

Factors Influencing Continuing Professional Development for Nurses in Western Kenya

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Abstract

Introduction: Nursing practice takes place in a context of ongoing advances in research and technology hence, basic nursing education alone is no longer sufficient for a lifetime nursing career. However, participation in Continuing Professional Development (CPD) in many countries in Africa remains low. The objective of the study was to investigate factors influencing nurses' participation in CPD in Western Kenya.

Methodology: This was a descriptive cross-sectional study design of 235 stratified and randomly selected nurses and four CPD Coordinators from four County Hospitals in Western Kenya. The Key informants and the respondents for Focus Group Discussions were selected purposively. Data for this research was collected using a semi-structured questionnaire, interview schedules and Focus Group Discussion guide. Data analysis was done using statistical package for social sciences (SPSS V. 20). Statistical techniques including t-test, Chi-square and multiple logistic regression model were employed in the analysis. Qualitative data was analyzed thematically.

Results: Majority of the nurses 195 (84%) participate in CPD. The five major factors that influence nurses to participate in CPD were; to obtain additional qualification, improve their Curriculum Vitae (CV), to be updated with new developments, career progression, networking with other nursing colleagues and to be prepared for mentoring new nurses and students (mean<3). All the four Coordinators considered appraisal, promotion, earn CPD points and license renewal as important factors influencing CPD participation by nurses. Education level was a significant factor associated with nurse participation in CPD, multiple binary logistic regression model indicated that those with certificate and diploma level of education were less likely to participate in CPD compared to those with degree and above levels (OR; 95% CI: 0.209; 0.062-0.705 and 0.703; 0.254-1.942) for certificate and diploma respectively.

Conclusion and Recommendations: Individual factors were the most important factors influencing nurses' participation in CPD coupled with professional/organizational needs. The study recommends that, CPD for nurses should be jointly planned and implemented by nurses and coordinators of CPD. Individual and professional/organizational motivators of CPD for nurses should be promoted.

Key words: *Continuing Professional Development, Factors, Western Kenya*

Introduction

Nursing practice takes place in a context of ongoing advances in research and technology hence, basic nursing education alone is no longer sufficient for a lifetime nursing career

(Lennie, 2009). The rapid and recurrent changes in the health care sector and nursing practice add to the life span of knowledge gained in a vocational degree of four years. In order for nurses to remain current and sufficiently

informed, they are expected to effectively engage in lifelong learning strategies in a rapidly changing health care system (Magotha, 2014). Even with the technological changes in health care, CPD for nurses in many countries in Africa remain low despite evidence of good practice and innovation, including planning of Continuing Professional Development (CPD) at national level to accredited standards (WHO, 2010).

Globally, all professionals have recognized the phenomenon of continuing professional development as a primary method to enhance basic professional education regularly (Chong, 2014). CPD for health workers is necessary in order for healthcare professionals to maintain and improve standards of healthcare practice, through development of knowledge, skills, attitudes and behavior (Golding, 2006). Nurses are the largest group of health care professionals globally and are required to participate in (Continuing Professional Education (CPE) to develop skills and competencies and remain current in their practice. The International Council of Nurses (ICN) Code of Ethics for Nurses (ICN, 2006) advocated that, nurses carry personal responsibility and accountability for nursing practice and for maintaining competence by continual learning. In addition American Nurses Association (ANA) advocated for Mandatory Professional Education (MCPE) for re-licensure in 1973 (Eustace, 2001). Currently, 23 states in the United States have enforced legislation that requires nurses to participate in CPE in order to renew their license to practice (Yoder, 2007).

Given the importance of CPD to improve nursing practice, research has shown that, employees differ in their views on who is the beneficiary of CPD: the individual, professional or the employing organization (Friedman & Phillips, 2004). Several scholars stress that Continuing Professional Development can address different, sometimes conflicting, needs such as those of the organization and the individual employee (Nolan, 2000; Munro, 2008 & Poell, 1998). However, studies investigating continuing professional training for nurses tend to evaluate the process of CPD activity rather

than outcomes such as benefits to practitioners and impact on service delivery (Jordan, 1999; Smith & Topping, 2001). The same authors describe that there seem to be an agreement about the essential continuum of education: the process never ceases although it may take different forms at different times in an individual's personal and professional career.

