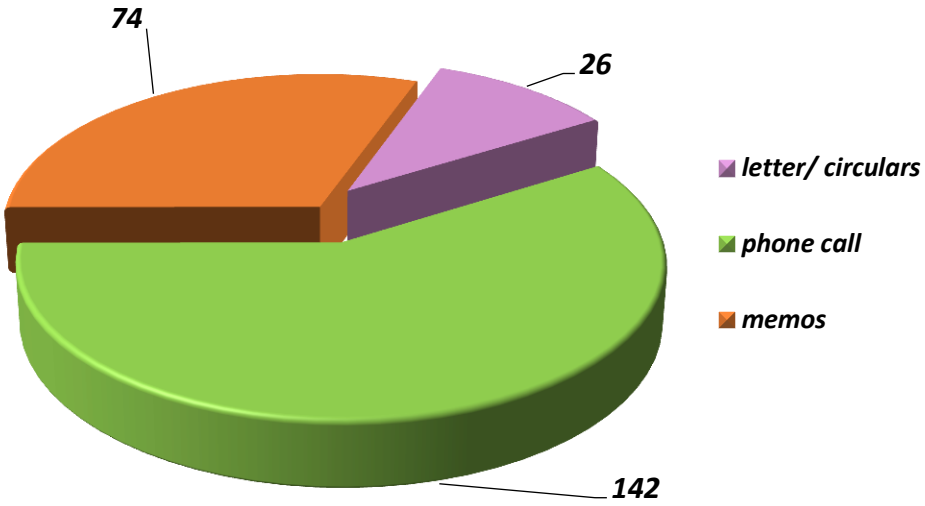

Figure 2: How respondents hear about available continuous professional development

Source: Field work, Afreh 2018

Observations from Figure 2 indicate that majority of the respondents confirmed that they hear of CPD programmes through phone call as testified by 142 respondents representing 59%. Also, 74 respondents representing 30% affirmed that they hear about CPD programmes through memos while 26 respondents which represent 11% said they hear information about CPD programmes through letter/circulars. These findings suggest that majority of nurses and midwives at the CCTH are informed about CPD programmes through phone calls. This finding is however alarming because it is normally the practice of most government institutions to inform their worker about emerging programmes through circular/letters. Therefore, for the nurses and midwives to indicate that they hardly hear about CPD programmes through this means is an issue for management to consider.

In general, findings from the study revealed that the most three (3) CPD programmes organized for nurses and midwives in the CCTH takes the form of workshops, refresher courses and seminars. However, workshop was seen to be the best CPD programme attended with majority of respondents (42.1%). Also, majority of the respondents (63.2%) affirmed that they do attend CPD programmes 1 to 3 times within a year in the district. More so, majority of the respondents inveterate to the fact that, they hear the availability of CPD programmes through phone calls as testified by 142 respondents representing 59%.

Research Question Two: What reasons do nurses and midwives at the CCTH have in engaging in CPD programmes?

To investigate the reasons nurses' and midwives at the CCTH have for engaging in CPD programmes, respondents were asked the statements in the questionnaire with respect to reasons for attending CPD programmes. A mean of 3.5 – 4.0 is perceived as strongly agree, again a mean of 2.5 – 3.4 is perceived as agree whilst a mean of 1.5 – 2.4 and 0.1 – 1.4 are perceived as disagree and strongly agree respectively. The results are represented in Table 10.

Table 10: Nurses' and Midwives' Views on Reasons for Attending CPD Programmes

Statement	SA (%)	A (%)	D (%)	SD (%)	Mean	Std. Deviation	Decision
keep abreast with all the new developments	178 (73.6)	61 (25.5)	2 (0.8)	1 (0.4)	3.72	.494	Strongly Agree
Encourage learning	181 (74.8)	56 (23.1)	3 (1.2)	2 (0.8)	3.72	.527	Strongly Agree
Help me renew my license	149 (61.6)	87 (36.0)	6 (2.5)	0	3.59	.541	Strongly Agree
Provide me with the knowledge and skills I did not receive during my basic training	127 (52.5)	79 (32.6)	35 (14.5)	1 (0.4)	3.37	.742	Agree
Provide me with promotion opportunities	105 (43.4)	106 (43.8)	26 (10.7)	5 (2.1)	3.29	.738	Agree
Network and meet with my nursing colleagues	79 (32.0)	114 (47.1)	41 (47.1)	8 (3.3)	3.09	.789	Agree
Provide a break from the pressures of work	66 (27.3)	92 (38.0)	61 (25.2)	23 (9.5)	2.83	.938	Agree

Source: Field survey, Afreh, (2018).

