

Assessment of Needs and Barriers to Continuing Professional Development among Nurses

Freslyn Lim-Saco

Silliman University College of Nursing, Dumaguete City, Philippines

Theresa A. Guino-o

Silliman University College of Nursing, Dumaguete City, Philippines

Abstract

Continuing Professional Development (CPD) is vital for nurses professional growth and advancement, ensuring high-quality, and safe patient care. This study explores the CPD needs and barriers among 51 nurses in Negros Oriental, using data from an electronic questionnaire after ethics clearance was obtained. Key CPD needs identified were Evidence-Based Practice, Promoting Healthy Workplace Culture, and Emergency Trauma Care. Major barriers included cost/registration fees, work schedules, and transportation. The study concludes that while nurses are keen on CPD and engagement in self-directed learning activities, financial, administrative, and socio-political support are needed. A well-tailored CPD program based on the knowledge of the needs and barriers enable nurses to stay updated with the latest advancements in healthcare thereby promoting high quality patient care, improvement in health outcomes, and contribute to functional multidisciplinary healthcare teams. It recommends similar studies across the Philippines to facilitate participatory and contextualized CPD implementation.

Keywords: continuing professional development, nursing education, barriers to CPD, evidence-Based Practice, workplace culture

Introduction

Background

Continuing Professional Development (CPD) of nurses is essential for personal and professional growth, organizational development as well as the promotion of high quality and safe nursing care. Nurses must keep themselves updated with the changes and advancement in information and technology to upgrade their knowledge and skills for professional

practice. As stated in the Philippine Nursing Act of 2002 Section 28 in the Scope of Nursing, in all settings in the practice of nursing, the nurse is required under the Code of Ethics to uphold the standards of safe nursing practice. The nurse is mandated by the Nursing Law to maintain competence.

CPD is necessary for a nursing workforce that is competent, motivated and able to provide patient safety (Pool et al., 2016). Nurses from Australia, USA, UK, China, Hongkong, and Malaysia are required to engage in Continuing Professional Education (CPE) (Chong et al., 2014). Registered Nurses in the Philippines are also required to engage in CPD as it is a mandatory requirement for the renewal of their professional license as specified in the CPD Law Article III Section 10 (CPD Act, 2016).

In compliance with Executive Order No. 266 signed by President Ramos on July 25, 1995, the standardized implementing guidelines and procedures for the Continuing Professional Education programs were found in the PRC Resolution No. 381 that was implemented on November 13, 1995. Professional nurses were required to undergo CPE programs that were administered by various CPE providers that aimed to advance their field of practice and maintain competent nursing skills. Udani (2002) noted that the CPE requirements were abolished in the year 2000 due to issues on poor management of providers, money-making and lack of relevance of programs to the professionals.

It was only on July 21, 2016 when the CPD Act of 2016 lapsed into law to promote and upgrade the practice of Filipino professionals in connection with the Association of Southeast Asian Nations (ASEAN) integration as required by the ASEAN Mutual Recognition Arrangements, the Philippine Qualifications Framework, and the ASEAN Qualifications Reference Framework (CPD Act, 2016). According to the Professional Regulation Commission (PRC), CPD compliance for Registered Nurses began on January 1, 2018, per Resolution No. 10, s.2017 of the Board of Nursing. By 2018, nurses were required to have 15 CPD credit units, and by 2019, they were expected to have 45 credit units for renewal of their professional licenses (Professional Regulatory Board of Nursing Resolution No. 10, Series of 2017, 2017). After the Covid-19 pandemic challenges, a new guideline for license renewal was released, allowing a gradual increase of CPE units from 15 to 30 to 45 units until the third year before renewal. Numerous questions, confusion and apprehension accompanied the CPD law implementation as it was construed as a heavy burden for nurses (Santos, 2017), thereby highlighting the need to improve the implementation and monitoring of CPD programs. In view of the efforts to avoid commercialization in the conduct of CPD and collaboration with the accredited professional

organization, such as the Philippine Nurses Association (PNA), various Accredited Integrated Professional Organizations were instituted. The CPD Council ensures that CPD programs are implemented properly by the accredited CPD providers. In 2017, only three CPD providers existed in the province of Negros Oriental, where approximately 1,000 nurses were working in the healthcare settings, academe, and non-health care settings, such as the call centers and other companies.

A thorough search for relevant literature yielded limited evidence on the needs and barriers related to CPD, indicating that such concerns were not previously identified in Negros Oriental, Philippines. The CPD providers in Negros Oriental were merely working on general, pre-determined CPD topics that were not tailor fitted to the needs of the local nurses. Thus, the study sought to assess the CPD needs and the perceived barriers to CPD among nurses in Negros Oriental province to guide the local accredited CPD providers in designing, developing and implementing CPD programs for the local nurses.

Related Literature

There is evidence to suggest that demographic characteristics, continuing education needs, factors influencing participation of nurses in CPD participation, and perceived barriers vary across countries worldwide. In the USA, Continuing Nursing Education (CNE) needs, learning priorities, perceived benefits and barriers, including the motivation for voluntary CNE participation were assessed (Nalle et al., 2010). In the Netherlands, perceptions of the differences in CPD between younger and older nurses (Pool et al., 2013), motives and activities for CPD (Pool et al., 2016), and factors that influence participation of nurses in CPD programs (Brekelmans et al., 2013; Brekelmans et al., 2016) have been examined. In Ghana, the CPE needs of Ghanaian nurses have been identified (Badu-Nyarko, 2015), while in Malaysia, the practice and general needs for CPE of nurses have been described (Chong et al., 2014). In India, an existing professional development program and the impact that a hospital attained through the professional development in nursing have been evaluated (Ramesh & John, 2015), while in Australia, the understanding, practice, CPD needs of nurses and midwives has been determined, and the perceived barriers have been measured (Katsikitis, 2013).