Further, literature review indicate that, individual motivation is among the most significant factor contributing to participation in CPD (Furze & Pearcey, 1999). The key factors appear to be awareness and understanding of CPD, conflicting demands on time, the availability of funding, and access to CPD resources (Hemmington, 2000). However, the individual motivation of the nurse to engage in CPD is fundamental (Nolan, 2005; Hughes, 2005). If the nurse is not motivated to change his or her behavior, no amount of CPD (whether mandatory or voluntary) will be effective (Gallagher, 2006). The most critical factor, according to the nurses themselves, is the amount of private time that needs to be invested in CPD activities (Gould et al., 2006).

At the level of the organization, the role of CPD is affected by its' relationship to organizational strategy, the commitment of key decision makers, and the provision of an internal infrastructure for CPD (Gerard et al., 2013). Without the support and encouragement of their employer, nurses will experience difficulties in their professional development. The overwhelming majority of nurses need support and advice for CPD (Hemmington, 2000; Murphy et al., 2006). A non-inclusive style of nursing management and lack of support from managers have been identified as barriers (Nolan et al., 1995). A number of parties are involved in shaping and delivering CPD activities for nurses. Employers and managers are involved by creating the right conditions (time, money, and learning environment), professional associations by indicating which standards of the profession must be met, and institutions by offering appropriate educational programs. Furthermore, professional associations can support nurses and healthcare organizations by giving them information about the issue of how professional

development can be stimulated (Speet & Francke, 2004). These parties therefore all have different roles regarding CPD for nurses.

CPD in many of the countries in Africa is generally small in scope. Several countries said that most staff received no CPD such as Ethiopia and Zambia (WHO, 2010). Health worker shortages vary from one country to the other. In South Sudan, the focus for CPD was on increasing the numbers of health workers through pre-service training (WHO, 2010). In Kenya, the response was that of improving the skills of existing staff as a way of quickly boosting productivity and quality of care (WHO, 2010). Knowles (1980), on the other hand, argues that effective implementation of CPD for nurses should leverage on assumptions, principles and characteristics of adult learning. More often, these concepts are not put into consideration during planning and implementation of CPD programs for nurses. Furthermore, in the absence of learner motivation, participation in Continuing Professional Development is unlikely to secure improvements in patient care or changes in knowledge accumulation and personal and professional growth (Barribal & While, 1996b). The purpose of this study was to investigate factors influencing Continuing Professional Development for nurses in Western Kenya County hospitals in order to inform policy. The objective of the study was to examine factors influencing CPD practice by nurses working in Western Kenya County hospitals.

Methods

A descriptive cross-sectional study design was used to carry out the study which was conducted in Western Kenya region (Busia, Kakamega, Bungoma and Vihiga Counties). The study further adopted a mixed method approach which provided for triangulation that sought convergence and corroboration of the results from questionnaire, interviews and Focus Group Discussions (FGD). Qualitative technique provided detailed description of variables under study and was meant to support the quantitative data.

The sampling procedure of this study was stratified random sampling technique for the individual nurses in which the target populations of 569 respondents were grouped into four strata. In each stratum, a simple random sampling was undertaken to determine the sample.

The CPD Coordinators were sampled using purposive sampling. The number of CPD Coordinators (4) was small and manageable without sampling. Therefore the total sample for the study was 239. Questionnaires, interview schedules and Focus Group Discussions were used to collect the data.

Data was summarized using frequencies, means and standard deviation. Independent samples t-test was used to compare means between the respondents who participated and those who did not participate in CPD activities. Chi-square was used to assess the relationship between categorical factors and participation in CPD activities. Multiple logistics regression was used to identify significant predictors of CPD participation controlling for confounding effects. Results were considered significant at alpha =0.05. For the qualitative data, the audio recorded information from focus group discussions were transcribed into written words and used for narrations. The findings from FGD and interview schedules were tallied in frequencies and summarized in words to generate themes.

Ethical approval was obtained from Institutional Research and Ethics Committee (IREC) based in Moi University and Moi Teaching and Referral Hospital. A written cover letter was distributed to the participants clarifying the purpose of the study, together with the questionnaire. Participation was voluntary and the information provided was treated with the utmost regard for confidentiality and anonymity.