As indicated in Table 10 above, majority (73.6%) of the respondents strongly agreed whereas 25.5% of the respondents agreed that attending CPD programmes keep nurses and midwives abreast with all new developments in the health profession (M = 3.72 SD = 0.494). However, putting strongly agree and agree together stand for agreement while strongly disagree and disagree together stand for disagreement. This decision rule is applicable to the rest of

the findings that follows in this section. Additionally, 181 (74%) of the respondents strongly agreed that they attended CPD programmes because it encourages learning, 23.1% also agreed to this statement (M = 3.72, SD = 0.527). Therefore, it is evident from Table 10 that majority of the respondents agreed that the reason for attending CPD programmes was to keep them up-to-date on all new developments happening in their field of profession. Also, 2.5% of the respondents disagreed that they attended CPD programmes in order to renew their licences whiles 97.4 % agreed that attending CPD programmes gives them the opportunity to renew their licences (M= 3.95, SD = 0.541). Likewise, results from Table 10 confirms that, 85.1% of the respondents agreed that they attended CPD programmes because, it provides them with the knowledge and skills they did not received during their basic training. Nevertheless, 14.9% of the respondents disagreed to this statement (M=3.37, SD= 0.742).

It is also evident from Table 10 that, 87.2 % and 65.3% of the respondents agreed that they attended CPD programmes because it provides them with promotion opportunities and also because it provides them with a break from the pressures of work respectively. However, 12.8% and 34.7% of the respondents disagreed to these statements (M= 3.29, SD 0.738; M= 2.83, SD= 0.938) respectively.

Surprisingly, it can be seen from Table 10 that more people disagreed to the statement that attending CPD programmes provides them with break from the pressures of work as compared to the statement that provides respondents with promotion opportunities. This connotes that majority of the respondents

view CPD programmes as a means of obtaining promotion at their workplace than just a means of taking break from work.

In summing up the findings presented in this section, the study indicated that most of the nurses and midwives at the CCTH have positive views about their reasons for attending CPD programmes as presented in Table 10. Majority of the nurses and midwives from the study indicated that they attended CPD programmes to keep them abreast with all the new developments, to encourage them to learn more, to help them renew their license, to provide them with promotion opportunities and finally to help them acquire the knowledge and skills they did not received during their basic training.

These findings are in agreement with Landers et al. (2010) that nurses' and midwives' professional development provides them with knowledge, skills and ideas in their professions. They also explained that nurses and midwives can be empowered and trained to handle any activity promoting the quality of delivery of healthcare in their field of profession. This can be achieved when nurses and midwives are actively engaged in CPD programmes.

Another implication of the findings of this study is that nurses and midwives attend CPD programmes in other to help them renew their licences, this is in agreement with the report of the NMC (2016). Badu-Nyarko (2015) revealed that, there were no other workshops recognized for renewing their licence except the CPD organized by the NMC. It is evident in literature that Ghanaian health workers participate in CPD mainly for maintaining professional competence and skills development (Aiga, 2006).

Furthermore, it can be inferred from the findings from this study that nurses and midwives perceive CPD as vital for all nurses and midwives, however, they observe that the CPD programmes do not meet their expectations as health workers. It can be attributed by an assertion made by Badu-Nyarko (2015) who believed this was so because, most CPD programmes for health workers appeared to be disjointed.

Similarly, Joyce and Cowman (2007) are of the view that one prominent reason why nurses and midwives undertake CPD programmes is for self-development purposes. This is because mostly nurses may have lost confidence in their traditionally acquired skills and need to sharpen these skills (Babbie and Mouton, 2011).

This corroborates the findings of this study in the sense that, this study has revealed that nurses and midwives attend CPD programmes because they want to be kept up-to-date on new trends and developments in the health profession. Smith (2004) share the same views when they emphasised that individual nurses undertake CPD programmes to improve patients' care. They also revealed that the more nurses and midwives participated in CPD programmes the better they cared for their patients. They further expressed that from a professional view-point, individual nurses felt under pressure from their work environment to undertake the course and others felt they would be left behind and this was buttressed by the findings of Babbie and Mouton (2011) which suggests that improving practice and nursing career plans are reasons for undertaking CPD programmes.

This assertion made by Babbie and Mouton (2011) is in line with the findings of this study in that, nurses and midwives attended CPD programmes

because it encourages them to learn more. Joyce and Cowman (2007) also believe that participation in CPD programmes is necessary when individual nurses are scared of becoming stale. Their work also revealed that nurses are always keen on filling up gaps in their previous education and thus, can account for the reason why nurses engage in CPD programmes.

