



## **PREDICTORS TO SUSTAINABILITY OF MANDATORY CONTINUING PROFESSIONAL DEVELOPMENT PROGRAMME AMONG NURSES IN SOUTHWEST NIGERIA**

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**ABSTRACT:** ***Introduction:** The Mandatory Continuing Professional Development Programme (MCPDP) is an important programme for improving the knowledge, skills and competence of nurses, which ultimately translates into the provision of quality patient care. However, despite its importance, the sustainability of the MCPDP in Nigeria is a concern. **Aims and Objectives:** The study examined the relevance of MCPDP, policy and strategies for sustainability of MCPDP in Southwest Nigeria. The predictors to sustainability were also determined. **Methods:** The study adopted a cross-sectional design with 230 nurses participating in the monthly programme. The study was conducted at the designated nurses' home in Ibadan, Oyo State. A self-structured questionnaire with a total of 31 items was used for data collection. The data collected were entered into SPSS version 25. Data were presented using frequencies and percentages. Logistic regression was used to test the association between the variables. **Results:** Respondents were between 50 and 59 years old. The majority (99.6%) of respondents agreed that the MCPDP increases intellectual and professional competence. Respondents believe that MCPDP provides quality, competent training and resources (99.5%). Respondents (94.8%) agreed that the MCPDP helps me keep abreast of new developments in my specialty. About 97.4% of the respondents agreed that the Nursing and Midwifery Council of Nigeria should keep the MCPDP consistent, viable and continuous. Majority (99.6%) of the respondents want the nursing and midwifery policy and strategy to be improved to promote the MCPDP. Also, 93.5% agreed that the policy and strategy should be improved at least every two years. The socio-demographic variables such as religion is a predictor ( $p=.043$ ) showing that there is a need to improve the policy and strategy every two years to improve the MCPDP. **Conclusion:** The results showed that the majority of respondents perceived the MCPDP as beneficial for enhancing their intellectual, professional and clinical competence. The socio-demographic analysis of the study provided insights into the diverse characteristics of nurses attending the MCPDP, which may inform strategies to improve accessibility and inclusivity.*

**KEYWORDS:** SPSS, Cross sectional Study, Nigeria.



## INTRODUCTION

Nursing is a critical profession that plays an important role in the healthcare system, and the continuous professional development of nurses is essential to ensure the delivery of quality care. In Nigeria, the Mandatory Continuing Professional Development Programme (MCPDP) was established to improve the knowledge, skills and competence of nurses. The MCPDP aims to ensure that nurses remain abreast of the latest developments in their field, improve patient outcomes, and enhance the overall quality of health services (Nursing and Midwifery Council of Nigeria, 2014). However, sustaining the MCPDP and ensuring its effectiveness over time is a challenge. According to Awosemo (2022), several factors may influence the sustainability of the programme among nurses in South West Nigeria. For the nursing profession in both developed and developing countries. Continuing professional development programmes have been identified as an important strategy for improving basic professional skills (Chong, 2013).

Healthcare professionals are expected to participate in mandatory continuing professional development programmes to enhance their competence in practice and delivery of quality care to patients (Lawrence & Kathy, 2018).

Nursing is an essential component of the healthcare system, which requires competent professionals who are able to provide quality patient care. Continuing professional development is an essential aspect of nursing practice that ensures that nurses acquire and maintain the necessary knowledge, skills and attitudes to provide quality care (Ademola, 2016). The Nursing and Midwifery Council of Nigeria (N&MCN) introduced the mandatory continuing professional development programme in Nigeria in March 2010 with the following objectives: to promote good managerial and organisational skills among nurses, thereby enhancing preceptorship and mentorship as a tool for the development of a dynamic profession; to expose nurses to current developments and emerging trends in health and nursing care; to enhance the knowledge and scholastic skills of nurses; and to promote good leadership qualities. (N&MCN, 2012). Sustaining MCPDP is critical to improving the quality of patient care and ensuring the continued competence of nurses (Oladosu, 2022). Several studies have attempted to assess nurses' knowledge and perceptions of MCPDP (Nsemo et al., 2015; Oladosu, 2022), the quality of MCPDP and its influence on health care providers' specific learning application and practice outcomes (Muliira et al., 2014).

