



**STRATEGIES TO ENHANCE PROFESSIONAL NURSES'
PARTICIPATION IN CONTINUING PROFESSIONAL DEVELOPMENT AT
PUBLIC HOSPITALS OF LIMPOPO PROVINCE.**

By

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***A thesis submitted in fulfilment of the requirement for the degree:
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February 2023

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DECLARATION

I, **Maggie Nyelisani**, hereby declare that the thesis, “***Strategies to enhance professional nurses’ participation in continuing professional development at public hospitals of Limpopo Province***” submitted by me, has not been submitted previously for a degree at this or any other university, that it is my own work in design and in execution, and that all reference material contained therein has been duly acknowledged.

Signature: _____



Date: 27 February 2023

PREFACE

This thesis was written for my Doctor of Philosophy (PHD) Degree in Nursing. The title of my thesis is *Strategies for enhancing Professional nurses Participation in Continuing Professional Development in public hospitals of Limpopo Province*. This was a very challenging yet interesting endeavour as I interacted with numerous participants in the study. The strategies developed are to make education and training of professional nurses interesting and motivate them as they continue to learn and develop new skills. This thesis is presented in three Sections. **Section A** features an Overview of the research Process. **Section B** provides an outline of articles as they were submitted for review and one published in different Journals and **Section C** presents the conclusion, limitations and recommendations of the thesis.

Section A: Thesis Overview

This section presents the study procedure, additionally, it details the background, problem statement, and objectives of this study. The section further offers a detailed outline of the research methods used to gather data.

Section B: Article

This section has a total of six (6) articles, as detailed below:

Enhancing CPD opportunities for Professional nurses in hospitals of Limpopo Province: A scoping review

This article presents the literature review in the form of a Scoping Review. The article gives the analyses of experiences of professional nurses as they participate in CPD in other healthcare settings in various countries in different regions of the world. This article was submitted to *International Journal of Africa Nursing Sciences (IJANS)* (Under Review)

Quality nursing care as understood by professional nurses in hospitals of Limpopo Province, South Africa

This paper explored the understanding of professional nurses regarding quality care rendered to patients in the selected hospitals of Limpopo Province. A qualitative, exploratory-descriptive design was utilised in this study. Participants comprised 35 professional nurses who were purposely selected. Data collected in the three Districts Capricorn, Mopani and Vhembe public hospitals, were audio-recorded and transcribed verbatim and analysed using Tech's eight steps of data analysis. Trustworthiness was ensured through credibility, confirmability, dependability, and transferability. In this paper Professional nurses are urged to distinguish

between their values and professional ethics as they attend to patients daily. Professional nurses have an essential function of becoming advocates to speak on behalf of the patient to meet their needs holistically. Teamwork is a critical aspect of quality care. Everyone must do their work so that medical errors would be reduced. This article was published in ***Curationis/AOSIS Publication***.

Professional nurses' experiences regarding Continuing Professional Development (CPD) opportunities at public hospitals of Limpopo Province, South Africa

This article explored the experiences of professional nurses regarding CPD opportunities in the public hospitals of Limpopo Province. Findings highlighted the professional nurses' understanding of CPD; Professional nurses' experiences related to in-service training being offered and identified measures to resolve challenges that were encountered. The article recommended that more effective strategies are needed to address barriers, such as shortage of staff, lack of participation in CPD activities, lack of funds and lack of support and improper selection criteria. Nurse Managers, Human Resources Department, CPD coordinators and Department of Health need to be informed and updated in terms of what is needed in creating and sustaining effective CPD training in the hospitals of Limpopo Province. This article has been submitted to ***SAGE Open, Revisions required and awaiting outcome***.

Nurse Managers' views on Continuing Professional Development of professional nurses in the public hospitals of Limpopo Province, South Africa.

This article explored the views of Nurse Managers regarding CPD of professional nurses in the public hospitals of Limpopo Province. The findings included Nurse Manager's understanding of CPD, Nurse Manager's views of CPD activities in hospital setting and Interventions to improve CPD Activities in the health care setting. The study findings should assist management and CPD providers to plan more effectively for professional nurses' CPD. When developing strategies for CPD, the requirements and different age groups need to be considered, including challenges such as lack of funds and resources for CPD. This article has been submitted to ***SAGE Open Medicine and is still under review***.

A conceptual framework for enhancing CPD opportunities for Professional nurses in hospitals of Limpopo Province.

This article displays the developed Conceptual Framework (CF) to enhance Continuing Professional Development opportunities for professional nurses in the public hospitals of Limpopo Province. The conceptual framework developed, contributed to the paper through guidance in developing strategies to enhance participation in CPD by professional nurses and guided managers in the improvement of training programmes and improving the competence

of the professional nurses to provide quality nursing care to patients. The CF also contributed by enhancing CPD participation by professional nurses in the Limpopo Province. This paper is submitted to ***SAGE Open Publications (under review)***

Development and Validation of Strategies to enhance Professional nurses' participation in CPD in hospitals of Limpopo Province

This article contributed by developing and validating the strategies to enhance professional nurses' participation in CPD in the hospitals of Limpopo Province. The SWOT Analysis Matrix which includes analysis of Strengths, Opportunities, Weaknesses and Threats was used to develop the Strategies which was guided by findings of the study and the Conceptual Framework developed, including BOEM (Build, Overcome, Eliminate/Explore and Minimise) Strategy. The proposed strategies were developed, this was validated The Method utilised was the Nominal Group Technique. Proposed strategies were validated by the researcher and delegates in discussion where consensus was reached. Six (6) proposed strategies were refined and validated. This paper was submitted to ***SAGE Open Publications (under review)***

SECTION C: CONCLUSION, RECOMMENDATIONS AND LIMITATIONS

Development of strategies to enhance professional nurses' participation in CPD in public hospital was explored in the thesis. **Six strategies** were developed and Validated with minor corrections. The developed strategies can be implemented together with views on significant issues that emerged in the study. This study shares valuable information on Continuing Professional Development of professional nurses in health care settings. However, this study is limited to professional nurses in public hospitals. It is hoped that future research will consider the opinions of professional nurses from private hospitals.

PUBLICATIONS

1. **Nyelisani M**, Makhado L & Luhalima T. Enhancing CPD opportunities for Professional nurses in hospitals of Limpopo Province: A scoping review. *International Journal of Africa Nursing Science (IJANS)* (Under Review)
2. **Nyelisani, M.**, Makhado, L. and Luhalima, T., 2023. A professional nurse's understanding of quality nursing care in Limpopo province, South Africa. *curationis*, 46(1), pp.1-7.
3. **Nyelisani M**, Makhado L & Luhalima T. Professional nurses' experiences regarding Continuing Professional Development (CPD) opportunities at public hospitals of Limpopo Province, South Africa. *Submitted to SAGE Open* (Under review)
4. **Nyelisani M**, Makhado L & Luhalima T. Nurse Managers' views of Continuing Professional Development of professional nurses in the public hospitals of Limpopo Province, South Africa. *Submitted to SAGE Open Medicine*. (Under review)
5. **Nyelisani M**, Makhado L & Luhalima T. A conceptual framework for enhancing CPD opportunities for Professional nurses in hospitals of Limpopo Province. *Sage Open* (Under Review)
6. **Nyelisani M**, Makhado L & Luhalima T. Development and Validation of Strategies to enhance Professional nurses' participation in CPD for in hospitals of Limpopo Province. *Sage Open* (Under Review)

ABSTRACT

BACKGROUND: Professional Nurses are required continue to actively engage in continuing professional development to maintain high standards of quality nursing care. Enhancing their participation in CPD is crucial for improvement and maintenance of updated knowledge and skills. Professional nurses have a responsibility to make use of CPD opportunities in their hospitals in order to advance their knowledge and skills. This study explored the experiences of professional nurses CPD in the hospitals of Limpopo Province based on findings developed strategies to enhance their participation in CPD.

Aim: This study aims to develop strategies to enhance professional nurses' participation in CPD in the public hospitals of Limpopo Province. The Specific Objectives of the study was to: explore the experiences of professional nurses regarding CPD in the public hospitals of Limpopo Province; explore the views of nurse managers regarding CPD in the public hospitals of Limpopo Province; develop strategies to enhance participation in CPD by professional nurses in the public hospitals of Limpopo Province; and validate the strategies developed to enhance participation in CPD by professional nurses in the public hospitals of Limpopo Province.

Methods: An explorative and descriptive design was used; a qualitative explorative and descriptive design used approach was taken. The study consisted of Phase 1 which involved a scoping review focused on the analyses of experiences of professional nurses as they participated in CPD in other healthcare settings in various countries in different regions of the world. Phase 2 – The empirical phase focused on the experiences of professional nurses and view of nurse managers regarding CPD opportunities in the public hospitals of Limpopo Province and Phase 3 the development of the strategies and the validation of the strategies developed done. The interfaced findings from phase one were analysed using the SWOT analysis (Strengths, Weaknesses, Opportunities, and Threats). The Build, Overcome, Explore, and Minimise (BOEM) and Dreyfus framework including the CPD process were used to create strategies based on the findings. The researcher used the Nominal Group Technique Method to validate the generated strategies.

Results: The strategies to improve CPD for professional nurses in hospitals in the Limpopo Province were developed using a qualitative approach outcome, guided by qualities of a conceptual framework that had been developed. The findings were the following themes **Quality nursing care as understood by professional nurses in the hospitals of Limpopo Province findings were:** Professional nurses' understanding of CPD. development;

Professional nurses' views related to in-service training being offered and Identified measures to resolve challenges were sought, challenges included shortage of staff, lack of participation in CPD activities, lack of funds and lack of support and improper selection criteria. **Professional nurses' experiences regarding CPD opportunities at public hospitals of Limpopo Province** recommended that more effective strategies are needed to address barriers, such as shortage of staff, lack of participation in CPD activities, lack of funds and lack of support and improper selection criteria. **Nurse Managers' views of CPD of professional nurses** revealed that management and CPD providers need to plan more effectively for professional nurses' CPD. The needs of the various age groups must be taken into account while creating CPD strategies, as well as challenges like a lack of funding and resources. **Enhancing CPD opportunities for Professional nurses in hospitals of Limpopo Province: A scoping review.** This paper presented literature review in the form of a Scoping Review. The paper gave the analyses of experiences of professional nurses as they participate in CPD in other healthcare settings in various countries and in different regions of the world. The result highlighted challenges such as lack of funds and recourses for CPD that health care institutions face which need to be addressed by the management.

Conclusions: Six strategies were developed and validated. A strategy to facilitate functional CPD Training programs in hospitals, a strategy to facilitate appointment suitable CPD training managers, a strategy to facilitate nomination master trainers at ward /unit level, a strategy to mobilise training for nurse specialists. A strategy to ensure availability of resources and a strategy to ensure accessibility to institutional policies and guidelines. This study shared valuable information on Continuing Professional Development of professional nurses in health care settings. This study may share valuable information on Continuing Professional Development of professional nurses in health care settings.

Keywords: Continuing Professional Development, public hospital, Professional Nurse, Nurse Manager and Strategy.

DEDICATION

This thesis is dedicated to my husband Takalani Nyelisani and my children Mpho, Mukhethwa and Tanzielani Nyelisani

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“Let us not be weary in doing good, for at the proper time we will reap harvest if we do not give up.”

Galatians 6:9

First and foremost, I give glory to the Almighty God who has sustained me through the difficult times.

I would like to acknowledge the following individuals who played a significant role in the success of this Thesis, my sincere gratitude and appreciation to:

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- My colleagues for continuously encouraging me to continue with the journey.

LIST OF ACRONYMS AND ABBREVIATIONS

| | |
|---------------|--|
| BOEM | Build, Overcome, Explore and Minimize |
| CPD | Continuing Professional Development |
| CF | Conceptual Framework |
| DOH | Department of Health |
| EC | Eastern Cape |
| FS | Free State |
| GP | Gauteng Province |
| HCPSA | Health- Care Professionals Council of South Africa |
| HIV | Human immunodeficiency Virus |
| HRD | Human Resources Development |
| KZN | Kwazulu Natal |
| IJANS | International Journal of Africa Nursing Science |
| LP | Limpopo Province |
| MP | Mpumalanga Province |
| NC | Northern Cape |
| NIMART | Nurse-Initiated Management of Antiretroviral Therapy |
| NM | Nurse Managers |
| NW | North-West |
| PN | Professional Nurse |
| NM | Nurse Manager |
| PESTEL | Political, Economic, Growth, Socio-Cultural, Technological, Environmental and Laws |
| SA | South Africa |
| SANC | South African Nursing Council |
| SWOT | Strengths, Weaknesses, Opportunities, Threats |
| SSIs | Semi-structured Interviews |
| TB | Tuberculosis |
| UK | United Kingdom |
| WC | Western Cape |

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Section A: Thesis Overview

1. Introduction

Development of professional nurses begins when they are still novice and continues throughout their profession. Professional knowledge and skills are necessary for a competent professional nurse, and these knowledge and skills can only be enhanced through Continued Professional Development (CPD). They need to engage in CPD for them to perform their duties effectively and safely (Baloyi & Jarvis 2020). Due to changes in health care, economic conditions, and nursing knowledge as well as technology improvements, professional nurses must be equipped with skills to adapt to these changes (Govranos & Newton 2014). Their opportunity for improvement, maintenance, and knowledge expansion is provided by participating in continuing professional development. (Ross, Barr & Stevens 2013). This study aimed to explore the professional nurses' experiences regarding CPD. The findings was used to develop strategies to enhance the continuing professional development of professional nurses.

1.1 Background

Health care institutions are required to have strategies that aim to improve knowledge and skills of employees to adopt new performing working plans. Employers need to actively provide learning opportunities for the workers to strengthen and develop skills and knowledge. For nurses to be able to achieve their career goals, nursing CPD should not take place in a vacuum but rather within a multi-professional structure that is focused on employee growth and development (Jackson & Manley 2022). Professional nurses are supposed to be knowledgeable enough to effectively to render quality care to patients and empower the student nurses in their training. They individually have the responsibility to maintain and improve their knowledge and skills. Therefore, in addition to their commitment and enthusiasm, working as a nurse requires essential nursing skills. For improved clinical outcomes, it is important to keep up to date with current advances in nursing education and practice. This results in a workforce of nurses that are knowledgeable and skilled (Hassan 2023).

Continuous professional development (CPD) is a strategy used to promote lifelong learning to enhance competence (Viljoen 2013). Furthermore, CPD is a systematic process by which professionals learn new things and advance their knowledge and abilities over the course of their careers in order to maintain and improve their professional competencies. (Nisemo, John, Etifit, Megbekem & Oyira 2013; Stevens 2015). In addition, Brekelmans, Maasen, Poell and Van Wijk (2015), as well as Govranos and Newton (2014), view CPD as a process that makes professional nurses accountable for their learning and take responsibility for their own

development. However, it is still unclear, what nurses mean when they refer to CPD. Nursing CPD is crucial because it enables qualified nurses to give patients high-quality treatment and acceptable service (Phillips, Piza & Ingham 2012).

According to Panthi and Pant (2017), CPD can be acquired through formal and informal learning. Formal learning takes place at institutions of higher education and training i.e. universities and colleges. Publications, education, and training workshops; producing research articles or papers, attending seminars, remote learning, online learning, and enrolling in courses approved by a professional body are all activities that promote formal learning. According to Nisemo et al. (2013), informal learning is ongoing on-the-job training, in-service training, case studies/presentations, peer reviews, ward rounds, quality assurance activities and clinical audits. However, there is no clear distinction of what constitutes formal and informal CPD according to literature. This study will focus on both formal and informal ways in which CPD may be acquired by professional nurses within the hospital settings.

The World Health Organisation (WHO) recommends that health care education and training institutions should implement CPD for health professionals that is relevant to the evolving needs of their communities. Although there is a positive effect on knowledge and skills, improvements in clinical practice have not changed. Furthermore, by connecting CPD to career advancement and other educational pursuits, CPD's effectiveness can be improved. (WHO 2013).

There are countries that agree that CPD should be a continuous lifelong learning process. However, there has been much debate regarding CPD requirements for nurses and other health professionals (Pool, Poell, Berings & Cate 2015). Some countries regard CPD as mandatory whereas other countries regard it as non-mandatory (WHO 2013). CPD is a component of professional development, in countries, such as China, nurses must attend continuing education courses and accrue a certain amount of credits within a set time frame in order to maintain their registration and employment (Ni, Hua, Shao, Wallen, Xu & Li 2013). In the United Kingdom, CPD is non-mandatory, it is done for minimum practice (Pool et al. 2015).

Health practitioners in Australia are required by law to participate in CPD in order to maintain their professional registration. Australia with approximately 300 000 nurses, is one of the countries that has moved towards mandatory CPD. This is because nurses are required to achieve 20 points per year to maintain registration. Although CPD seems effective in Australia there are several challenges that are faced regarding CPD opportunities for nurses. The challenges faced include a lack of funds because nurses are required to pay for their

education, a lack of employer support, low program participation because of the workload and nursing shortage, a lack of qualified educators, and a lack of close CPD providers (Ross, Barr & Stevens 2013).

A study on the factors that motivate nurses to take part in CPD activities was conducted in Malaysia. 1000 nurses in total were chosen at random from 12 hospitals and 12 clinics. According to the research, providing high-quality treatment and keeping up with new knowledge are what most strongly affect nurses' engagement in CPD (Chong, Sellick & Abdullah 2011). In addition, 22 nurses and 10 nurse supervisors took part in another study on CPD strategies that was done in Netherland academic hospital, found that they noticed disparities in CPD between younger and older nurses. The requirements and age group should be taken into consideration when developing CPD techniques, according to the author, as learning activities were believed to change as nurses aged (Pool et al. 2012).

CPD has been highlighted as a national priority in sub-Saharan countries in East and Central Africa for nurses and midwives to keep informed and react rapidly to changes that influence healthcare (Hosey, Kalula & Voss 2017). Researchers further state that, in-service programs are crucial for retaining midwives in Tanzania and are used to improve service delivery, as was the case in Rwanda. The knowledgeable birth attendants in Malawi are proof that these programs are a successful means of boosting confidence and expertise. Participants reported a lack of understanding of CPD requirements, a lack of resources, budgetary restrictions, access to licensure, a lack of access to CPD modules. A few participants indicated that they had not yet implemented the national CPD program. To address these challenges the authors developed an on-line library for these countries, to be able to access CPD using the on-line library (Hosey et al, 2017).

A study was conducted in public hospitals in Nigeria, where 155 registered nurses and midwives from two hospitals (General and teaching) participated in the study. The sample size constituted 76% (n=155) of the population of nurses and midwives in the two settings. The results revealed that nurses generally had a positive perception of CPD. In addition, CPD was seen as valuable for practice, although it was believed to be fragmented and not learner driven. Nurses are primarily motivated because it is done to retain their jobs and develop their skills for practice. Furthermore, it is perceived as a tool for quality service delivery. Lack of CPD monitoring was seen as difficult to objectively assess its effectiveness and impact (Nisemo et al. 2013). According to Nisemo et al (2013) For nurses and midwives, continuing professional development (CPD) refreshes and maintains their professional knowledge, skills, and abilities in order to assure clinical governance and improve the delivery of appropriate, pertinent, high-quality services to clients.

