



## ASSESSMENT OF CONTINUING EDUCATION PROGRAMME AMONG PRACTICING NURSES IN BAUCHI STATE

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**ABSTRACT:** *Continuing Education (CE) programme exposes health professionals to current trends in professional practice and improved patient care. This study was conducted to assess continuing education programmes among practicing nurses in Bauchi State. A cross sectional descriptive survey research design was used; multi-stage sampling technique was used to recruit 345 participants; questionnaires were used for data collection; 326 of the administered questionnaires were retrieved. Data were analysed using descriptive statistic of percentage; hypotheses were tested at 0.05 level of significance. The result shows that majority (85.9%) of the respondents attended workshop and 52.8% attended conferences. Inappropriate date and time for programme, and irrelevant programmes to nursing practice were among the factors militating against nurses' participation in CE programmes. Hypothesis tested revealed that rank of practicing nurses significantly influenced the type of continuing education programme they attended ( $\chi^2=35.035$ ,  $p=0.005$ ). Nurses should engage in undergraduate and postgraduate continuing education programmes for professional development.*

**KEYWORDS:** Participation, Continuing Education, Assessment.



## INTRODUCTION

Continuing nursing education (CNE) is fundamental for making sure nurses practice safely and effectively (Manley, Martin, Jackson & Wright, 2018). CNE requires nurses to update their knowledge and skills regularly to match the changing complexity of health care needs (Manley et al., 2018). CNE is the only way nurses can continue to be relevant and contribute positively to the general growth of the health care system (Manley et al., 2018). This entails nurses engaging in continuous skills renewal to match changes in health care needs and their complexity; it enables nurses to familiarise themselves with new models of delivering care to meet the public expectations of nursing care (Filipe, Silva, Stultin & Golnik, 2014). Continuing education can also give nurses an edge when attempting to rise to higher ranks of health care settings (Moss, Brimstin, Champney, DeCostanza, Fletcher & Goodwin, 2016).

Nurses' practices are not by the same standards today as they were twenty (20) years ago or even five (5) years ago; therefore, it is important for them to make effort to stay informed of impending changes to their nursing practice (Moss et al., 2016). Employers have equally seen the importance of continuing education; they therefore invest in practitioners' continuing education with the hope that care will be delivered safely and effectively to minimize costs (Moss et al., 2016). Continuing education is a lifelong learning which helps one to acquire, maintain and improve knowledge and skills which enables one to be professionally effective in the daily discharge of his/her duty. However, the process like any other facet of life is not without challenges which must be overcome before the practice will be successful.

It is important to assess continuing education programme among nurses because it is the only means by which training need can be determined. It will also guide the planning of continuing education programmes for effective implementation, for the benefits of staff nurses and consumers of health care services.

### Statement of Problem

Continuing education is essential for continuous effective nursing service. Studies have shown that knowledge gained through basic professional education has a half-life of 2.5 years, and needs to be updated at the end of this period (Chong, Sellick, Francis, & Abdullah, 2011; Happell, 2004). Moreover, such training will be expired five (5) years after graduation; so lack of continuing (CE) can lead to poor services to patients or even patients' death (Chong et al., 2011). Therefore, it is vital to update knowledge and skills of nurses through CE (Chong et al., 2011). Nurses' continuing education affects patients and community health status (Shahhosseini & Hamzehgardeshi, 2015). The International Council of Nurses Code of Ethics for Nurses advocated that "the nurses carry personal responsibility and accountability for nursing practice, and for maintaining competence by continual learning" (ICN, 2002).

Nurses are said to have poor continuing professional development culture (Akin-Otiko, 2014). Even though MCPDP that is linked to renewal of license is supposed to encourage continuing professional development, yet, there are reports of nurses practicing without registration and license to practice in Nigeria (Jemilugba, 2011). Opinions expressed in the social media showed that some nurses just refused to benefit from training (Nairaland, 2014). These are reasons that motivated the researcher to assess the continuing education programme among practicing Nurses in Bauchi State.



## **Research Objectives**

1. To identify the types of continuing education programmes that are attended by practicing nurses in Bauchi State
2. To identify factors militating against participation in continuing education as perceived by nurses in Bauchi State
3. To determine the perceived benefits of continuing education programmes among nurses in Bauchi State.