Studies have also assessed the perceptions and knowledge that contribute to MCPDP among nurses, but there is limited research on the predictors of sustainability among nurses in Nigeria (Oladosu, 2022; Nsemo et al., 2015). Southwest Nigeria, which is one of the six geopolitical zones in the country, has a high concentration of healthcare facilities and professionals, making it a suitable location to study the sustainability of MCPDP. The objective of this study was to examine the predictors of sustainability of MCPDP among nurses in Southwest Nigeria. The study used a cross-sectional survey design to collect data from a sample of nurses who had participated in the MCPDP within the last two years. The study focused on three areas of predictors: individual factors, organisational factors and external factors. Individual factors refer to the personal characteristics of the nurses, such as age, gender and level of education. Organisational factors relate to the work environment, including the availability of resources and management support. External factors are those beyond the control of the organisation, such as government policies and regulations (Falana, 2018).



Understanding the predictors of sustainability of the MCPDP among nurses in Southwest Nigeria is important for policy makers, health organisations and health professionals in Nigeria and other developing countries where sustaining health programmes is a challenge. The findings of the study will provide insights into the factors that contribute to the sustainability of MCPDP, which can inform the development of strategies to improve the sustainability of the programme (Ingwu, 2021). In addition, the study will contribute to the existing literature on the sustainability of health programmes and provide a basis for further research in this area.

Several studies have investigated nurses' perceptions of the benefits and also barriers of the MCPDP, but there is a significant gap in the predictors of sustainability of the MCPDP programme, which will be addressed in this study (Nsemo & Nkere, 2019; Ingwu 2019; Falana, 2018; Oshinowo, Odugbemi & Oke, 2019; Afolabi, 2021; Oladosu & Awosemo, 2022).

Overall, the literature reviewed highlights the importance of investigating the predictors that influence the sustainability of the MCPDP among nurses in South West Nigeria. Existing studies have primarily focused on nurses' perceptions and benefits of the MCPDP, while there is a gap regarding the specific predictors that influence its sustainability.

### **Specific Objectives**

The objectives of the study were to;

1. To determine the relevance of the MCPDP to nurses.
2. Identify policies and strategies for sustainability of MCPDP in South West Nigeria.

## **METHODOLOGY**

### **Design**

The study adopts a cross-sectional design to determine the relevance and most effective policy and strategy for the sustainability of MCPDP among nurses.

### **Study Setting**

The study area is located in Oyo State, South-West Nigeria. The study was conducted at the designated nurses' house in Ibadan, Oyo State. The Nurses' House in Ibadan is the designated venue for the Mandatory Continuing Professional Development Programme for nurses. A total of 230 nurses participated in the monthly MCPDP programme during the study period. These nurses attend different modules each month.

### **Inclusion/Exclusion Criteria**

All registered nurses who attended the MCPDP monthly programme during the study period were included in the study, while those who were sick during the study period were excluded.



### **Sample Size/Sampling Technique**

Two hundred and thirty (230) nurses were used to determine the sample size using Cochran's (1963:75) statistical formula for population studies, after adjusting for 10% attrition. A simple random sampling technique was used, achieved by tossing a coin. Those who fell on the A side of the coin could participate in the study. This gave participants an equal chance of being included in the study.

### **Instrument for Data Collection**

A self-structured questionnaire with a total of 31 items was used. Section A covers the socio-demographic characteristics of the respondents with 8 items; Section B, the relevance of the mandatory continuing professional development programme for clinical nurses in Southwest Nigeria with 18 items; and Section C, the policy and strategy for sustainability of the MCPDP among nurses in the Southwest with five (5) items. The face and content validity of the instrument were established by nursing and policy experts and a statistician. Test-retest reliability of the instrument was conducted on 20 nurses in Osun State within 2 weeks. The same instrument was then administered to the same group of participants after 2 weeks. The internal consistency of the instrument was determined using the Cronbach alpha reliability coefficient value; this value was 0.8, so the instrument was considered reliable.

