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Evaluation of Adherence to Continuing Professional Development Guidelines of Nursing Council of Kenya by Nurse Practitioners in Meru County

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Abstract:

Continuing professional development (CPD) is training offered by professional institutions and bodies intended at updating knowledge, skills and competences of practicing workers to improve the quality of service delivery. Continuing professional development seeks to positively link the needs and aspirations of individuals with educational activities, for development of their potentialities and for the socioeconomic and political development of a nation or state. Despite the adoption of Continuing Professional Development in Kenya, the conformity to the CPD guidelines of Nursing Council of Kenya is still inadequate as quality nursing and competence fails to meet the stipulated standards. Analysis of literature indicate that adherence to continuing professional development standards has been an issue of concern in many countries. This study aimed at evaluating adherence to Continuing Professional Development guidelines of Nursing Council of Kenya by nurse practitioners in Meru County. A descriptive survey research design was used to evaluate the adherence of nurse practitioners to CPD guidelines of Nursing Council of Kenya. Fisher's et al (1998) formula was used to draw a sample size of 264 nurses. Data was analyzed using statistical package for social sciences software (SPSS version 22.0). The raw data was cleaned, coded, keyed into SPSS software, analyzed, and then presented using pie charts, bar graphs and frequency tables. The qualitative data was analyzed to get correlations among different variables through coding, observing emerging themes and forming categories. The findings revealed that there exist gaps in nurse practitioners' adherence to Continuing Professional Development guidelines of the Nursing Council of Kenya. Based on the study findings, it is, therefore, concluded that CPD activities in Meru County still need reforms to enhance adherence. A future research of examining effects of CPD activities to quality of health care by regression analysis technique is therefore, recommended.

Keywords: Adherence, Evaluation, Continuing Professional Development, Nurse Practitioners

1. Introduction and Background to the Study

Professionals globally have acknowledged the prominence of continuing professional development as a basic appraisal enhancing professional education regularly. Climatic changes coupled with globalization, and technological progresses have brought challenges that require up to date health care practices and services. Continuing education programs focusing on different aspects of healthcare provision are common at medical schools around the world and are considered valuable by regulatory bodies. The International Council of Nurses Code of Ethics (2006) advocate for nurses' continuing learning to maintain their competences as they have the biggest responsibilities and accountability for patients continuing care. Nurses require to take part in CPDs to update themselves keeping abreast with current changes and to increase their competencies. Nurses being the biggest group of health care professionals are required to regularly take CPDs to advance their skills and competencies to remain current in their practice.

As CPDs play significance role to nurses, several countries are executing compulsory continuing professional development programmes. Eustace (2001) says that in 1971, the State of California came up with CPD guidelines on continuing education. The American Nurses Association later in 1973, recommended continuing education for re-licensure leading to 23 states in the United States enforcing regulation that demands nurses to take part in CPD so as to renew their license to practice. United Kingdom likewise passed regulation to start nurses CPD programmes to maintain the standards of quality nursing. Subsequently, Australian nurses adopted to the new reform enacted the Nurses Board of the State of

Victoria in 2009 for appraising and documenting nurses' CPD points and as conformity to the current practice. Several regulators in Kenya have resulted in governing the licensure and registration of health workers to promote and uphold the ethical standards of practice. The NCK since 2008 came up with a mandatory policy necessitating nurses to renew practicing licenses after every three years with prove of attaining 40 CPD hours annually. Furthermore, nurses are needed to pursue ongoing professional development to be retained in council's register and ensure they keep well-informed of the new advancements in health (NCK, 2015).