## **LITERATURE/THEORETICAL UNDERPINNING**

### **Operant Conditioning Theory of Learning**

This is a behaviourist theory of learning propounded by B.F. Skinner (1938).

Skinner said an individual makes an association between a particular behaviour and a consequence. He believed that the best way to understand behaviour is to look at the causes of an action and its consequences, and he called this approach operant conditioning. According to this theory, behaviour that is followed by pleasant consequences is likely to be repeated, and behaviour followed by unpleasant consequences is less likely to be repeated. This means that the chances of repeating a behaviour that the outcome is satisfying is high but the chances of repeating a behaviour that the outcome is not satisfying is low. Skinner introduced a new term into the Law of Effect: Reinforcement. Behaviour which is reinforced tends to be repeated (i.e., strengthened); behaviour which is not reinforced tends to die out or be extinguished (i.e., weakened).

### **Application of the Theory to Continuing Education**

Participating in continuing education is a behaviour which can be repeated or it will die out. The use of reinforcers (positive and negative) and punishment can to a large extent influence this. Positive reinforcement or rewards such as promotion, increase in salary, respect and recognition following nurses' completion of continuing education programme increases the probability of this behaviour being repeated; this is because the outcome or reward is satisfying to them.

Negative reinforcement strengthens behaviour because the behaviour of participating in continuing education stops or removes an unpleasant experience; therefore, penalty for not participating in continuing education, such as inability to renew license or stagnation of promotion, will make nurses participate in continuing education programmes to avoid such penalties. Thus, the behaviour of participating in continuing education will be strengthened.

Like reinforcement, punishment can work either by directly applying an unpleasant stimulus such as paying a penalty for not participating in CE or by removing a potentially rewarding stimulus such as denying one's promotion for not participating in CE to punish the undesirable behaviour which is failure to participate in CE programme. If there is a punishment for failure to participate in CE, nurses will participate so as to avoid losing a potentially rewarding urge or exposing themselves to an unpleasant stimulus.



## **METHODOLOGY**

### **Research Design**

The research design that was used for this study is cross sectional descriptive survey.

### **Population of the Study**

The population of the study comprised all registered nurses working in tertiary hospitals, secondary hospitals, nursing training institutions and private hospitals in Bauchi State. The total number as obtained from the Human Resource Department and Directors of Nursing Services Bauchi State (2021) is 1443.

### **Sample and Sampling Techniques**

The sample size was determined using Taro Yamane (1967) formular for sample size determination. The sample size (n) was 314; in order to give allowance for non-response, a 10% margin was added (10% of n = 31). Therefore, the minimum sample was 314 + 31. n = 345.

The sampling technique that was used for the study was multi-stage sampling technique.

#### **Stage 1**

Simple Random sampling technique was used to select one out of the two federal government owned hospitals in the state; purposive sampling technique was used to select the state-owned tertiary/specialist hospital because it is the only one in that stratum. Simple random sampling technique was used to select 13 out of the 26 general hospitals in the state. Simple random sampling technique was used to select one out of two private hospitals and one out of the two colleges of nursing and midwifery in Bauchi State.

#### **Stage II**

Proportionate stratified sampling was used to determine the number of subjects that was selected from each stratum.

#### **Stage III**

Simple random sampling was used to select participants from the selected institutions.

### **Instrument for Data Collection**

The instrument for data collection was Continuing Education Assessment Questionnaire (CEAQ) developed by the researcher based on Kumar's (2013) concept/framework on Continuing Education for Nurses. The instrument is made up of Sections A to G. Section A consist of items on the demographic characteristics of the respondents; Section B consist of items on types of continuing education programme nurses participated in; Section C consists of items on barriers to participation in CE; Section D consists of items on perceived benefits of participating CE. The items in Sections B to D of the instrument have "Yes/No" options with 1 point for any "Yes" or "No" option.



### **Validity of the Instrument**

The instrument along with copies of the objectives and hypotheses were given to experts in nursing education, measurement and evaluation and a statistician for face and content validity. All observations and corrections made were effected.

### **Reliability of the Instrument**

A split-half reliability test was conducted involving 37 participants working in tertiary hospitals, secondary hospitals, nursing training institutions and private hospitals in Jos Plateau State. An overall Cronbach alpha score of 0.800 was obtained.