However, the findings of this study contradict the views of Doswell, Hewison and Hinds (1998), that nurses and midwives rated increasing job opportunities available to them as a result of attending CPD programmes as more important than promotion opportunities they acquire from attending CPD programmes. Finding from this study as displayed in Table 10 showed that most nurses and midwives attend CPD programmes because of the promotion opportunities available to them. Supporting the findings of this study, Babbie and Mouton (2011) are of the view that obtaining promotion is one of the reasons why nurses and other health professionals undertake CPD.

Research Question Three: What challenges are associated with the CPD programmes available for nurses and midwives at the CCTH?

To examine the challenges associated with CPD programmes available for nurses and midwives at the CCTH, respondents were asked to respond to statements in the questionnaire with respect to challenges associated with CPD. A mean of 3.5 – 4.0 is perceived as strongly agree, again a mean of 2.5 – 3.4 is perceived as agree whilst weighted mean of 1.5 – 2.4 and 0.1 – 1.4 are perceived as disagree and strongly disagree respectively. The results are represented in Table 11.

Table 11: Challenges Associated with Accessing/ Participating in CPD Programmes

	SA (%)	A (%)	D (%)	SD (%)	Mean	Std. Deviation	Decision
Inconvenient workshop schedules	73 (30.2)	124 (51.2)	34 (14.0)	11 (4.5)	3.07	.788	Agree
Date and time for the programmes is not appropriate	69 (28.5)	121 (50.0)	34 (14.0)	18 (7.4)	3.00	.852	Agree
Lack of the information on the CPD programmes	67 (27.7)	114 (47.1)	44 (18.3)	17 (7.0)	2.95	.861	Agree
Lack of employer commitment	70 (28.9)	104 (43.0)	47 (19.4)	21 (8.1)	2.92	.910	Agree
Lack of relevant professional programmes	56 (23.1)	109 (45.0)	52 (21.5)	25 (10.3)	2.81	.909	Agree
Lack of personal time	46 (19.0)	114 (47.1)	66 (27.3)	16 (6.6)	2.79	.827	Agree
Family responsibilities	30 (12.4)	108 (44.6)	63 (26.0)	41 (16.9)	2.52	.916	Agree
Poor health conditions	29 (10.7)	93 (38.4)	74 (30.6)	49 (20.2)	2.40	.929	Disagree
Feeling too old	25 (10.3)	74 (30.6)	77 (31.8)	66 (27.3)	2.24	.969	Disagree

Source: Source: Field survey, Afreh, (2018).

Table 11 above shows the results of responses on challenges nurses and midwives face in accessing/ participating in CPD programmes. The findings indicate that 81.4% of the respondents confirmed that they are faced with the challenge of inconvenient workshop schedules thus, making it difficult for them to participate in CPD programmes (M = 3.07, SD = 0.788). Also, majority (78.5%) of the respondents strongly averred to the statement that the

date and time for the CPD programmes is not appropriate (M = 3.00, SD = 0.852).

This implies that most nurses and midwives are not able to access CPD programmes because of the date and time these programmes are organised. In addition, 181 respondents representing 74.1% were of the view that information on CPD programmes are not available to them (M = 2.95, SD = 0.861). More so, majority 71.9% of the respondents agreed that lack of employer commitment was a challenge in accessing CPD programmes for nurses and midwives at the CCTH (M = 2.92, SD = 0.910)**.** However, 123 respondents representing (50.8 %) disagreed that poor health conditions of nurses and midwives is challenge to accessing and/or participating in CPD programmes (M = 2,40, SD = 0.929). Again, 143 respondents representing (59.1%) disagreed that nurses and midwives are feeling too old to attend CPD programmes.

Judging from the information presented in Table 11, it can be observed that majority of the respondents agreed to the statements regarding the challenges nurses and midwives face in accessing CPD programmes. Nurses and midwives were of the view that the schedules for CPD programmes (workshops) are inconvenient, date and time for CPD programmes are not appropriate, employers lack commitment towards CPD programmes and lack of information on the CPD programmes were challenges they faced in accessing CPD programmes. However, the respondents disagreed that poor health conditions and feeling too old are challenges to accessing and/or participating in CPD programmes.