1.1. Statement of the Problem

Currently, the CPD programmes in the counties are divided as there is no standardization, regulation and implementation structures. Furze and Pearcey (1999) recognizes lack of empirically documented information analysing adherence to continuing professional development guidelines, and the perceived outcomes in relation to changes in knowledge accrual, attitudes, skills, job fulfilment, workers retention and career advancement. It is suggested that this lack of empirical work needs to be addressed if continuing professional development are to have maximum benefits for clients, nurses and the service. Adherence to CPD standards has been an issue of concern in many countries. The available literature indicates that CPDs are not well coordinated and training is offered by many players at individual or organizational level. The FMHACA (2013) points out that there is, need for a well-coordinated CPD structure to retain and improve professional competences. This is supported by the nursing regulatory body, the NCK that emphasize CPD should be organized systematically, bound to relicensing system and exist along other progresses in health systems towards improved health services. Therefore, in order to establish a CPD system in counties where they should be regulated and bound to re-licensure, counties should with technical support of NCK and training institutions prepare a guideline which should be followed by an implementation plan outlining the methodology in undertaking the activities for the CPD system establishment.

Nurses CPD training guidelines are based on the Nursing Council Kenya (2012) framework and (2015) policy guidelines on the continuum of nurse's continuing professional development and are integral to the Council's strategy for the review and accreditation of nursing education programmes. Further, these guidelines form the bridge between the council's policy, development and application of nurse's CPD programs by the training institutions. They provide clarity for nurse practitioners to ensure that they are involved in CPD programmes that meet the Council's accreditation requirements. Therefore, the study focused on evaluating adherence to continuing professional development training guidelines of the Nursing Council of Kenya for nurses working in Meru County. Despite the prevalence of CPD activities and their numerous potential benefits, the outcomes of such activities are insignificant in the nursing care delivery in Meru County (DTC, 2017). It implies that there is an urgent need to evaluate the level of adherence to continuing professional development guidelines of nursing council of Kenya to ensure quality service delivery. Evidence from the county government report on healthcare (Decentralized Training Centres Report, 2017) shows a lack of recordkeeping of those undertaking CPD activities in Meru County since there is no documented evidence inform of database or registration of CPD trainers and their competences or nurses who have undertaken the program. This contravenes the Nurses Act Cap 257 Section 11(4) of the Laws of Kenya. In this context, there is a need therefore to evaluate the extent of adherence of nurse practitioners to continuing professional development guidelines of Nursing Council of Kenya in Meru County.

1.2. Objective of the study

The study objective was to evaluate adherence of nurse practitioners' to continuing professional development guidelines of the Nursing Council of Kenya in Meru County.

2. Literature Review

Speck and Knipe (2005) has defined professional development as education geared towards maintaining professional qualifications to fit in the job market. The International Council of Nurses (2010) define continuing professional development as life-long learning to retain and improve nurses' competencies. Continuing professional development is essential to keep nurses updated with the fast changing health reforms. Nursing and Midwifery Board of Australia (NMBA) (2016) view continuing professional development as a way of keeping, expanding and increasing knowledge, expertise and competence, and develop personal and professional qualities required for quality service delivery. Apps (1985) has outlined the main purpose of continuing professional development as career growth, personal advancement, and life-long learning. Continuing professional development expose nurses to increased awareness on professional issues, gaining of novel understanding and skills, greater confidence, job fulfilment, and adoption of lifelong learners. Nursing Council of Kenya was among the pioneer regulatory bodies to bring on board CPD programmes for nurses as a requirement to be licensed to practice. The year 2000 is when the Nursing Council of Kenya came up with the nurse's retention system to support establishment of a data set on nurses' registration/ enrolment upon training completion to conform to the nurses cap 257 section 11(4) in relation to the retention fee. The ultimate goal is to ensure nurses are updated with new developments in health care through structured (CPD) programmes. Retention of nurses required attainment of 40 CPD hours annually, with the re-licensure being based on the accumulation of 60 CPD hours in three years. This prompted the Nursing Council to come up with a CPD nurse's retention policy to strengthen the CPD programmes and align to the practice of other Nursing Council Boards worldwide. Starting in 2008, the NCK issued a mandatory policy requiring all nurses in Kenya to renew their licenses and demonstrate earning 40 CPD hours per year. Lord Willis (2012) recognizes the significance of continuing professional development improve patient care and nurses career advancement. Underlying the introduction of mandatory CPD is the assumption that it involves reviewing practice,