Moreover, the recent findings of a review strongly indicated that the main obstacles to nurses' CPD were insufficient funding and time for CPD activities (Mlambo et al., 2021). These challenges were directly linked to the

structure of the organization (Mlambo et al., 2021). However, only a few studies focusing on CPD needs of nurses and barriers to mandatory CPD participation had been conducted in the last five years (Nalle et al., 2010; Badu-Nyarko, 2015; Chong et al., 2014; Katsikitis, 2013). The CPD needs and barriers are diverse across different geographical locations and may differ from what they were before to what they are now.

The average age of nurses who were respondents in the related studies varied across different countries. The mean age of 42 years old (Brekelmans et al., 2016) and 43 years old (I. A. Pool et al., 2016) were found among the nurses who participated in CPD programs in the Netherlands. On the other hand, the mean age of 33.89 years old was found among nurses who participated in the CPE activities in Malaysia (Chong et al., 2014). Both in Australia and Ghana, a majority of the respondents were from the age group of 40-49 years old. Professional development programs with the shorter time needed were more attractive to older nurses while a longer course duration was needed by younger ones (Badu-Nyarko, 2015). Furthermore, old age was one reason for the lack of interest in CPE (Badu-Nyarko, 2015). There are study findings that suggest differences in CPD between younger and older nurses (Pool et al., 2013). Younger nurses had the tendency to pursue varied developmental activities while the older nurses tended to have a more well-defined focus for professional development (Pool et al., 2013). Nurses between 20-49 years old commonly pursued CPD activities to be better nurses and to find opportunities for careers away from direct patient care (Pool et al., 2013). When computer skills and advanced technologies were involved, older nurses usually needed more time to adjust and master the skills compared to young nurses (Pool et al., 2013).

Moreover, studies have shown a higher number of female respondents than male nurses (Badu-Nyarko, 2015; Brekelmans et al., 2016; Chong et al., 2014; Pool et al., 2013). None of these studies have emphasized the implications of gender-related concerns when it comes to CPD needs and barriers. However, it was found that the limited access to childcare and caring for other dependents were considered as a barrier to CPD engagement for nurses in Australia (Ross et al., 2013). Additionally, women nurses with multiple roles in the family may find it hard to participate in CPD activities considering pressures on leaving their children, husband, or aging parents for attendance in CPD courses or programs (Badu-Nyarko, 2015).

The level of education of nurses varies across geographical locations. In Nalle et al.'s study (2010) many registered nurses (RNs) (46%) in the US reported having pursued graduate studies with masters or doctorate degrees, participants who were nurses in Malaysia had masters or doctorate degrees.

While in Chong et al.'s study (2014) none of the Educational background is essential in pursuing continuing education because the initial training either in psychiatric nursing, general nursing, and anesthesia may contribute to further education (Badu-Nyarko, 2015). Prioritization of CPD needs and perception of CPD barriers may be influenced by nurses' educational background.

In terms of experience, the average length of professional experience of nurses in the recent studies related to CPD of nurses was 19.9 years (Brekelmans et al., 2016) in the Netherlands, 10.2 years (Chong et al., 2014) in Malaysia, and 12.2 years (Pool et al., 2016) in the Netherlands. Majority of the nurses from Australia who were respondents in the study of Katsikitis (2013) had work experience between 10-39 years (63%). Studies have revealed similar results that majority of the nurse respondents have areas of work experience either in the hospital or the clinical (Chong et al., 2014; Katsikitis, 2013) or working as staff nurses (Nalle et al., 2010). However, few nurses were represented from community health clinics (Chong et al., 2014), education, and administration (Katsikitis, 2013; Nalle et al., 2010), and none from research (Katsikitis, 2013). Areas of professional experience such as the Operating Room or other specialty areas, and the requirements of the employer determine the opportunities for CPE available for the nurse professional (Badu-Nyarko, 2015). If there are no available CPD program related to the specialty or area of professional experience, then the opportunity for continuing education in that particular area is limited.

As regards activities, CPD programs include either structured or non-structured activities with learning processes and outcomes. Some of these CPD activities are considered formal learning, nonformal learning, informal learning, self-directed learning, online learning and professional work experience (CPD Act, 2016). Formal learning activities are usually structured and lead to diplomas and qualifications, while nonformal learning may be structured yet more flexible and is acquired in addition or as an alternative to formal learning (CPD Act, 2016). Informal learning refers to daily life learning activities that may contribute to a qualification, such as in-house trainings and seminars and mentoring programs. Self-directed learning are activities that have not undergone CPD accreditation but may be applied for CPD credits by the CPD council.

The major areas of CPD program identified by the Board of Nursing in the Philippines include ethics and legal practices (10 units); professional nursing practice (15 units); leadership and management (10 units); education and research (10 units) and professional, personal, and quality development (15 units) according to the PRC Board of Nursing (BON). Ethics and legal

practices include topics that are associated with the Code of Ethics of nurses and the nursing law and jurisprudence. Some of the specific topics included here are issues and concerns about the CPD Law and the nursing law of the Philippines. The second major area identified by the PRC-BON is the professional nursing practice that include specific topics such as pain assessment and pain management, advances in neurosurgical nursing and emergency nursing practice, trends and updates in blood transfusion, updates in the OB-gynecology nursing care, psychiatric nursing care, pediatrics care, critical care nursing and care for the elderly among many others. The third major area is leadership and management that include some of the specific topics associated with nursing leadership roles and public relations, conflict management, leadership development, change management, delegation, and many others. The fourth major area is education and research that may include specific topics such as research writing and publication, evidenced-based practice, theory-based practice, simulation as an educational teaching strategy, theories of nursing and nursing education related topics. The fifth major area is professional, personal, and quality development that may include specific topics such as a culture of care and patient safety, care and competence in nursing through emotional intelligence, healthy workplace culture, caring competences of nurses, and many others. All these CPD major areas of nursing aim to inculcate

Findings from the study in Australia thus far suggest that the nurses' CPD needs include updates on wound care, advanced life support, conferences and workshops on professional development processes, higher degree studies, leadership and management skills, mentoring, and how to delegate (Katsikitis et al., 2013). Additionally, an earlier study conducted in the USA by Nalle et al. (2010) revealed that leadership and management topic was the top priority learning need of nurses. In 2010, the priority need among US nurses was on the continuing education about leadership and management (28%), evidence-based practice (26%), professional issues (21%), advanced practice (21%), and acute medical-surgical nursing (18%) (Nalle et al., 2010). Moreover, a study in Ghana found that there is a priority need for continuing education on the legal aspect of the practice and health care reform particularly on the topic of HIV/AIDS (Badu-Nyarko, 2015). The study also identified the primary focus for continuing nursing education on the topics associated with emergency, first aid, anesthetics, and critical care nursing. Other important continuing education needs that were identified were technological skills enhancement, nursing as a profession, documentation, and legal issues in nursing (Badu-Nyarko, 2015). The three most important courses that were relevant to Ghanaian nurses were public

and community nursing, midwifery, emergency, disaster management and first aid.