In support of these findings, Fareo (2013) revealed that many nurse managers did not support nurse' development activities at the hospitals and they did not support nurses attending professional development activities because of the difficulties in covering nurse absentees at the various ward. Darling-Hammond (2003) commented that lack of support is a particular factor that is likely to push nurses and midwives, especially newly employed nurses, to quit the nursing profession. Stout (2013) opines that hospital management place many barriers upon nurses and midwives in the area of staff development and opportunities for CPD; and many do not see the importance engaging in CPD programmes. According to Latter et al (2017), nurses and midwives asserted that they are often provided with limited support to attend professional development programmes. The study reported that nurse mangers in many cases do not assist their staff on CPD programmes and, thus, lack of support from them may discourage nurses and midwives from attending those CPD programmes that are organised or made available for them.

The challenges identified through this study are partly consolidated by the review of NMC (2016) that there were some major challenges identified in the accessing of CPD programmes among nurses and midwives. Some of these challenges identified included time constraints on nurses and midwives to attend CPD programmes, and the tendency of rushing to cover the course, total absence or inadequacy of the resources required to run CPD programmes and lack of systematic collaboration. A report by the NMC (2016) revealed factors that affect the implementation of CPD. These factors include lack of training manual, time constraints because of heavy work load, lack of trained

facilitators as well as facilities such as well-equipped facilities to be used for these CPD programmes. Furthermore, the report by the NMC (2016) again revealed that the GHS was not supportive of them to grow professionally. They were not allowed to attend any further studies with pay, workshops, seminars or courses as they would like and they did not have access to professional publications due to poor libraries and internet access.

These discoveries reiterate the fact that nurses and midwives do encounter several challenges in accessing and/or participating in CPD programmes. According to the report of the NMC (2016), most hospital do not have the infrastructure for conducting CPD programmes, in hospitals that have centers for providing professional training to nurses and midwives, they were woefully inadequately equipped to run well organised, inspiring, and transforming CPD programmes. One of the key challenges identified is the provision of a once-off workshop model which is mainly short-term in nature.

Sugrue (2002) shared the view that recent staff in-service and CPD evaluation studies emphasize the fragmented nature of CPD provision and the lack of learning-centred structures for most professionals in the education and health profession. Again, inadequate funding has been a fundamental issue in the provision of CPD for nurses and midwives, this mostly reflects in areas such as quality training of facilitators, availability of resources, salaries and many more. The findings are in agreement with Gust (2004) who identified lack of funds as one factor that limits nurses' and midwives' participation in staff development programmes and can also prevent nurses and midwives from undertaking private further studies and training to improve their skills and professional growth. Many hospitals do not set aside enough funds to

cater for their staff's participation in CPD programmes. This is attributed to low budgetary allocation to hospital management. Funding may include cost of attendance or participation and travel costs. Although insufficient funding is common in many hospitals, the extent to which it affects nurses and midwives' professional development may be different (Lai, 2006).

Another challenge associated with accessing CPD programmes identified in this study is inappropriate date and time for the CPD programmes. This perhaps may have resulted from the nature of the health profession. The nature of the health workers demands more from them all the time, they also need to be at post rendering quality services to clients, as a result of this, nurses and midwives are not able to make time for CPD programmes. This finding is in agreement with conclusions made by Baxter et al., (2013). They concluded that most nurses and midwives preferred online CPD for reasons of distance and accessibility and a few others preferred short conferences, seminars, workshop and classroom lecture methods because of their time schedule (Baxter et al., 2013). The study further revealed that, nurses and midwives wondered why e-learning was not being used for those who cannot leave their immediate environment.

Yet, another challenge identified in literature that is in consistent with the findings of this study is that, nurses and midwives are not satisfied with the content and resource persons used in the CPD programme. Nurses and midwives are of the view that learning needs of nurses and midwives are not considered when it comes to the planning of CPD programmes because there was usually a limited practical demonstration and limited time for questions (Nsemo et al., 2013).

Research Question Four: How, in the views of participant of the study, do the CPD programmes organised for nurses and midwives in the CCTH help them to improve their practice?

This research sought to find out from nurses and midwives how the CPD programmes organised for them help in improving their practice. Respondent were asked to agree or disagree to statements that concerned how their engagement in CPD programmes improved their professional competency. The results are presented in Table 12.