In South Africa, CPD practices are not yet mandatory for Professional nurses and midwives, as in other countries. However, The Health Care Professions Council of South Africa (HPCSA) mandates that healthcare professionals, such as doctors, obtain and register CPD points each year in order to keep their registration with the Council. The HPCSA claims that CPD helps them learn new and updated knowledge, skills, and ethical attitudes that will significantly improve their professional practice. Also, it strengthens and encourages professional integrity for the patient's benefit. Doctors who fail to comply with CPD requirements risk being suspended and expelled from practice (HPCSA 2014).

Various CPD strategies and their gaps have been identified, Abbott, Omollo, Bell, Rana, Hammond, Mutumba, Jiang & Mwenesi (2016) in their strategy development, found that electronic and mobile learning for nursing and midwifery education was successful in informal teaching and learning environments (such as blogs, Facebook, LinkedIn, and YouTube). These have also proven to be effective for supporting collaborative eLearning in nursing and midwifery education. However, they recommended that there is a need to establish a national body responsible for developing best practice standards for the adoption, use, compliance and reviewing of such standards. Furthermore, there are challenges that exist; hence, they suggested that there should be, identification and engagement of all relevant stakeholders for nursing, midwifery, and in-service eLearning. There should also be an establishment of a coordinating body with financial management responsibilities and accountability, to review funding proposals and liaise with potential funders from the private and philanthropic sectors.

Furthermore, Inge (2015) discovered that CPD can target tasks for providing daily patient care in his study on techniques for CPD in different age groups of nurses in hospitals. Other triggers for engaging in learning activities outside of the ward include performing additional or new tasks. Age differences in these tactics seemed to be related to hospital terminology, future perspectives, and domestic circumstances. These findings are important because they may enable hospitals to tailor their continuing professional development programs to meet the requirements of patients of all ages.

According to the Strategic Plan for Nurse Education, Training and Practice (2012/13 – 2016/17) the development of a CPD system for SA nurses and midwives is a priority for the South African nursing and midwifery profession throughout the country. The plan emphasises that South Africa's predominantly nurse-based healthcare system requires nurses should have competence and expertise to manage the country's burden of disease and meet South Africa's healthcare needs. To achieve this, a CPD system needs to be introduced for nurses and midwives. The South African Nursing Council (SANC) is mandated to develop a CPD framework, as such.

Furthermore, Tsotetsi and Mahlomaholo (2015), in their study, identified some challenges in strategy-development; namely, lack of educator support in the CPD programmes; a lack of development programmes in which educators might share good practices; lack of team-building workshops, to keep the staff members working together; lack of induction of novice educators, lack of time to discuss subject-related matters; and a lack of a uniform way of ensuring that educators who have attended workshops could be acknowledged. Findings further demonstrated that a CPD program's implementation plan must include participation from a range of stakeholder groups. With the current demographic changes in the nursing workforce, this might be especially pertinent. There should also be the training of staff on policy and program implementation for the team, to work collaboratively towards a common goal.

According to the Nursing Act, No. 33 of 2005, the SANC is responsible for establishing and upholding standards for practice, education, and certification. It also makes sure that nurses and midwives maintain their professional standards and keep their skills and knowledge up to date. In accordance with the Nursing Act, 2005 (Act No. 33 of 2005), the SANC is also tasked with creating a CPD system. The process of developing a CPD system for nurses and midwives as stated by the SANC (Circular 3 of 2018), is ongoing. The CPD point-system might become mandatory for all SA nurses and midwives, to maintain registration and update skills and knowledge in the near future. Currently, professional nurses and midwives in SA maintain their registration with SANC by updating their professional registration to SANC by paying a prescribed annual fee and, thereafter an annual practising certificate is issued.

The Limpopo Province is mostly rural. Also, it has a number of healthcare facilities that are located in remote places throughout the many districts of Limpopo Province. According to a research on staff turnover in the hospitals of Limpopo Province undertaken by Tshifularo (2013), CPD for nurses and midwives in those institutions is essential. The results showed that the majority of participants (nurses) were unsatisfied with the workplace's professional development options. This was discovered to be consistent with the number of nurses who had specialized nursing abilities; 19 out of 141 nurses do. Tshifularo (2013) continued by saying that staff development and promotions, whether vertically or horizontally, go hand in hand with training. If nurses are not trained, they may not be able to be promoted (Tshifularo 2013). According to the results of another study carried out in the hospitals of Limpopo, managers believe that staff development programs should be started, as they will be most valued by employees. This might encourage them to remain in institutions for longer. Malema, Mothiba and Mogale (2015). From the findings of the studies conducted, it is evident that participation in CPD is of importance among professional nurses and midwives in healthcare institutions in the Limpopo Province and there is a lack in participation in CPD.

The Limpopo Province Training and Development Policy (2013) for employees' states that training is a learning process where individuals acquire skills and knowledge and changing their attitudes and behaviour. The Policy further states that an institution's human resources department (HRD) is responsible for the training and development of its personnel. HRD facilitates and coordinates workshops, seminars, and conferences. The role of a line manager within the institution is to identify workshops, seminars and conferences that will enhance skills and knowledge relevant to employees. They are required to forward the recommended nominees to HRD. Nominees (professional nurses) are sent for training and development; upon their return they should ensure that skills and knowledge gained are applied and shared with colleagues. Training may be outsourced to external service providers if the identified programs cannot be offered internally.

CPD is crucial to hospital operations. According to Kanamu, Dyk, Chipeya and Kilaha's (2017) study, the hospital should have an organizational culture that encourages and supports staff members in maintaining and enhancing their professional knowledge and skills because this promotes both the best possible service delivery and individual growth. The provision of learning resources at work and financial aid for formal or informal CPD training are both examples of support. In addition, Ramasamy and Gilbert (2017) commented that CPD should not be the responsibility of the individual only but that of the organisation as well, they further add that a planned program that is well-designed and interactive, is furthermore able to encourage and motivate teams to work harder.

The management of institutions should make sure that the staff they supervise has access to efficient induction, training, development, and supervision, as well as opportunity to reflect on practice. CPD is crucial to hospital organization. In relation to support and supervision, the responsibilities of CPD providers and registered managers should ensure that arrangements are in place, to ensure that people who are employed for carrying out CPD are appropriately supported (Care Quality Commission 2013) In addition, Managers must encourage professional nurses and midwives to be aware of the value and applicability of employing generic topic areas in their practice and careers while facilitating and providing CPD during working hours (Katsikitis et al 2013)

The responsibility for delivering secure and expert nursing care under current practice falls on professional nurses. They include taking part in CPD to maintain and advance knowledge, skills, and attitudes necessary for practice in a management, clinical, educational, or research setting (Ross, Barr & Stevens 2013). According to a study done by Letlape (2013), the role of professional nurses is planning ongoing in-service training with the assistance of the staff development department and lecturers in the training department. They are further required

to present recent and relevant in-service training based on needs. They are required to participate in both centralized and in-ward in-service training at hospitals. In addition, Katsikitis et al. (2013), nurses and midwives are expected to complete a professional development portfolio as part of their CPD, which will be used as supporting documentation for CPD training.

In conclusion, the gaps in CPD identified above include a lack of funding for CPD training, a lack of employer support for workers who require on-the-job training, a lack of attendance at programs due to workload and a shortage of nurses, a lack of qualified educators, and a lack of nearby CPD providers in rural hospitals. There is also a lack of development programmes in which educators might share good practices. Furthermore, there are no team-building workshops to keep the staff members working together, lack of induction of novice nurses, and a lack of a uniform way of ensuring that educators who had attended workshops could be acknowledged. The findings reveal that most professional nurses are dissatisfied with CPD opportunities in the workplace.

This study aims to further investigate professional nurses' perspectives on CPD in the hospitals of the Limpopo Province, identify and characterize the elements that affect CPD, and finally suggest strategies to increase professional nurses' engagement in CPD. In order to guarantee that professional nursing practice stays current and pertinent to the rapidly changing health requirements of the South African community.

1.2 Conceptual framework

1.2.1 Introduction

According to Polit and Beck (2017), a conceptual framework is a collection of linked ideas put together in a logical explanation scheme to clarify how they relate to one another. The Dreyfus Skills Acquisition Model served as the foundation for the conceptual framework of this investigation (1980). According to the Dreyfus Model, a learner moves through the following five degrees of competency as they enhance their skills: novice, advanced beginner, competent, proficient and expert.



Figure 1 Dreyfus Skills Acquisition Model

Guidelines for career and knowledge development in clinical nursing practice are provided by the Dreyfus Model of Skills Acquisition, which is applied to nursing and integrated with an interpretive approach to explaining nursing activities. Only two levels of the model—the Novice and Expert levels of skill acquisition—will be the focus of this study in accordance with Patricia Benner's hypothesis (1984). According to this study, professional nurses in clinical practice move from Novice level to Expert level of skills acquired through the continuing professional development process.

1.2.2 Application of the Dreyfus Model of Skills Acquisition to the study

The Dreyfus framework describes how individuals progress through various levels in their acquisition of skills and includes ideas with regard to how individuals learn through their experiences. In this study the Dreyfus framework describes the process and transition which professional nurses go through as they continue to learn in their clinical practice. They advance through several levels of skills acquisition and these includes concepts for how they learn through their experiences (CPD). In the novice level, they only feels responsible for following the rules without considering other influences. After gathering a lot of experience through CPD, competence emerges. They make decisions intuitively and create their own set rules for coming up with plans (problem solving skills, critical thinking) displaying expertise. There is flow of performance that occurs spontaneously and automatically, this defines expertise through experience. Going through continuing professional development (in-service training, workshops, conferences etc.) They become transformed into experts through these experiences. The researcher is seeking ways (strategies) to enhance their participation by exploring their current experiences in CPD. After the researcher has explored the experiences of professional nurses, based on the findings professional nurses can be supported by the nurse managers and the employer (the department of Health) to become experts in clinical practice and render quality care to patients by the strategies that the researcher will develop.

1.2.3 Skill Acquisition Model for CPD

- ***Novice Level***

Professional nurses in the hospital context are perceived as inexperienced practitioners (newcomers) who may lack some background in the circumstances under which they are required to do particular jobs. They are taught about such circumstances in terms of their objective characteristics in order to enlighten them. At this level they are inexperienced, they rely on rules and are unable to use their own discretions. Their level of reflection on circumstances are low. Expert level of skills is needed and can be acquired through the continuing professional development.

- ***Continuing Professional Development (CPD)***

CPD is an ongoing educational activity that maintains, develops, and increases the knowledge of professional nurses offered in the workplace. The goal of CPD is to retain and improve knowledge and skills so that they are effective in the job, contribute to the body of knowledge, provide high-quality patient care, and keep up with nursing standards. Through participation in CPD programs, professional nurses can develop from novice practitioners to expert nurse practitioners. Professional nurses develop personally and professionally through the process of CPD and the community or society they serve also benefit through their development.

- ***Personal Development:***

The professional nurse, through CPD, acquires knowledge and skills, becomes self-confident in their practice, and has an opportunity to be promoted. Critical thinking skills are also developed.

- ***Professional Development***

Professional Development is achieved, and through CPD the professional nurses become specialists in their area of practice. In so doing, problem-solving and communication skills are developed. They become innovative and efficient in their work and competency levels. They can participate in in-service training within the organisation and engage in research in the workplace.

- ***Community development:***

The patients and the society benefit through CPD as the professional nurse offering care will be skilled and quality care will be rendered to the sick. The community will be developed, as they will benefit from in-service training offered in the form of health education at outpatient clinics and in the community gatherings.

- ***Expert Level:***

Through CPD the professional nurse becomes an expert performer who no longer relies on rules, guidelines, and maxims. The expert operates from a deep understanding of the total situation, has an intuitive grasp of each situation at this level. At this level professional nurses are no longer dependent on rules; their performance becomes fluid and flexible and highly proficient. **Figure 2** below illustrates the conceptual framework of the Skills Acquisition Model for CPD.

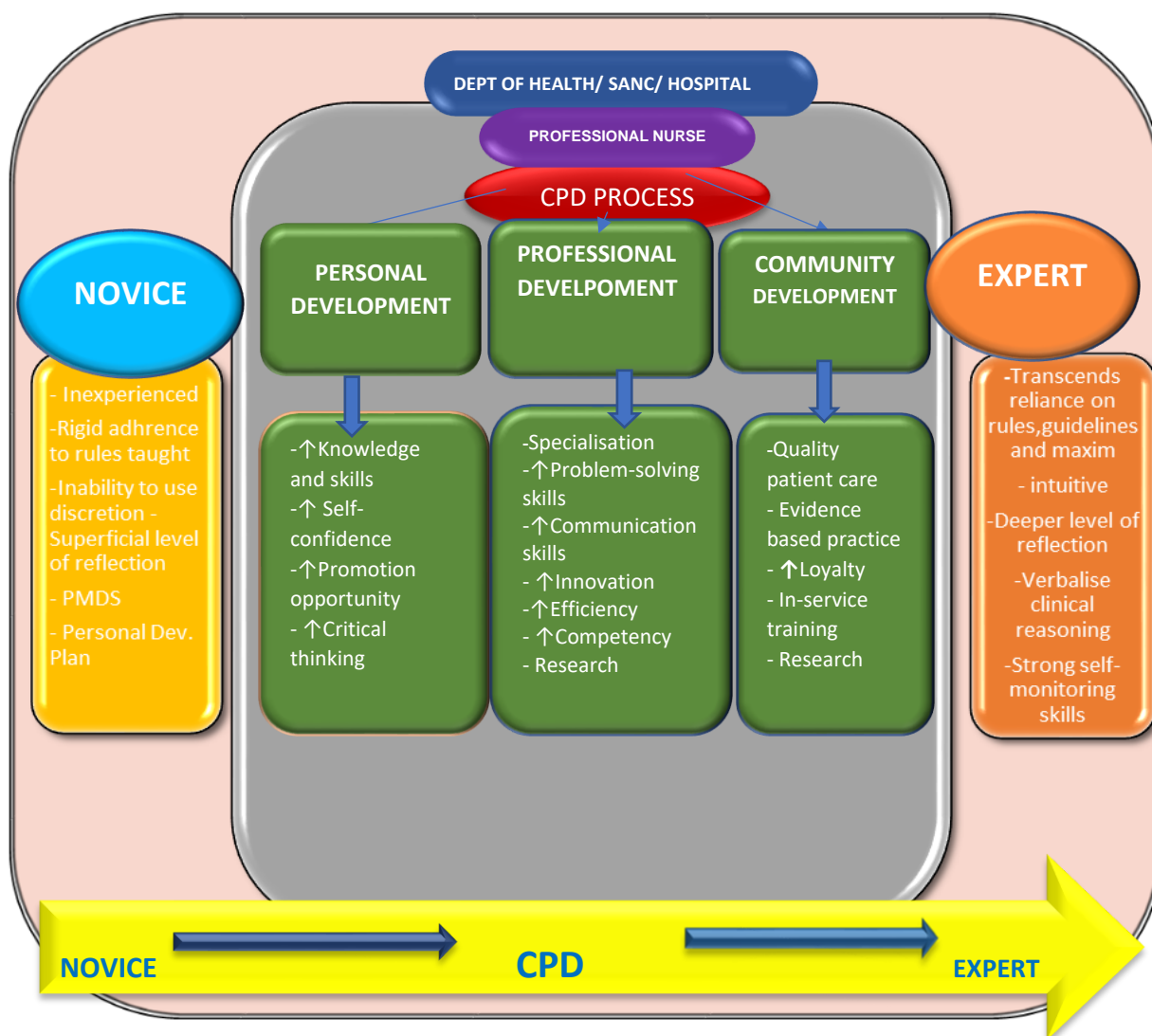


Figure 2 Skill Acquisition Model for CPD

1.3 Problem statement

Poor nursing care rendered to patients has been a problem identified in most hospitals on daily basis, errors in medications giving and negligence have been on the increase. Patients are the most negatively affected because they come to the hospitals with an aim of receiving quality health care and a prompt discharge from hospital but end up staying in hospital longer than expected and even unintended deaths occur due to malpractices in the hospital. This is indeed a problem because patients are required to receive comprehensive quality care when they are hospitalised. For nurses to provide patients with great treatment in today's culture, they need to be knowledgeable and have up-to-date skills. It is unclear, though, if a professional nurse has the essential knowledge and skills needed to provide patients with high-quality nursing care. In this study, the researcher investigated how professional nurses

participated in CPD in the hospitals of the Limpopo Province, identified and described the factors that affect their participation and ultimately developed strategies for enhancing professional nurses' participation in CPD in these hospitals.

1.4 The purpose for the study

The purpose of this study was to explore professional nurses' experiences on Continuing Professional Development (CPD) in the hospitals of Limpopo Province. Based on the study's findings, strategies were developed to enhance professional nurses' participation in CPD.

1.5 Significance of the study

The following contributions could result from the study's findings:

1.5.1 The Professional nurse

Professional nurses may develop new updated skills that may enable them to render quality care to patients. They may keep up to date with trends and research in nursing. Personally, their confidence and self-esteem may be enhanced.

1.5.2 The patient

The patient may receive quality care as rendered by knowledgeable and skilled professional nurses. Patient safety may be enhanced and their level of confidence in the professional will be increased.

1.5.3 The Department of Health

Patient care rendered by professional nurses may be of high quality and there may be a reduced number of lawsuits to the Department of Health by patients as they may be satisfied with the care rendered.

1.5.4 The hospital (Practice)

The hospital may receive high recognition from the public and the provincial government for excellent service rendered by committed and competent staff. Quality nursing care may be rendered by professional nurses and less lawsuits by the public.

1.5.5 Policymakers

The Department of Health may acquire new information on policies related to CPD or improve existing ones.

1.5.6 Research

The findings of the study may also be used to inform future researchers in studies related to CPD.

1.6 Study Purpose

The purpose of the study was to develop strategies to enhance professional nurses' participation in CPD in the public hospitals of Limpopo Province.

1.7 Research questions

The research questions of the study was based on the three (3) phases of the study.

Phase 1: Scoping Review

What experiences do professional nurses have regarding participation in CPD in health care settings in different countries in various regions of the world?

Phase 2: Empirical phase

1. What experiences do professional nurses have regarding CPD in the public hospitals of Limpopo Province?
2. What views do nurse managers have regarding CPD in the public hospitals of Limpopo Province?

Phase 3: Strategy development and Validation

1. How can strategies to enhance participation in CPD by professional nurses in the public hospitals of Limpopo Province be developed?
2. What is the validity of the developed strategies to enhance participation in CPD by professional nurses in the public hospital of Limpopo Province?