Regardless of geographical locations, Ross et al. (2013) have found that the lack of engagement in CPDs is consistent across the literature. Several studies described by Brekelmans et al. (2013) have found that lack of support for CPD programs and activities is a significant barrier to CPD participation. Support from employers, colleagues, professional organizations, nurse administrators, hospital administrators, human resource management, including government agencies is vital to the effectiveness and sustainability of CPD programs for nurses. In undertaking CPD, the barriers that nurses face also include financial constraints, lack of support from the employer, lack of available time, lack of access to technological devices (i.e., computers and internet), lack of technical support at the workplace, limited childcare access, lack of energy and motivation, lack of appropriate and accessible professional education, and generational differences in learning style) (Ross et al., 2013). The barriers to the participation in CPD activities found by Nalle et al. (2010) were program costs, travel, and time outside of work. Other barriers identified by nurses and midwives in Australia have also been measured and revealed that understaffing as well as interference of time outside work were the primary concerns (Katsikitis et al., 2013). Badu-Nyarko (2015) had identified four primary barriers to continuing nursing education in Ghana as financial problems or high cost, information on courses, lack of employer support and staff shortage, and inconvenient time schedules.

Similarly, knowledge on the barriers to CPD participation identified in previous studies may also change. Although understaffing and time interferences are also observed among health care workers and many health care facilities, other concerns such as CPD cost, lack of experts and accredited providers, motivation, registration and documentation system, CPD regulation and monitoring, as well as travel concerns may also be considered. CPD may lead to sustained professional competence of the individual and the organization (Badu-Nyarko, 2015). Thus, CPD barriers perceived by nurses need to be identified, reduced, or eliminated to promote personal and professional growth among nurse professionals.

Conceptual Framework

The conceptual framework of this study drew from the theories of Adult Learning by Knowles (1973), Experiential Learning by Kolb (2001), and Transformative Learning by Mezirow (1997).

Adult learning theory asserts that the need and the capacity to be self-directed, to use experience and be self-aware of one's readiness to learn, to deal with challenges, while organizing one's learning also increases as the person matures and occurs in professional development (Zepeda et al., 2014). In the professional development of nurses, the experience of undergoing various continuing professional development programs affects their attitudes, knowledge, and skills. Through well-designed and guided experiences, nurses learn to become better at what they do and their knowledge expands that make them better decision-makers, and critical thinkers. Similar to experiential learning, professional development involves a change process within the learner (Girvan et al., 2016). The change process is unique in each learner as the individual draws upon one's own past experiences as basis for engagement with professional development and with the aim of learning something new (Girvan et al., 2016).

Experiential Learning as an emergent process is derived and continuously modified from varied experiences. Some of these experiences could be in the form of lifelong learning activities such as conventions, seminars, workshops, symposia, socio-civic activities, continuing education, masters and doctoral programs, educational tours or trips, and research among many other forms of learning activities.

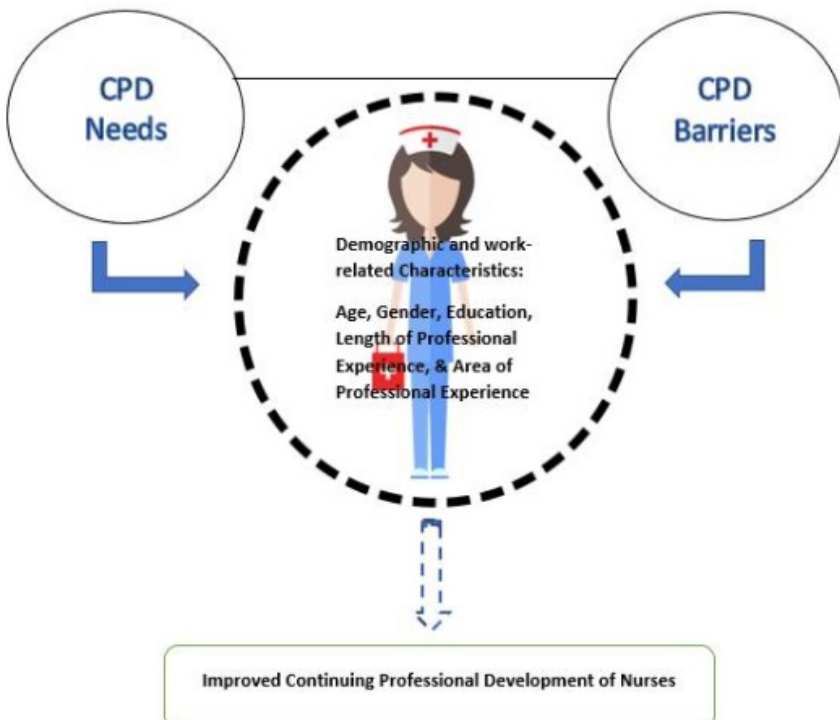
Mezirow (1997) defined transformative learning as "the process of effecting change in a frame of reference" (p.5). Transformative learning theory encompasses the alteration of an individual's convictions, perspectives, and outlooks. Through critical reflection on assumptions, individuals' perspectives and worldviews can transform leading to new knowledge and changes in action or behavior (McLeod et al., 2015). Furthermore, transformation of perspective happens when there is an emancipatory process of learning through self-reflection and self-thinking (Kitchenham, 2008). Habermas (1971) suggested three domains of learning: (a) technical, which is task-oriented and governed by rules; (b) practical, which involves social norms and understanding what others mean; and (c) emancipatory, which involves self-reflection.