Table 12: How CPD Programmes Improve the Practice

Statement	SA (%)	A (%)	D (%)	SD (%)	Mean	Std. Deviation	Decision
Equip me with knowledge about diseases and conditions and how to manage it	177 (73.1)	56 (23.1)	6 (2.5)	2 (1.2)	3.68	.585	Strongly Agree
Teach to use new technological trends regarding my nursing practice	166 (68.6)	67 (27.7)	2 (0.8)	4 (1.7)	3.65	.588	Strongly Agree
Helping nurses and midwives to renew their license.	159 (65.7)	75 (31.0)	4 (1.7)	4 (1.6)	3.62	.588	Strongly Agree
Help me correct unethical nursing practices	125 (51.7)	99 (40.9)	15 (6.2)	3 (1.2)	3.43	.667	Agree
Provide me with the knowledge and skills I did not received during my basic training	129 (53.3)	90 (37.2)	21 (8.7)	2 (0.8)	3.43	.686	Agree

Source: Field survey, Afreh, (2018).

Table 12 discloses the views of nurses and midwives on how the CPD programmes they attend improve their practice. The results in Table 12 indicate that 96.2% of the respondents strongly agree that their involvement in CPD programmes equip nurses and midwives with knowledge about diseases and conditions and how to manage it (M = 3.68, SD = 0.585). This was testified by 177 (73.1%) of the respondents who strongly agreed with the statement while 56 (23.1.7%) agreed with the statement. Besides, only 6 (2.5%) respondents disagree with the statement. It is again established from Table 12 that 166 (68.6%) of the respondents strongly agreed to the view that CPD programmes teach nurses and midwives the use of new technological trends with regards to the nursing practice (M = 3.65, SD = 0.588) and 159 (65.7%) of the respondents also strongly agreed that CPD programmes help nurses and midwives to renew their licences (M = 3.62, SD = .0.588). Also, 125 (51.7%) respondents strongly agreed to the fact that attending CPD programmes helps nurses and midwives to correct bad nursing practices, 99 (40.9%) respondents also agreed to the statement. (M = 3.432, SD = 0.667).

Table 12 obviously shows that most of the respondents sampled for the study vehemently agreed to the statements with respect to how CPD programmes help in improving their practice. Nurses and midwives agreed that CPD programmes equip them with knowledge about diseases and conditions and how to manage these diseases, teaches them the use of new technological trends with regards to their practice, help nurses and midwives to renew their license and to correct bad nursing practices.

The findings are in line with the works of Lieberman, (1996).and Joyce and Cowman (2007) who note that professional development programmes for

nurses and midwives based on the new trends in the health professions keep health workers up-to-date with changes and updated practices in the health profession. They further went on by saying that, when health workers are equipped with new ways of handling diseases and conditions, it affects the health workers' ability to provide quality health care delivery to the benefit of their patients and clients. More so, the findings are in line with the views of Stout (2013) who linked the benefits of CPD programmes to professionals in the education section. He noted that, teachers' professional development is a useful strategy that teachers can use to improve upon their teaching abilities and understanding of concepts. Linking this to the health sector, one can say that CPD programmes go a long way to help nurses and midwives develop understanding of new trends happening in the health sector. It helps nurses and midwives to come to terms with the modern technological advancements and equip nurses and midwives to provide quality health care delivery to their patient and clients. Stout (2013) indicates that every institution should have a plan for the CPD of its staff in place.

These findings further concur with literature reviewed for this study. From the findings, it is clear that CPD organised for nurses and midwives have immediate and long-term impact on their professional practice. Therefore, nurses' and midwives' in CPD programmes enable them to act collegially in order to maintain and improve the standards of their professional practice. This is supported by Lieberman (1996) who averred that professional development experiences of staff have both immediate and long-term impacts on their practice. These findings again correspond to the views of Landers et al (2010) who indicated that CPD programmes build nurses' confidence because

they have stronger understanding of their responsibilities as health workers. Therefore, nurses and midwives who undergo CPD programmes are better able to perform well in their field of work.

However, these findings contradict with the view of Latter et al. (2007) who indicated that much of the professional development initiatives are simply not working for professionals who undergo these personal development trainings. Health workers often view such professional development programmes as irrelevant, time and resource wasting, not effective, and most important of all, not connected to their core work of helping learners to learn.

Chapter Summary

This chapter presents an interpretation and discussion of the findings that emanated from the study. The understanding attributed to the phenomenon presented here is an interpretation of the items presented in the questionnaire. During the interpretation of the data, the questionnaires were analysed and presented in frequency tables, graphs and pie charts. The chapter also presents the discussion of the research findings based on the research questions that steered the study.

CHAPTER FIVE

SUMMARY, CONCLUSIONS AND RECOMMENDATIONS

Introduction

This study sought to explore the views of nurses and midwives at the CCTH regarding the CPD opportunities available to them. The study further looked at the types of CPD programmes at CCTH, the reason why nurses and midwives patronise these programmes and some of the challenges associated with the CPD programmes at CCTH.