Findings

A total of 232 (98.7%) out of 235 nurses completed the questionnaire. Among them, 68(29.3%) were aged between 31-40 years and 177(76.3%) were female. Majority 165(71.1%) were married and 134(57.8%) had Diploma level

of education as in table 1. the median (IQR) number of years of experience was 15(6, 25).

Table 1: Socio-demographic information

Characteristic	Frequency	Percent
Age-group(in years)		
20-30	52	22.4
31-40	68	29.3
41-50	64	27.6
>50	48	20.7
Gender		
Male	55	23.7
Female	177	76.3
Marital status		
Married	165	71.1
Single	49	21.1
Divorced	4	1.7
Separated	2	0.9
Widowed	12	5.2
Education level		
Certificate	41	17.7
Diploma	134	57.8
Degree	54	23.3
Masters	3	1.7

More than three quarters 195 (84%) of the nurses do participate in CPD, while 16% of the respondents did not participate in CPD.

Findings from respondents regarding their last participation in CPD activity indicated that, more than half of the respondents, that is 108 (55.1%) indicated that they last participated in a CPD activity less than a month prior to the study. 52 (26.5%) of the respondents participated within the last 2 to 6 months before the study while only 12 (6.1%) indicated that they last participated in CPD more than two years before the study as shown in figure 1. Others included ongoing and a week ago.

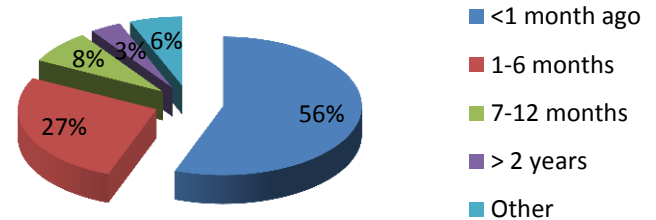


Figure 1: Last participation in a CPD activity

Respondents' Reasons for Participating in CPD

As indicated in table 2, the factors agreed upon by majority of the nurses as influencing their participation in CPD were: 98.4% to be updated with new developments, 91.3% to be prepared to mentor new nurses and students, 88.5% to network with other nursing colleagues (88.2%) to improve Curriculum Vitae, 87.7% to obtain additional qualification and 85.6% for career progression.

On average, obtaining additional qualification, improving Curriculum Vitae, being updated with new developments, career progression, networking with other nursing colleagues and being prepared to mentor new nurses and students were agreed upon by majority of the nurses as factors to be influencing their participation in CPD (mean<3).

Table 2: Factors Influencing Nurses' Participation in CPD

Statement	Strongly agree	Agree	Uncertain	disagree	Strongly disagree	Mean (SD)
Only for re-licensure	24(14.5)	33(20)	8(4.8)	63(38.2)	37(22.4)	3.3(1.4)
To obtain additional qualification	82(46.1)	74(41.6)	5(2.8)	14(7.9)	3(1.7)	1.8(1.0)
Promotion	59(34.5)	60(35.1)	18(10.5)	25(14.6)	9(5.3)	2.2(1.2)
To improve my Curriculum Vitae	85(50.3)	64(37.9)	8(4.7)	9(5.3)	3(1.8)	1.7(0.9)
To be updated with new developments	157(83.5)	28(14.9)	1(0.5)	1(0.5)	1(0.5)	1.2(0.5)
To get a break from pressures of work	30(17.2)	31(17.8)	25(14.4)	45(25.9)	43(24.7)	3.2(1.4)
For my career progression	126(69.2)	48(26.4)	5(2.7)	3(1.6)	0(0)	1.4(0.6)
To network with other nursing colleagues	80(46)	74(42.5)	13(7.5)	5(2.9)	2(1.1)	1.7(0.8)
Preparation to mentor new nurses and students	105(57.4)	62(33.9)	5(2.7)	9(4.9)	2(1.1)	1.6(0.9)

Findings from focus group discussion nurses were similar to the above where the nurses felt that the main factor influencing their participation in CPD was to get updated with new developments in health care. License renewal also emerged as one of the factors influencing nurse's participation in CPD, as one of the respondents mentions that;

"...We all need to have a certain number of hours from the CMEs. It has made us to come for the CMEs because we were a bit reluctant before. It has really pushed us and that is why you see nurses even on off duty or night duty attending...." (Respondent, Nurse)

During interviews with coordinators, factors highlighted to influence nurse's participation in

CPD were; appraisal, Updates, promotion, earn CPD points and license renewal as confirmed by a respondent who said;

"...Because of the nursing department requirements and for the renewal of practice license, the log book has to be signed it is mandatory for nurses to participate in CPD...." (Respondent, key Informant)

Other factors influencing CPD participation cited by the nurses during focus group discussions included; topic of discussion, CPD acting as forums that bring the nurses together in order to share their experiences and CPD helping in building teamwork among the nurses.