identifying learning needs, planning and participating in relevant learning activities and reflecting on the value of those activities. Nurses being the largest team in the health sector, stands the responsibility of maintaining their competences to continuously improve the standard of services they provide. As knowledge, information and skills acquired by student nurses get outdated over time, CPD programmes need to be emphasized to guarantee on-going, safe, ethical and competent health care delivery services. Therefore, devolved counties must recognize the need for periodical training of nurses to cope with new technologies and emerging diseases that require new knowledge, skills and attitudes. For conformity to national guidelines on CPD and Nurses Act CAP 257 Section 11 Subsection 4, the Nursing Council of Kenya is authorized to regulate nurses' licensing and retention. All CPD activities are weighted in allocation of points based on the nature of the CPD activity which encompasses duration, mode of delivery and skills acquisition among others. The major factors that determine adherence to a set standard include the (i) quality of the program in terms of curriculum content, (ii) accreditation of CPD providers, (iii) teaching and learning methods, (iv) instructional materials, (v) modes of assessment, (vi) program implementation strategies, (vi) management support and (vii) evaluation and monitoring mechanisms. From the reviewed literature, it has come out clearly that CPD programme is a necessity in the health arena and therefore need to be integrated as a requirement for health professionals. The studies that have been carried out have not addressed the gap in terms of adherence to continuing professional development by nurse practitioners. This study was geared towards answering this research question, "To what extent have the nurses adhered to the CPD guidelines of the Nursing Council of Kenya?"

2.1. Theoretical & Conceptual framework

The Context, Input, Process and Product (CIPP) evaluation model by Stufflebeam (2007) was used to evaluate adherence of nurse practitioners to continuing professional development guidelines as per the Nursing Council of Kenya.

2.2. Research Methodology

The study was carried out in Meru County, Kenya. Meru County has 498 (435 dispensaries, 39 health centres, 23 sub-county/district hospitals, and 1 county referral hospitals) health facilities (Meru CIDP 2018-2022). Meru County was chosen for the study because there was no study that had been conducted to evaluate adherence by nurse practitioners on the continuing professional development guidelines of the Nursing Council of Kenya with an aim of unearthing the compliance status as required by council. The study adopted a descriptive survey research design to collect perceptions on adherence of nurse practitioners to the CPD guidelines of Nursing Council of Kenya. Silverman (2011) posits that descriptive surveys are the best in collecting information to define an opinion, attitude or behaviour held by a group of people on a given subject. Use of descriptive survey design in this study allowed the researcher to measure respondents' opinions, attitudes and behaviours regarding adherences to CPD guidelines. The study targeted all nurse practitioners, working in Meru County. There are approximately 976 nurses working in Meru County distributed within the 498 health facilities (Meru County CIDP, 2018-2022). A total of 264 nurse practitioners were included in the study. The study used self-administered questionnaires to collect data. The names and any identifying characteristics were coded to ensure anonymity and confidentiality. The Statistical Package for Social Sciences version (SPSS) 22.0 in the data analysis was used. The generated results were then used to draw conclusions and make recommendations.

3. Results

The study sought to establish adherence of nurse practitioners to Continuing Professional Development Guidelines as provided by the Nursing Council of Kenya. The frequencies are shown in table 1 and their standard deviations.

The extent of adherence to CPD Guidelines of the NCK by the nurse practitioners						Standard Deviation
	5	4	3	2	1	
Nurse practitioners registered with the Nursing Council of Kenya	41%	21%	16%	16%	8%	0.08
Nurses familiarization with the NCK CPD guidelines	31%	5%	64%	0%	0%	0.18
Nurses compliance with the minimum 40 hours CPD yearly requirement as per the Nursing Council	0%	0%	0%	48%	52%	0.23
Nurses identified CPD activities on the basis of needs and relevance to improvement of practice	3%	43%	54%	0%	0%	0.2
Establishment of CPD providers licensed by the Nursing Council	0%	0%	0%	8%	92%	0.13
Evidence of nurses participation in CPD activities	67%	33%	0%	0%	0%	0.24
Nurses participation in internal and external evaluation of CPD activities	2%	40%	58%	0%	0%	0.17
Nurses renewing their practice licenses as required by the Nursing Council of Kenya	0%	0%	0%	3%	97%	0%
Nurse practitioners filed verifiable CPD activities documents for submission and reference	72%	28%	0%	0%	0%	0.21
Nurse practitioners giving feedback to the NCK on CPD activities performed	0%	0%	3%	40%	57%	0.18
Nurse practitioners updating personal records as well as information associated with CPD activities at the Council	56%	40%	3%	1%	0%	0.29