Nurses who engage in CPD programs may have a transformation of their frames of reference through critical reflection. Significant personal transformations can occur when nurses undergo self-reflection during and after they engage in CPD activities and programs. Nurses may expand their existing viewpoints, establish new worldviews, or have a paradigm shift.

Transformational learning theory in professional development provides a foundation for affecting change through the learners' engagement in CPD activities and programs.

Transformational learning is fundamentally focused on liberation or emancipation learning that involves self-reflection. When professional nurses can self-reflect, they can think of their strengths and weaknesses. In self-reflection, professional nurses introspect on their needs for development and improvement. Self-reflection may lead to change in attitude, realization, and recognition of the need to learn more or better. The whole process is transformative and can therefore possibly lead to the development, promotion, and sustainability of CPD.

Figure 1
Conceptual Model



This study aimed to identify the demographic and work-related characteristics of nurses in Negros Oriental, their CPD needs, and their perceived barriers to the participation in CPD programs. As an open system, the nurse's varied demographic and work-related characteristics influence their type of CPD needs or the specific topics they need for lifelong learning activities, as well as the elements they perceive as barriers to their personal and professional growth. Moreover, as an open system, the internal and the external environment influence each other. Identifying these CPD needs

and barriers are significant for the promotion of an effective continuing professional development of nurses. The needs and barriers assessment of CPD may lead to sustainable and well-developed CPD for nurses.

Sustainability and well-designed or tailored CPD programs for nurses indicate an improvement in the Continuing Professional Development of Nurses. This improved CPD for nurses may lead to enhancement in the quality, effectiveness and outcomes of the learning experiences with the goal of advancing nursing knowledge, skills, and delivery of care and management. Essentially this improvement in the CPD experience of nurses may help foster better quality of nursing practice manifested in several ways such as professional growth, enhanced health outcomes, adaptation to changes in policies, technologies and best practices as well as better job satisfaction.

Research Method

This study applied a descriptive research design to assess the needs and barriers to continuing professional development of nurses in Negros Oriental, Philippines through an online or electronic survey method. Ethics clearance for the study was issued by the University Research Ethics Committee (UREC). The study was conducted in Dumaguete City, Negros Oriental, Philippines where there is approximately 30 healthcare institutions and four nursing schools.

This study utilized purposive sampling method. Respondents of this study included only those who voluntarily participated in the online data collection from September to December 2017. A total of 462 nurses with email addresses in the PNA Negros Oriental database were sent an email informing them about the research study with an attached informed consent. Not all of them successfully received the electronic invitation for recruitment in the study due to inaccurate e-mails provided in the database. A total of sixty-two (62) gave their informed consent and were subsequently given electronic invitations to answer the questionnaire through the Survey Monkey software. However, only 51 responded entirely to the 10-items questionnaire. The high response rate of the e-survey was 87% (54 out of 62), implying that the e-survey was convenient and comfortable to answer. Very few 0.05% (3 out of 54) respondents were not able to completely answer the e-survey which may be due to internet connectivity issues.

The study utilized an electronic-survey questionnaire using the SurveyMonkey software. The first part consisted of the demographic profile and work-related characteristics of the respondents (i.e., age, gender, length

of work experience in nursing, the highest level of education, and area of professional experience/department or specialty area in nursing). The second part consisted of survey questions assessing the CPD needs of nurses in the five major areas of the approved CPD program for nurses (i.e., ethics and legal practice; professional nursing practice; leadership and management; education and research; and professional, personal, and quality development). The electronic survey was accessible to the nurses for three months.

Results

Demographic and Work-Related Characteristics

As presented in Table 1, majority of the respondents were early adults with ages between 18-35 years old (76%); 73% of them were female, while 27% were male. Majority of the respondents (71%) had a Bachelor of Science in Nursing degree as their highest level of education, whereas 25% had a Masters Degree, and only 4% had doctorate degrees.

Table 1

Work-related Demographic Profile of Respondents

Variable	Frequency	Percentage
Age Classification		
18-35 (Early Adult)	39	76
36-48 (Middle Adult)	11	22
56-64 (Older Adult)	1	2
65 and above (Elderly)	0	0
Total	51	100
Gender		
Female	37	73
Male	14	27
Total	51	100
Education		
Baccalaureate	36	71
Masters Degree	13	25
Doctorate Degree	2	3.9
Total	51	100

Less than 5 years	21	41.2
5 years or more	15	29.4
Not reported	15	29.4
Total	51	100
Nursing Experience		
Medical-Surgical	15	29
Community Health Nursing/Public Health Nursing	14	27
Education/Academe	11	22
Obstetrics & Gynecology Nursing	9	18
Emergency Nursing/ Outpatient Department	7	14
Operating Room Nursing and Surgery	7	14
Pediatrics/ Neonatal Intensive Care Unit	6	12
Intensive Care Unit	5	10
Nursing Service/ Administration	3	6
Others	11	22
Non-Nursing Experience	12	24
TOTAL	51	100

Furthermore, in terms of nursing experience, a majority were exposed to both medical-surgical (29%) and community health or public health nursing (27%), respectively. Other nursing experiences included Aged Care Nursing, NICU, Dialysis, Private Nursing, Mobile Nursing for Weight Reducing Program, and Neuro/Ortho Nursing experience, respectively. There were 2% of the respondents who had non-nursing professional experience, working as a call center agent, non-nursing instructor, executive assistant to the CEO, medical representative, Department of Social Welfare Development employee, customer service representative, banking and

finance employee, medical transcriptionist, and copyeditor, respectively. Moreover, majority of the nurses (41.2%) had less than five years of professional experience, whereas 29.4% had more than five years professional experience.