### **Procedure for Data Collection**

Nurses attending the MCPDP were randomly selected by tossing a coin, and questionnaires were administered to the selected participants. Participants completed the questionnaire after giving informed consent. This was done during the break session; the researcher ensured that the information on the questionnaire was filled in correctly and retrieved immediately. Data collection took 5 months.

### **Data Analysis**

The data collected were entered into SPSS version 25 and these data were cleaned. Data were presented in tables and logistic regression was used to test the association between variables.

### **Ethical Approval**

Ethical approval was obtained from the Oyo State Ethics Committee, Ministry of Health with approval number OYOSHRIEC/10/11/22. Participants also gave written informed consent before completing the questionnaire. To ensure confidentiality, unique identifiers were assigned to participants rather than using their personal information, data were securely stored in locked cabinets, and access was restricted to authorised persons involved in the study. The researcher conducted the study in a respectful and non-intrusive manner for data collection procedures and research activities that did not cause physical or psychological harm to participants. Participants were informed of their decision to refuse or withdraw and that this would not affect any benefits or services they would receive.



## RESULTS

**Table 1: Sociodemographic Characteristics of Respondents N=230**

Age at last birthday	20-29	19	8.3
	30-39	48	20.9
	40-49	63	27.4
	50-59	83	36.1
	60-69	9	3.9
	70 and above	1	0.4
	Non response	7	3.0
Sex			
	Male	18	7.8
	Female	210	91.3
	Non response	2	0.9
Marital status			
	Single	4	1.7
	Married	194	84.3
	Separated	194	84.3
	Divorced	1	0.4
	Widowed	1	0.4
	Nonresponse	4	1.7
The ward/unit/school	Accident and Emergency	11	4.8
	Burn unit	2	0.9
	Continue Education Unit	2	0.9
	Children Emergency	3	1.3
	General Outpatient Unit	14	6.1
	Family Planning	2	0.9
	Female Medical Ward	12	5.2
	Female Surgical Ward	2	0.9
	Gynecology Ward	19	8.3
	General Ward Nigerian Railway	1	0.4
	Pediatrics	6	2.6
	Geriatric Ward	2	0.9
	Haematology Day Care Unit	2	0.9
	High Dependency Unit	2	0.9
	Health Maintenance O	1	0.4
	ICDFD UCH	1	0.4
	ICU	8	3.5
	J-Rapha	1	0.4
	Jaja Clinic	1	0.4
	KDFC	1	0.4
	Labour Ward	5	2.2
	Adult & Education Unit	1	0.4
	LAUTECH Health Centre	2	0.9





	Lead City Unit	1	0.4
	PHC	3	1.3
	ICU Ogbomoso LTH	1	0.4
	Main Theatre UCH	19	8.3
	Male Orthopaedic Ward	2	0.9
	Maternal & Child	13	5.7
	Mental Health Unit	1	0.4
	Medical Outpatient Clinic	2	0.9
	Ajayi Crowther unit Health Centers	1	0.4
	Neonatal Unit	12	5.2
	Nephrology	1	0.4
	Neuroscience	4	1.7
	Nursing Record	3	1.3
	Outpatient Department	1	0.4
	Ophthalmic Unit	1	0.4
	Preventive Unit	1	0.4
	Private Hospital	6	2.6
	Radioecology	1	0.4
	Renal Unit	2	0.9
	Alpha Beta Hospital	1	0.4
	Retiree	3	1.3
	School	6	2.6
	Surgical Outpatient	1	0.4
	ANC	2	0.9
	Adeoyo Maternity Hospital	1	0.4
	ANC/PANC	1	0.4
	Breweries	1	0.4
	General	1	0.4
	Gynaecology Ward	1	0.4
	High dependency Unit	1	0.4
	Medicine/Clinical	1	0.4
	Paediatric Emergency Unit	1	0.4
	Paediatrics	1	0.4
	Ward/School	1	0.4
	Non-response	30	13.0
Years of Experience	1-5	24	10.4
	6-10	32	13.9
	11-15	36	15.7
	16-20	34	14.8
	21 and above	101	43.9
	Non-response	3	1.3
Religion			
	Islam	24	10.4
	Christianity	203	88.3
	Non-response	3	1.3