This section of the study summarises the findings of the research. The section also indicates how the purpose of the study was achieved. Moreover, it provides useful recommendations that address the issues raised in the analysis with respect to the CPD opportunities available to nurses and midwives at the CCTH.

Summary of the Research Process

The study was a descriptive survey which was primarily designed to find out the views of nurses and midwives at the CCTH regarding CPD opportunities available to them. The study addressed the following specific research questions:

1. What, in the views of participants of the study, are the types of CPD programmes available to nurses and midwives in the CCTH?
2. What reasons do nurses and midwives in CCTH have in engaging in CPD programmes?
3. What challenges are associated with the CPD programmes available for nurses and midwives at the CCTH?

4. How, in the views of participants of the study, do the CPD programmes organised for nurses and midwives at the CCTH help to them improve their practice?

The study targeted nurses and midwives at the CCTH. 250 nurses and midwives at the CCTH. The stratified sampling technique and simple random sampling were used to select 250 nurses and midwives from the 15 wards in the CCTH. Questionnaires were designed as instrument for collecting data. These questionnaires were validated through expert judgment, pilot-tested and used as the main instruments for data collection. Due to the descriptive nature of the study, descriptive statistics (frequencies, percentages, means and standard deviations) were used to analyse the quantitative data that were collected.

Summary of Key Findings

The essential findings of this study can be summarized as follows:

1. It was revealed from the study that, the types of CPD programmes for nurses and midwives at the CCTH is mainly in the form of workshops, refresher courses and seminars. Majority of the nurses and midwives at the CCTH attend workshops as a means of upgrading their professional skills and knowledge. Again, most nurses and midwives at the CCTH attended CPD programmes 1 to 3 times within the year. Majority of the nurses and midwives at the CCTH usually hear about CPD programmes through phone calls.
2. Concerning the reasons why nurses and midwives attend CPD programmes, the study revealed that nurses and midwives attended CPD programmes to keep them abreast with all new development in

the health profession. Again, nurses and midwives confirmed that their reason for attending CPD programmes is to help them renew their licences as per the nursing practices in Ghana. More so, the study revealed that nurses and midwives do attend CPD programmes because such programmes encourage learning and also provides them with all the needed knowledge and skills they did not receive during their basic training at the various NMTI.

3. Regarding the challenges associated with the CPD programmes, the study revealed inconvenient workshop schedules as major challenge nurses and midwives face in accessing CPD programmes. In addition, nurses and midwives are faced with the challenge of inappropriate date and time for CPD programmes. This prevents most nurses and midwives from engaging in CPD programmes. Furthermore, the study revealed that lack of employer commitment and lack of relevant professional programmes are all challenges associated with CPD programmes at the CCTH.
4. The study also looked at how CPD programmes helps improve the practices of the nurses and midwives at the CCTH. In this regard, the study found out that, engaging in CPD programmes does equip nurses and midwives with knowledge about diseases and conditions and how to manage them. Also, the study revealed that, attending CPD programmes teaches nurses and midwives the use of new technological trends with regards to their practice. One other way engaging in CPD programmes improve the practice of nurses and midwives at the CCTH is by helping them to renew their license. Finally, the study revealed

that, attending CPD programmes helps nurses and midwives to correct bad nursing practices.

Conclusions

Based on the key findings, the following conclusions are made.

First and foremost, the findings obtained from this study are enough evidence to conclude that there are several forms of CPD programmes available to nurses and midwives to build their professional development competency and knowledge in health care delivery. It is evident from the study that most common form of CPD programme available to the nurses and midwives at the CCTH is the workshop. Also, it can be construed from the study that nurses and midwives at the CCTH attend CPD programmes at most three times within the year.

Secondly, the study indicated that nurses and midwives at the CCTH attend CPD programmes to keep them abreast with modern trends in the nursing profession. It can be also concluded from the study that, CPD programmes encourages continuous learning and skills acquisition among nurse and midwives at the CCTH. Furthermore, the study concluded that, nurses and midwives at the CCTH attend CPD programmes in order to renew their professional licence.

Thirdly, it can be concluded from the study that nurses at the CCTH are faced with the problem of inconvenient workshop schedules and inappropriate date and time for organising CPD programmes which pose serious challenge to the effective running of CPD programmes for nurses and midwives. The study also concluded that, lack of employer commitment and lack of relevant

CPD programmes pose serious challenge to CPD opportunities to nurses and midwives.