CPD Needs of Nurses

The significant findings of this study are the needs (Table 2) and barriers (Table 3) to CPD of nurses in Negros Oriental, Philippines. This study describes the top five needs for CPD regardless of major area category, which were on Evidence-Based Practice in Nursing (84%), Building and Promoting Healthy Workplace Culture (78%) and Emergency Trauma Care: Saving Lives (78%), Enhancing care and competence in nursing through emotional intelligence (75%), Nursing leadership and management with Emotional Intelligence (73%), and Teaching Emergency Preparedness (71%). The rest of the topics were perceived as a CPD need by less than 67% of the respondents. From the five major areas identified by PRC Board of Nursing, such as Ethics and Legal Practice, Professional Nursing Practice, Leadership and Management, Education and Research, and Professional, Personal and Quality Development, there were suggested CPD topics from PNA that nurses were asked to select as their CPD needs. Table 4 shows the CPD needs of nurses from among the four major CPD areas and sub-categories.

Table 2

CPD Needs of Nurses and Nurses' Demographic and Work-Related Characteristics

CPD Needs	Frequency (f) (Total)	Percentage %	Age		Gender		Educational Attainment		Years of Experience		
			(18-35) (f)	(36-64) (f)	Male (f)	Female (f)	BSN (f)	Graduate/ Post- Graduates (f)	<5 yrs (f)	5yrs or more (f)	Un- reported (f)
Ethics and Legal Practice											
Nursing Ethics and Health Policy	30	59	19	11	8	22	21	10	13	10	7
Professional Boundaries and Workplace Bullying	28	55	23	5	7	21	21	7	11	7	7
Ethical and Legal Issues in Social Media	18	35	13	5	5	13	12	6	8	5	4

Other subtopics needed:	18	35	13	5	5	13	12	6	8	5	4
Psychological Nursing; Leadership and Management; and Nursing Informatics	3	6	2	1	0	2	1	2	1	2	1

CPD Needs	Frequency (f) (Total)	Percentage %	Age		Gender		Educational Attainment		Years of Experience		
			(18-35) (f)	(36-64) (f)	Male (f)	Female (f)	BSN (f)	Graduate/ Post- Graduates (f)	<5 yrs (f)	5yrs or more (f)	Un- reported (f)
Emergency Trauma Care: Saving Lives	40	78	32	8	12	28	29	11	17	12	11
Emergency Cardiac Guidelines	33	65	27	6	10	23	24	9	16	11	6
Neurosurgical advances and emergencies for the nurses	33	65	27	6	9	24	25	8	17	8	8
Caring for the Stroke survivors	25	49	19	6	8	17	17	7	14	6	5
Coronary Artery Disease: Implications to care	23	45	17	6	7	16	14	9	12	5	6
Transfusion Therapy: Trends and updates in Blood Transfusion	23	45	17	6	5	18	16	7	11	5	7

CPD Needs	Frequency (f) (Total)	Percentage %	Age		Gender		Educational Attainment		Years of Experience		
			(18-35) (f)	(36-64) (f)	Male (f)	Female (f)	BSN (f)	Graduate/ Post- Graduates (f)	<5 yrs (f)	5yrs or more (f)	Un- reported (f)
Pain as 5th Vital Sign: Pain assessment and pain management	23	45	17	6	5	18	18	5	12	7	4
Understanding EKG	21	41	17	4	6	15	14	7	10	5	6
Diabetes Mellitus Type 2: What's the Buzz?	21	41	16	5	5	16	16	5	13	6	2

Breastfeeding 101: Updates in OB-Gynecology in nursing care	19	37	18	1	3	16	17	2	9	5	5
Bizarre Dimension: The world of psychiatric care nursing	19	37	16	3	4	15	15	4	11	5	3
The Core Impulses: Updates in Neuro-Critical care nursing	17	33	14	3	7	10	13	4	12	3	2
Pediatric Emergency Nursing tracheostomy care	14	27	12	2	4	10	12	2	7	5	2
Other subtopics needed: Leadership and Management	1	2	1	0	0	1	0	1	0	1	0

CPD Needs	Frequency (f) (Total)	Percentage %	Age		Gender		Educational Attainment		Years of Experience		
			(18-35) (f)	(36-64) (f)	Male (f)	Female (f)	BSN (f)	Graduate/ Post- Graduates (f)	<5 yrs (f)	5yrs or more (f)	Un- reported (f)
Nursing leadership and management with Emotional Intelligence	37	73	27	10	11	26	26	11	16	11	10
Conflict management in nursing leadership	34	67	25	9	9	25	25	9	15	11	8
Enhancing the Nurse Leaders Role in Public Relations	28	55	23	5	6	22	21	7	11	9	8
Leadership development for Clinical nurse managers	27	53	21	6	9	18	18	9	13	9	5
How to train nursing leaders	22	43	16	6	7	15	15	7	7	8	7

CPD Needs	Frequency (f) (Total)	Percentage %	Age		Gender		Educational Attainment		Years of Experience		
			(18-35) (f)	(36-64) (f)	Male (f)	Female (f)	BSN (f)	Graduate/ Post-Graduates (f)	<5 yrs (f)	5yrs or more (f)	Un-reported (f)
Evidenced-Based Practice in Nursing	43	84	33	10	13	30	30	13	18	12	13
Teaching Emergency Preparedness	36	71	28	8	10	26	28	8	17	12	7
Research Writing and Beyond	22	43	15	7	7	15	12	10	9	8	5
Simulation as a Teaching Strategy	16	31	10	6	4	12	10	6	8	4	4

CPD Needs	Frequency (f) (Total)	Percentage %	Age		Gender		Educational Attainment		Years of Experience		
			(18-35) (f)	(36-64) (f)	Male (f)	Female (f)	BSN (f)	Graduate/ Post-Graduates (f)	<5 yrs (f)	5yrs or more (f)	Un-reported (f)
Professional, Personal & Quality Development	40	78	30	10	12	28	29	11	20	10	10
Building and Promoting Healthy Workplace Culture	38	75	29	9	12	26	27	11	19	11	8
Enhancing Care and Competence in Nursing through Emotional Intelligence	31	61	23	8	10	21	21	10	12	9	10
Creating a Culture of Care and Patient Safety	13	25	9	4	5	8	7	6	6	4	3

* Multiple responses allowed (n=51)

Barriers to CPD

The nurses' perceived barriers to pursuing CPD are seen in Table 3. The primary barrier for 92% of the respondents was cost/registration fees. Furthermore, the top two and three perceived barriers to CPD participation of nurses were work schedule (80%), and transportation and travel (63%). Nurses in varied work settings and diverse professional experiences

perceived lack of motivation (12%) and program relevance (10%) as less of a barrier to pursuing CPD.