Ethnicity	Hausa	3	1.3
	Igbo	20	8.7
	Yoruba	197	85.7
	Others	5	2.2
	Nonresponse	5	2.2
Highest level of education	RN/RM	3	13
	Diploma RN	49	21.3
	BNSc	145	63.0
	MSc	18	7.8
	Ph.D.	1	0.4
	PHN	1	0.4
	B.Sc. Psychology	1	0.4
	B. ED/Health Education	1	0.4
	Non-response	11	4.8

Table 1 shows the results of the socio-demographic characteristics of the respondents. The results of this study show that the majority 83 (36.1%) of the participants are in the age group of 50-59 years. Also, the majority (91.3%) were female, 84.3% were married, and 101 (43.9%) were respondents with 21 or more years of experience. The majority (88.3%) of the respondents were Christian, while the majority (85.7%) were Yoruba and more than half (63.0%) were Bachelor of Nursing Science graduates.

**Table 2: Relevance of Mandatory Compulsory Professional Development Programme Clinical Nurses in Southwest Nigeria**

Variables	Strongly agree f(%)	Agree f(%)	Undecided f(%)	Disagree f(%)	Strongly Disagree f(%)	Nonresponse
I think MCPDP enhances intellectual and professional competence.	167(72.6)	62(27.0)	0(0)	0(0)	0(0)	1(0.4)
I believe MCPDP offers quality, competent training, and resources.	156(67.8)	73(31.7)	0(0)	0(0)	0(0)	1(0.4)
I think it helps develop the proficiency necessary to meet patients' expectations.	141(61.3)	87(37.8)	1(0.4)	0(0)	0(0)	1(0.4)
I believe it facilitates the development of nurse leadership capabilities.	128(55.7)	92(40.0)	6(2.6)	1(0.4)	0(0)	3(1.3)
I think it helps obtain an additional qualification.	49(21.3)	68(29.6)	32(13.9)	57(24.8)	17(7.4)	7(3.0)
I think it helps provide nurses with a break from the pressures of work.	29(12.6)	73(31.7)	16(7.0)	80(34.8)	25(10.9)	7(3.0)
I think it helps the effective mentor for newly qualified nurses/nursing students.	70(30.4)	110(47.8)	28(12.2)	15(6.5)	0(0)	7(3.0)





I think it helps me renew my license.	149(64.8)	76(33.0)	2(0.9)	2(0.9)	0(0)	1(0.4)
I think it helps to plan a career pathway	63(27.4)	116(50.4)	21(9.1)	27(11.7)	1(0.4)	2(0.9)
I think it helps to network with other nursing colleagues.	101(43.9)	109(47.4)	7(3.0)	8(3.5)	101(43.9)	5(2.2)
I believe it helps me keep abreast with new developments in my specialty.	132(57.4)	86(37.4)	6(2.6)	2(0.9)	1(0.4)	3(1.3)
I think it helps me improve my confidence.	129(56.1)	86(37.4)	6(2.6)	7(3.0)	0(0)	2(0.9)
I think the purpose of MCPDP is suitable for participants in education.	71(30.9)	81(35.2)	15(6.5)	43(18.7)	16(7.0)	4(1.7)
I think the objectives established are based on the purpose.	79(34.3)	119(51.7)	19(8.3)	7(3.0)	1(0.4)	5(2.2)
I think MCPDP is established to achieve the learning needs of nurses presently in nursing practice.	102(44.3)	99(43.0)	6(2.6)	18(7.8)	3(1.3)	2(0.9)
I think MCPDP is established to reflect the needs of health care professionals and professional nurse associations.	99(43.0)	108(47.0)	9(3.9)	7(3.0)	3(1.3)	4(1.7)
I think the Trainees' attitudes changed after attending MCPDP.	85(37.0)	118(51.3)	19(8.3)	6(2.6)	0(0)	2(0.9)
I think it helps improve nursing knowledge and skill.	161(70.0)	68(29.6)	0(0)	0(0)	0(0)	1(0.4)