1.8 Objectives of the study

The study's objectives will be based on its three (3) anticipated phases, specifically:

Phase 1: Scoping Review

To gather comprehensive data through literature review regarding experiences of professional nurses participating in CPD in healthcare settings in different countries in various regions of the world.

Phase 2: Empirical phase

1. To explore the experiences of professional nurses regarding CPD in the public hospitals of Limpopo Province
2. To explore the views of nurse managers regarding CPD in the public hospitals of Limpopo Province.

Phase 3: Strategy development and validation

1. To develop strategies to enhance participation in CPD by professional nurses in the public hospitals of Limpopo Province
2. To validate the strategy developed, to enhance participation in CPD by professional nurses in the public hospitals of Limpopo Province

1.9 Definition of Keywords

The following are definitions of keywords and their application in the study:

1.9.1 Strategies

Nickols (2016) defines a strategy as “the determination of the basic long-term goals and objectives of an enterprise, and the adoption of courses of action and the allocation of resources for carrying out these goals.”

Operational definition: The strategies in this study are a set of methods of action developed by the researcher to enhance CPD for professional nurses in order to achieve overall objectives.

1.9.2 Professional Nurse

A professional nurse is defined as "a person who is qualified and competent to independently practice comprehensive nursing in the manner and to the level prescribed and who is capable of assuming responsibility and accountability for such practice" in Section 30 (1) of the Nursing Act (Act No. 33 of 2005).

Operational definition: In this study, the professional nurses are those individuals who are in charge of providing patients with comprehensive nursing care, who can continuously manage their own development, and who are driven to learn new things in order to advance in competence, skill, and knowledge.

1.9.3 Nurse Manager

A nurse manager is defined as a person who can manage a team of health professionals, lead and motivate them and organise the units, so that if functions effectively (Booyens, Jooste & Sibiyi 2015).

Operational definition: For this study, a nurse manager is an individual who manages the activities that facilitate the delivery of health care services, create, and sustain healthy environments that support professional nursing practice and job satisfaction. She is a leader who not only mentors the nurses in her area but also encourages the adoption of fresh concepts and methods for the benefit of the hospital.

1.9.4. Continuing Professional Development

Continuing Professional Development is "a systematic manner in which professionals continue to learn and develop throughout their careers in order to keep their skills and knowledge current hence maintaining and developing their professional capabilities" (Nisemo *et al*/2013).

Operational definition: In this study, CPD refers to achieving professionalism, a personal commitment by professional nurses, to continuously update one's knowledge and skills.

1.9.5 District hospital

A district hospital serves a specific population within a health district and offers the following specialized services. District hospitals are hospitals that are classified as small, medium, or big hospitals with specific bed counts between 50,300 and 600 beds, respectively. Obstetrics and gynaecology, general surgery, internal medicine, and paediatric health services (National Health Act no 61 of 2003 as amended, R185 of 2012).

Operational definition: In this study, a district hospital is referred to be a facility that accepts patients referred from community health care facilities and offers generalized medical care in the areas of obstetrics and gynaecology, general surgery, and paediatric health services.

2 Research Methodology

2.1 Introduction

Research methodology is the process or plan of how the study is conducted (Burns & Grove 2013). This study used a qualitative explorative, descriptive and contextual. The focus of this study was the exploration and description of experiences of professional nurses regarding CPD participation and the views of nurse managers involved in CPD programs with an overall aim to develop a strategy to enhance CPD among professional nurses. This section presents

the methodology of the study. The approach is multi-phased. It is composed of three phases of the study, namely, Phase 1 which is the scoping review, Phase 2 which is a qualitative and Phase 3 which entails the strategy development and validation of the developed strategy.

2.1.1 Phase 1- Scoping Review

Phase 1 which involved a scoping review focusing on the analyses of experiences of professional nurses as they participate in CPD in other healthcare settings in various countries in different regions of the world. In this study, the scoping review approach was adopted to identify all relevant literature related to enhancing participation in Continuing Professional Development (CPD) by professional nurses. Information about CPD in healthcare settings in various countries in the five regions of the world was searched. See Section B (Article number 1)

2.1.2 Phase 2 – Empirical Phase

Phase 2 focused on the Qualitative Exploratory and descriptive which consisted of two stages, namely stage 1 and stage 2. Stage 1 focused on focused on the experiences of professional nurses and Stage 2 focused on the view of nurse managers regarding CPD opportunities in the public hospitals of Limpopo Province.

Exploratory research done to explores the topic under study. Research was conducted to address an issue or a problem that needs a solution (Burns & Grove 2013, Polit & Beck 2017). In order to learn more about the experiences of professional nurses and nurse managers' views towards CPD, the researcher in this study chose an exploratory design. Descriptive research design , according to Burns and Grove (2013) and Polit & Beck (2017), it is used to learn more about the characteristics of participants in a given field of study and the frequency with which events occur. The descriptive methodology was adopted in this study because professional nurses' experiences and nurse managers' views on CPD needed to be accurately and authentically described.

2.1.3 Phase 3 – Strategy development and Validation

This phase consists of Phase 3a and Phase 3b.

Phase 3 a: Development of the Strategy

Strategy development to enhance continuing professional development for professional nurses was done following data analysis and interpretation, using steps of carrying out SWOT analysis. SWOT analysis is "an excellent approach of evaluating strengths and weaknesses and examining opportunities and threats one encounters," according to Pearce (2007). The

SWOT analysis was used in this study to identify and analyze the opportunities, threats, and strengths related to professional nurses' continuing education in certain hospitals. Political, economic, socio-cultural, technological, environmental factors and laws (PESTEL) of the opportunities and threats in public hospitals was taken into consideration when developing a strategy. BOEM strategy (Build, Overcome, Explore and Minimize) was also included. See related article in Section B.

Phase 3b: Validation of the Strategy Developed

This phase discussed the validation of the strategy developed. The scientific process of validating data involves examining it for accuracy and correctness after it has been acquired and analysed (Chinn & Kramer 2008). Validation was carried out to see if the created strategy would be workable and appropriate for implementation in the province of Limpopo's public hospitals. The goal of this phase was to confirm whether the proposed strategies can be applied successfully to close the gaps found by the study.

Methodology of validation of proposed strategies

The validation process was followed using the steps of the Nominal Group Technique. The researcher was the facilitator of the group. A structured small-group face-to-face conversation was held to achieve an agreement and develop an action. This procedure entails problem identification, creation of solutions, and decision-making by voting or rating (Dang 2015). The developed strategies were presented to group by facilitator, ideas were written down silently, then shared in the round robin phase and discussed by the researcher and the delegates in the group, and strategies were voted for and ranked according to priority with minor new additions to the proposed strategies. The proposed strategies to enhance professional nurses CPD in the public hospitals of Limpopo was then refined and validated. See Section B (Article on Validation of strategy developed).

2.2 Summary of the research Approach

RESEARCH APPROACH

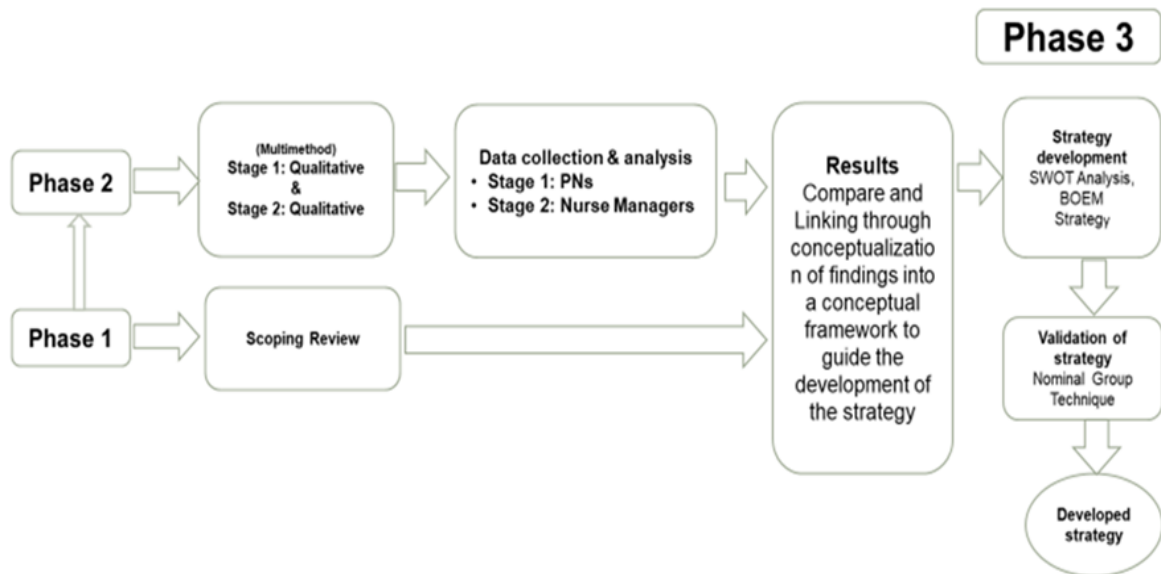


Figure 3 Summary the phases of the study

2.3 Study Setting

A study setting according to Polit and Beck (2017) is the physical location and conditions in which data collection takes place. This study was conducted in public hospitals in Vhembe and Capricorn districts of Limpopo Province, as indicated in Figure 4 below.

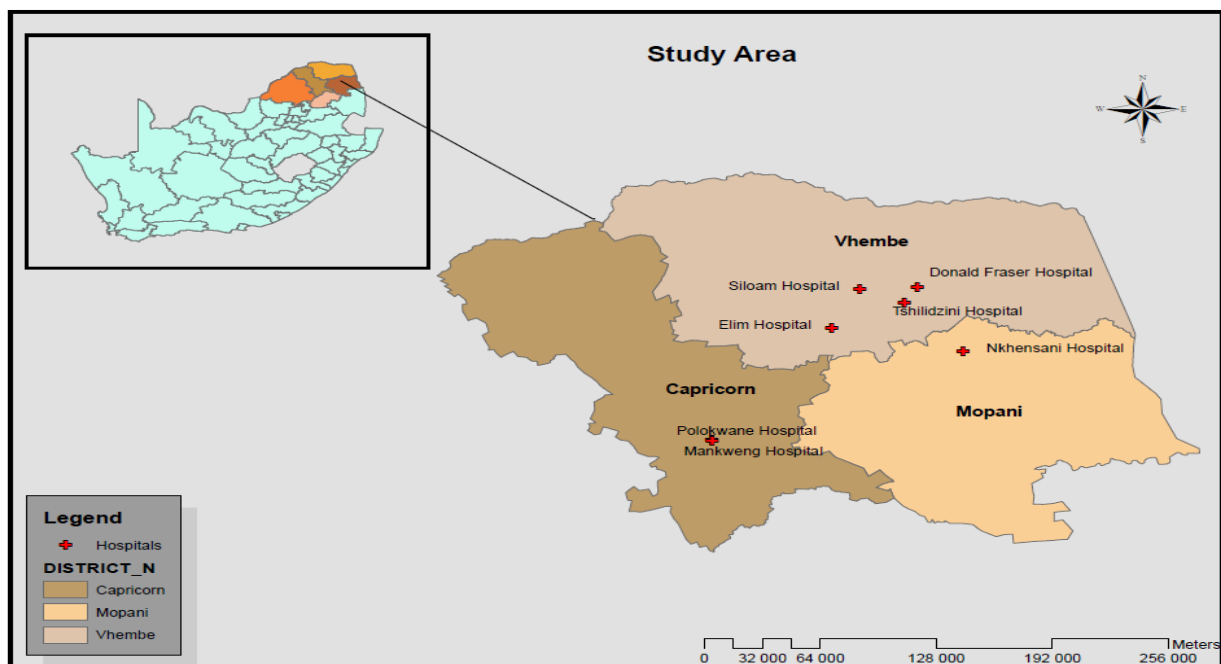


Figure 4: Map of the Location of selected Public Hospitals within the Limpopo Province

The setting in this study was the real everyday situation in which the professional nurses and nurse managers perform their functions within the hospital setting, rendering patient care and supervising staff and training of nursing students. (Phase 2 of study)

Limpopo Province is among the nine (9) Provinces in South Africa. Geographically, the Province shares its borders with the North-West, Gauteng and Mpumalanga Provinces. Limpopo Province has five (5) districts; namely, Vhembe, Capricorn, Mopani, Sekhukhune, and Waterberg. Vhembe District is in the northern part of Limpopo Province, and Capricorn District is in the northern-west quadrant of Limpopo Province. The study was conducted in Vhembe District at Tshilidzini and Elim Hospitals, and in Capricorn District at Mankweng and Polokwane Hospitals and Mopani District at Letaba and Nkhensani Hospitals. The settings were selected because of them being the major hospitals in the districts; their provision of general patient care, and them having a high number and different categories of professional nurses working in the hospital settings. See Table 4 for selected hospitals.

2.4 Population and Sampling

2.4.1 Population

Taylor (2014) and Burns and Grove (2013) define **a population** as the entire group of individuals that a researcher wishes to study and that encompasses all elements that meet certain criteria for inclusion in a study. For this study, the population included all categories of professional nurses. The **Target Population** is the aggregate of cases the researcher wants to generalise (Polit & Beck 2017). The target population in this study was professional nurses and nurse managers working within the selected hospitals of Vhembe, Capricorn and Mopani districts of Limpopo Province.

2.4.2 Sampling and sample size

A sample is a subset of a population selected for a study (Grove & Gray 2019). In this study, the sample will consist of selected professional nurses who have worked directly with patient care for more than five years.

A non-probability purposive sampling was used for this study. The sample did not consist of the entire population. The sample were selected based on the subjective judgement of the researcher, rather than random selection (Polit & Beck 2017; Brink, van der Walt & Van Rensburg 2012). The sample consisted of professional nurses and nurse managers from each public hospital. Sample size was controlled by data saturation, which means the point at which repetition or confirmation of previously collected data occurred.

Sampling was as follows:

2.4.3 Sampling of districts

In this study, the researcher sampled districts and public hospitals where professional nurses are employed. The sample consisted of selected districts; namely, Vhembe, Capricorn, and Mopani. The districts were sampled because they have a large hospital and a variety of categories of professional nurses, including nurse specialists who are experts in their working area. See Figure 4 and Table 2

2.4.4 Sampling of public hospitals

The sample consisted of specific public hospitals in the selected districts of Limpopo Province. The hospitals were selected because they are large hospitals and provide for general patient care with adequate bed capacity and the availability of different categories of professional nurses working within the hospital settings. See Table 4

Table 4: Selected Public Hospitals of Limpopo Province: adapted from the National Health Act, R185 of 2012

| District | Sub-District | Facility level | Facility (hospital) | No of beds | Population (CHIS) District |
|--------------|--------------------|------------------------------|----------------------|------------|----------------------------|
| Vhembe DM | Thulamela LM | Regional Hospital | Tshilidzini Hospital | 538 | 3,981,416 |
| | Makhado LM | Large District Hospital | Elim Hospital | 550 | |
| Capricorn DM | Polokwane LM | Provincial Tertiary Hospital | Polokwane Hospital | 701 | 3,613,456 |
| | | Provincial Tertiary Hospital | Mankweng Hospital | 509 | |
| Mopani DM | Greater Giyani LM | Regional Hospital | Letaba Hospital | 400 | 3,253,964 |
| | Greater Tzaneen LM | Large District Hospital | Nkhensani Hospital | 360 | |

Key: LM- Local Municipality

2.4.5 Sampling of Professional nurses and nurse managers per hospital

The sample in Phase 2 of the study includes Professional nurses and nurse managers that were selected because they are participants who are knowledgeable about the phenomena being studied. They are permanently employed professional nurses and nurse managers who have worked in the hospitals in the specific districts of Limpopo Province for more than five years. The participants were selected based on their work experience and involvement in CPD either formally or informally, in the hospitals selected. Participants should have worked in the following general units, Internal Medical, General Surgery and Paediatrics, Gynaecology, Trauma/Emergency units and Maternity/Obstetrics units. The researcher chose this sample because they are experts in their field of practice. The sample consisted of 6 professional

nurses and 2 nurse managers from each public hospital. The sample size was also determined by data saturation, which means the point at which repetition or confirmation of previously collected data occur. See Table 5. (Phase 2 of the study)

Table 5: Number of Professional Nurses and nurse managers per hospital

| HOSPITAL | Professional Nurses | Nurse Managers in hospital |
|----------------------|---------------------|----------------------------|
| Tshilidzini Hospital | 6 | 2 |
| Elim Hospital | 6 | 2 |
| Mankweng Hospital | 6 | 2 |
| Polokwane Hospital | 6 | 2 |
| Letaba Hospital | 6 | 2 |
| Nkhensani Hospital | 5 | 2 |

2.4.6 Demographic characteristics of participants

Table 1: Demographic characteristics of participants

| ITEM | BIOGRAPHICAL DATA | COUNT | % |
|----------------------------|--|-------|------|
| GENDER | Males | 4 | 11.4 |
| | Females | 31 | 88.6 |
| AGE | 31-34 | 8 | 22.8 |
| | 35-50 | 16 | 45.7 |
| | Above 51 | 11 | 31.4 |
| QUALIFICATION | Diploma in Nursing | 23 | 65.7 |
| | Bachelor of Nursing and Further qualifications | 12 | 34.3 |
| YEARS OF EXPERIENCE | >5 years | 8 | 22.8 |
| | 10-20yrs | 14 | 40.0 |
| | 21-30yrs | 8 | 22.8 |
| | >30yrs | 5 | 14.2 |

2.5 Data Collection Plan

The researcher created a semi-structured interview guide as the measurement tool for Phase 2. It included a set of open-ended questions that were pre-planned and provided the interviewer with the chance to delve into participant responses. Qualitative information from Semi-Structured Interviews (SSIs) were trustworthy and comparable. Participants were free to share their opinions in their own words. These tools are popular among researchers since

they allow for advance preparation of the questions. Semi-structured interviews also give the interviewer the chance to appear knowledgeable and well-prepared. The preparation for the interviews and the interviews themselves are not quite as quick and simple as SSIs typically need the effort of analysing a sizable amount of notes and occasionally many hours of transcripts (Adams 2015). Interviewing involved the researcher engaging in verbal communication with the study participants to obtain information through direct interaction (de Vos et al. 2011). In qualitative research, data collection involves engaging with study participants as part of the inquiry process, with the researcher collecting data alongside participants (Moule & Goodman 2014).

In this study, the data were collected from professional nurses and nurse managers in the hospital setting using a semi-structured interview with a set of pre-planned questions. The professional nurses and nurse managers were reached through contact with the nursing service managers in the hospital. Permission was sought after the researcher has applied to the hospital manager in writing for the collection of data. Professional nurses were interviewed by the researcher using the time allocated by hospital managers on Wednesdays, as there were double shifts for staff, meaning there were extra personnel on duty as it is a changeover of shifts. The researcher interviewed the professional nurses and nurse managers face-to-face and audio recording done using a tape recorder, to gather data and field notes were written with the help of an assistant researcher.