Table 3

Perceived Barriers to CPD of Nurses

Perceived Barriers	Frequency	Percentage
Cost/registration fees	47	92
Work schedule	41	80
Transportation and travel	32	63
Lack of support by the employer	18	35
Needs outside work competes with CPD time	17	33
Understaffing/ lack of staff replacement	15	29
Lack of access to information	11	22
Lack of motivation	6	12
Program relevance	5	10

* Multiple responses allowed (51)

Discussion

Similar to a study in India (Ramesh & John, 2015), the respondents were mostly young nurses. The results differed from a study conducted in Australia (Katsikitis et al., 2013) and Ghana (Badu-Nyarko, 2015) where a majority of the respondents were from the age group of 40-49 years old. Furthermore, the results indicate that the majority of the nurses in Negros Oriental were early adults with less than five years of work experience (Table 2). Being more adept at the use of technology could be one reason for the high response among the early adult age group compared to the other age groups. Given the nature of how the data collection was conducted, young nurses were more open to the use of technology, indicating greater participation among these groups.

Most were women, which hence confirms that the nursing profession is still a female-dominated profession in Negros Oriental region. Similar to

previous studies, the results show a higher number of female respondents than male nurses, which indicate varied challenges to CPD participation, such as childcare concerns for mothers and competing quality time with family. These female role challenges may be translated as a perceived barrier found in this study as “needs outside work competes with CPD time.”

This study shows that majority of the respondents with BSN degree as the highest level of education were interested in identifying the needs and barriers to CPD. The results indicate that there were still few nurses in the country who had engaged themselves in pursuing graduate studies or doctorate studies. Aside from the expensive tuition fees, nurses had limited opportunities and financial support for further studies. Due to increased migration trend of nurses, employers may not be keen at investing in graduate studies opportunities for the local nurses who may eventually choose to work abroad, where the salary is more than twice the local nurses' income. Furthermore, the colonial relationship between the Philippines and the United States continue to precipitate nursing education and migration patterns (Brush, 2010). The focus of nursing education in the Philippines was to prepare nurses to be globally competent and be prepared to meet the healthcare needs of developed nations (Brush, 2010). Thus, contributing to the sustained migration of local nurses to the US and other high-income countries and cycle goes on.

Table 3 reflects the most common areas of professional experience in nursing and non-nursing fields that most nurses in Negros Oriental, Philippines were exposed to. Furthermore, all of the hospitals in the province of Negros Oriental had few specialty units which explains why there were fewer nurses who had areas of experience in the ICU, OR, ER, Palliative, Homecare, NICU and Dialysis units.

Moreover, nurses' capacity to contribute their skills in different areas of the hospital may also be the reason for this variety of professional experiences. For example, one respondent had an area of experience in the OPD and the medicine department within three years of professional experience. Another respondent had professional experiences in the ER, OB, and the medicine department within three years of professional nursing practice. A clinical instructor had areas of experience in the medicine department, OR, and community/family health setting for over fourteen years of practice. These varied experiences may have had some influence on the specific topics that nurses need for continuing professional development, the barriers perceived, and the expression of interest in this study.

Furthermore, most nurses had professional experiences in the medical-surgical (29%), community health/public health (27%) and the

academe (22%), where licensing updates prompted the nurses employed in these areas to pursue CPD activities and participate in this study. Some CPD needs that were identified by the respondents such as Evidence-Based Practice in Nursing (84%), Building and Promoting Healthy Workplace Culture (78%), and Emergency Trauma Care: Saving Lives (78%) were influenced by these common areas of professional experiences.

Continuing Professional Development Needs of Nurses

The top five needs for CPD regardless of major area category include Evidence-Based Practice in Nursing (84%), Building and Promoting Healthy Workplace Culture (78%) and Emergency Trauma Care: Saving Lives (78%), Enhancing care and competence in nursing through emotional intelligence (75%), Nursing leadership and management with Emotional Intelligence (73%), and Teaching Emergency Preparedness (71%). The rest of the topics were perceived as a CPD need by less than 67% of the respondents.

Evidenced-Based Practice in Nursing (Education and Research) was mostly chosen as a CPD need for nurses. Contrary to the findings of Nalle et al. (2010) in the online needs assessment of continuing education of nurses in the US that revealed leadership and management as the top priority need, this study showed that the highest interest and need was on topics related to education and research among Negros Oriental nurses, particularly Evidence-Based Practice in Nursing. The results show that nurses in this generation have been acculturated to value research-informed decisions to promote safe, effective, and high-quality care for positive patient outcomes. Nurses need to use validated knowledge to promote standardized care and adaptive care strategies. Furthermore, findings from the most recently published studies on CPD for nurses in the Netherlands suggested that motives influenced how they viewed CPD activities as necessary for engaging in self-directed learning (Brekelmans et al., 2016; Pool et al., 2016). In this study, the mandatory CPD requirement was one external motivation possessed by the respondents to engage in CPD programs, but their needs for CPD varied depending on their demographic and work-related characteristics.

Building and Promoting Healthy Workplace Culture, (Professional, Personal and Quality Development) was perceived as a CPD need. All clinical areas, specialty areas, and community health settings had factors contributing to a stressful work environment. In medical-surgical units, for example, the high patient to nurse ratio may lead to increased patient load; specialty units such as the ER and the ICU have high patient acuity;

and community risks involved in the community health nursing areas all contribute to stress. Most of the respondents may have perceived a need to promote a Positive Practice Environment in their respective work settings to limit the effects of stress on them and their patients. This topic is important to nurses since work environments are noted to be a predictor of job satisfaction and modulate the impact of stressors overall.