The results from Table 2 show that respondents strongly agreed (99.6%) that the MCPDP increases intellectual and professional competence. Respondents believe that the MCPDP provides quality, competent education and resources (99.5%). Less than half (45.7%) disagreed that MCPDP allows a nurse to take a break from the pressures of work. Some 78.2% agreed that the MCPDP provides some level of effective mentoring for newly qualified nurses/nursing students. The majority of respondents (97.8%) agreed that the MCPDP is designed for license renewal. Respondents (94.8%) agreed that the MCPDP helps me keep abreast of new developments in my specialty. In addition, respondents (88.3%) believe that trainees' attitudes have changed after attending the MCPDP. Respondents (99.6%) believe that the MCPDP improves nursing knowledge and skills.

**Table 3: Policy and Strategy for Sustainability of MCPDP among Nurses in Southwest**

Variables	Yes f (%)	No f (%)	Non-Response
Nursing and Midwifery policy and strategy should improve to promote MCPDP.	229 (99.6)	0(0)	1(0.4)
The Nursing and Midwifery Council should keep MCPDP consistent, viable and continuous.	224(97.4)	5(2.2)	1(0.4)
There should be room for improvement in the policy and strategy at least every two years.	215(93.5)	12(5.2)	3(1.3)
The policy should address the postponement of dates due to the low turnout of participants.	182 (79.1)	44(19.1)	4(1.7)



Participants' number should not be strictly rigid to 120 in most modules.	174 (75.7)	49(21.3)	7(3.0)
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Table 3 shows the responses to ensuring the most effective policies and strategies to support the MCPDP. The findings of the study revealed that the majority (99.6%) of the respondents want the nursing and midwifery policy and strategy to be improved to promote the MCPDP. About 97.4% of the respondents agreed that the Nursing and Midwifery Council of Nigeria should keep the MCPDP consistent, viable and continuous. Also, 93.5% agreed that the policy and strategy should be reviewed for improvement at least every two years.

### Inferential Statistics

**Table 4: Logistic Regression of Demographic Characteristics and “Improvement on the Policy and Strategy at least every Two Years”**

There should be room for improvement on the policy and strategy at least every two years.	Most effective	155	94.5
	Less effective	9	5.5

	B	S.E.	Wald	df	Sig.	Exp(B)
Constant	-2.846	.343	68.907	1	.000	.058

	B	Wald	df	S.E.	Sig.	Exp(B)	95% C.I. for EXP(B)	
							Lower	Upper
Age at last birthday	.167	.764	.048	1	.827	1.182	.264	5.284
Sex	.506	1.200	.178	1	.673	1.658	.158	17.425
Marital status	-.195	.747	.068	1	.794	.823	.190	3.555
Years of experience	.012	.076	.026	1	.871	1.012	.872	1.175
Ethnicity	.100	.848	.014	1	.906	1.105	.210	5.826
Highest level of education	.288	.339	.723	1	.395	1.334	.686	2.593
Religion	-1.599	.792	4.079	1	.043	.202	.043	.954
The ward/unit/school	.019	.026	.506	1	.477	1.019	.968	1.073
Constant	-1.788	3.153	.321	1	.571	.167		

The socio-demographic variables, such as religion, is a predictor that shows that every two years there is a need to improve the policy and strategy to improve the MCPDP.



## DISCUSSION

### Sociodemographic Characteristics of the Respondents

The results show that the majority of participants were in the 50-59 age group and had 21 or more years of experience. This age and experience profile is consistent with the findings of previous studies such as Oladosu et al (2022) who reported that the majority of their participants were in the 51-60 age group. The high proportion of experienced nurses in this study suggests that the Mandatory Compulsory Professional Development Programme (MCPDP) is primarily attended by more senior nurses, which may have implications for the accessibility and participation of younger or less experienced nurses. The study found that the majority of respondents were female, which is consistent with the gender composition of the nursing profession in Nigeria as reported by both Nsemo and Nkere (2019) and Oladosu and Awosemo (2022). This gender distribution reflects the predominantly female nature of the nursing workforce, which is an important consideration in understanding the factors influencing the sustainability of the MCPDP.