2.6 Pre-test of the Interview guide

Pre-testing refers to aspects of the study, such as the usability of the measuring tool or to test, if the study is workable. Data that were collected during this process was not be used in the main study. The purpose of the pre-test was to determine if the potential participants would understand what needs to be done and if the instructions are clear and if the questions answering the objectives (Botma et al. 2022). In this study, the researcher used 5 professional nurses and 3 nurse managers to test the instrument. It was important to test the instrument to check if the research is workable. The instrument helped to also detect possible flaws in the measurement instrument, which allowed the researcher to make the necessary adjustments. The researcher used one of the hospitals for pre-testing the instrument as the hospital is one of the largest hospitals in the district which also has different categories of professional nurses. The data were collected using a semi-structured interview guide, with a set of pre-planned questions. Participants used in pre testing were not included in the study.

2.7 Data Analysis Plan

The data collected from the professional nurses and nurse managers was analyzed using Tesch's (1990) eight-step method of data analysis (Creswell 2014). The data analysis process involved the following steps:

STEP 1: The researcher carefully read through all the transcriptions after the interview with the participants and made notes of the ideas that came to mind to get a sense of the whole. This provided the necessary background information.

STEP 2: The researcher selected each interview schedule and read them, trying to get the meaning in the information, and writing down thoughts that came to mind.

STEP 3: After going through the transcripts, the researcher arranged similar topics in groups by forming columns labelled 'major topics'.

STEP 4: The researcher abbreviated the topics as codes and wrote the codes next to the appropriate segment of the text. The researcher then observed the organization of data to check if new categories or codes emerged.

STEP 5: The researcher developed descriptive wording for the topics and converted them into categories. The aim was to reduce the total list of categories, by grouping topics together that relate to each other. Lines were drawn between the categories indicating interrelationships of categories.

STEP 6: A final decision was then made on the abbreviation of each category, and the codes were arranged alphabetically.

STEP 7: The data material belonging to each category was put together in one place, and preliminary analysis was performed.

STEP 8: The data was analysed by coding of transcripts - (themes). Themes voices were listened to within each narrative. The researcher coded and discussed the assigned codes multiple times and classified them into categories.

2.8 Measures to Ensure Trustworthiness

In qualitative research, trustworthiness refers to the level of certainty that researchers have in their data by utilizing strategies such as credibility, dependability, confirmability, and transferability (Moule & Goodman 2014). To ensure trustworthiness in this study, the following measures will be implemented:

2.8.1 Credibility

When a study effectively captures the experiences and viewpoints of its participants, the resulting findings can be considered reliable. Credibility, which is the assurance that the data and interpretations are truthful, is an essential criterion for evaluating the integrity and quality of qualitative studies (Moule & Goodman 2014). In order to establish credibility in this study, the researcher developed a relationship of trust with the participants, utilizing techniques such as long-term participation, member checking, triangulation, and peer debriefing (Polit & Beck 2012).

Prolonged engagement

Prolonged engagement involves investing enough time to gather data from the individuals being studied (Polit & Beck 2012). Anney (2014) explains that this approach allows researchers to gain a deeper understanding of the research context and establish trust with participants. In the present study, the researcher spent approximately four months collecting data and spent 45 minutes with each professional nurse and nurse manager during data collection. This prolonged engagement facilitated a better understanding of potential factors that could affect the quality of data collected, built trust with participants, and enabled the researcher to reconnect with them when necessary.

Triangulation

The technique of triangulation, which involves cross-checking data from multiple sources to enhance the accuracy of the findings, is used to validate the data in qualitative research (Polit & Beck 2012). In this study, triangulation was employed to ensure data credibility. Firstly, the researcher cross-checked the data by comparing it with various sources of literature. The study findings from Phase 1 the Scoping review, the findings from Phase 2- empirical study, the Swot Analysis data, conceptual framework data all complemented one another to guide the researcher in the development of the strategy and validation of strategies developed. Secondly, an independent coder was used to verify the data. Furthermore, the researcher's supervisor and co-supervisor also confirmed the accuracy of the data.

Member checking

Member checking is a process where the researcher shares the interpretation of the data with the participants to obtain their feedback and insights to enhance the credibility of the study (Polit & Beck 2012). In this study, the researcher restated and summarized the information during data collection. Additionally, the researcher informed the professional nurses and nurse managers that the study's findings would be shared with them and they would be asked to verify that the findings accurately reflect their views and experiences.

Peer debriefing

Peer debriefing entailed sessions where the researcher reviewed and explored different aspects of the research with peers (Polit & Beck, 2012). Following data collection, the raw data was analysed and given to the co-coder, who summarized it into emerging themes, categories, and sub-categories. The researcher then presented their report and study findings to peers to receive their comments.

2.8.2 Dependability

In the present study, the researcher ensured dependability of data by categorizing and coding the collected data and providing a detailed description of it. The researcher also ensured the safety and accessibility of interview materials, documents, interpretations, and recommendations for future use. To establish dependability, an audit of the research process was conducted by the researcher with the help of supervisors. Dependability, which refers to the stability of data over time and conditions, is a criterion for assessing integrity and quality in qualitative research (Moule & Goodman 2014). Taylor (2014) defines dependability as the "audit trail demonstrating the routes to decisions made by the researcher at every stage of the research process".

2.8.3 Confirmability

Confirmability, which refers to the degree of objectivity and neutrality in data and interpretations, was an important criterion for evaluating the integrity of this qualitative study (Moule & Goodman 2014). Confirmability was demonstrated by ensuring that the research process was transparent and clearly documented, and that the findings were based on the data collected from participants. The researcher maintained objectivity by avoiding personal biases and preconceptions while analyzing the data. The data and observations made during the study were kept safe and accessible for future reference by other researchers to ensure confirmability.

2.8.4 Transferability

The transferability of the study refers to the extent to which the findings can be applied in other settings or groups (Taylor 2014) and is a criterion for assessing the integrity of qualitative research. In this study, the researcher aimed to increase transferability by providing a detailed description of the study background, literature review, methodology, and information on the participants. This information can be used by other researchers to compare and contrast findings or apply them in future research. The researcher also aimed to present the findings in a way that could be easily understood by other researchers.

2.9 Ethical Considerations

Moule and Goodman (2014) argued that obtaining ethical approval prior to sampling and data collection is a good research practice. Taylor (2014) emphasized the importance of adhering to ethical principles in research to ensure the safety, rights, and well-being of participants, as well as to prevent any harm. Therefore, in this study, the researcher made sure to follow ethical considerations before starting the research.

Firstly, permission was obtained from various committees, including the University of Venda Higher Degrees Committee, the University of Venda Ethics Committee, and the Department of Health Ethics Committee in the Limpopo Province. Additionally, permission was also sought and received from the District Executive Managers of the selected districts and the Chief Executive Officers of the selected hospitals. The researcher also adhered to several ethical principles during the research process, including obtaining informed consent from participants, respecting their right to self-determination, ensuring full disclosure, maintaining privacy, treating participants fairly, and ensuring anonymity and confidentiality. The participants were given full information regarding the research process, and they had the option to participate voluntarily without any penalty or prejudicial treatment. They were also given the right to refuse participation in the study without any repercussions.

Furthermore, the researcher maintained privacy by keeping all information provided by the participants confidential. The researcher was respectful of the participants' cultural backgrounds and ensured that their identities were protected by using pseudonyms during the data analysis process. Overall, the researcher ensured that ethical considerations were upheld throughout the research process.

2.10 Delimitations

The delimitations in this study were that the study was conducted only in the hospitals of the three districts. This was because the three districts had large numbers of hospitals with

different categories of professional nurses. Therefore, the study context may not have yielded the same result in another context.

2.11 Dissemination of Information

The dissemination of results in this study will be communicated to various stakeholders including participants in the study, the Ethical Committee of the university, the Department of Health in Limpopo, the Ethical Committee of the hospitals used in the study and other relevant key participants. The study findings were also disseminated through presentations at professional forums such as conferences, symposia and workshops, and published in peer-reviewed accredited journals. Appropriate recommendations regarding how the research findings could be translated into clinical practice were also made. The findings and the developed strategy were presented to hospitals in the Limpopo Province and copies of the research were sent to the library of the University of Venda.

3. Summary

This section of the research provided a summary of the study that aimed to investigate and explain the opinions of professional nurses and nurse managers on CPD and to create a plan to enhance participation in CPD by professional nurses, as well as to verify the developed strategy from the introduction. It also provides context for the research, the problem statement, research goals and objectives, significance, definitions of key concepts, research methodology, ethical considerations, and limitations of the study. The section B that follows, discussed the articles that are related to the study.

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Section B: Papers/Articles

This section entails discussion of six the articles, as detailed below:

- Enhancing CPD opportunities for Professional nurses in hospitals of Limpopo Province: A scoping review.
- A professional nurse's understanding of quality nursing care in Limpopo Province
- Professional nurses' experiences regarding Continuing Professional Development (CPD) opportunities at public hospitals of Limpopo Province.
- Nurse Managers' views of Continuing Professional Development of professional nurses in the public hospitals of Limpopo Province, South Africa.
- A conceptual framework for enhancing CPD opportunities for Professional nurses in hospitals of Limpopo Province.
- Development and Validation of Strategies to enhance Professional nurses' participation in CPD for in hospitals of Limpopo Province.

Enhancing CPD experiences for Professional nurses in hospitals of Limpopo Province: A scoping review

Submitted to Journal as:

Nyelisani M; Makhado L & Luhalima T. Enhancing CPD experiences for Professional nurses in hospitals of Limpopo Province: A scoping review. *International Journal of Africa Nursing Sciences (IJANS)* (Under Review)

(See **Annexure J** for Author Guidelines)

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ABSTRACT

Background: Professional nurses are the cornerstone of well-being in healthcare settings, and due to technological advancements, changes in healthcare, economic status, and advancements in knowledge in health care, their skills need to be continuously updated, and they need to understand the Continuing Professional Development process to ensure that they adapt to these changes. A comprehensive scoping review was conducted to identify literature related to the study.

Aim: This scoping review identified information from databases on professional nurses' CPD experiences in healthcare settings in different countries. This information will be used for the development of strategies to enhance CPD for health care professionals in particular professional nurses in Limpopo Province.

Design: Scoping review

Methods: To find information about improving Continuing Professional Development (CPD) for professional nurses in healthcare settings, databases were searched in this study. A scoping review approach was used to identify all relevant literature, which was then collected and analysed.

Results: In total, 60 articles were analysed in this study, with 50% being qualitative studies, 40% being quantitative studies, and 5% being mixed-method studies. These articles were from various regions, including 30% from Africa, 20% from Asia, 5% from Australia, 35% from Europe, and 10% from North America. The quantitative studies found that CPD programs have positive effects on enhancing the knowledge of nurses and improving patient care. On the other hand, qualitative studies revealed several perceived benefits, motivations, and challenges in CPD participation.

Conclusion: The development of strategies to enhance CPD for professional nurses in health facilities remains an important aspect taking into consideration the ever-changing healthcare needs of society. This study contributes a preliminary database for health professionals, ultimately promoting improved service delivery through the improvement of skills for professional nurses.

Key Concepts: Continuing Professional Development, Continuing Education, Professional nurses, scoping review.

INTRODUCTION

Professional nurses are the cornerstone of well-being in healthcare settings, and due to technological advancements, changes in healthcare, economic status, and advancements in knowledge in health care, their skills need to be continuously updated, and they need to understand the Continuing Professional Development process to ensure that they adapt to these changes. A comprehensive scoping review was conducted to identify literature related to the study.

A scoping review is a recently developed method of examining literature that is frequently used to establish clear definitions and boundaries for a subject or field. Scoping reviews are helpful when a body of literature has not been thoroughly reviewed or exhibits a complex or diverse nature that is not amenable to a more rigorous systematic review of the evidence, according to Micah et al. (2015).

The scoping review of literature provides guidance on how to investigate and conduct research on a particular issue. It presents the types of evidence that inform the field and the methods used in research (Munn et al., 2018). Scoping reviews aim to identify the volume, nature, and characteristics of primary research in a field of interest, and are often used to examine the extent, range, and nature of research activity in a topic area. Additionally, scoping reviews determine the worth and potential costs of undertaking a full systematic review, summarize research findings, disseminate them, and identify research gaps (Arksey and O'Malley, 2005). Pham et al. (2014) distinguish scoping and systematic reviews by stating that scoping reviews map the literature on a topic area, while systematic reviews summarize the best available research on a specific question.

In this study, the researcher plans to use a scoping review to address knowledge gaps, explore literature, clarify concepts, and investigate research conduct. The goal of the review is to comprehensively understand the experiences of professional nurses in Continuing Professional Development (CPD) and develop strategies to enhance it in hospitals. The researcher intends to follow the six-stage process outlined in the methodological framework of Arksey and O'Malley (2005) to conduct the scoping review. The six stages include identifying the research question, identifying relevant studies, selecting studies, charting data, collating, summarizing, and reporting results.

METHODOLOGY

Scoping review literature offers a method to investigate research design and conduct on a specific issue. In this study, the researcher plans to conduct a scoping review to gather information from various databases on professional nurses' experiences with CPD in healthcare settings in different countries around the globe. This information will be used to develop strategies to enhance CPD for healthcare professionals, particularly professional nurses in Limpopo Province. The scoping review aims to identify knowledge gaps, clarify concepts, and map the existing literature in the field. The primary goal of this review is to analyse the experiences of professional nurses participating in CPD in various

healthcare settings in different countries to identify strategies to enhance participation. The researcher will utilize the six stages of Arksey and O'Malley (2005) methodological framework to conduct the scoping review, which includes identifying the research question, identifying relevant studies, selecting studies, charting data, summarizing and reporting results, and consulting with an expert panel. The stages are presented as follows:

Framework Stage 1: Defining the research question.

The initial step in this scoping review is to define the research question, which guided the construction of search strategies (Arksey and O'Malley, 2005). The research question for this review was "What are the experiences of professional nurses participating in Continuing Professional Development (CPD) in hospitals settings in settings in different countries around the globe?" The main objective of this scoping review is to gather comprehensive data on the experiences of professional nurses participating in CPD.

Framework Stage 2: Identifying relevant studies.

To achieve the main objective, the researcher identified relevant primary studies (both published and unpublished) and reviews. Various databases, including PubMed, EBSCOhost (including CINAHL and Medline) and Google Scholar, was searched for research evidence. The search strategy was developed from the research question and definitions of key concepts. The search included terms related to three important topic areas, namely participation, professional nurses, and CPD. The search was limited to English-language articles and included only those published between January 2005 and October 2019.

FINDINGS

Framework Stage 3: Study selection

The screening of information included the title and abstract on CPD and Participation by professional nurses in hospital settings with the aim of answering the question: "What are the experiences of Professional nurses when participating in CPD in hospital settings?" with a purpose of developing a strategy to enhance CPD for professional nurses.

The search strategy was informed by the population (participants), concept and context (PCC) framework. Following the PCC framework, the researchers started breaking down the research question into different scopes that would inform the central research objectives which included:

- *What are the main reasons for engaging in CPD?*
- *What are the challenges faced during CPD engagement?*
- *What roles do nurse managers and HRD managers play in the provision of CPD?*
- *What are the available policies regarding CPD?*

Given the nature of the scopes identified, published peer-reviewed literature and grey literature were of great importance and were searched. Articles searched were a total of 43818 with 43176 duplicates leaving 642 and they were subjected to title and abstract screening. Sixty full-text articles were screened for eligibility in the review and 40 articles screened were not eligible to be included and were excluded from the review. Twenty articles were included in the scoping review.

The selection process for the review is shown in a flow chart, indicating which studies were included or excluded based on certain criteria.

SCOPING REVIEW OF EXPERIENCES OF PROFESSIONAL NURSES PARTICIPATING IN CONTINUING PROFESSIONAL DEVELOPMENT

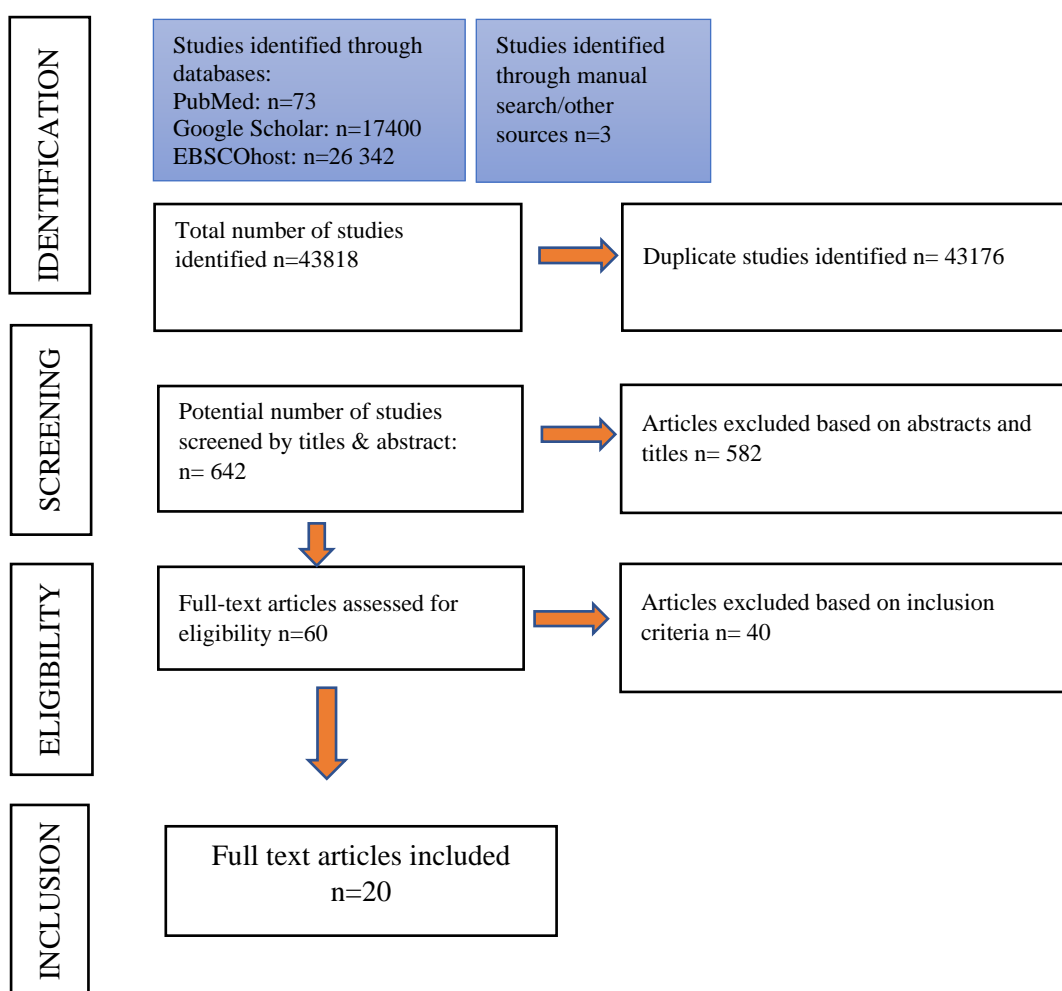


FIGURE 2: Flow chart of the process of selecting studies for review, according to inclusion/exclusion criteria.