Emergency Trauma Care: Saving Lives (Professional Nursing Practice) is needed due to issues on emergency preparedness across all nursing work settings. Furthermore, this study revealed that nurses needed to know more and develop skills related to emergency care nursing. Most of the respondents perceived the need to advance their knowledge and skills in the field of emergency care nursing where protocols and updates on BLS and ACLS as well as neurosurgical emergency care are much needed today. Nurses who may be working in the hospitals and public health or even in non-nursing fields are interested in learning and updating themselves regarding emergency preparedness due to experiences of disasters, emergency scenarios, and critical situations in their respective work environments.

Enhancing care and competence in nursing through emotional intelligence, (Professional, Personal & Quality Development) was also needed by nurses. Emotional Intelligence (EI) captured the interest of most nurses in this study. Similarly, the empirical findings of the study conducted by Mshellia, Malachy, Sabo, and Abu-Abdissamad (2016) showed that there was a significant relationship between EI and contextual performance of nurses. Development of EI competencies such as empathy, self-management, social skills and self-awareness (Mshellia et al., 2016) is significant in enhancing the professional behavior of nurses to promote quality care performance.

Nursing leadership and management with Emotional Intelligence (Leadership and Management) was perceived as a CPD need. Studies have described EI as having the ability to determine emotions and use evidence to guide decisions and nursing actions (Tyczkowski et al., 2015). How EI in nurse leaders bring out the best among nurses, drive positivity, and promote meaningful connectedness are some areas where nurses in the Philippines need further development. Most of the respondents who chose the nursing leadership and management topics as their CPD needs may have perceived the need for better understanding of EI, conflict management, role in public relations, and clinical management in their career. Amidst a rapid technological advancement in health care, the nursing profession is increasingly focused more on human caring and human interactions where integration of leadership and management concepts with emotional intelligence require better understanding and applications.

Teaching Emergency Preparedness (Education and Research) was also considered as a CPD need by nurses. The natural and human-made disasters continue to increase worldwide, and nurses take significant roles in the health workforce that respond to emergencies, calamities, and disasters (Abdelalim & Ibrahim, 2014). Another study from the Philippines revealed that nurses lacked sufficient knowledge on disaster preparedness and recommended the provision of continuing education on emergency communication systems, technologies during disasters, psychological and sociological impact, emergency information resources, legal and ethical principles involved (Rabaya et al., 2016), which can all be covered in the CPD programs for nurses. Furthermore, the climate change and impact of this change that we have experienced and will continue to experience have influenced nurses to be more concerned with disaster preparedness. Having experienced disasters that have occurred in the Philippines and their grave effects on the lives of people and children, nurses have become more conscious of the impact of disasters and climate change to the country. Teaching emergency and disaster preparedness need to be reinforced through CPD as these were not previously taught in the BSN program.

As regards CPD topics, there were only 43% who found the specific CPD topic, Research Writing and Beyond, as a CPD need. The lowest need was on Simulation as a Teaching Strategy, with only 31% who found this topic as a CPD need. Only a few nurses were interested in Nursing Research Writing and Simulation as a teaching strategy since these topics were emphasized and utilized mostly in the academic settings. Only 22% of the respondents worked in the academe or specialized in nursing education. However, it is interesting to note that there were respondents who were not in the academe but were also interested in learning more about nursing research writing and simulations. Therefore, there appears to be a need to increase information, emphasis, and utilization of nursing research and simulations in non-academic settings to encourage nurses to engage in these areas. The results further showed a need to explore possible theory-practice gaps due to lack of information and application of these topics in practice settings.

In this study, the results indicate the need for professional development on various topics to improve nursing practice, workplace culture, emergency care, care and competence in nursing through EI, nursing leadership and management with EI, and emergency preparedness. CPD initiatives provide nurses with opportunities to enhance their skills, knowledge, and practice through ongoing learning experiences (Mlambo et al., 2021). Engaging in CPD enables nurses to think critically by exposing them to new information,

evidence-based practices, and innovative approaches to patient care (Amir et al., 2023). Additionally, CPD empowers nurses to make sound decisions by equipping them with the latest advancements in healthcare, fostering a deeper understanding of complex medical scenarios, and promoting evidence-based decision-making (Vázquez-Calatayud et al., 2021).

Barriers to CPD among Nurses

In this study, the major barrier for 92% of the respondents is cost/registration fees. Financial constraints and program costs had been noted as a significant barrier to CPD due to lack of funding and employer support (Badu-Nyarko, 2015; Brekelmans et al., 2013; Ross et al., 2013; Nalle et al., 2010). Nurses in the Philippines mostly use their money to pay for registration fees for CPD programs. This had become a burden, considering that nurses in the Philippines are underpaid, earning between Php 8,000/month to Php 25,000/month basic pay. In the local labor market, the entry-level registered nurse receives monthly pay of Php 8,000- Php 13,500 only (Department of Labor and Employment, n.d.). Nurses employed in the hospitals have an average compensation of Php 9,757/month, while those working in the government have an average salary of Php 13,500 and those in the private institutions usually have an average rate of Php 10,000/month (Department of Labor and Employment, n.d.).

Republic Act No. 9173 (Philippine Nursing Act of 2002), Article VII, Section 32 states explicitly:

In order to enhance the general welfare, commitment to service and professionalism of nurses the minimum base pay of nurses working in the public health institutions shall not be lower than salary grade 15 prescribes under Republic Act No. 6758, otherwise known as the 'Compensation and Classification Act of 1989': Provided, That for nurses working in local government units, adjustments to their salaries shall be in accordance with Section 10 of the said law. (Republic Act 9173, 2002, p.7)

According to the salary grade specification under the Salary Standardization Law, Salary grade 15 is equivalent to Php 29,010.00. Nurses working in public health institutions should be paid not lower than this rate. However, the RA 7305 or the Magna Carta of Public Health Workers and the RA 9173 or the Philippine Nursing Act, stipulating the starting pay of nurses

in the Philippines, had not been appropriately implemented (Badilla, 2016). With the meager salary of less than the required basic pay, nurses' priority expenditures are intended for basic needs such as food, shelter, clothing, and education. CPD registration fees and associated costs such as travel or transportation are already a financial burden. Organizations employing nurses should provide professional development activities or programs such as in-house training without cost. As motivation for CPD participation, the most crucial support from an employer or organization is financial support in the form of study leave with pay, supplementation, attractive salary, and career promotion (Badu-Nyarko, 2015) with higher pay. An example of support from the government could be allowing CPD fees to be tax deductible so that nurses can get some financial benefits from improving their credentials and professional growth.