Number of CPD hours attained in the last one year

The respondents were asked how many CPD hours they had attained during the last one year. Hundred and sixteen (59.8%) had attained over 20 CPD hours in the last one year prior to the study. This shows that majority of the nurses had attained more than 20 CPD hours as per the

NCK requirement for nurses to participate in CPD in order for them to renew their practice licenses. However, despite CPD being a requirement by NCK, a considerable number of nurses were not able to meet the required number of hours. 25 (12.9%) of the nurses had attained 10-14 hours before the study while 15(7.7%) had attained between 0-4 hours as shown in figure 2.

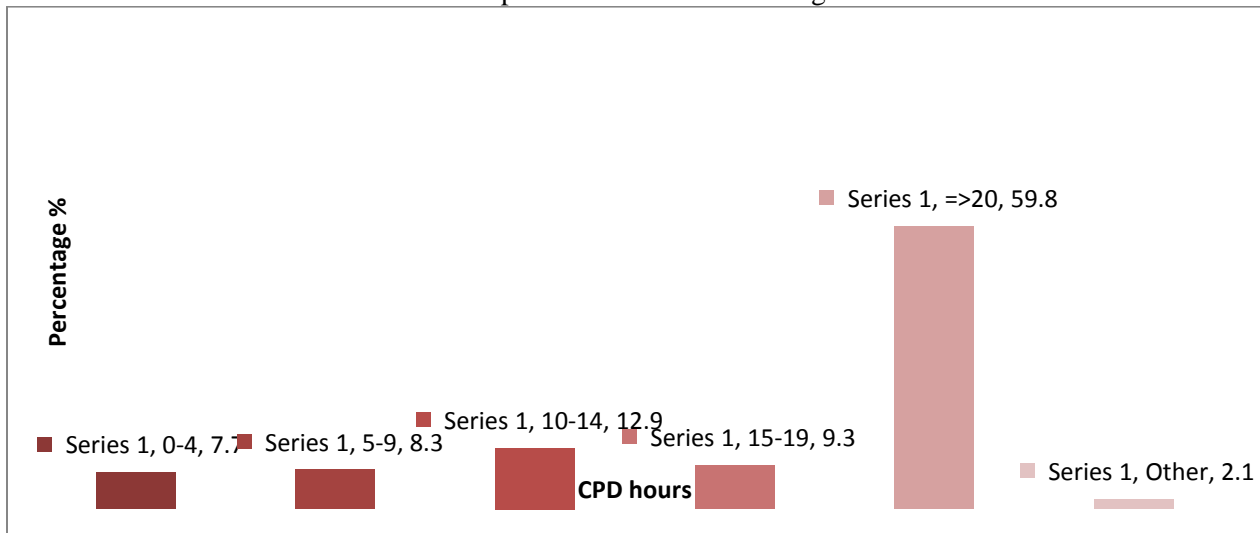


Figure 2: CPD hours attended in the last one year

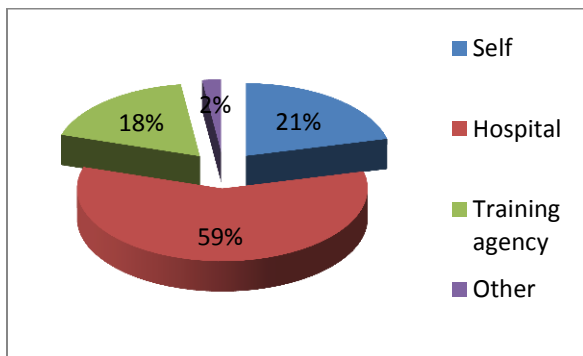


Figure 3: Sponsor of last CPD attended

As indicated in figure 3, more than half of the nurses 113 (58.5%) had their CPDs sponsored by the hospital in the last CPD attended. 21% of the nurses had sponsored themselves while 18% had their CPDs sponsored by training agency.