Data identification and Analysis from Included articles

After screening the 20 eligible articles, relevant information was extracted and organized in a spreadsheet. The extracted information includes the authors' names, publication year, location of origin

(world region and city), participant characteristics, methodology, aim of the study, design (e.g., qualitative, quantitative, mixed methods), and findings. The publication years of the included articles ranged from 2005 to 2019. The origin of the articles was distributed across different regions, with 6 articles (30%) from Africa, 4 articles (20%) from Asia, 1 article (5%) from Australia, 7 articles (35%) from Europe, and 2 articles (10%) from North America. The map below displays the different continents where some of the articles originated.



Figure 1 Outline of Map of the World with various Continent regions

Framework Stage 4: Charting the data.

In this stage, important information from the primary research reports was collected and organized in a chart. Details such as the year of publication, type of publication, research approach, and source of the article were recorded for each of the 20 articles. Only articles that analysed a group of published material in the literature were included in this review. The data were recorded in a Microsoft Excel spreadsheet.

Table 1 Articles selected for review for experiences of professional nurses participating in continuing professional development

| No | Authors | Country | Participants | Method | Research aim | Findings |
|----|-----------------------------------|--------------------------------|--|--------------|---|---|
| 1. | Ingwua, et al | Africa (Nigeria) (2019) | Prof. nurses | Quantitative | To examine the perception towards mandatory continuing professional development | Attending workshops and conferences can enhance both knowledge and practical skills, thereby providing better healthcare services. However, some obstacles may impede this process, such as inadequate financial support to attend relevant training at the appropriate time, excessive workload, and lack of cooperation from employers in granting time off from work |
| 2. | Kasinea, Babenko-Mouldb, & Reganc | North America (Canada) (2018) | Prof. nurses | Qualitative | Explore nurses' experiences of translating continuing professional development (CPD) education | The objective of continuing professional development (CPD) for nurses is to enhance the professionalism of the nursing practice, resulting in better quality nursing care, heightened self-confidence, a sense of accomplishment, and feelings of pride and joy. |
| 3. | Pool, Poel Berings and Cate | Europe (Netherlands) (2018) | Prof. nurses | Qualitative | To explore continuing professional development strategies among younger, middle-aged, and older nurses. | Engaging in daily work was a significant incentive for undertaking CPD within the ward in every age category. Additionally, taking on new or supplementary responsibilities prompted healthcare workers to pursue learning opportunities outside of their immediate work environment. Nurse managers are pivotal in establishing an environment that fosters learning. They can promote a learning culture by supervising nurses, giving constructive feedback, ensuring adequate job autonomy, and providing social support. |
| 4. | Lee | Europe (United Kingdom) (2011) | Prof. nurses (line managers and leaders) | Qualitative | The aim is to investigate the impact of continuing professional development (CPD) on positive practice change in nursing and healthcare practice. | Effective implementation of professional peer attitudes and support in the workplace can significantly contribute to positive change. On the other hand, failure to engage with practice peers, lack of strategic support, and inadequate knowledge on accessing support can impede change. Collaborative efforts to explore and promote the dissemination of CPD opportunities would improve comprehension and expand the options available to CPD participants. |

| | | | | | | |
|----|-----------------------------|------------------------------|--------------|--------------|--|--|
| 5. | Grovanos & Newton | Australia (Melbourne) (2013) | Prof. nurses | Qualitative | Exploring ward nurses' perceptions of continuing education in clinical settings | Multiple factors influence ward nurses' ability and motivation to incorporate lifelong learning into their practice. Despite variance in nurses' values and perceptions of Continuing Education (CE) in clinical environments, CE was perceived as important. |
| 6. | Osei Boahemaa, Kwasi et al | Africa (Ghana) (2019) | Prof. nurses | Quantitative | CPD on Job Performance of Registered Nurses in Ghana | The research findings indicate a noteworthy, favourable correlation between continuing professional development and job performance. Therefore, healthcare administrators must promote and support nurses' participation in continuous learning to enhance their knowledge and skills. In addition, institutional policies should be appropriately designed to facilitate nurses' involvement in professional activities. |
| 7. | Lewis et al | Asia, Japan (2014) | Prof. nurses | Qualitative | Barriers to Continuing Education and Continuing Professional Development Among Occupational Health Nurses in Japan | Occupational health nurses consider CE a vital aspect of their professional growth and advancement, enabling them to take on broader responsibilities and exercise greater authority in their practice. Enhancing occupational health nurse involvement in both CPD and CE programs is recommended, which can ultimately lead to better workplace health and safety standards in Japan. The research also indicates that occupational health nurses can collaborate to encourage the government to develop policies that support the professional development of occupational health nurses. |
| 8. | Mosol et al | Africa, Kenya (2017) | Prof.nurses | Mixed method | Challenges Facing Nurses While Participating in Continuing Professional Development: A Case of Western Kenya | Nurses identified several significant hurdles that hinder their participation in CPD, including understaffing, time constraints due to heavy workload, financial constraints, night shifts, and lack of information regarding available CPD programs. Key informants cited a need for written policies, guidelines, and coordination with other CPD coordinators as significant challenges. The study recommends addressing these issues by hiring additional nurses, establishing policies regarding CPD, providing financial support for CPD activities, ensuring that favourable time and spaces are available for CPD activities, and ensuring equal opportunities for participation. It is also important for CPD coordinators to coordinate with each other, either at the county or national level. |
| 9. | Chong, Sellick, and Francis | Asia Malaysia (2010) | Prof. nurses | Quantitative | Factors that influence nurses' participation in CPE. | The research results demonstrate that there are limitations that restrict nurses from taking part in CPE. To address this issue, it is suggested that all three nursing components develop a |

| | | | | | | |
|-----|------------------------------|-------------------------------|----------------------|-------------------|---|--|
| | | | | | | more organized and structured CPE program collaboratively. A nursing committee can design a well-structured CPE program that includes an assessment to evaluate the program's effectiveness. |
| 10. | Ni, Hua, Shao and Wallen | Asia China (2010) | Prof. nurses | Qualitative | Chinese nurses' perceptions on continuing education, | Nurses are motivated to participate in CE for various reasons, such as acquiring and updating their knowledge, enhancing their practical skills, maintaining their professional status, and earning an academic degree. However, factors such as time constraints, work commitments, lack of opportunity, high course fees, and past negative experiences with CE programs could have helped their participation. In conclusion, Chinese nurses recognize CE as vital to enhancing their professional competency. To make CE programs more effective, it is essential to consider nurses' individual expectations and the motivational and hindering factors from their family and hospital perspectives. |
| 11. | Hee, Kamaludin & Ping | Asia (Malaysia, 2016) | Professional nurses | Quantitative | Motivation and Job Performance among Nurses in the Health Tourism Hospital in Malaysia. | The study results encouraged hospital management to shift their focus from extrinsic rewards to intrinsic rewards for motivating nurses. Intrinsic rewards were more cost-effective and efficient in enhancing nurses' performance. To improve nurses' job performance, hospital management can offer career development opportunities, enrich job roles, and provide greater autonomy. Additionally, interventions such as training, guidance, and counselling can be implemented to produce motivated and high-performing nurses in the hospital. |
| 12. | Haywood, Pain, Ryan and Adam | Europe, United Kingdom (2012) | Professional nurses- | Systematic Review | Engagement with Continuing Professional Development- Development of a Service Model | Being motivated and learning from reflection are commonly seen as critical factors in engaging in CPD. Although these factors may serve as drivers for CPD participation, personal acceptance of these requirements also holds significant value. Providing information on the purpose of CPD and its requirements promptly can ensure that participants have ample time to prepare. The accessibility of information and educational materials also helps promote engagement, with electronic methods like online blogging being particularly effective. Managers also play a crucial role in CPD by aligning organizational policy with service needs and staff development and by allowing for CPD opportunities. Adequate support from managers is necessary for effective CPD engagement. |

| | | | | | | |
|-----|-----------------------------------|----------------------------|--|---------------------------------------|--|--|
| 13. | Viljoen, Coetzee, and Heyns. | South Africa (2017) | Professional nurses | Qualitative study (Nominal Technique) | Critical care nurses' reasons for poor attendance at a continuous professional development program | According to the consensus, the main reason for the unsatisfactory attendance at the CPD program was related to attitude. Communication, time constraints, and financial implications were identified as the top three factors influencing attitude. Thus, by making critical care nurses aware of the program's importance and involving them in the planning and implementation of the program, their attitudes towards attending a CPD program can be changed. |
| 14. | Moetsana-Poka et al | Africa, (Lesotho, 2014) | Prof. nurses and other nurses | Quantitative | Creating a CPD program in Lesotho to enhance nursing practice and align it with legislative standards. | Creating a CPD program has provided an opportunity to align nursing practice with legal workforce standards. However, the program's implementation was hindered by the limited financial and staff resources and the one-year grant timeframe. In summary, countries must follow a phased planning process that includes monitoring and evaluation when establishing a complete national CPD program. |
| 15. | de Jager, Nolte and, Temane | South Africa (2014) | Prof. nurses | Qualitative | Need for professional development of the OHN in the occupational health setting | Training institutions should design short courses that OHNs can attend to enhance their daily functioning. Unfortunately, their managers do not value the role and function of OHNs in the workplace. OHNs should take responsibility for identifying their CPD needs and finding ways to meet them. |
| 16. | Collin, Van der Heijden and Lewis | Europe Netherlands, (2017) | Health workers, engineers, entrepreneurs, teachers | Quantitative | Continuing professional development | The effectiveness of mentoring can be improved through evaluation and identifying critical success factors. However, there is a challenge in balancing the professional development needs of individuals with the learning needs defined by employers, who may have their own priorities and frameworks for CPD. It is crucial to have shared responsibility for CPD between employees and employers. The work environment also plays a significant role in an employee's future learning, so companies need to support and provide opportunities for CPD. |
| 17. | Pool, Poell and Cate . | Europe, Netherlands (2016) | Prof. nurses. Nurse Managers | Qualitative | Perceptions of the differences in continuing professional development between younger and older nurses | According to the results, there are perceived differences in how younger and older nurses approach continuing professional development. The purpose and activities involved in professional development are believed to change throughout one's career. Therefore, it is important to consider different age groups' unique needs and requirements when designing strategies for continuing professional development. |

| | | | | | | |
|-----|--------------------------|-------------------------------|--------------|--------------|--|--|
| 18. | Gould, Drey and Berridge | Europe, United Kingdom (2006) | Prof. nurses | Quantitative | Investigate how nurses engage in continuing professional development and their perceptions and experiences of such activities. | The comments were analyzed using an inductive approach. While the majority of the responses were positive, it was noted that the demands of taking courses were seen as interfering with personal life, particularly the need to complete long assignments. Participants also felt that managers played a crucial role in controlling access to courses and opportunities to apply new knowledge and skills. |
| 19. | Embo and Valcke | Europe, Belgium (2017) | Prof. nurses | Qualitative | Investigate the extent to which student midwives understand the importance of engaging in lifelong learning. | The participants in the study expressed a belief that a preceptorship program should be made mandatory. They also indicated that they found supporting learning materials to be very useful and recognized the importance of reflecting on their CPD experiences. This understanding may stem from a reflective learning approach that was integrated into their education. The undergraduate midwives in the study demonstrated an awareness of the significance of CPD and the interaction between formal and informal learning opportunities. |
| 20. | Price & Reichert | North America, Canada (2017) | Prof. nurses | Qualitative | The satisfaction that nurses experience in their careers and their ability to deliver high-quality care to patients varies depending on the stage of their career. | Nurses understood the significance of lifelong learning in maintaining competency, delivering quality patient care, and advancing future career prospects. They believed that education and training were closely linked to job satisfaction. Nurses deemed healthy work environments to be those that invested in CPD opportunities to ensure continual growth in practice and provide optimal patient care. Early-career nurses greatly valued the training and guidance provided by senior nurses, while mid to late-career nurses needed more support for continuing education and perceived this as reflecting management's differing priorities and lack of respect for their contributions to patient care. Barriers to safe patient care, such as staff shortages, overtime, exhaustion, and inadequate managerial support for ongoing training and education, were identified as significant challenges and concerns by nurses. |

Framework Stage 5: Organising, summarizing, and reporting the results.

Table 2: Theme and Sub themes from the Scoping review

| THEMES | SUBTHEMES |
|---|---|
| Main reasons for engaging in CPD, | Improvement of nursing as a professional practice. Quality nursing care, Increased self-esteem, Sense of achievement, Feelings of proudness and happiness. |
| Challenges faced during CPD engagement | Lack of financial support to fund or go on CPD courses at the desirable time. Too much workload. Lack of employer's co-operation to allow time away from the workplace. Night shift and lack of information on the availability of CPD. |
| Role of Nurse managers and HRD managers | Creating a supportive learning environment. Planned structured CPD program in collaboration Encourage learning by monitoring nurses, Sufficient job autonomy, Social support Collaboration to explore the dissemination of CPD opportunity Encourage and advocate for the participation of nurses CPD |
| Policies regarding CPD | Institution policies should be properly aligned to help nurses in the participation of professional roles. |

Theme and Sub themes from the Scoping review

Theme 1: Main reasons for engaging in CPD

Theme 1 outlines the main reasons for nurses to engage in CPD in health care settings and that is the improvement of nursing as a professional practice, provision of quality nursing care, increased self-esteem, Sense of achievements, feelings of proudness and happiness to be knowledgeable. The discussion of sub-themes is as follows:

Improvement of nursing as a professional practice: Studies indicated that one of the main reasons for professional nurses to engage in CPD is for the improvement of nursing as a professional practice this is evidenced by the following information from studies:

The objective of continuing professional development (CPD) for nurses is to enhance the professionalism of the nursing practice, resulting in better quality nursing care. (Kasinea, Babenko-Mouldb, & Reganc: 2018)

Healthy work environments to be those that invested in CPD opportunities to ensure continual growth in practice and provide optimal patient care (Price & Reichert: 2017)

Improvement of knowledge and skills: Studies indicate that another reason nurses engage in CPD is that their knowledge and skills are improved as evidenced by the following responses from the studies:

When healthcare administrators must promote and support nurses' participation in continuous learning their knowledge and skills are enhanced (Osei et al: 2019)

Nurses are motivated to participate in CE for various reasons, such as acquiring and updating their knowledge, enhancing their practical skills and maintaining their professional status (Ni et al: 2010)

Provision of quality care: This is another reason enabling nurses to engage in CPD this is evidenced by the following findings from the studies:

Nurses understood the importance of continuous learning in maintaining competency, delivering quality patient care, and advancing future career prospects. (Price & Reichert: 2017)

Personal improvement (Increased self-esteem, Sense of achievement, feelings of proudness and happiness): Nurses engage in CPD for personal improvement they have improved self-esteem, they have a sense of achievement and have feelings of proudness and happiness.

CPD results in better quality nursing care, heightened self-confidence, a sense of accomplishment, and feelings of pride and joy. (Kasinea, Babenko-Mouldb, & Reganc: 2018)

Theme 2: Challenges face during CPD engagement

Theme 2 outlines the challenges faced during CPD engagement, these challenges are: Lack of financial support to fund or go on CPD courses at the desirable time, too much workload, lack of employer cooperation to allow time away from the workplace and Night shift and lack of information on the availability of CPD. The discussion of sub-themes is as follows:

Lack of financial support to fund or go on CPD courses at the desirable time: Lack of funds for CPD in health setting is seen as a challenge, this is evidenced by the following findings of the studies:

The program's implementation was hindered by the limited financial and staff resources and the one-year grant timeframe (Moetsana-Poka et al: 2014)

Too much workload: Too much workload has been identified as a challenge for nurses to engage in CPD, the following are evidences from identified studies:

Nurses identified several significant hurdles that hinder their participation in CPD, including understaffing, time constraints due to heavy workload, financial constraints, night shifts, and lack of information regarding available CPD programs (Mosol et al :2017)

Lack of employer cooperation to allow time away from the workplace:

Barriers such as staff shortages, overtime, exhaustion, and inadequate managerial support for ongoing training and education, were identified as significant challenges and concerns by nurses (Price & Reichert: 2017)

Some obstacles that, may hinder the CPD process, such as inadequate financial support to attend relevant training at the appropriate time, excessive workload, and lack of cooperation from employers in granting time off from work (Ingwua, et al:2019)

Night shift and lack of information on the availability of CPD.

Nurses identified several significant hurdles that hinder their participation in CPD, including understaffing, time constraints due to heavy workload, financial constraints, night shifts, and lack of information regarding available CPD programs (Mosol et al :2017)

Theme 3: Role of Nurse Managers and HRD managers outlines the role of nurse as the following:

Creating a supportive learning environment, encourage and advocate for the participation of nurses in CPD. Planned structured CPD program in collaboration. Collaboration to explore the dissemination of CPD opportunities. The discussion of sub-themes is as follows:

Creating a supportive learning environment: One of the roles of nurse managers and HRD is the creation of A supportive environment for learning for nurses. The following are evidence from studies identified:

Nurse Managers are essential in creating an environment that promotes learning. They can promote a learning culture by supervising nurses, giving constructive feedback, ensuring adequate job autonomy, and providing social support (Pool et al : 2016)

Encourage and advocate for the participation of nurses in CPD.

Managers should promote and support nurses' participation in continuous learning to enhance their knowledge and skills (Osei et al: 2019)

Participants also felt that managers played a crucial role in controlling access to courses and opportunities to apply new knowledge and skills (Gould, Drey and Berridge: 2006)

Planned structured CPD program in collaboration

Nursing committees can plan a well-structured CPD program that includes an assessment to evaluate the program's effectiveness (Chong, Sellick, and Francis: 2010)

Therefore, it is important to consider different age groups' unique needs and requirements when designing strategies for continuing professional development (Pool et al, 2016)

Collaboration to explore the dissemination of CPD opportunities.

Collaborative efforts to explore and promote the dissemination of CPD opportunities would improve comprehension and expand the options available to CPD participants (Lee: 2011)

The work environment also plays a significant role in an employee's future learning, so companies need to support and provide opportunities for CPD (Collin, Van der Heijden and Lewis: 2017)

Theme 4: Policies regarding CPD : This theme outlines the information regarding policies of CPD. The sub-theme reads as follows : CPD Policies Alignment

Policies Alignment

Managers also play a crucial role in CPD by aligning organizational policy with service needs and staff development and by allowing for CPD opportunities (Haywood et al, 2012)

DISCUSSION OF FINDINGS

Engaging Continuing Professional Development is about development of professional practice. Professional nurses as result of their extended knowledge they become much more productive in the workplace, paving the way for better professional advancement opportunities. In addition, they utilise the improved knowledge and skill to exhibit your leadership qualities to others by teaching them what they have learned. Furthermore, engaging in CPD improves quality nursing care rendered to patients

The main aim of professional nurses in health care settings is continuous improvement of their performance to deliver the best quality care to patients. When professional nurses engage in CPD knowledge and skills are improved as are able to render quality care to patients with updated knowledge and skills. At a Personal level professional nurses, through engagement in CPD their self –esteem, sense of achievement are experienced, they feel proud and happy to be knowledgeable.