Finally, the study concluded that the various forms of CPD programmes have immensely contributed to the improved professional practise of nurses and midwives. Similarly, it is apparent from the study that nurses and midwives are equipped with knowledge about diseases and conditions through engaging in CPD programmes. The programmes also help nurses and midwives to manage them. More so, it is concluded from this study that, CPD programmes help nurses and midwives to use new technological trends with regards to their practices.

Recommendations for Practice

From the findings and conclusions of the study, the researcher recommended the following:

1. Firstly, regardless of the availability of CPD opportunities for nurses and midwives at the CCTH as indicated in the findings, the NMC should organise more CPD programmes frequently to enable nurses and midwives attend more of such programmes in a given year.
2. Hospital management should invest in CPD programmes to help nurses and midwives benefit from the CPD programmes. Hospital management can liaise with other professional health bodies to assist them in organising CPD programmes for their employees.
3. NMC should involve nurses and midwives in the planning of CPD programmes. Nurses and midwives should also be involved in the designing of CPD goals and relevant training needs.

4. The NMC and the various hospital management should explore other means of communication about CPD programmes to nurses and midwives. From the findings, most nurses and midwives hear about CPD programmes through phone calls, memos and circulars. However, other channels of communication such as email, staff WhatsApp groups and text message (SMS) can be employed.

Recommendation for Further Research

From the findings, the researcher recommends the following for further research;

1. Similar study of this nature should be conducted in other teaching hospitals in the country.
2. Also, the study can be replicated to explore the perceptions of hospital management on the available CPD programmes in the CCTH.

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APPENDIX A

UNIVERSITY OF CAPE COAST

INTITUTE FOR EDUCATIONAL PLANNING AND ADMINISTRATION

QUESTIONNAIRE FOR NURSES AND MIDWIVES

This questionnaire is being administered as part of a study on the views of nurses and midwives in the Cape Coast Teaching Hospital regarding the Continuous Professional Development (CPD) opportunities available to them. This research is intended for academic purpose and your honest and sincere response would contribute a lot to its success. Your identity would be confidential with regard to the information you provide.

SECTION A: DEMOGRAPHIC DATA OF RESPONDENT

For items 1 – 5 please tick the boxes that apply to you.

1. Gender: Male [ ] Female [ ]
2. Age Range: 20- 30 [ ] 31-40 [ ] 41-50 [ ] 51-60 [ ]
3. Grade: Staff Nurse/Midwife [ ] Senior Staff Nurse/ Midwife [ ]
   Nursing/Midwifery Officer [ ] Senior Nursing/Midwifery officer [ ]
   Principal Nursing/Midwifery Officer [ ] Deputy Director Nursing Services [ ]
   Deputy Director Midwifery Services [ ]
   Others……
4. Ward: Male/Female medical ward [ ] Male/Female surgical ward [ ]
   Pediatrics ward [ ] Obstetrics & Gynecology [ ]
   Intensive Care Unit [ ] Neonatal Intensive Care Unit [ ]
   Theatre [ ]

Other, Please indicate……..

5. Years of Service: 1- 5 [ ] 6 -10 [ ] 11-15 [ ] 16-20 [ ] 21- 25 [ ] 26 -30 [ ] 31-35 [ ] 36-40 [ ]

SECTION B: CONTINUOUS PROFESSIONAL DEVELOPMENT (CPD) PROGRAMMES AVAILABLE TO NURSES AND MIDWIVES

Please read the questions from 6– 8 and tick the appropriate response that highlights CPD programmes available to Nurses and Midwives.

6. Which of the following CPD programmes have you attended in the course of your career? (Please tick the 3 most attended)

a. Refresher courses [ ] b. Workshop [ ] c. Further studies [ ]

d. Seminar [ ] e. Field trip [ ] f. Personal studies [ ]

Others, please indicate

……

……

……

7. Please indicate the number of times you attend CPD programme in a year.

……

……

8. How do you hear about available CPD programmes?

a. phone call [ ] b. memos [ ] c. circulars/letters [ ]

Others, please specify:

……..

SECTION C: REASONS WHY NURSES PARTICIPATE IN CPD PROGRAMMES?

Please tick [√] in the appropriate box to rate the following statements on the perceived benefits of CPD programmes. Key: SA=Strongly Agree (4), A=Agree (3), D=Disagree (2), SD=Strongly Disagree (1).