Table 1: Adherence of Nurse Practitioners to CPD Guidelines of the Nursing Council of Kenya

Table 1 shows that majority of the respondents (41%) are registered with the Nursing Council of Kenya to greater extent (5). However, it was established that the nurses familiarize themselves with the NCK CPD guidelines to some extent (3). The findings also ascertained that majority of the nurses (54%) only identify CPD activities based on needs and relevance to improvement of practice to a limited extent (3). The study findings also established that CPD providers are licensed by the Nursing Council of Kenya to a greater extent (4) as depicted with a higher frequency of 92% percentage and a low standard deviation of 0.13. It was ascertained that majority of the nurses (67%) do not keep evidence of participation in a CPD activity. Further, majority of the nurses (58%) participate in internal and external evaluation of CPD activity only to some extent (3). The nurses often renew their practicing licenses as required by the council. Nonetheless, it was found that registered nurse practitioners hardly file verifiable CPD activities documents for submission. The study findings further ascertained that nurse practitioners give feedback to the council on the CPD activities performed when necessary.

The study sought to establish the training opportunities the nurses had taken advantage of to improve their performance. Table 2 below summarizes the responses from the nurse practitioners.

Type of Training Opportunity to Improve Performance	Nurses	Percentage
Basic life support training	35	13.3%
HIV and AIDS Updates	26	9.8%
Family Planning	105	39.8%
Not attended any training due to discrimination and some other reasons	35	13.3%
Maternal Child Health (MCH)	46	17.4%
Obstetric Emergency Care	17	6.4%
Total	264	100.0%

Table 2: Training Opportunities Taken Advantage of to Improve Performance

Majority (39.8%) of the nurses had been trained on family planning, especially, on infection prevention and injection safety, followed by training on MCH (17.4%). However (13.3%) of the nurses had not attended any training. (9.8%) had attended training on HIV and AIDS updates and (13.3%) had attended training on basic life support. The diversity of responses depicted that there are various training opportunities that nurses have taken advantage of to improve their performance.

The study sought to establish challenges faced by nurse practitioners while accessing continuing professional development trainings as shown in table 3 below.

Challenges Faced in Accessing CPD Training	Nurses	Percentage
Biased selection	33	12.5%
Inadequate CPD providers	17	6.4%
Lack of skilled and equipped hospitals	12	4.5%
Lack of time	62	23.5%
laxity of staff	24	9.1%
Feeling there is no challenge	3	1.1%
Lack of awareness on CPD	14	5.3%
Shortage of staff	33	12.5%
Workload	66	25.0%
Total	264	100.0%

Table 3: Challenges Faced in Accessing CPD Training by Nurses

Several challenges were cited by nurses in accessing CPD trainings. The challenges ranged from biased selection to increased workload. From the nurses interviewed, majority 66 (25.0%) expressed workload as a major challenge hindering CPD trainings. It was followed by lack of time 62 (23.5%) and biased selection 33 (12.5%). Also, 33 (12.5%) of the respondents cited shortage of staff as a major challenge in accessing CPD trainings. 17 (6.4%) of the participants mentioned inadequate CPD providers and 14 (5.3%) lack of awareness on CPD activities. 4.5% of the respondents also indicated that there was lack of equipped modern facilities as a challenge hindering CPD activities.

The study sought to establish the areas nurse practitioners felt they needed training on to enhance their nursing competence. The responses are summarized in table 4 below.