Respondents’ Best Learning Environment for CPD

Regarding environments where nurses learn best. Among the 195 nurses that participated in CPD, 90.1% of the nurses cited formal educational environment (classroom, auditorium), 87.5% cited immediate clinical environment (Wards, Theatre), 80.5% internal environment (Hospital, Nursing home, Clinics) and 83.5% external environments (Out-of-work) such as hotels as the best learning environments as indicated in table 3

On average, the nurses agreed that, formal educational environments such as classroom, auditorium, immediate clinical environment such as Wards, Theatre, Internal environment such as Hospital, Nursing home, Clinics and External environment (Out-of-work) such as hotels were learning environments to learn best (mean<3).

Table 3: Respondents Best Learning Environment for CPD

Statements	Strongly agree	Agree	Uncertain	Disagree	Strongly Disagree	Mean (SD)
Formal educational environment e.g. classroom, auditorium	84(48.8)	71(41.3)	4(2.3)	10(5.8)	3(1.7)	1.7(0.9)
Immediate clinical environment e.g. Wards, Theatre	70(41.7)	77(45.8)	7(4.2)	13(7.7)	1(0.6)	1.8(0.9)
Internal environment e.g. Hospital, Nursing home, Clinics	47(29.6)	81(50.9)	17(10.7)	12(7.5)	2(1.3)	2.0(0.9)
External environment (Out-of-work)e.g. hotels	92(54.1)	50(29.4)	12(7.1)	9(5.3)	7(4.1)	1.8(1.1)

Findings from focus group discussions regarding best environment for learning indicate that majority of the nurses prefer to have their CPDs conducted within the hospital (Internal environment) as one of the respondents says:

“..If we go outside the hospital for CPD, due to shortage of personnel, people get tired due to long distance and we waste a lot of time, but if we conduct it within the hospital premises it is normally easier and it has a lot of impact in the clinical area.”(Respondent, Nurse)

Socio-Demographic Factors Associated with Nurse Participation in CPD

As indicated in table 4, higher proportions of nurses in the age-groups 41-50 and above 50 years participated in CPD activities compared to those in the age-groups of 20-30 and 31-40

years, though it was a borderline significance (92.2% and 87.5% Vs 82.7% and 75%, $\chi^2=7.814$, $p=0.05$).

Also, higher proportion of those with degree and higher level of education participated in CPD compared to those with certificate and diploma levels though not statistically significant (88.1% Vs 73.2% and 85.6%, $\chi^2=4.593$, $p=0.101$).

Table 4: Socio-Demographic Factors Associated with Nurse Participation in CPD

Factor	Participation		χ^2 -value	P-value	
	Yes	No			
Age-group					
	20-30	43(82.7)	9(17.3)	7.814	0.050
	31-40	51(75)	17(25)		
	41-50	59(92.2)	5(7.8)		
	>50	42(87.5)	6(12.5)		
Gender					
	Male	45(81.8)	10(18.2)	0.268	0.604
	Female	150(84.7)	27(15.3)		
Marital status					
	Married	143(86.7)	22(13.3)	3.516	0.172 ^f
	Single	37(75.5)	12(24.5)		
	Others	15(83.3)	3(16.7)		
Education level					
	Certificate	30(73.2)	11(26.8)	4.593	0.101
	Diploma	113(85.6)	19(14.4)		
	Degree and above	52(88.1)	7(11.9)		
Experience (years)				t=1.471	0.141

Table 5: Multiple Logistic Regression Model

	B	S.E.	P-value	OR	(95% C.I. for OR)	
					Lower	Upper
Age-group (ref>50)			.275			
20-30	-1.108	1.103	.316	.330	.038	2.873
31-40	-1.422	.960	.139	.241	.037	1.584
41-50	-.079	.748	.916	.924	.213	4.004
Education (ref=degree & above)			.020			
Certificate	-1.564	.620	.012	.209	.062	.705
Diploma	-.352	.518	.497	.703	.254	1.942
Experience			.842	.992	.921	1.070
Constant	3.154	1.271	.013	23.421		

As indicated in table 5, education level was a significant factor associated with nurse participation in CPD ($p=0.020$). Those with certificate and diploma level of education were less likely to participate in CPD compared to those with degree and above level of education (OR; 95% CI: 0.209; 0.062-0.705 and 0.703; 0.254-1.942) respectively.