### **Ethical Consideration**

A letter of identification was requested and collected from the Head of Department of Nursing, Nnamdi Azikiwe University. The letter was submitted to the ethical committees of the hospitals and nursing training institutions in Bauchi State. Ethical approval was obtained from research and ethical committee in Bauchi State. The selected hospitals and nursing training institution were visited to obtain permission from the Heads of the selected hospitals and nursing training institution to gain access to the participants at their duty post (departments and units), the purpose of the research and what is expected from the respondents were explained to them; confidentiality was assured and informed consent of the respondents to participate in the study was obtained.

### **Method of Data Collection**

Three hundred and forty-five (345) copies of the questionnaire were administered to the respondents at their duty posts across three shifts—Morning, Evening and Night—by the researcher, and two trained research assistants from each tertiary hospital and one trained research assistant from each general hospital, nursing training institution and private hospital. For respondents who were able to complete or respond instantly, the researcher waited and retrieved the administered instrument immediately, while for those who required more time, they were given a day to fill the questionnaires, which were retrieved thereafter. Copies of the instrument were administered and retrieved within eleven (11) weeks. A total of 326 copies of the instrument were returned.



## METHOD OF DATA ANALYSIS

The data collected were coded and statistically analyzed using Statistical Package for Social Sciences (SPSS) version 23. Data on the demographic characteristics of the respondents were analysed using descriptive statistic of frequency and percentage. Data generated from the questionnaire on variables of the study were analysed using descriptive statistic of frequency and percentage. Hypotheses of the study were tested using chi-square of independence, Man Whitney U test and Kruskal Wallis test. The hypotheses were tested at 0.05 level of significance.

## RESULTS/FINDINGS

### 4.1 Results

**Table 4.1: Demographic Data of the Respondents**

Variable	Classification	Frequency	Percentage
<b>Sex</b>	Female	186	57.1
	Male	140	42.9
	<b>Total</b>	<b>326</b>	<b>100</b>
<b>Marital Status</b>	Married	260	79.8
	Single	61	18.7
	Divorced	2	0.6
	Widow/Widower	3	0.9
	<b>Total</b>	<b>326</b>	<b>100</b>
<b>Monthly Income (in Naira)</b>	50,000–100,000	156	47.9
	101,000–150,000	106	32.5
	151,000–200,000	26	8.0
	201,000 and above	38	11.7
	<b>Total</b>	<b>326</b>	<b>100</b>
<b>Working Institution</b>	Tertiary	198	60.7
	Secondary	109	33.4
	College of Nursing and Midwifery	19	5.8
	<b>Total</b>	<b>326</b>	<b>100</b>
<b>Employer</b>	Government	316	96.9
	Private	10	3.1
	<b>Total</b>	<b>326</b>	<b>100</b>
<b>Cadre</b>	Nurse Clinician	307	94.2
	Nurse Educator	19	5.8
	<b>Total</b>	<b>326</b>	<b>100</b>
<b>Rank</b>	NOII	63	19.3
	NOI	59	18.1
	SNO	78	23.9
	PNO	72	22.1
	ACNO	27	8.3



	CNO	23	7.1
	ADN	4	1.2
	<b>Total</b>	<b>326</b>	<b>100.0</b>
<b>Academic Qualification</b>	RN	120	36.8
	RN + Post Basic	103	31.6
	BNSC	94	28.8
	MSC	9	2.8
	<b>Total</b>	<b>326</b>	<b>100.0</b>
<b>Years of Service</b>	2–10	181	55.5
	11–20	97	29.8
	21–30	30	9.2
	31 and above	18	5.5
	<b>Total</b>	<b>326</b>	<b>100.0</b>

Source: Field work, 2022

Table 4.1 shows that majority 186 (57.1%) were females while 140 (42.9%) were males, 260 (79.8%) were married, 61 (18.7%) were singles, 2 (0.6%) were divorced and 3 (0.9%) were widowers/widows. In addition, 156 (47.9%) of the respondents had monthly income of N50,000–N100,000; 106 (32.5%) had monthly income of N101,000–N150,000; 26 (8.0%) had monthly income of N151,000–N200,000; and 38 (11.7%) had monthly income of N201,000 and above. One hundred and ninety-eight (60.7%) were working with tertiary hospitals, 109 (33.49%) with secondary hospitals, and 19 (5.8%) with colleges of nursing sciences.