The main benefit of CPD is the continual improvement and further development of the professional nurses' knowledge, abilities, and updates. On the other hand challenges do exist that hinders the progress of CPD implementation in healthcare settings. Challenges can be financial constraints, lack of employer cooperation, family and childcare responsibilities, and unsupportive work environments are factors discouraging active participation in CPD programs. Other challenges included conditions attached to study leave, difficulty coping with academic work, lack of early notification, and limited learning facilities near one's residence.

The role of managers and HRD Managers is to create a supportive healthy work environment to overcome ongoing challenges, failure to do so can hinder the provision of patient care²⁴. Nurse Managers and HRD need to make sure they are aware of their learning needs, regularly reviewing the

learning activities they engage in, assisting them in finding the time and opportunities to engage in learning activities, Planned structured CPD program in collaboration with other CPD providers.

CONCLUSION

The study began by discussing how scoping reviews have become popular for gathering and organizing evidence on broad topics. The study found several themes, including the main reasons for participating in CPD, the importance and benefits of CPD, the challenges faced during CPD, and the role of nurse managers, HRD managers, and policies regarding CPD. The discussion of the findings of the study was done in detail. However, to further address these issues, the study recommends increasing the number of nurses, formulating CPD policies, providing financial support, organizing favourable time and space for CPD activities, and ensuring equal opportunities for participation among employees. The findings of the scoping review was linked with study findings of the professional nurses and nurse managers of Limpopo Province to guide the study in development of strategies.

Ethical approval

Not applicable to this study.

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Declaration of Competing Interest

The authors state that they have no financial or personal conflicts of interest that may have influenced this study in any way.

Data Availability statement

The corresponding authors can provide the data that support the results of this study. The data used in this study were already existing and publicly available, and their locations are cited in the reference section.

Disclaimer

The views and opinions expressed in these articles are those of the authors and do not necessarily reflect the official policy or position of any affiliated agency of the authors.

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Quality nursing care as understood by professional nurses in hospitals of Limpopo Province, South Africa

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See **Annexure M** for Author Guidelines

Abstract

Background: Quality has become a more critical part of life in every aspect. Patients are today continuously looking for good quality services from health professionals. Professional nurses are expected to render quality care to ensure that the patients' healthcare needs are fulfilled. Poor nursing care has led to several litigations and the loss of patients' lives. It is essential to explore professional nurses' viewpoints regarding the quality of nursing care.

Objectives: To explore and describe the understanding of professional nurses regarding quality care rendered to patients in the selected hospitals of Limpopo Province

Method: This study employed a qualitative, exploratory-descriptive design. Individual semi-structured interviews were used for data collection. Participants comprised 35 professional nurses who were purposely selected. Data collected was audio-recorded and transcribed verbatim. Data was analysed using Tech's 8-step data coding process, which led to the emergence of themes and sub-themes. Trustworthiness was ensured through credibility, confirmability, dependability, and transferability.

Findings: Three themes emerged: professional nurses' descriptions, meaning, and expectations related to quality nursing care. The findings highlight that quality nursing care means meeting patients' needs through advocacy, empathy, fulfilment of patient's needs on time, good interpersonal relationships among staff and to patients and teamwork. Challenges experienced included lack of resources and staff shortages.

Conclusion: Hospital management needs to develop effective ways to support professional nurses in delivering quality nursing care. In discussion with the Department of Health, hospitals should be fully equipped with resources to render quality care to patients. Evaluation of service quality and patient satisfaction should be an ongoing process for improving the quality of patient care.

Keywords: Professional nurse; quality nursing care; hospital; Teamwork; Patients needs

Introduction

The World Health Organization (WHO) states that health care quality must be to individuals and society (WHO 2013). Caring expressed in nursing is the intended and actual presence of the nurse who is recognized as a person who is loving, caring, and growing in caring. Caring means tending and learning, which can generate trust, meet the patient's needs, provide physical and spiritual well-being (Franjic 2018; Karlsson and Pennbrant 2020).

Health care professionals and patients view quality nursing care from different viewpoints. Thus, health care professionals view competent nursing care as quality nursing care. Quality nursing care is perceived as caring and good interpersonal relations. Hartley et al (2020) and Treinen (2020) supported this, they stated that nursing relationship with patient has been seen as 'a significant therapeutic interpersonal process that functions cooperatively with other human processes that make health possible for individuals and communities. This indicate that the nurse -patient relationship ensure that the needs of a patient are attended to as patient will be free to voice his concerns and it reduces the days of hospital stay and improves the quality. Relationship with the family member is also making it possible to render quality care.

In South Africa, a study was conducted by West et al. (2021) highlighted the health care providers' discussion regarding many barriers to providing quality care, which fell under the foundational categories of workforce and tools. These barriers were all tied back to the lack of human and material resources available to the facilities, which impacted every care element. Understaffing need for additional training, poor facility infrastructure, lack of clinical care space and resources, and the challenges in providing care associated with these deficiencies have previously been documented in South Africa.

In the Netherlands, a study conducted by (Stalpers et al. 2017) on Nurse-perceived quality of care and job satisfaction has been positively linked to quality outcomes for nurses and patients. They revealed that understanding specific factors that affect nurse-perceived quality potentially enables improvements in nursing care quality. Nurse-perceived quality was positively associated with the work environment characteristics, adequacy of staffing, patient-centeredness, competent peers, and support for education.

Chakraborty, Kaynak and Pagán (2021) in their study on Bridging hospital quality leadership to patient care quality commented that an understanding of what initiates quality in the delivery of healthcare services is important the patient care experience. They further commented that hospitals can provide high quality patient care if their leaders focus on effectively integrating all available hospital technologies and building including sustaining effective healthcare teams could reduce medical errors.

Providing optimal care to critically ill patients in Limpopo poses challenges in resource-poor settings because of the lack of equipment, inadequately trained personnel, and limited infrastructure (Netshisaulu, Malelelo-Ndou and Ramathuba 2019). Furthermore, health care professionals experience difficulties related to the provision of suboptimal patient care, the challenge of non-adherence to protocols or instructions and the challenge of practising beyond the scope of practice. Lack of resources resulted in providing suboptimal intensive patient care. Patients were prone to infections, and their safety might be compromised, quality care compromised.

Quality care to patients seems to be compromised in health care institutions, as evidenced by the above studies conducted. Therefore, the researcher in this study aimed at exploring the professional nurses' understanding of quality nursing care in the public hospitals of Limpopo Province.

Problem Statement

Professional nurses are expected to render quality care in their hospitals to fulfil patients' healthcare needs. Poor nursing care has led to several litigations and the loss of patients' lives. This has become a problem in South Africa. Currently, Department of Health's claims have increased by 123% in South Africa. The department paid a claim of R24 million in the year 2021 to a member, this is costly to the Department of Health. It was against this background that this study aimed to explore the experience of professional nurses' understanding of quality nursing care in the public hospitals of Limpopo Province.

Aim

Therefore, this qualitative descriptive study aimed to explore and describe the professional nurses' understanding of quality nursing care at selected public hospitals in Limpopo Province.

Research Method and Design

Research Design

This study utilized a qualitative, exploratory-descriptive design approach to explore and describe professional nurses' understanding of quality nursing care in the selected public hospitals. This design was suitable for this study as it provided the professional nurses with an opportunity to describe their views or perspectives regarding quality nursing care.

Study Context

This study was conducted in selected public hospitals in Limpopo Province. The selected hospitals are situated in Vhembe, Capricorn, and Mopani District. The settings were selected because they are the major public hospitals in the mentioned districts, their provision of general patient care, and have a high number and different categories of professional nurses working in the hospital settings.

Population and Sampling

The target population comprised professional nurses working in selected hospitals in Limpopo province. A non-probability, purposive sampling technique selected 35 professional nurses with more than five years of experience working within these selected public hospitals. The sample size was determined by data saturation reached at participant 30, and an additional five participants were included to ascertain if no new information emerged.

Data collection

Individual face-to-face, in-depth semi-structured interviews were used to collect the data. The interviews were audio-recorded with the participant's permission and took approximately 30-45 minutes. A Semi-structured interview (SSI) guide was used as a tool, which consisted of a pre-determined set of open-ended questions (questions that prompted discussion). This

provided an opportunity for the interviewer to explore responses from participants. The procedure that was followed during data collection is that the professional nurses were contacted by their District Executive Managers (DEM) and Chief Executive Officers (CEO), and Nurse Managers in the hospitals. Permissions were sought after the researcher had applied to the DEM and hospitals CEO telephonically and in writing to conduct the study and collect data. Managers arranged the venue and selected Professional nurses according to the study requirements. Interviews took place mostly on Wednesdays as the staff were on a double shift, meaning that extra personnel were on duty as it was a changeover of shifts.

Data Analysis

The researchers and an independent co-coder used Tesch's eight-step method of data analysis to analyze the data (Creswell 2014). The steps for this study's data analysis included transcribing the raw data verbatim, scanning through it, carefully reading the transcribed data to have a general sense of the data, and reflecting on their meanings. This was followed by removing irrelevant details, preparing for coding the data, and properly generating and organizing the concepts, categories, and themes for clarity and validation. This was facilitated to make sure that the data collected reflected the authentic ideas of participants (Creswell 2014).

Measures to ensure trustworthiness.

Trustworthiness in this study was ensured through maintaining credibility, confirmability, transferability, and dependability as summarized by Creswell (2014). Data analysis was done with an independent co-coder to ensure the study's validity (Polit and Beck 2017). Data collection and analysis were conducted with objectivity to ensure confirmability (Creswell 2014). An independent co-coder was used for objectivity, and promoters of the study served as independent checkers throughout the research process. A broad explanation of the study context, population and sampling technique, data collection process, data analysis technique and the discussion-maintained transferability (Polit and Beck 2017). Transparency was fostered by clearly presenting the research methodology and findings, thus ensuring dependability.

Ethical Consideration

Ethical clearance for this study was attained from the University of Venda Human and Clinical Trial Research Ethics Committee (HCTREC) (SHS/20/PDC/17/1206). The Limpopo provincial Department of Health granted permission to conduct the study. At the same time, further permissions were granted by the District Executive Managers (DEM), Chief Executive Officers (CEO) and Nurse Managers in the hospitals. Informed written consent was obtained from participants who knew that anonymity and confidentiality would be maintained throughout the study. Their names of participants would not appear on documentation but their code numbers. Participation in the study was voluntary.

Findings

Demographic characteristics of participants

Demographic characteristics the study comprised of 35 professional nurses from the selected public hospitals of Limpopo Province. Majority of participants were females (m=31; 88.6%) and were males (n=4; 11.4%). Participants qualifications were Diploma in nursing (n=23; 65.7%) and Bachelor of Nursing including further qualifications (n=12; 34.3%). The table below outlines the characteristics of participants as follows:

Table 1: Demographic characteristics of participants

| ITEM | BIOGRAPHICAL DATA | COUNT | % |
|---------------------|---|-------|------|
| GENDER | Males | 4 | 11.4 |
| | Females | 31 | 88.6 |
| AGE | 31-34 | 8 | 22.8 |
| | 35-50 | 16 | 45.7 |
| | Above 51 | 11 | 31.4 |
| QUALIFICATION | Diploma in Nursing | 23 | 65.7 |
| | Bachelor of Nursing or Further qualifications | 12 | 34.3 |
| YEARS OF EXPERIENCE | >5 years | 8 | 22.8 |
| | 10-20yrs | 14 | 40.0 |
| | 21-30yrs | 8 | 22.8 |
| | >30yrs | 5 | 14.2 |

The findings are on the data collected through individual semi-structured interviews conducted from the 35 participants on the experiences of professional nurses

regarding their experiences in the understanding of quality care of patients in the selected hospitals. Understanding the nature of quality care to be rendered to patients is an essential aspect of nursing. The acquired knowledge by professional nurses enables them to share the following experiences: Professional nurses' description of quality care, Professional Nurses' meaning of quality care and Professional nurses' expectations related to them receiving quality nursing care. The Three themes that emerged are described in narrative form as experienced by professional nurses concerning quality nursing care. Table 2 outlines the identified themes and sub-themes.

Table 2: An outline of the identified themes and sub-themes

| THEMES | SUB-THEMES |
|---|--|
| 1. Professional nurses' description of quality nursing care | • Advocacy for patients |
| | • Relationship with the patients |
| | • Relationship with the family |
| | • Total patient care |
| | • Good working relationships among nurses |
| | • Application of Batho-Pele principles |
| | • Proper use of resources |
| | • Use of guidelines and policies |
| 2. Professional nurses' meaning of quality nursing care | • Fulfilment of needs |
| | • Empathy |
| | • Unequal treatment of patients |
| | • Do to others as I will want them to do to me |
| 3. Professional nurses' expectations related to them receiving quality nursing care | • Nurses to have good attitudes |
| | • Good nurse-patient relationship |
| | • Teamwork |
| | • Lack of Specialization |

THEME 1: Professional nurses' description of quality nursing care

Theme 1 outlines the Professional nurse's own description of quality nursing care, it is composed of the sub-themes, namely, advocacy for patients, relationship with the patients,

relationship with the family, total patient care, good working relationship among nurses, application of Batho Pele principles, proper use of resources and use of guidelines and policies. The discussion of sub-themes is as follows:

Advocacy for patients: Participants stated that advocacy for the patient is an essential aspect of quality care as professionals. During patient care, professional nurses advocate by speaking on behalf of the patient to meet his needs. This is reflected in the following comments:

"I have to advocate for the patient; during the assessment, if you pick up abnormalities, you have to liaise with the doctor, and if the doctor prescribes the wrong medication, you have to speak for the patient." (H3, P3-F)

"You tell them the time when a doctor is coming so that they can come and see the doctor. You advocate for the patient with problems, speak to the doctor, allow the patient to verbalize in each and everything she has". (H2, P1-F)

Relationship with the patients: Participants commented that maintaining good relationships renders quality care to patients. They further commented that one must greet the patient, carry out doctors' orders, and answer their questions. Participants verbalized the following statements:

"Quality nursing care, according to my understanding, is to nurse the patient with high standard care, giving them a smile, when they ask you a question you answer them." (H2, P1-F)

"The first impression to the patient where the healing of a patient comes, greeting patient first, second, carry out orders for the patient from the doctor and advocate for them (H5, P3-F)

"Some patients come to the hospital anxious. We must relieve anxiety, reassure the patient, make a relationship with patient... nurse /patient relationship should be good so that the patient can cope with the situation." (H2, P3-F)

Relationship with the family: Participants commented that quality care also involves having a good relationship with the patients' family, involving them in his care, and informing them about his condition. Participants indicated this in this manner:

"When relatives come, if they ask what the problem with the patient is, tell them I'm a sister. I'm not allowed to tell you about the problem of the patient, the doctor will handle it." (H2, P3-F)

"It means when I'm done with the patient care, every aspect has been touched, like in ICU. I'm ICU trained specialist. We work as a multidisciplinary team, which means everybody concerned must do his work and consider family, update family concerning the patient's condition." (H3, P4-F)

Total patient care: Participants view total patient care as giving the patient care in totality, giving care to his physical aspect, and treating him holistically until healing occurs. Participants highlighted this in this way:

"This is nursing the patient in totality, like...meeting the needs of the patients ehh...mentally, physically, emotionally until the patient is healed with the medication." (H1, P4-F)

"Nursing a patient physically, spiritually and emotionally, spending time with patient listening to the patient, be an advocate for the patient" (H5, P3-F)

Good working relationship among nurses: Professional nurses' good working relationship was viewed as an essential aspect of quality care as the involvement of all inpatient care, including the patient himself, results in quality care. The following comments were given:

"In rendering quality care.....as nurses, we work hand in hand (laughs). To get quality nursing care, we have to work as a team support each other because we are here for a common goal... to nurse the patient to get well and go...." (H4, P1-F)

"Participation is to give quality care to patient needs. It means all of us need to be involved, and teamwork is important, and the patient needs to be involved in his care (H5, P4-F)

Application of Batho-Pele principles: Participants viewed the application of the Batho Pele Principle as part of rendering quality care to patients as patients rely on us for care, and the care that we render should be transparent and open. The following statements support the view of the participants:

"Since I am a nurse, it means a lot to me because I would always like to provide is quality care to patients as patients rely on us (yes...) I think the rights of patients should be respected at all times, and Batho Pele principles should be applied." (H5, P1-F)

"Quality patient care is the care that is offered to the patient, providing patient with treatment, application of Batho Pele Principles, taking care of patients." (H5, P5-F)

"Patient has value for money- they pay for care rendered. Openness and transparency where patients should be given the information on their illness and their options to decide their health care interventions." (H5, P1-F)

Proper use of resources: Participants view proper use and optimal resources as aspects of giving quality care. The lack of such resources is viewed as preventing patients from receiving quality care. The following statements support the view of the participants:

"Quality nursing patient care is providing service to patient using optimal resources at hand." (H4, P2-F)

"Lack of resources and shortage of staff will prevent patients from receiving quality care." (H2, P2-F)

Use of guidelines and policies: Participants commented that as they give quality care to patients, they are guided by scientific guidelines and policies that work within a legal framework. They commented in the following statements:

"...as a quality orientated person, you also need to look at adverse effects that can occur [sic] during nursing care. Again...you make sure that you stick to the set standards for the patient's care, you follow the policy and regulations and the Act governing us, which is Act. no. 33 Of 2005..." (H3, P2-F)

"We are guided by steps, standards and protocols, e.g. In MDR patients. CPD is done in this way. People need to remind one another in this way." (H2, P5-F)

THEME 2: Professional nurses' meaning of quality nursing care.