Those in the age-groups 20-30, 31-40 and 41-50 were less likely to participate in CPD compared to those above 50 years though not statistically significant. Similarly, a unit increase in years of experience lowers the chances of nurse participation in CPD.

Discussion

Based on this research it is clear that majority (84%) of the nurses do participate in CPD, while 16% of the respondents did not participate in CPD and only (59.8%) attaining over 20 CPD hours in the last one year. The findings from this study reveal slightly lower rate of participation and attainment of CPD hours as opposed to findings from (Chunping, 2014) which showed that 97.3% of nurses participated in Continuing Education (CE) activities over the course of the year.

There is a distinct possibility that these numbers are the result of Nursing Council of Kenya (NCK) guidelines of 2008 which has been a requirement for all nurses in Kenya to achieve a

minimum of 20 hours of CPD per year to be licensed or to renew their licenses of practice with the NCK which is done every three years (NCK, 2008). Findings from this study are also consistent (Zhang, 2009; Gallagher, 2007 and Shen, 1998) who found that the motivating factors for participation were council and organization requirements and re-licensure. Similar findings were also emphasized in previous studies where the Canadian Nurses Association (CNA) and American Nurses Association (ANA) have a standard of lifelong learning that guides the registration and practice of their nurses (Penz et al, 2007). However, these findings were not satisfactory and reveal that the nurses still require more support from hospital management and CPD managers in order for them to increase their participation in CPD and attainment of CPD hours.

Other findings from the nurses indicated that the six most important factors that motivate the nurses to attend CPD were; to obtain additional qualification (87.7%), to improve Curriculum Vitae (CV) (88.2%), to be updated with new developments (98.4%), career progression (85.6%), to network with other nursing colleagues (88.5%) and to be prepared to mentor new nurses and students (91.3%). Similar findings were found in previous studies (Chunping Ni, 2014; Chong et al., 2011; Lai, 2006 & Levett-Jones, 2005a, 2005b). Findings from this study further agree with McCarthy &

Evans, (2003) who affirms that new skills learnt during their courses by participants were transferable to their work environment. The new knowledge obtained improved their confidence and communication skills with regard to patient management. Overall, they were more aware of the need for research and evidence-based practice as part of their role within the clinical area. The study findings are also in line with Banning & Stafford's (2008) where motivation to learn could be influenced by internal factors, such as the need for knowledge and the currency of practice, as well as external factors, such as encouragement and reward.

However, coordinators of CPD programs for nurses in this study differed in their opinion regarding factors influencing nurses' participation in CPD who cited staff appraisal as the main factor. This finding agrees with Gallagher, (2007) and Lai, (2006) who found meeting the requirement for re-licensure and fulfilling organizational needs as the main motivating factors. In this study only 34% of the nurses considered re-licensure as a factor. Younies et al (2010) further indicates that, post-registration and practice requirements and yearly CPD hour requirements did not motivate nurses' participation in CPD because they were mandatory licensure and re-licensure requirements. A related study on medical doctors' perceptions of CPD, found that 31% indicated that they would not participate in CPD if it was not necessary for their license while 65% indicated that their organizations would not support CPD if it was not necessary for their licensure (Younies et al ;2010).

On the other hand, Kubsch et al (2003) highlights that nurses' participation in CPD activities is influenced by both intrinsic and extrinsic motivators. However, extrinsic reinforcement was not a strong motivator of CPD attendance. Nalle et al (2010) emphasize that intrinsic motivators such as increased knowledge, career advancement and professional competence have a major role to play compared to extrinsic motivators such as compliance with certification or licensure requirements in influencing nurses' participation in CPD.

Promotion was among the factors that were least agreed upon by the participants (69%) in this study as an important factor influencing their participation in CPD. The results are contrary with findings from a study, conducted to explore staff nurses' views on professional development, which found that majority of nurses, participate in CPD with the primary intention of being promoted in their work place (Wood, 2006). In the study by Wood (2006), majority of nurses participate in professional development programs for opportunistic reasons. These may include expectation of promotion and desire for recognition.