The results of the analysis based on employer revealed that 306 (93.9%) were employed by the government and 20 (6.1%) were employed by private establishments. Based on cadre, 307 (94.2%) were nurse clinicians and 19 (5.8%) were nurse educators. Sixty-three (19.3%) were Nursing Officers II (N.O. II), 59 (18.1%) were Nursing Officers I (N.O. I), 78 (23.9%) were Senior Nursing Officer (SNO), 72 (22.1%) were Principal Nursing Officers (PNO), 27 (8.3%) were Assistant Chief Nursing Officers (ACNO), 23 (7.1%) were Chief Nursing Officers (CNO) and 4 (1.2%) were Assistant Director Nursing (ADN). Majority (120; 36.8%) of the respondents were Registered Nurses (RN), 13 (31.6%) of the respondents had RN plus post basic, 94 (28.8%) had BNSc and 9 (2.8%) had MSc. The results of the analysis based on years of service revealed that 181 (55.5%) of the respondents had 2–10 years of service, 97 (29.8%) had 11–20 years of service, 30 (9.2%) had 21–30 years of service and 18 (5.5%) had 31 and above years of service.



## 4.2 Research Questions

### Research Question 1

#### What Type of Continuing Education Programmes do Practicing Nurses in Bauchi State Attend?

**Table 4.2: Responses on Types of Continuing Education Programmes Practicing Nurses in Bauchi State Attend**

Statement	Yes	No
Mandatory Continuing Professional Development Programme (MCPDP)	280 (85.9%)	46 (14.1%)
World continuing education alliance (WCEA)	75 (23.0%)	251 (77.0)
Attended Conferences	172 (52.8%)	154 (47.2%)
University education (Undergraduate or BNSc programme)	135 (41.4%)	191 (58.6%)
University education (Postgraduate programme)	28 (8.6%)	298 (91.4%)

Source: Field work, 2022

Table 4.2 shows that majority (85.9%) of the respondents attended MCPDP while 52.8% attended conferences as the types of CE programmes practiced by nurses in Bauchi State. Twenty-three percent participated in World Continuing Education Alliance, 41.4% attended undergraduate and 8.6% attended postgraduate university education.

### Research Question 2

#### What are the Factors Militating against Participation in Continuing Education Programme among Nurses in Bauchi State?

**Table 4.3: Responses on Factors Militating against Participation in Continuing Education Programme among Nurses in Bauchi State**

Statement	Yes	No
Lack of budget and financial support to participate CE programmes	32 (9.8%)	294 (90.2%)
One-person placement in a shift	57 (17.5%)	269 (82.5%)
Excessive work at the work place	39 (12.0%)	287 (88.0%)
Inadequate support of employer to allow time away from the workplace	54 (16.6%)	272 (83.4%)
Family and child care responsibilities which deter one from active participation in the CE programme	121 (37.1%)	205 (62.9%)



Poor relationship and collaboration among colleagues leading to refusal of others to sit in for one's absence	167 (51.2%)	159 (48.8%)
Date and time that is scheduled for the programme is inappropriate	182 (55.8%)	144 (44.2%)
Conditions attached to the granting of study leave such as salary reduction	129 (39.6%)	197 (60.4%)
Lack of early notification of the programme	154 (47.2%)	172 (52.8%)
Distance of the venue of CE education programme	142 (43.6%)	184 (56.4%)
The programmes are not relevant to my practice needs	248 (76.1%)	78 (23.9%)
Lack of opportunities to utilize new skills in workplace	146 (44.8%)	180 (55.2%)
It is difficult to secure admission for further studies	103 (32.6%)	223 (68.4%)
My employer does not grant study leave	197 (60.4%)	129 (39.6%)

Source: Field work, 2022

Table 4.3 shows that majority (51.2%) of the respondents indicated poor relationship and collaboration among colleagues leading to refusal of others to sit in for one's absence; 55.8% indicated that the date and time that was scheduled for the programme was inappropriate; 76.1% of the respondents indicated that the programmes were not relevant to their practice needs; and 60.4% indicated their employer's refusal to grant study leave as a factor militating against participation in CE among nurses in Bauchi State.