CPD Priority Training Areas	Nurses	Percentages
Emergency Care (critical care, CPR, ICU, EDLS, ETAT, BLS and trauma)	49	18.6%
Reproductive health (FP, midwifery, Obstetric)	64	24.2%
MCH (reproductive health management, neonatal care, management of mothers in labour and ANC mothers)	45	17.0%
Feeling that no training needed	23	8.7%
HIV/AIDS (management, treatment and updates, ART, Infection control, clinical care and diagnostics)	48	18.2%
Immunization (Vaccination, EPI and cold chain management)	35	13.3%
Total	264	100.0%

Table 4: Distribution of Competence Training Areas According to CPD Guidelines

From the above responses, majority 64 (24.2%) indicated that training in reproductive health is needed, it was followed by emergency care 49 (18.6%). This was followed by training on HIV and AIDS as a priority need under CPD as portrayed by the 48 (18.2%) of the participants. 17.0% of the participants also indicated that training on MCH that maternal child health, neonatal care, management of mothers in labour and ANC mothers as a CPD priority training area. The respondents 35 (13.3%) further indicated that training on immunization is needed. However, 23 (8.7%) of the participants felt that there is no training needed to enhance nursing competence.

The respondents were asked to make suggestions to the county health management on how they would improve nurses CPD programmes with responses summarized in table 5 below.

Suggestions to County Health Management to Improve CPD Programs	Nurses	Percentage
Allowing nurses to undertake trainings	29	11.0%
Establishment of CPD training centres	20	7.6%
Unbiased selection of trainees by offering equal opportunities	49	18.6%
Financing the trainings, increasing funds for the CPD trainings and enhancing collaborations with partners.	30	11.4%
Motivation by salary increment and incentives, better communication and transport allowances	40	15.2%
No suggestion	35	13.3%
Offering trainings as per department needs and level	30	11.4%
Planning and inclusion of the CPD trainings in the yearly action plans	31	11.7%
Total	264	100.0%

Table 5: Suggestions for County Health Management to Improve CPD Programs

The participants cited some suggestions to the county health management to improve CPD activities. Majority of the respondents 49 (18.6%) suggested to the county health management team that biased selection of trainees should be reduced. It was followed by 40 (15.2%) who suggested for motivation such as salary increment and transport allowances. 29 (11.0%) indicated that management should allow nurses to attend CPD trainings and 31 (11.7%) of the respondents also suggested that CPD activities should be planned in the year action plans. 7.6% of the respondents further felt that CPD training centres should be established and that county health management should finance CPD activities.

4. Discussions

The findings were analysed in line with the study objective that focused on evaluating adherence to continuing professional development guidelines of the Nursing Council of Kenya by the nurse practitioners. The study was necessary since there is no other study which has ever been carried out in Meru County to evaluate the extent of adherence by nurse practitioners to the continuing professional development guidelines of the Nursing Council of Kenya. Continuing professional development is the only indisputable way of keeping nurses knowledgeable, abreast with the emerging and re-emerging issues and a way of maintaining their competences in the nursing practices. No wonder, many scholars have conducted studies around the nursing practices and patient care which has extensively generated evidence on improved nurses' performance and health outcomes through continuing professional development. The findings of this study are in congruent with a study by Yaghoubi et al (2013) who confirmed that continuing professional development is among the major factors that has led to improved nurses' job performance and patients' health outcomes. Quality healthcare is significant for any countries' health sector and to achieve this, nurses' continuing professional development is obligatory. Continuing professional development guidelines aim at giving the nurses a chance to respond to the varied and dynamic emerging and re-emerging issues that are evolving in their field of work.

Further, in the contemporary setting where continuing professional education is increasingly the trend across all professions, and nurses are expected to advance their skill up to date throughout their careers, there is need to comply with the set NCK guidelines. Having quite a number of nurses (35%) who had not undertaken any courses to improve their nursing practice is a sign of non-compliance to the regulatory requirements. This should act as an eye opener to the regulator and the county government and, therefore, targeted mechanisms for monitoring and documentation need to be set in order to achieve a significant higher measure of adherence. The Nursing Council of Kenya puts it explicitly that

failure of the nurses to comply with the set standards results in the non-renewal of the practicing license in line with Cap 257 of the Laws of Kenya. Nevertheless, majority of the nurses (63.7%) had engaged in some form of trainings to enhance their competences. Some of the trainings that had been undertaken by nurses to improve their skills and competences included intensive care nursing courses, basic life support, HIV and AIDS updates, comprehensive reproductive health, family planning and trauma & emergency. The above trainings are relevant to the nursing profession as per the nurses continuing professional development guidelines. The Nursing Council of Kenya's desired core competencies from which CPD activities are derived emanate from the national and global priorities, emerging diseases and conditions requiring nursing interventions including reproductive health, emergency care, life support & resuscitation among others (NCK, 2015).