Work schedule (80%) was another significant barrier to CPD. This perceived barrier echoes the concerns pointed out in other studies (Katsikitis, 2013; Badu-Nyarko, 2015). Some nurse managers could not allow some of their staff nurses to attend CPD activities because of lack of staff replacement and due to their 8-hours shift schedule that had already been planned out. There is lack of a mechanism for staff scheduling that prioritizes some staff nurses whose professional licenses are about to expire. There is also lack of free in-house training or paid in-house trainings that offer CPD credits because most of the employers or organizations employing nurses in the province are not CPD accredited providers. Moreover, nurse migration abroad also contributes to the understaffing and lack of staff replacement. Nurse managers and administrators therefore need to be supportive of their nurse employees. As indicated in the CPD Law of 2016, Article III, Section 13, "All concerned government agencies and private firms and organizations employing professionals shall include the CPD as part of their human resource development plan and program." Perceiving the CPD participation as a joint effort between nurses themselves and their employer allows nurses to value the benefits of ongoing learning and participation in CPD opportunities (Katsikitis et al., 2013). However, this value of CPD engagement needs continued support, better recognition both by the organizations, and efficient regulatory certifications (Katsikitis et al., 2013). One way to address the barrier on work schedule is to offer online CPD programs.

Other significant barriers to CPD participation of our nurses in the Philippines that need to be considered were transportation and travel (63%), lack of support by the employer (35%), needs outside work competes with CPD time (33%), understaffing/lack of staff replacement (29%), and lack

of access to information (22%). These confirmed the findings of previous studies conducted in other countries. Nurses in varied work settings and diverse professional experiences perceived lack of motivation (12%) and program relevance (10%) as less of a barrier to pursuing CPD.

The results indicate that the nurses were willing to pursue professional and personal development, but they needed to be well supported financially, administratively, socio-politically and to enhance their interests for CPD personally. This therefore suggests a need to reevaluate some parts of the CPD Law and Nursing Law, including their implementation, to make them more equitable, fair, and meaningful to our nurse professionals. As stated by Bush (2010) “Tens of thousands of nurses, essentially trained to immigrate over the 21 years of Marcos’ rule (1965-1986), were drawn to overseas work opportunities in an unprecedented ‘brain drain’ wave” (p.1576) and this brain drain will continue to persist. Nurses would want to seek for jobs that provide not only economic benefits but also address social, educational, political, leadership/motivational factors in a profession. The motivational factors according to Herzberg’s Two-Factor Theory include achievement, recognition, the work itself, responsibility, advancement and the possibility for growth (Alshmemri et al., 2017).

Conclusion

This study describes the needs and perceived barriers to Continuing Professional Development (CPD) participation among 51 nurses in Negros Oriental. It sought to assess the CPD needs and the perceived barriers to CPD among nurses in Negros Oriental province, to guide the local accredited CPD providers in designing, developing, and implementing CPD programs for the local nurses.

The demographic characteristics of Nurses in Negros Oriental, Philippines indicated that majority of the respondents had less than 5 years work experience, were mostly female, and had BSN degree as their highest level of education. This corresponded with the majority of respondents belonging to the age classification of Early Adult (18-35 years old), thereby indicating that majority of the nursing workforce were composed of young adult nurses.

In this study, the results indicated the need for professional development programs on various topics to improve nursing practice, workplace culture, emergency care, care and competence in nursing through emotional intelligence, nursing leadership and management with emotional intelligence, and emergency preparedness. Furthermore, the results

indicated that the nurses were willing to pursue professional and personal development, but they needed financial, administrative, and socio-political support. They also needed to enhance their interests in CPD personally. Through engagement with CPD, nurses can enhance their skills by participating in training workshops, conferences, and seminars that help address the evolving healthcare environment and technological advancements.

An improvement to the implementation of the CPD Law and the Nursing Law will undoubtedly help reduce the perceived barriers of nurses to CPD engagement. These perceived barriers included cost/registration fees, work schedule, transportation and travel, lack of support by the employer, needs outside work competes with CPD time, understaffing/lack of staff replacement, lack of access to information, lack of motivation, and lack of program relevance.

Knowledge of the needs and barriers to CPD will help government institutions, private firms, and professional organizations prepare for a nurses' development plan and programs. A well-designed CPD program plan may lead to a sustainable professional enhancement program that is relevant to the nursing workforce and is translatable to quality healthcare service, quality patient care delivery and competence of nurses. Furthermore, it is essential to promote self-directed learning, experiential learning, and transformational learning to develop, promote, and sustain the personal and professional development of nurses because mandating the CPD may not be enough to sustain a lifelong commitment to professional development. Most significantly, a well-tailored CPD program based on the knowledge of the needs and barriers enable nurses to stay updated with the latest advancements in healthcare, thereby promoting high quality patient care, improvement in health outcomes, and contribute to functional multidisciplinary healthcare teams.

Limitations of the study included a limited scope wherein the study only assessed the topics needed for CPD and the perceived barriers to CPD. This study did not examine the factors that influenced the respondents' participation in CPD activities.

It is recommended that the results of the study be used by nursing professional organizations as important considerations in assessing nurses' professional needs towards career development and professional growth, positive practice environment, and developmental programs for nurses; helping address the perceived barriers; and guiding prioritization and programming of the CPDs by CPD providers in Negros Oriental, Philippines. Furthermore, future research should include more nurse participants in the

region and other regions and investigate how to reduce CPD barriers or the factors that influence participation in CPD programs.

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