Regarding age, while results from indicate that, higher proportions of those in the age-groups 41-50 and above 50 years participated more in CPD compared to those in the age-groups 20-30 and 31-40 years, age was not found to be a significant factor influencing CPD participation by nurses. The findings are in agreement with Banning &Starfford (2008) and Kubsch, et al (2003), who found that nurses' age had no impact on their participation in CPD. Also, Gill (2007) found that age had no impact on participation in CPD and nurses were willing to participate in learning irrespective of their age. In contrast, Penz et al (2007), found that registered nurses between 40 and 49 years of age were almost twice as likely to report difficulties in participating in CPD activities than registered nurses who were 60 years and older. This implies that age has no relationship with nurses' participation in CPD.

Regarding level of education, the results from this study indicate that, respondents with certificate and diploma level of education were less likely to participate in CPD compared to those with degree and above level of education. This finding was in agreement with Kubsch et al's (2003), findings that nurses with higher academic qualifications accrued more CPD contact hours than those with lower qualifications. In addition, Nalle et al. (2010) found that nurses' highest completed qualifications determined their participation in CPD. This could be attributed to the fact that nurses' with higher levels of academic

qualifications were more likely to be in managerial positions and therefore more likely to access CPD unlike their counterparts with lower academic positions.

Regarding sponsorship of CPD activities more than half of the nurses 113(58.5%) were sponsored by the hospital in the last CPD attended. 21% of the nurses had sponsored themselves while 18% had their CPDs sponsored by training agency. These findings are consistent with Onyango (2010) where 74.8% (n=74) of the nurses had their CPDs sponsored by the hospital and the training agency sponsored of the last CPD activities. Further, Schweitzer & Krassa (2010) maintain that CPD providers need to cooperate with sponsors in order to address cost as a barrier to CPD and thus increase nurses' participation in CPD activities. On the contrary, Kubsch et al (2003) found that employer payment of workshop and conference fees did not affect participation in CPD.

The findings regarding participants responses in relation to the learning environment for CPD indicate that; nurses preferred formal educational environments such as classroom, auditorium, immediate clinical environment such as Wards, Theatre, Internal environment such as Hospital, Nursing home, Clinics and External environment (Out-of-work) such as hotels as best environments for learning. Findings were consistent with Riggs (2010) who found that adult learners learned better when different learning styles were used and the adults also preferred an informal learning environment. Riggs (2010) continue to add that, the teacher should provide adequate time for discussion, interaction and consultation as adults bring a wealth of knowledge to the learning environment. Riggs (2010) recommended that a round table sitting arrangement may be adopted or the participants may be divided into smaller groups with hope that the interventions would enhance mutual consultation and provide an informal environment that makes adult learners feel more accepted and respected. Similarly, findings of this study from Focus Group Discussions regarding best environment for learning were also consistent with this finding where majority of the nurses preferred to have

their CPDs conducted within the hospital (internal environment). These findings point toward a consistent desire among nurses to have their CPDs conducted within the hospital environment to avoid affecting their normal work schedules.

In summary, it can be deduced from the findings that the factors that motivate nurses to undertake CPD could be influenced by internal motivation, such as the need for knowledge for long-term career development and the need to stay current in practice. However external factors, such as promotion and license renewal are also important.

Conclusion

From the study it can be concluded that the factors influencing nurses' participation in CPD in Western Kenya were to: - obtain additional qualification, to improve Curriculum Vitae, to be updated with new developments, career progression and to network with others. In addition level of education emerged as a significant factor influencing nurses' participation in CPD activities. The coordinators on the other hand felt that appraisal and the desire to obtain new knowledge were important factors influencing nurses' participation in CPD. Also, from the findings, it can be concluded that individual factors were the main motivators for nurses' participation in CPD; however, when planning and implementing CPD for nurses, organizational/professional factors such as promotion and license renewal should also be taken into consideration.

Recommendations

CPD providers, employers and nurses should be jointly involved during planning, implementation of CPD programs for nurses. Individual and organizational/professional factors for CPD for nurses should be promoted. There is need to have CPD points gained used for performance appraisal and promotion whenever opportunities arise.

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