The study findings revealed that majority of the nurses (41%) are registered with the Nursing Council of Kenya which to a greater extent is a good indicator of conformity depicted by the highest score of 5 in the likert scale. The findings are consistent with the National Continuing Professional Development Regulatory Framework (2014) that health professionals must be registered and licensed to practice in Kenya. A study by Tahir (2000) revealed that nurses who are not registered with respective council should not be allowed to practice. According to NCK (2015) guidelines, nurse practitioners should ensure that they are licensed and relicensed every year to practice. The nurses who are not licensed and those who do not renew their licenses, as required by the council, the question is how do they practice? This shows that there exist gaps by nurses not following the CPD guidelines set by their regulator for better healthcare outcomes. It was also evident from the study findings that majority of the nurses (67%) had some evidence to a greater extent of participating in continuing professional development activities. The NCK (2015) CPD guideline was developed and designed to facilitate evidence-based practice and quality improvement for the nurse practitioners. It is the responsibility of every nurse to keep a record of the courses undertaken to improve their nursing practice. Nevertheless, some nurse practitioners demonstrated some noncompliance (52%) with the yearly requirement of minimum 40 hours of CPD as prescribed by the Nursing Council of Kenya for conformity with national guidelines on CPD and Nurses Act CAP 257 Section 11 Subsection 4.

The Nursing Council of Kenya further specifies the need to strengthen training programs for nurses to improve their competence and make training guidelines available for nurses. The study findings revealed that to some extent, some nurses (64%) were not familiar with the CPD guidelines prescribed by the NCK. This arouses questions as to how the nurses undertake their continuing training in the NCK identified critical areas to enable them to renew their practicing licenses. The study findings ascertained that to some extent, 54% of nurses identify CPD activities they participate in based on their training needs and the relevance to the improvement of practice. One of the requirements by the Nursing Council of Kenya (2015) is for nurse practitioners to competently identify CPD activities based on their needs and relevance for the improvement of their nursing practice. As per the study findings, this is an area that is often not paid keen attention to by the nurses when selecting their CPD activities. The study findings revealed that majority of the nurses (92%) are not even aware of whether their CPD providers are licensed to offer CPD programmes. Nurses need to take continuing education programmes from qualified and accredited CPD providers. The Nursing and Midwifery Board of Australia (NMBA) (2016) states that the providers of CPD trainings should be registered to enhance standard CPD activities within the country. The nurses' lack of establishing whether CPD providers are licensed would be attributed by lack of yearly CPD calendar with planned activities to enable the nurses make choices on which courses suit their area of training need. The lack of data for nurses on who are accredited as CPD providers to offer nursing continuing training might have mimicked their cognizance. When nurses were asked the extent to which they participated in internal and external evaluation of CPD activity, 40% of the participants responded that they do participate in the CPD activities to great extent with only 2% saying that they do participate to a greater extent. This may be an indication of the significance of nurse's induction to the Nursing Council of Kenya (2015) continuing professional development guidelines and the subsequent awareness creation. This will greatly help align with the regulators requirement that states that, evaluation of internal and external activities should be done as a criterion for supervising practice for skills development. The findings of the study unearthed the gaps in the literature by asking "how do the nurses who are not evaluating activities enhance their skills development?" Gopee (2001) emphasizes the need for nurses to participate in lifelong learning and continuous professional education in order to keep their knowledge and skills up to date, rather than just being competent.