### Research Question 3

#### What are the Perceived Benefits of Continuing Education Programme among Nurses in Bauchi State?

**Table 4.4: Responses on Perceived Benefits of Continuing Education Programme among Nurses in Bauchi State**

Statement	Yes	No
Participation in CE programme help nurses to update their knowledge	320 (98.2%)	6 (1.8%)
Participation in CE programme help nurses to meet the new challenges/new trends and technology in nursing care	315 (96.6%)	11 (3.4%)
Participation in CE programme improves job performance	316 (96.9%)	10 (3.1%)
Participation in CE programme helps nurses to acquire new skills of nursing care	313 (96.0%)	13 (4.0%)
Participation in CE programme provide educational growth that is compatible with the realities of the work situation	303 (92.9%)	23 (7.1%)



Participation in CE programme enables the nurse to evaluate his/her own area of practice	309 (94.8%)	17 (5.2%)
Participation in CE programme increases self-confidence and self-esteem	308 (94.5%)	18 (5.5%)
Participation in CE programme helps individuals retain their job	256 (78.5%)	70 (21.5%)
Participation in CE programme improves nurses' clinical leadership skills	302 (92.6%)	24 (7.4%)
Participation in CE programme maintains professional competence	305 (93.6%)	21 (6.4%)
Participation in CE programme enables the nurse to contribute to the development of Nursnursing and midwifery practice	302 (92.6%)	24 (7.4%)
Participation in CE programme helps nurses to renew their license	298 (91.4%)	28 (8.6%)
Participation in CE programme improve potentials of promotion	287 (88.0%)	39 (12.0%)

Source: *Field work, 2022*

Table 4.4 shows that 98.2% of the respondents indicated that participation in CE programme helps nurses to update their knowledge; 96.6% indicated that participation in CE programme helps nurses to meet the new challenges/new trends in nursing care; 96.9% indicated that participation in CE programme helps nurses to improve job performance; 96.0% indicated that participation in CE programme helps nurses to acquire new skills of nursing care; 92.9% indicated that participation in CE programme helps nurses to provide educational growth that is compatible with the realities of the work situation; 94.8% indicated that participation in CE programme helps nurses to evaluate their own area of practice; 94.5% indicated that participation in CE programme helps to increase the self-confidence and self-esteem of nurses; 78.5% indicated that participation in CE programme helps nurses to retain their job; 92.6% indicated that participation in CE programme helps nurses to improve clinical leadership skills; 93.6% indicated that participation in CE programme helps nurses to maintain professional competence; 92.6% indicated that participation in CE programme helps nurses to contribute to the development of nursing and midwifery practice; 91.4% indicated that participation in CE programme helps nurses to renew their license; and 88.0% indicated that participation in CE programme helps nurses to improve potentials of promotion.



## Hypothesis 1

Rank of practicing nurses does not significantly influence type of continuing education programme they attend in Bauchi State of Nigeria.

**Table 4.5: Chi-square Test Results for Influence of Rank of Practicing Nurses on Type of Continuing Education Programme**

Statement		NOII	NOI	SNO	PNO	ACNO	CNO	ADN	$\chi^2$	p-value
Workshops (MCPDP)	Yes	39 (12.0%)	52 (16.0%)	70 (21.5%)	67 (20.6%)	26 (8.0%)	22 (6.7%)	4 (1.2%)	39.035	0.000*
	No	24 (7.4%)	7 (2.1%)	8 (2.5%)	5 (1.5%)	1 (0.3%)	1 (0.3%)	0 (.0.0%)		
World continuing education alliance	Yes	21 (6.4%)	11 (3.4%)	16 (4.9%)	15 (4.6%)	8 (2.5%)	3 (0.9%)	1 (0.3%)	6.859	0.334
	No	42 (12.9%)	48 (14.7%)	62 (19.0%)	57 (17.5%)	19 (5.8%)	20 (6.1%)	3 (0.9%)		
Attended conference	Yes	8 (2.5%)	19 (5.8%)	9 (2.8%)	9 (2.8%)	11 (3.4%)	2 (0.6%)	2 (0.6%)	6.039	0.000*
	No	55 (16.9%)	40 (12.3%)	69 (21.2%)	63 (19.3%)	16 (4.9%)	21 (6.4%)	2 (0.6%)		
Undergraduate University education	Yes	14 (4.3%)	22 (6.7%)	37 (11.3%)	30 (9.2%)	15 (4.6%)	13 (4.0%)	4 (1.2%)	21.194	0.002*
	No	49 (15.0%)	37 (11.3%)	41 (12.6%)	42 (12.6%)	12 (3.7%)	10 (3.1%)	0 (0.0%)		
University education (postgraduate programme)	Yes	2 (0.6%)	6 (1.8%)	10 (3.1%)	5 (1.5%)	4 (1.2%)	0 (0.0%)	1 (0.3%)	9.433	0.151
	No	61 (18.7%)	53 (16.3%)	68 (20.9%)	67 (20.6%)	23 (7.1%)	23 (7.1%)	3 (0.09%)		
<b>Overall</b>	<b>Yes</b>	<b>35 (11.0%)</b>	<b>54 (17.0%)</b>	<b>71 (21.6%)</b>	<b>66 (20.6%)</b>	<b>26 (8.0%)</b>	<b>22 (6.7%)</b>	<b>4 (1.2%)</b>	<b>35.035</b>	<b>0.005*</b>
	<b>No</b>	<b>24 (7.4%)</b>	<b>7 (2.1%)</b>	<b>8 (2.5%)</b>	<b>5 (1.5%)</b>	<b>1(0.3%)</b>	<b>1(0.3%)</b>	<b>0(0.0%)</b>		