The results show that the majority of respondents were married, which may have implications for their ability to participate in the MCPDP, as noted by Oladosu et al (2022) who also found that family and childcare responsibilities were a barrier to participation in the MCPDP. The high proportion of married nurses in this study suggests that addressing the challenges faced by nurses with family responsibilities may be critical to improving the sustainability of the MCPDP. The study shows that the majority of respondents had a Bachelor of Nursing Science (BNSc.) degree, followed by those with a Diploma in Nursing.

This educational profile is consistent with Uduma et al. (2020), who suggest that nurses with higher educational qualifications are more likely to engage in continuing professional development activities. Respondents were predominantly Yoruba and Christian, reflecting the socio-cultural make-up of the South West region of Nigeria, as discussed by Uduma et al. (2020). These demographic factors may influence the accessibility and acceptability of the MCPDP among nurses from different ethnic and religious backgrounds.

### Relevance of the Mandatory Continuing Professional Development Programme

The study found that the majority of respondents strongly agreed or agreed that the MCPDP enhances intellectual and professional competence, provides quality and competent training and resources, helps develop the skills needed to meet patient expectations, and facilitates the development of nurses' leadership skills. These findings are consistent with Falana (2018) and Oshinowo et al. (2019), who consistently highlighted the perceived benefits of the MCPDP in enhancing nurses' knowledge, skills and competence. Respondents overwhelmingly agreed that the MCPDP helps them to renew their nursing license, which is consistent with Oladosu et al.'s (2022) emphasis on the role of the MCPDP in meeting regulatory requirements for continuing professional development. Furthermore, the study found that the majority of participants believed that the MCPDP helped them to plan a career path, which supports Uduma et al.'s (2020) suggestion that the programme can facilitate nurses' professional growth and development.



Respondents were more divided on the role of the MCPDP in networking with other nursing colleagues and providing effective mentorship for newly qualified nurses/nursing students, with only around half agreeing with these aspects (Table 2). This finding suggests that the programme may not be fully meeting the networking and mentorship needs of nurses, an area that could be further explored and addressed, as highlighted by Uduma et al. (2020). The study found that the majority of respondents believed that trainees' attitudes had changed after attending the MCPDP and that the programme helped to improve their confidence. Ajibade and Adeleke (2015) and Falana (2018) also highlight the potential of the MCPDP to improve nurses' attitudes, confidence and professional development.

### **Policies and Strategies Needed to Secure the Sustainability of the Mandatory Continuing Professional Development Programme**

The study found that majority of the respondents agreed that nursing and midwifery policy and strategy should be improved to better promote the MCPDP. This finding is consistent with that of Afolabi (2021) and Ademola (2016), who identified the need for comprehensive policy interventions and a responsive regulatory framework to ensure the long-term success of the programme. Almost all respondents agreed that the Nursing and Midwifery Council of Nigeria should ensure that the MCPDP is consistent, viable and continuous. This is in line with Uduma et al.'s (2020) emphasis on the importance of organisational support and the need for a stable and well-structured programme to sustain the MCPDP. The study also revealed that the majority of respondents believe that there should be room for improvement in policy and strategy at least every two years (Table 3). This echoes Ademola's (2016) call for regular review and updating of the MCPDP policy and strategy to ensure its relevance and effectiveness in addressing the evolving needs of nurses.

Respondents highlighted the need for more flexibility in the number of participants and the possibility of postponing MCPDP dates due to low participation. These findings resonate with discussions by Nsemo and Nkere (2019), Ingwu (2019), and Oladosu et al. (2022) on organisational and contextual challenges, such as limited availability of educational resources and inadequate support from health facilities, that may hinder the sustainability of MCPDPs.