	I participate in CPD programmes to:	**SA**	**A**	**D**	**SD**
9.	Encourage learning				
10.	Network and meet with my nursing colleagues				
11.	Provide a break from the pressures of work				
12.	keep abreast with new developments				
13.	Provide me with the knowledge and skills I did not received during my basic training				
14.	Provide me with promotion opportunities				
15.	Help me renew my license				

Other, please specify

……

……

……

SECTION D: CHALLENGES NURSES AND MIDWIVES FACED IN ACCESSING CPD PROGRAMME

Please tick [√] in the appropriate box to rate the following statements on the challenges nurses and midwives face in accessing CPD programmes. Key: SA=Strongly Agree (4), A=Agree (3), D=Disagree (2), SD=Strongly Disagree (1).

	The challenges I encounter in accessing CPD programmes include:	**SA**	**A**	**D**	**SD**
16.	Lack of employer commitment				
17.	Inadequate information on the CPD programmes				
18.	Inconvenient workshop schedules				
19.	Lack of personal time				
20.	Feeling too old				
21.	Family responsibilities				
22.	Poor health conditions				
23.	Lack of relevant professional programmes				
24.	Date and time for programmmes not appropriate				

Other, please specify

……

……

……

SECTION E: HOW CPD PROGRAMMES ORGANISED FOR NURSES AND MIDWIVES HELP THEM TO IMPROVE THEIR PRACTICE.

Please tick [√] in the appropriate box to rate the following statements on the strategies in addressing challenges of CPD programmes. Key: SA=Strongly Agree (4), A=Agree (3), D=Disagree (2), SD=Strongly Disagree (1).

	Continuous Professional development programmes help me to improve my practice by:	**SA**	**A**	**D**	**SD**
25.	Equipping me with new strings of diseases and conditions and how to manage them				
26.	Teaching me the use of new technological trends with regard to my practice				
27.	Providing me with the knowledge and skills I did not received during my basic training				
28.	Helping me to correct bad nursing practices				
29.	Helping me to renew my license.				

Other, please specify

……

……

……

APPENDIX B

PILOT STUDY REPORT

INTRODUCTION

This is a report on the pilot study conducted by the researcher at the ENRH in the Western region. The pilot study was conducted to gather data from nurses and midwives in relation to items on the questionnaire which sought to explore the views of health worker regarding the Continuous Professional Development opportunities available to them.

METHODS

Participants

Thirty (30) respondents were purposively sampled from the population of nurses and midwives at the ENRH. Respondents were selected across the various wards in the hospital.

Instrument

The instrument used for the pilot study was a questionnaire with twenty-eight (28) items. The questionnaire included open and closed ended items which clearly sought to gather data on the views of health workers regarding continuous professional development opportunities available to them.

ANALYSIS

1. Cronbach's Alpha for items in Section C

Case Processing Summary

		N	%
Cases	Valid	30	100.0
	Excluded[a]	0	0
	Total	30	100.0

Reliability Statistics

Cronbach's Alpha	N of Items
.656	7

. Cronbach's Alpha for items in Section D

Case Processing Summary

		N	%
Cases	Valid	30	100.0
	Excluded[a]	0	.0
	Total	30	100.0

Reliability Statistics

Cronbach's Alpha	N of Items
.788	9

3. Cronbach's Alpha for items in Section C

Case Processing Summary

		N	%
Cases	Valid	30	100.0
	Excluded[a]	0	.0
	Total	30	100.0

Reliability Statistics

Cronbach's Alpha	N of Items
.640	5

Overall Reliability score all the Likert scale items

Case Processing Summary

		N	%
Cases	Valid	30	100.0
	Excluded[a]	0	.0
	Total	30	100.0

Reliability Statistics

Cronbach's Alpha	N of Items
.850	21

RESULTS

According to Mohen and Dennick (2001), Croncbach's alpha (α) is way to measure reliability or internal consistency of a psychometric instrument. Thus for interpreting the Croncbach's alpha (α), a score more than 0.7 is considered accepted. For this study, the Croncbach's alpha (α) value recorded for section C, D and E was **0.656, 0.788 and 0.640** respectively, thus, $\alpha \geq 0.7$. This signifies a higher internal consistency between the test items. The overall reliability score for all the Likert scale items was a Croncbach alpha of **0.850**, thus $\alpha \leq 0.7$. This signifies a higher internal consistency between the test items.

CONCLUSION

This pilot study, in my view has been very beneficial. The pilot study reveals the strength and weakness of the instrument; this goes a long to prevent any inaccuracies in the administration of the instrument.

REFERENCE

Mohen T., & Dennick R., (2001), Making sense of cronbach's alpha. *International Journal of Medical Education*; (ed.) 2:53-55