Theme 2 outlines the professional nurses' own description of quality nursing care, it is composed of the sub-themes, namely, fulfilment of patient needs, advocacy for patients, empathy, unequal treatment of patients, and do to others as i will want them to do to me. The discussion of sub-themes is as follows:

Fulfilment of patients' needs: Participants commented that quality care is the fulfilment of needs. Patients need their health needs to be fulfilled in time and referred to other multidisciplinary team members if required. They commented in the following statements:

"It means all my needs should be fulfilled. If I am hungry, I should be fed; if I have a problem, let it be addressed and solved in time." (H1, P5-F)

"I would expect the caregivers to treat me the right way. They should give me full care, if I need psychological care, they should refer me to get help..." (H2, P5-F)

Empathy: Participants commented that empathy should be implemented when you offer care to patients and show empathy to patients. The following comments were stated:

"You nurse the patient in totality. You show empathy and advocate for the patient" (H2, P1-F)

Equal treatment for patients: Participants verbalized that all patients should receive equal treatment from professional healthcare providers, not considering who they are. Participants verbalized the following:

"It means the manner in which you treat patients, and you should treat them equally. Apply the Batho Pele principles. Patients should be treated the same in nursing (H2, P5-F)

"It means you must treat them in total, any culture, colour, sex, treat them the same, rich or poor. (H1, P7-F)

Do unto others as I want them to do to me: Participants, in the view of quality care rendered, reiterated that the quality of care they render to the patient is the same care they would like to receive. They stated the following:

"It is the provision of service that I would like to give if I were in the patient's same position or situation. (H4, P3-F)

"It means what I want others to do to me is what I have to do to another person." (H1, P1-F)

THEME 3: Professional nurses' expectations related to them receiving quality nursing care

Theme 3 outlines the professional nurses' expectations related to them receiving quality nursing care, and it is composed of the following sub-themes, namely, nurses to have good attitudes, good nurse-patient relationships, teamwork, and lack of specialization. The discussion of sub-themes is as follows:

Bad attitudes by nurses: Participants commented that nurses need to have good attitudes towards patients; this is an attribute they were taught during their training/ development. This includes communicating well with patients. Another participant verbalized that patients should be treated well; patients lost their lives due to being ill-treated by nurses rather than dying from the disease. They commented the following:

"We were developed we were told about our attitudes towards patients, how to communicate well with patients, and how we were brought up differently as nurses. If one of the nurses is having depression, we need to support them." (H2, P3-F)

"I would expect to be treated well. I will expect a good attitude from the nurses... People die outside because of nurses' attitudes. As a nurse, you need to treat patients with respect. If my nurses are rude to the patient, I reprimand them because I don't want them to suffer. I'm living a good life because of what I give my patient" (H2, P1-F)

Poor nurse-patient relationship: Participants commented that a good relationship between the nurse and the patient should exist. One participant reported that greeting a patient is the first impression where healing starts. Another participant verbalized that when nurses respond to patients' calls for help is a way of rendering quality care. Participants highlighted that:

"The first impression to the patient where the healing of a patient comes, greeting patient first, second, carry out orders for the patient from the doctor and advocate for them" (H5, P3-F)

"When patients call you and are in need, you go and answer that bell. We can say you are providing quality nursing care to the patient. You don't neglect them." (H1, P1-F)

Teamwork: Participants verbalized that teamwork is an essential aspect of quality care. They verbalized that patients should be involved in their care. They verbalized that though they work as a team, everyone must do their work, and the family should also be involved. They commented as follows:

"Participation is to give quality care patient needs. It means all of us to need to be involved, teamwork is important, and patient needs to be involved in his care." (H5, P4-F)

"It means when I'm done with the patient care, every aspect has been touched, like in ICU, I'm ICU trained specialist, we work as a team, means everybody concerned must do his work also considering family, update family concerning the condition of the patient." (H3, P4-F)

Lack of specialization: Participants indicated that they wish more professional nurses should be trained as nurse specialists as these skills are needed in the hospital. Only a few professional nurses have those skills. They verbalized that these skills are essential as they will have the knowledge to teach others, including doctors. They commented as follows:

"For professional nurses, I wish if they can train them for speciality, Trauma, ICU, Paeds etc. I myself [sic], I am an Occupational Health specialist, and I'm the only one in the hospital with this speciality." (H1, P1-F)

"We need those specialists in the hospital. It's important that we have them to be able to teach the doctors and nurses. We need them to teach us. We want to learn. We want them to be here in the hospital to teach us weekly, at least." (H1, P4-F)

Discussion of Findings

Based on the findings of this study, it is conclusive that participants had their description of quality nursing care and the meaning of thereof, including their expectations of them receiving quality care. A nurse as an advocate speaks on behalf of patients whose voices aren't heard and is empathetic to the patient. She acts on behalf of the patients before doctors and other members of the multidisciplinary team to ensure that the patients' needs are met. In

quality nursing care values such as empathy advocacy are essential aspects of quality care as professionals. Oliveira and Tariman (2017) highlighted that patient advocacy and empathy involves speaking on behalf of the patient and acting in the patient's best interest. This implies that it is important that one has to be an advocate to speak on behalf of the patient so that his needs can be met continuously until they are discharged. Nurses need to ensure that good interpersonal relationships between them and patients exist including good relationships with families ensure that quality care. This is supported by Hartley *et al.* (2020) and Zhou *et al.* (2018) and Treinen (2021), stating that the nursing relationship with the patient and families has been seen as a significant. This implies that a good nurse-patient relationship ensures that patients' needs are attended to. Holistic nursing care requires the nurse to be the provider of care to patients that are based on a joint understanding looking at physical, psychological, emotional, and spiritual aspects of the patient. Rajabpour and Rayyani (2019), states that quality care meets physical needs by providing professional care, psychosocial support, satisfaction with care, and ensuring comprehensive care delivery to the patient. Therefore, this indicates that nurses need to be trained in holistic care skills. The Batho Pele Principle is an essential aspect in rendering quality care to patients (James & Miza 2015). Batho Pele principles were formulated to ensure that patients are treated respectfully.

Batho Pele principles should be an inherent value of professional nurses; this includes the fact that patients need to receive equal treatment from nurses regardless of who they are. This is supported by Marron *et al.* (2020), who stated that fairness and equity in the distribution of benefits among the population of patients should not widen disparities. Teamwork and good attitudes towards patients by professional nurses are attributes taught during their training and development, hence are an important aspect of quality care; this includes communicating well with patients. In support, Gholamzadeh *et al.* (2018) and Simhko *et al.* (2017) commented that an attitude between healthcare providers and patients are vital in achieving the goals of the care plan. This implies that good interprofessional teamwork enhances quality care.

Conclusion

Professional nurses need to distinguish between their values and professional ethics as they nurse patients daily. Professional nurses have an essential function of becoming advocates to speak on behalf of the patient to meet their needs holistically. They need to treat patients

equally without considering who they are. A good relationship between healthcare providers and patients is essential in achieving the goals of the care plan. Teamwork is a critical aspect of quality care. Everyone has to do their work so that medical errors would be reduced. The Department of Health should ensure that hospitals are fully equipped with resources to render quality care to patients.

Strength and limitations

This study may share valuable information on the quality nursing care of patients by professional nurses and stakeholders in health care settings. However, this study is limited to professional nurses in public hospitals. Hoping future research will consider the opinions of professional nurses from private hospitals and primary health care centres

Recommendations

Advocacy should be one of the inherent roles of professional nurses. Nurses should be taught during their training that they need to act with kindness when delivering care to patients. Training institutions should incorporate values such as advocacy and empathy in ethics and legal knowledge in nursing care. Batho Pele principles should be an inherent value of professional nurses and should be practised continuously as they were formulated to ensure that patients are treated with respect and consideration. Professional nurses to treat patients equally irrespective of who they are. Nurses need to have positive attitudes towards patient care if quality care is to be provided. Managers needs to offer support by encouraging nurses to work as a team. Managers and the department of health should ensure that hospitals are fully equipped with resources ensure that scientific guidelines and policies ensuring nurses are working within a legal framework are adhered to by staff.

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Competing Interests

None

Data Availability statement

The data that support the findings of this study are available from the corresponding authors, Data analysed in this study were a re-analysis of existing data, which are openly available at locations cited in the reference section.

Disclaimer

The views and opinions expressed in this article are those of the authors and do not necessarily reflect the official policy or position of any affiliated agency of the authors.

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Professional nurses' experiences regarding Continuing Professional Development (CPD) opportunities at public hospitals of Limpopo Province, South Africa

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See **Annexure N** for Author Guidelines

Abstract

Background: Rapid changes in health care, innovative technologies and the emergence of new knowledge globally led to a need for enhancement in Continuing Professional Development (CPD) opportunities for professional nurses in public hospitals of Limpopo. However, they need to be empowered with updated knowledge and skills to adapt to these changes to enable them to render quality care to patients, resulting in fewer lawsuits.

Objective: To explore and describe the experiences of professional nurses regarding CPD opportunities in the public hospitals of Limpopo Province.

Method: A qualitative, exploratory-descriptive design was utilized in this study. Individual semi-structured interviews were used for data collection. Participants comprised 35 professional nurses who were purposely selected. Data collected were audio-recorded and transcribed verbatim. Data were analysed using Tech's 8-step data coding process, which led to the emergence of themes and sub-themes. Trustworthiness was ensured through credibility, confirmability, dependability, and transferability.

Results: Four themes emerged: Professional nurses' understanding of CPD, Professional nurses' views about necessary support needed for CPD, Professional nurses' views related to in-service training being offered and Identified measures to resolve the challenges. Findings highlights that professional nurses value CPD and view it as important in learning new skills, improving standards of patient care and their self-esteem. Findings included challenges such as poor attendance of CPD activities and lack of understanding of CPD, lack of access to CPD training, shortage of staff, and lack of funding and support by managers.

Conclusion: Offering CPD opportunities regularly enhances knowledge and skills on a personal and professional level. However, more effective strategies are needed to address the identified challenges. Nurse Managers, Human Resources Departments, and Department of Health need to be informed and updated on what is needed to create and sustain effective and attainable CPD opportunities in the public hospitals of Limpopo Province.

Keywords: Professional nurses, Continuing Professional Development, Activities, Public hospital

1 INTRODUCTION

Various researchers state Continuing Professional Development (CPD) as a systematic way in which professionals continue to learn and develop throughout their careers to keep their skills and knowledge up to date, thereby maintaining and enhancing their professional competencies. Changes in technological advancements in health care, economic status, and advancement in knowledge in nursing across the globe, led to the obligation that professional nurses require the understanding of the CPD process and to ensure that they adapt to the changes (Grovanos & Newton, 2014; Nisemo et al, 2013). In addition, professional nurses need to continuously develop their skills and competencies to stay updated with new advances in the nursing profession (The Royal College of Nursing, 2018).

Furthermore, it is through CPD that professional nurses update themselves. Presently, CPD has increasingly become the standard across all professions, and professional nurses are expected to keep record of their group skills up to date themselves, with an expectation that their employers will support them in seeking professional development to expand these skills throughout their career (Price & Reichert, 2017; Mlambo et al, 2021).

Professional nurses have key responsibilities in their career. They play an important role in providing comprehensive quality care to patients and in developing neophytes in nursing through education and training, supervision of staff and engaging in nursing research. These functions are only possible through the acquisition of skills by empowerment through CPD as it offers them an opportunity to improve, maintain and broaden their knowledge (Ross, Barr & Stevens, 2013).

Challenges like staff shortages, a lack of funds, the inability to access CPD activities, and a lack of time to attend workshops are issues that hinder the development of CPD. According to Mlambo et al. (2021), nurses need support with regard to CPD activities. They indicate that a conducive learning environment is a requirement for CPD, this should include flexible off-duty schedules that allow staff to study, accessibility to workplace learning, less demanding work, and fully funded CPD activities.

The SANC, as stipulated in the Nursing Act, No. 33 of 2005, sets and maintains standards of education, training and practice and ensures that nurses and midwives keep their skills and knowledge up to date, and uphold the standards of their professional code. The process to develop a CPD system for South African (SA) nurses and midwives as stated by the SANC

(Circular 3 of 2018), is ongoing. The CPD point-system might become mandatory for all SA nurses and midwives, to maintain registration and update skills and knowledge in the near future.

Limpopo Province is mostly rural with several health care facilities that are situated in most remote rural areas in the districts of the province. The need for CPD for nurses and midwives in Limpopo Province healthcare institutions is a requirement, as evidenced by a study conducted by Tshifularo (2013) on staff turnover in the hospitals of Limpopo Province. The findings revealed that most nurses were dissatisfied with career development opportunities in the workplace. This was found to be in line with the number of nurses with speciality nursing skills; Only 19 out of 141 nurses had nursing speciality skills. She further stated that promotions upward or horizontally go hand in hand with training and staff development, if nurses are not trained, they may not be suitable for promotion (Tshifularo, 2013). Another study conducted in the hospitals of Limpopo found that managers feel that there should be an initiation of staff development programs which will mostly be appreciated by staff. This might encourage them to stay longer in the hospital organizations (Mogale, Mothiba & Malema, 2015).

From the findings of the studies conducted, it is evident that there is a lack in nurse specialists and that the provision of opportunities and participation in CPD is of importance among professional nurses and midwives in health care institutions of the Limpopo Province. This study explores the professional nurses' experiences regarding CPD in the public hospitals of Limpopo Province.

1.2 Aim

This study aimed to explore and describe the experiences of professional nurses' regarding CPD opportunities at selected public hospitals of Limpopo Province.

2. METHOD AND DESIGN

2.1 Research Design

This study utilized a qualitative, exploratory-descriptive design approach to explore and describe professional nurses' experiences regarding CPD in the selected public hospitals. This design was suitable for this study as it provided the professional nurses with an opportunity to describe their experiences regarding CPD opportunities.

2.2 Study Context

This study was conducted in selected public hospitals of Limpopo Province. Namely, in Vhembe District at Tshilidzini and Elim hospitals, in Capricorn District at Mankweng and Polokwane Hospitals and in Mopani District at Letaba and Nkhensani hospitals. The settings were selected because they are the major public hospitals in the mentioned districts, their provision of general patient care, and have a high number and different categories of professional nurses working in the hospital settings.

2.3 Population and Sampling

The target population comprised professional nurses working in selected hospitals of Limpopo province. A non-probability, purposive sampling technique selected 35 professional nurses with more than five years of experience working within these selected public hospitals. The sample size was determined by data saturation reached at participant 30, and an additional five participants were included to ascertain if no new information emerged.

2.4 Data collection

Individual face-to-face, in-depth semi-structured interviews were used to collect the data. The interviews were audio-recorded with the participant's permission and took approximately 45 minutes long. A Semi-structured interview (SSI) guide was used as a tool, which consisted of a pre-determined set of open-ended questions (questions that prompted discussion). This provided an opportunity for the interviewer to explore particular responses from participants. The procedure that was followed during data collection is that the professional nurses were contacted through District Executive Managers (DEM) and Chief Executive Officers (CEO), and Nurse Managers in the hospitals. Permissions were sought after the researcher had applied to the DEM and hospitals CEO telephonically and in writing to conduct the study and collect data. Managers arranged the venue and selected Professional nurses according to the study requirements. Interviews took place mostly on Wednesdays as the staff were on a double shift, meaning that extra personnel were on duty as it was a changeover of shifts.

2.5 Data Analysis

The researchers and an independent co-coder used Tesch's eight-step method of data analysis to analyse the data (Creswell, 2014). The steps for this study's data analysis included transcribing the raw data verbatim, scanning through it, carefully reading the transcribed data to have a general sense of the data, and reflecting on their meanings. This was followed by removing irrelevant details, preparing for coding the data, and properly generating and

organizing the concepts, categories, and themes for clarity and validation. This was facilitated with the aim of making sure that the data collected reflected the consistent ideas of participants (Creswell, 2014).

2.4 Ethical considerations

Ethical clearance for this study was attained from the University of Venda Human and Clinical Trial Research Ethics Committee (HCTREC) (SHS/20/PDC/17/1206). The Limpopo provincial Department of Health granted permission to conduct the study. At the same time, further permissions were granted by the District Executive Managers (DEM), Chief Executive Officers (CEO) and Nurse managers in the hospitals. Informed written consent was obtained from participants who were informed that anonymity and confidentiality would be maintained throughout the study. Their names would not appear on documents but code numbers. Participation in the study was voluntary.

2.5 Measures to ensure trustworthiness.

For this study, trustworthiness was determined by credibility, confirmability, transferability, and dependability, as summarized by Creswell (2014). Data analysis was done with an independent co-coder to ensure the validity of the study (Polit & Beck, 2017). Data collection and analysis were conducted with objectivity to ensure confirmability (Creswell, 2014). An independent co-coder was used for objectivity, and promoters of the study served as independent checkers throughout the research process. A broad explanation of the study context, population and sampling technique, data collection process, data analysis technique and the discussion-maintained transferability (Polit & Beck, 2017). Transparency was fostered by clearly presenting the research methodology and findings, thus ensuring dependability.

3 FINDINGS

3.1 Demographic characteristics of participants

Demographic characteristics the study comprised of 35 professional nurses from the selected public hospitals of Limpopo Province. Majority of participants were females (n=31; 88.6%) and were males (n=4; 11.4%). Participants qualifications were Diploma in nursing (n=23; 65.7%) and bachelor's in nursing including further qualifications (n=12; 34.3%). The table below outlines the characteristics of participants as follows:

Table 1. Outline of Demographic characteristics of participants

| ITEM | BIOGRAPHICAL DATA | FREQ | % |
|---------------------|--|------|------|
| GENDER | Males | 4 | 11.4 |
| | Females | 31 | 88.6 |
| AGE | 31-34 | 8 | 22.8 |
| | 35-50 | 16 | 45.7 |
| | Above 51 | 11 | 31.4 |
| QUALIFICATIONS | Diploma in Nursing | 23 | 65.7 |
| | Bachelor's Degree in nursing or Further qualifications | 12 | 34.3 |
| YEARS OF EXPERIENCE | >5 years | 8 | 22.8 |
| | 10-20yrs | 14 | 40.0 |
| | 21-30yrs | 8 | 22.8 |
| | >30yrs | 5 | 14.2 |

3.2 Themes and Sub-themes emerging from data

The findings of the data collected from participants, the following four themes emerged as experienced by Professional nurses with regard to Continuing Professional Development (CPD) in the selected public hospitals of Limpopo Province are Professional nurses' understanding of Continuing Professional Development (CPD), Professional nurses' views about necessary support needed for Continuing Professional Development (CPD), Professional nurses' views related to in-service training being offered and Identified measures to resolve challenges. The Four themes that emerged are described below in narrative form as experienced by nurses about CPD. Table 1 outlines the identified themes and sub-themes.