### **Predictors to the Sustainability of Mandatory Continuing Professional Development Programme**

The results of the present study revealed that there was a statistically significant relationship between nurses' demographic characteristics such as religion and the improvement of policy and strategy to improve the MCPDP. This is in contrast to the findings of Doaa et al (2022) who found that age and years of experience were positively associated with predictors of nurses' continuing education programmes. In addition, a review by King et al (2021) shows that self-motivation, relevance to practice, preference for workplace learning, strong supportive leadership and a positive workplace culture were the key factors in optimising the impact of nursing and interprofessional continuing education.



## IMPLICATIONS FOR NURSING

The findings of this study have several important implications for the nursing profession in Nigeria:

- **Enhancing continuing professional development:** The study highlights the perceived benefits of the MCPDP in improving nurses' knowledge, skills and competence. This underlines the crucial role of the programme in supporting nurses' continuing professional development, which is essential to ensuring high quality patient care.
- **Organisational and policy support:** The study highlights the need for strong organisational support and responsive policy interventions to ensure the sustainability of the MCPDP. Addressing challenges such as limited funding, inadequate resources and inflexible programme structures will be critical to the long-term success of the programme.
- **Accessibility and inclusivity:** The socio-demographic findings of the study suggest the need to consider the diverse backgrounds and roles of nurses when designing and implementing the MCPDP. Ensuring equitable access and addressing the specific needs of nurses of different ages, marital and family statuses, and educational levels can increase the programme's reach and impact.
- **Mentoring and networking:** The study's mixed findings on the MCPDP's role in mentorship and networking highlight an area for further attention. Strengthening the programme's ability to facilitate meaningful connections and mentorship among nurses can contribute to their professional growth and development.

## CONCLUSION

This study examined the predictors that influence the sustainability of the Mandatory Continuing Professional Development Programme (MCPDP) for clinical nurses in South West Nigeria. The findings revealed that the majority of the respondents perceived the MCPDP as beneficial in enhancing their intellectual, professional and clinical competence. The study also identified key policy and organisational factors that can contribute to the long-term sustainability of the programme, such as the need for improved Nursing and Midwifery Council policy, consistent programme delivery and flexible participant requirements. The study's socio-demographic analysis provided insights into the diverse characteristics of nurses participating in the MCPDP, which can inform strategies to improve accessibility and inclusivity.



## RECOMMENDATIONS

- The Nursing and Midwifery Council of Nigeria should review and update its policies and strategies to better promote the MCPDP and ensure consistency, viability and continuous improvement of the programme.
- Healthcare organisations should provide adequate financial and logistical support to enable nurses to participate in the MCPDP, addressing challenges such as lack of funding, support staff and access to educational resources.
- The MCPDP curriculum and delivery should be adaptable to the diverse needs and responsibilities of nurses, with flexible participant requirements and schedules to enhance accessibility and inclusiveness.
- Mentoring and networking opportunities within the MCPDP should be strengthened to promote professional development and collaboration among nurses.

## LIMITATIONS OF THE STUDY

The study was limited to the Southwest region of Nigeria, and the findings may not be fully generalisable to other regions with different socio-cultural and health care contexts. Also, the cross-sectional nature of the study provides a snapshot in time and does not capture the longitudinal dynamics and changes in MCPDP over time. Nevertheless, this study provides empirical evidence that is relevant to the nursing profession.

## SUGGESTIONS FOR FURTHER STUDIES

Further studies can

- Expand the geographical scope of the study to include other regions of Nigeria, allowing for a more comprehensive understanding of the predictors of MCPDP sustainability across the country.
- Conduct longitudinal studies to investigate the long-term impact of the MCPDP on nurses' professional development and the factors that influence its sustainability over time
- Explore the perspectives of other stakeholders, such as healthcare administrators, policy makers and regulators, to gain a more holistic understanding of the challenges and opportunities for the MCPDP.
- Investigate the effectiveness of specific policy and organisational interventions in improving the sustainability of the MCPDP, using experimental or quasi-experimental research designs.
- Qualitative studies could provide deeper insights into the lived experiences and contextual factors that shape nurses' perceptions and engagement with the MCPDP.





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