Source: Field work, 2022

In Table 4.8, the results of the analysis revealed that the rank of nurses significantly influenced nurses' participation in MCPDP ( $\chi^2=39.035$ ,  $p=0.000$ ), attending conference ( $\chi^2=6.039$ ,  $p=0.000$ ) and undergraduate university education ( $\chi^2=21.194$ ,  $p=0.002$ ), and the overall p-value for influence of rank of practicing nurses on the type of CE they attend ( $\chi^2=35.035$ ,  $p=0.005$ ). Thus, the null hypotheses was rejected.

## Hypothesis 2

There is no significant difference in nurses' perceived benefits of participation in continuing nursing education programmes among tertiary hospitals, secondary hospitals and nursing training institutions in Bauchi State of Nigeria.



**Table 4.11: Nurses' Perceived Benefits of Participation in Continuing Nursing Education Programmes across the Tertiary Hospitals, Secondary Hospitals and Colleges of Nursing and Midwifery in Bauchi State of Nigeria**

Variable	Working Institution	N	Mean Rank	Chi-square Test-statistics	Sig
Nurses' Perceived Benefits of Participating in continuing Education Programme (NPBPCE)	Tertiary Hospital	198	165.93	1.290	0.525
	Secondary Hospital	109	156.35		
	College of Nursing & Midwifery	19	179.16		
	<b>Total</b>	<b>326</b>			

Source: *Field work, 2022*

Table 4.6 revealed that there was no statistically significant difference in the responses regarding nurses' perceived benefits of participation in continuing nursing education programmes among nurses in tertiary hospitals (mean rank = 165.93), secondary health facilities (mean rank = 156.35), and college of nursing and midwifery (mean rank = 179.16) ( $\chi^2 = 1.290, p = 0.525$ ). Therefore, the null hypothesis was accepted because the p value is  $> 0.05$ .

## DISCUSSION

### Research Question 1

#### What Type of Continuing Education Programmes Do Practicing Nurses in Bauchi State Attend?

The findings of the study revealed that majority (85.9%) of the respondents attended workshop and 52.8% attended conference (Table 4.3). Ingwu et al. (2019) in their study in University of Nigeria Teaching Hospital, Enugu, Nigeria observed that Nurses Continuing Education Programme involves participation in workshops, seminars, conferences, research works and formal training. The finding of this study is similar to the findings of Chong et al., (2014) in their study in Peninsular Malaysia which revealed that the types of CE programmes that most nurses participate in are workshops and conferences.