The study found out that to a greater extend, 72% of the nurse practitioners file their CPD activity reports for submission to the regulator. This conforms to the NCK requirements which connotes that it's the responsibility of the nurse practitioner to ensure that they file verifiable CPD activities records for submission and reference. The study findings further established that majority of nurse practitioners (57%) give feedback of CPD activities to the Nursing Council only when they are due for renewal of practicing license. The study findings may be in congruent to a study carried out by Chikaodili et al (2015) in Enugu State which found out that the perception of the continuing professional development program was poor as many nurses came into contact with the program and provided feedback only when their licenses were expiring or had expired.

Though the participants indicated that there are several training opportunities to enhance nursing competence such as trainings on family planning, essential life support, HIV and TB updates training and, resuscitation of neonates, a significant gap of adherence existed with 17% of the nurses with no such trainings to enhance their nursing competence. The question which drives curiosity is that how do the 17% of the practising nurses who are not aware of the CPD activities keep abreast of the emerging and re-emerging issues in health? As nursing is dynamic, nurses need to undertake continuing professional development for both their personal and professional growth and improvement of patients' health outcomes. Evans et al (2007) says that if at least fifteen percent of nurses can participate in an on-going continuing

education, there could be a difference in health care services. Meru county leadership need to put in place mechanisms in supporting, monitoring and evaluating nurse's participation to relevant CPD programmes to enable a continuation of quality health care to the patients and community.

The study findings established some of challenges that hinder nurses from attending the CPD activities guidelines inadequacy of CPD providers, irregular CPD training, lack of time due to work overload and infrastructure among others. Some of the areas that showed some infrastructural gaps are inadequate skill laboratory for skills demonstration and lack of adequately equipped hospitals. The participants strongly felt that there is a great need to undertake the necessary trainings to enhance their nursing competence as they conform to the CPD guidelines set out by the Nursing Council of Kenya. Some of the trainings that were cited by the participants as critical to their profession are; midwifery, Advanced Cardiac Life Support, ETAT and Basic Life Support, trauma & emergency, management of mothers in labour, Maternal & Child Health, Cardio-Pulmonary Resuscitation and Integrated Management of Childhood illnesses among others.

When the participants were asked to give some suggestions for the county health management to improve CPD program, 17% said that there should be unbiased selection of trainees through offering equal opportunities. Other areas included allowing nurses to undertake CPD trainings, establishment of CPD centres, financing the trainings, motivation of nurse through better communication and offering of transport allowances. The training need to be decentralized to the departments to enable the nurses to undertake those courses that are linked to their current area of practice. The nurses' forum in the county to share experiences and information and inclusion of the CPD trainings in the yearly action plans were suggested by the study participants to boost continuous knowledge gain in nursing practice.

The study findings were further strengthened by correlation analysis of adherence by nurse practitioners to continuing professional development (CPD) guidelines. The findings of correlational analysis gave a strong positive correlation coefficient at 95% confidence interval as shown by Pearson's correlation coefficient of 0.801, ($p < 0.0001$). As found in the study of Gross et al (2011), these findings further reinforce the need for CPD as provided by NCK which ultimately will enhance nursing competence among the professionals.

5. Conclusion

The findings of the study showed not all nurses adhere to the CPD guidelines as stated by the Nursing Council of Kenya. A practising nurse should be licensed, and the license should be renewed yearly. The nurses must attain 40 CPD points per year to enhance their re-licensure. The study findings reviewed that some practicing nurses were not renewing their licenses as required by the Nursing Council. The mentioning of trainings required to enhance competency showed that nurses still require capacity building and strengthening in those thematic areas cited by the Nursing Council of Kenya as key for competency. The study therefore recommends that whether a legitimate onus or a free deliberate choice, nurses must adhere to the regulators requirements by undertaking some trainings which will result to efficiency and improved patient's management and improved health outcomes.

To enhance adherence to the CPD guidelines, the Nursing Council of Kenya should ensure that there are officers in the county to enhance coordination and rolling of the CPD activities and all counties must have a CPD coordinator to harmonize trainings and ensure quality. The Nursing Council may consider such measures as introducing online documentation of CPD activities as opposed to the paper to fill the gap of nurses who are not attaining 40 points of CPD trainings per year.

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