## Research Question 2

### **What are the Factors Militating against Participation in Continuing Education Programme among Nurses in Bauchi State?**

The findings of this study revealed that poor relationship and collaboration among colleagues leading to refusal of others to sit in for one's absence, date and time that is scheduled for the programme is inappropriate, irrelevant programmes to nursing practice and inability of the employer to grant study leave to employee were the factors militating against participation in CE programme among nurses in Bauchi State (Table 4.4). This agrees with the finding of Eslamain, Moeini and Soleimani in Isfahan, Iran (2015) which revealed that nurses found it discouraging to participate in CE programme when there is low applicability of lectures, no coincidence between their educational needs and CE programme outlines. Carlson in the United States (2019) identified Employer-Related Barriers as one of the barriers to continuing education among nurses; some institutions chose to leave clinicians to device means of obtaining the sorely needed continuing education credits, even when making sure that nurses fulfill their licensure obligations in the best interest of both employers and employees. Also, findings from this study agrees with the report of Eslamain et al. (2015) which revealed that employers that lack adequate workforce frown when nurses leave the workplace to participate in continuing education programmes, and employers who do not make nurses' educational needs a priority constitute a barrier to CE among nurses. Also, Fawaz, Hamdan-Mansour and Tassi (2018) in their study in Lebanon noted that nurses who are employed in hospitals find it difficult to continue their educational career and specialize in certain areas of nursing, because employers are not willing to pay for their replacement fees.

## Research Question 3

### **What are the Perceived Benefits of Continuing Education Programme among Nurses in Bauchi State?**

The findings of this study revealed that nurses generally agreed that the perceived benefit of participation in CE programme helps nurses to: update their knowledge; meet the new challenges; improve their job performance; acquire new skills of nursing care; provide educational growth that is compatible with the realities of the work situation; evaluate their own area of practice; increase self-confidence and self-esteem; retain their job; improve their clinical leadership skills; maintain professional competence; contribute to the development of nursing and midwifery practice; renew their license; and improve potentials of promotion (Table 4.5). This finding is in line with the findings of Ihudiebeube-Splendor et al. (2015) in Ituku-Ozalla, Enugu State, Nigeria, Eslamian et al. (2015) in Isfahan, Iran and Zubairi et al. (2016), which revealed that continuing nursing education helps to improve nurses knowledge, skills, attitude, practice and patients' outcome. For nurses to maintain licensure and experience ongoing learning throughout their professional career, continuing education is crucial (Carlson, 2019). CE enhances nurses' professional education and personal development (Ihudiebeube-Splendor et al., 2015).



## **Hypothesis 1**

Rank of practicing nurses does not significantly influence the type of continuing education programme they attend in Bauchi State of Nigeria.

The findings of the study revealed that the rank of nurses significantly influenced their participation in MCPDP ( $p=0.000$ ); attending conferences ( $p=0.000$ ) and undergraduate university education ( $p=0.002$ ) (Table 4.8). This is supported by the findings of Badu-Nyarko (2015) in Ghana where 63.3% of the youth nurses aged 20–29 years wanted longer course duration continuing education programmes while the older nurses wanted shorter periods of at least two weeks. Lammintakanen and Kivinen (2012) also reported that the youngest nurses participated least in those continuing professional development programmes that enhanced transfer of tacit knowledge.

## **IMPLICATION TO RESEARCH AND PRACTICE**

Continuing education improves the knowledge and skills of nurses which will in turn improve nursing practice. However, many nurses prefer attending workshops, where in many instances they are not actively involved but they rather sit and listen, and there is immediate personal benefit, especially license renewal. Post graduate CE programme that is key to professional development has the least participation among nurses in Bauchi State. If nothing is done, it will slow down professional development and practice in the area of the study.

Since nurses acknowledged that there are benefits of participating in CE programmes and that CE has an impact on patients' care, they will continue to attend. If the content of CE programme is developed to meet the practice needs of nurses, many will be encouraged to attend but if the content is not applicable in practice, nurses will be discouraged from attending CE programme.

## **CONCLUSION**

MCPDP and attending conferences is the type of continuing education programmes that majority of the nurses in Bauchi State attend because it is associated with licence renewal. However, there is low participation in university CE programmes, especially post-graduate programmes. The nurses acknowledged that there are many benefits of participating in continuing education programmes and that CE programme has an impact on patients' care. However, there are barriers to nurses' participation in continuing education programmes in Bauchi State, which if addressed will increase their participation in CE programmes.



## FUTURE RESEARCH

1. A study should be conducted to identify nurses' reasons for poor participation in postgraduate CE programmes.
2. A study should be conducted to assess participation of nurses in primary health care facilities in CE programmes.
3. A similar study should be conducted involving other geopolitical zones in Nigeria to compare nurses' participation in continuing education programmes among the states of the federation.

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