Table 2: An outline of the identified themes and sub-themes

| THEME | SUB-THEME |
|--|--|
| 1. Professional nurses' understanding of CPD (motives) | Assist nurses to be knowledgeable CPD boosts professional self-esteem Provision of training from (internal & outside) hospital setting CPD structure in place to develop health professionals |
| 2. Professional nurses' views about necessary support needed for continuing professional development | Giving of incentives related to CPD progress made Insufficient resources Improper selection process for professional for training |
| 3. Professional nurses' views related to in-service training being offered | Poor attendance of in-service Lack of funds for training Insufficient report giving/ Feedback Staff shortage Lack of support from managers Access to in-service training venue |
| 4. Identified measures to resolve challenges | Regular attendance of in-service educations/seminars Teaching should be of immediate use/related to what is happening Multi-disciplinary teamwork Use of internet to learn about conditions |

3.2.1 Theme 1: Experiences related to Professional nurses' understanding CPD

Theme 1 outlines the Professional nurses own description how CPD has assisted nurses to be knowledgeable, how CPD boosted their professional self-esteem, they further described the provision of CPD training from internal and outside the hospital setting and the structure of CPD that is in place. The discussion of sub-themes is as follows:

3.2.1.1 Assist professional nurses to be knowledgeable: Participants indicated that CPD has assisted them to become knowledgeable and skilled in their profession and it is their responsibility to ensure that they become initiative when it come to her own learning when given opportunity by her employer to learn this is evidenced by the following comments:

“CPD according to me is that the professional nurse should not stay in one place were acquiring of knowledge is concerned, when the department decides to send her for update, she should already have the willingness and enthusiasm to learn in her. CPD means she should be given the opportunity to learn by the employer” (H1, P2-F)

“Continuing Professional Development, I think that is the way uhh... or I would say we as health care workers we need to develop ourselves, which is through training like registering for courses to learn and can be done through workshops, and the in-service it is done to equip us with knowledge as things are changing with we are expected to keep updated with information” (H2, P6-F)

“I will talk about ICU, we have services regarding ventilator support, we go to Polokwane for those services. They are developing me as an ICU trained nurse. Sometimes before Covid-19 we would sit down and discuss topics regarding the patients” (H3, P4-F)

3.2.1.2. CPD Boosts their professional self-esteem: Participants identified that CPD boosts their self-esteem professionally, motivates them to do their job well and improves patient care skills. They learn new skills and can put into practice what they have learned and are able to educate patients as well. They see skill development as important as it makes them become more confident and fearless. They wish that nurses in the lower category could also improve their skills to gain more insight. They commented as follows:

“CPD activities here are good. On Wednesdays they give us training, it uplifts and make us do our job well and we learn new skills.” (H1, P1-F)

“This is good as people get first-hand information. This can lead to high moral amongst staff members as the information related to patient care they have received is immediately put into practice in the wards. I can also teach the patient accordingly.” (H1, P2-F)

“... My presentation skills were improved by me going to the university. When I was a junior nurse, I was fearful to remain in the unit (shift leading) but now I do it confidently because I understand things better since I was trained. Skills development is important I wish if lower category can study further to understand their role better- they lack insight”. (H1, P4-F)

3.2.1.3. Provision of training from (internal and outside) the hospital setting: Participants indicated that training is best done within the hospital as wards have a lot of opportunities, they are exposed to teaching than outside, and they feel they also commented that some staff are send outside for training, but they never give feedback. Other participants indicated that outside training makes staff more motivated to learn than internal training. The participant commented as follows:

“Mostly in the ward there are a lot of opportunities to learn, if you want to teach you are given the opportunity to do so. We have students if they need to be taught on something then we can do it. Some people don’t see the need to teach they see it as time consuming. Some nurses don’t feel like attending workshop they feel that it is not necessary” (H1, P2-F)

“I see the most powerful is the in-service training, but the best is training people in the ward because the information reaches them as it is rather than sending one person for in-service who will interpret the information according to her understanding when she gives feedback in the ward.” (H2, P2-F)

“We are asking from our nursing service managers and quality managers to send us for outside workshops for development, e.g., pay for our symposia. Right now, we are no longer going for the ICU symposia” (H3, P2-F)

3.2.1.4. CPD structure in place to develop health professionals: Participants indicated that they can further their studies as the management takes them to school and send them to university to study even if they are sent in few numbers, it is evident that there is a functional CPD structure within the hospital to develop staff. They commented as follows:

“It means being taken to school by our seniors for further learning even if I do it myself I further my studies to develop.” (H1, P1-F)

“We are allowed to do part-time studies, we have to apply through Human Resources we are given permission and released to study ...” (H3, P3-F)

3.2.2 Theme 2: Professional nurses’ views about necessary support needed for continuing professional development.

Theme 2 outlines the Professional nurses’ views about necessary support needed for continuing professional development, giving of incentives related to continuing professional development progress, challenges related to staff shortages and insufficient resources. They further described their

dissatisfaction on improper selection process for professional nurse training. The discussion of sub-themes is as follows:

3.2.2.1. Giving of incentives related to continuing professional development progress: Participants indicated that they will be more encouraged to attend and participate in training if they are given a certificate as incentives and given even tokens of appreciation like, stationery e.g pens and books.

“Identify individuals to perform certain skills to motivate others to learn more and make them pioneers by giving them a certificate of recognition of work well done” (H4, P4-F)

“The staff will be encouraged by incentives as they attend, give us pens and books for example” (H1, P7-F)

“Workshops are done according to categories of staff; they give us certificates.” (H5, P6-F)

3.2.2.2. Insufficient resources: Regarding insufficient resources participants indicated that lack of resources is a challenge as it makes nursing care difficult and even affects training of nurses. They commented as follows:

“Quality nursing patient care is providing service patient using optimal resources at hand.” (H4, P2-F)

“Lack of resources and shortage of staff will prevent patients from receiving quality care.” (H4, P2-F)

3.2.2.3. Improper selection process for professional nurse training: Participants viewed this as a challenge, and they verbalized dissatisfaction regarding the process of selection where “seniority process” is considered as a criterion for selection. This process is seen as considering mostly older adults and most of them don’t complete their studies as some are due to go for pension when they complete training, this according to participants is a waste of government funds. This is what they have commented:

“Management should send people to school while they are still young. Benchmarking from other institutions by our managers can also help so that they see how other people do things” (H1, P5-F)

“Firstly, I’m not discriminating, I can say you cannot take someone who is next to pension, let’s take for example, 57yrs old for training leaving the younger twenty something, active nurses. Sometimes they will say let’s look at seniority. I would rather say take the younger blood, they are very active and able to do the job not the person who will work two years and go”. (H3, P5-F)

3.2.3 Theme 3: Professional nurses' views (Challenges) related to in-service training being offered.

Theme 3 outlines the professional nurses' views related to in-service training being offered. They described the following challenges as experienced, poor attendance of in-service trainings, lack of funds for training, insufficient report giving (feedback) from CPD training by attendees, shortage of staff and lack of support from managers. The discussion of the sub-themes is as follows:

3.2.3.1 Poor attendance of in-service trainings: Most participants commented of poor in-service training attendance. The reason for poor attendance has been seen to be ignorance and lack of interest, as most professional nurses do not see the importance of attendance, some indicated that due to staff shortages they are unable to attend, and they miss out on important workshops. This is what they verbalized:

"The hospital offers workshops and in-service training, but the staff is not taking it seriously."
(H5, P3-M)

"I have attended training on many Wednesdays, but attendance was poor. They usually call us from the wards on the day of presentation, but people are not coming as expected." (H1, P6-F)

"There should be enough staff...attendance can be good if there is more staff. Time of attendance is good, but challenge is staff shortage." (H2, P4-F)

"In the hospital there is shortage of staff sometimes there are only three people on duty and it's not possible to attend to workshops" (H5, P6-F)

3.2.3.2 Lack of funds for training: Participants indicated that in the hospital they are working they are told you that there is no money for training purpose and some participants indicate that they are not invited to on workshop outside the hospital due to lack of funds. They commented as follows:

"In our hospital, they will usually tell you that there is no money for training." (H1, P4-F)

"I think if they can take one person per ward per year for training it will be better, but financially they will always say there is no money for workshops." (H1, P4-F)

3.2.3.4 Insufficient report giving/ Feedback from CPD training: Participants indicated that when nurses go for training on coming back it is important to give feedback to colleagues regarding the training activities attended, furthermore some participants indicated that some of their colleagues go for training and are reluctant to give feedback and some participants indicate that information from training is misinterpreted. They commented:

“In the ward/units you cannot send everyone to attend some remain with patients, it is mandatory that they give feedback when they come from training, they do it usually on Wednesdays when all the staff is on duty so that everybody can benefit” (H1, P6-F)

“When people are trained and they don’t come to give feedback, they don’t apply skills trained, they still stick to old ways of doing things” (H3, P2-F)

3.2.3.5 Staff shortage: Most participants indicated that they are challenged by staff shortages management needs to hire more enough staff to deal with shortage, more staff should be available for training to be successful, they identified that shortage of staff have a negative impact on training as nurses miss out on important workshops .They further expressed that the institution cannot be left with less staff if people go for training as patients also need to be taken care

“There should be enough staff. Attendance can be good if there is more staff. Time of attendance is good is but challenge is staff shortage.” (H2, P4-F)

“They are good but due to shortage of nurses we are unable to attend workshops to empower. Attendance is not good due to shortage of nurses. The facilitators are coming but there is few staff to attend as priority is the patient.” (H1, P7-F)

“Nurses may miss important workshops. Shortage of staff results in nurses not to be released for training or workshops” (H5, P1-M)

3.2.3.6 Lack of support from managers: Participants indicated that they are not receiving support from manager regarding training issues, to offer them time to study. They further indicated that managers should bring training back to the hospitals and send more people for training. Staff wait too long before they could be sent for training. The following are the comments verbalized:

“I wish managers could bring back training to the hospital. The managers take only two people for training and for those two years. They wait for others to complete before they can send others. I wish they can send more people for training.” (H2, P4-F)

“The district is at a higher level they should come together with hospital management to show us how work is done through workshops and offer support.” (H1, P6-F)

3.2.4. Theme 4. Identified measures to resolve the challenges.

Theme 4 outlines the professional nurses’ identified measures to resolve the CPD challenges as experienced namely, regular attendance of in-service educations/seminars, teaching should be of immediate use/related to what is happening, working as a multi-disciplinary team, use of internet to learn about conditions support expected from managers. The discussion of the sub-themes is as follows

3.2.4.1. Regular attendance of in-service educations/seminars: Participants indicated that it is important to have regular attendance of seminars, workshops and in-service trainings and programs are drawn at the beginning of each financial year and more training should take place in the wards and is related to their work it helps to safe patients and staff is able to develop more, the following are the statements from participants:

“... there is continuous development activities that is taking place in the hospital where I am working, we have got in-service training that are conducted weekly taking place every Wednesday, what happens is that at the beginning of each financial year, they draw a program for in-service training and they draw a list and send it to each unit/ward so that people can be able to identify problem areas which they need to be developed on...” (H1, P5-F)

“CPD activities here are good. On Wednesdays they give us training it uplifts and make us do our job well and we learn skills” (H1, P1-F)

3.2.4.2 Teaching should be of immediate use related to what is happening: Participants indicated that teaching should be of immediate use related to what is happening they did relevant training that helped them to identify problems in the workplace and this helped also in identifying hazards. They further added that teaching helps with reinforcement of guidelines that they need to follow as they work. The following are the comments:

“I was trained in Occupational Health and safety (OHS) it helped me identify things in the ward that are posing as hazards and I am able to identify hazards before the hospital OHS team is called” (H1, P1-F)

“We are guided by steps, standards and protocols e.g. In MDR patients. CPD is done in this way. People need to remind one another work related issues in this way.” (H2, P5-F)

3.2.4.3 multi-disciplinary teamwork: Participants verbalized that multi-disciplinary teamwork is an important aspect of quality care, they verbalized that the patient should be involved in his care as well. They verbalized that though they work as a team everyone must do their work and the family should also be involved. They commented as follows:

“Participation is to give quality care patient needs. It means all of us to need to be involved, teamwork is important, and patient needs to be involved in his care also.” (H5, P4-F)

"It means when I'm done with the patient care, every aspect has been touched, like in ICU, I'm ICU trained specialist, we work as a team, means everybody concerned must do his work also considering family, update family concerning the condition of the patient." (H3, P4-F)

3.2.4.4 Use of internet to learn about conditions: Participants indicated that using online training and the internet can be useful as part of in-service training. They are able to understand conditions more by checking them and the signs and symptoms on google. The following statements were verbalized by participants:

"The hospital should have online training programs that take place, and WIFI should be available to follow webinars" (H4, P7-F)

"My view is that hospitals should try and educate staff, register staff for online to keep up with knowledge. I mostly use google for conditions, to check for signs and symptoms..." (H5, P2-F)

4 Discussion of findings of the study

This study aimed at exploring and understanding the experiences of professional nurses regarding Continuing Professional Development (CPD) at selected hospitals of Limpopo Province. This study further contributes to research field by addressing the professional nurses needs regarding continuing professional development in hospital settings. CPD is seen as important in nursing as it assists professional nurses to become knowledgeable and skilful in their profession and professional growth is enhanced, this is supported by (Tuyisenge et al., 2018) who stated that CPD has increased knowledge and approach to nursing care provision once professionals are updated on several skills. This implies that when professional nurses are empowered with knowledge and skills, they can provide quality care to patients, and they also are empowered personally and professionally. In addition, CPD improves their professional self-esteem, this motivates them to do their job to the best of their ability, as supported by (Jan et al, 2015) they stated that CPD empower employees by enhancing high self-esteem.

CPD training for short courses e.g. workshops outside the hospital has an advantage of exposing professional nurses to meet with experts and specialist in their field of study as compared to in-hospital training and this makes them to be motivated to learn and acquire skills from experts, this is supported by (Camp, Hernandez & Dechman, 2017) who stated that rural employees preferred an outside training as it would increase their face-to-face interactions with experts and colleagues in a workshop/course format. Feedback giving by staff post attendance of CPD training a requirement, this implies that dissemination of information is important, nurses are required to give constructive feedback to fellow colleagues when coming back from CPD training to empower others.

Poor attendance in-service training by professional nurses should be avoided at all costs by ensuring that staff attends in-service trainings regularly to enhance skills. They need to have an understanding of

what CPD is and what it entails, therefore, they need be included in the planning of the in-service programs and other CPD activities, this is supported by Viljoen, Coetzee, and Heyns (2017) who stated professional nurses do not attend in-service trainings because they do not see the importance to do so, this is because they lack knowledge of the importance of CPD and some did not attend CPD activities as they were not involved in planning of training needs. This implies that nurse managers should ensure that nurses understand what CPD entails and the importance of CPD in the hospital setting. Including them in planning of activities will motivate them to attend.

Much appreciation has been displayed by most professional nurses regarding the CPD structure that is in place in some hospitals. Some nurses were allowed to further their studies as their managers who send them to school for further training, Brekelmans, Poell, and van Wijk (2013) supports this by stating that employers and managers need to become involved by creating the right conditions in institutions by offering appropriate educational opportunities. The selection process for training on the other hand needs to be reviewed as a few numbers of people are selected to go for post basic training, this led to poor nursing care as people who are skilled are insufficient. This implies that more people should be send for training as there is a requirement for skilled nurses and patient's lives cannot be compromised. Nurse managers should as well re-look into the seniority process for selection of candidates for post basic training considering the age factor as many people go on retirement soon after training. Therefore, nurse managers should send staff for post basic training when they are younger rather than in older age they will be in the profession for a longer period.

Professional nurses appreciate to be recognized for participating in CPD training sessions by being rewarded with incentives, in the form of certificates of attendance and CPD points this will make them more motivated to attend and participate in CPD sessions and makes them feel appreciated by their superiors. This is supported by Uddin (2020) who states that providing attractive incentives for trainees, motivates employees to stay in their jobs.

Health care facilities need to have adequate resources for practice and quality care nursing care. Lack of resources and staff shortages make nursing care difficult and even affects training of student nurses, this is supported by (Feldacker et al, 2017; Bwanga, 2020) who stated that CPD can only be effective if there are facility-based resources i.e., equipment, supplies, laboratories, etc. to enable employees to implement new skills and practices.

Lack of funds for training was reported as a barrier to continuing professional development. According to Ikenwilo and Skåtun (2014) and Younes et al. (2019) lack of funding for CPD activities is an obstacle, they further stated that understanding the needs and barriers to CPD is an important predecessor to developing effective educational and training programmes. In addition, shortage of staff and workload makes professionals to finds it difficult for staff to request study leaves and to attend CPD learning activities. This implies that health authorities should avail funds for CPD training and ensure that health

care facilities are adequately staffed. The use of internet to learn about conditions is valuable for patient care, this is supported by LaMonica et al. (2020) they specified that health information technologies are becoming increasingly recognized for potential provision of innovative solutions to improve the delivery of health services. This means that the use of technology in health care advances health service delivery.

Inadequate support from managers in hospitals makes it difficult for professional nurses to engage in CPD. This is supported by Lee (2011), Mlambo et al. (2021) and Coventry et al. (2015) stating that learning occurs frequently at the choice and the willingness of managers, when managers facilitate professional peer attitudes and offer support effectively in the practice setting, these strongly enhance positive change. This confirms that when professional nurses are supported, they will be more productive, motivated to learn and work effectively to render quality care to patients. Multidisciplinary teamwork becomes remarkable in health care as reinforced by Simhko et al. (2017) and Soukup et al. (2018) who stated that patients, increased cost efficiency and reduced medical errors arise, effective communication and conflict management from good interprofessional teamwork. This is important for smooth effective functioning the team, these are seen as contributors to safe, high-quality care delivery. Therefore, multidisciplinary teamwork in health care is vital, as a team everyone must do their work as agreed, this enhances quality care and safety of patients.

5 Recommendations

5.1 Professional Nurses

Professional nurses should be responsible and accountable for their own training with support from managers. Professional nurses should be responsible for dissemination and implementation of information received as feedback from training, this is important to empower colleagues who were unable to attend.

5.2. Nurse Managers

Managers should give necessary support and motivate professional nurses regarding poor attendance in-service training by ensuring that professional nurses have a clear understanding of what CPD is, they should include professional nurses in the planning of the in-service programs. Selection process for training need to be reviewed so that more staff are selected to go for training, to increase the number of specialist professional nurses. Nurse managers needs to create a supportive atmosphere in the clinical environment that promotes CPD activities and more opportunities for training and reduce long waiting periods for training of staff.

5.3 HRD and CPD coordinators

Encourage professional nurses to attend CPD training activities offered in the hospital setting and outside. Professional nurses need to be given incentives, like, certificates and CPD points as recognition for attendance of training this will motivate them for future attendance. Motivate for more outside the hospital training as it has the advantage staff meeting with experts and specialist in their field of study and benchmarking.

5.4 The Department of health

The health department should ensure that more staff are recruited to cover shortage and more staff can be empowered if staff is available. Ensure that there are adequate resources for effective CPD training. Nurse managers in consultation with the health department should ensure that more funds are available for effective education and training. The use of technology in health care institutions is important and improves health service delivery, health care authorities should ensure that staff are advanced by providing more opportunities for learning via advanced technology.

6 Strength and limitations

This study shares useful information for enhancing continuing Professional Development opportunities among professional nurses and stakeholders in health care settings. However, this study is limited to professional nurses in public hospitals, hoping future research will consider opinions of professional nurses from private hospitals and primary health care centres.

7 Conclusion

Although some professional nurses appreciated the CPD structures and opportunities that are in place in their health care settings, more effective strategies are needed to address barriers, such as access to CPD training shortage of staff, poor attendance, lack funding, lack of support, improper selection criteria and quality of CPD training programs. Nurse managers, Human Resources Department, CPD coordinators and Department of Health need to be informed and updated as to what is needed in creating and sustaining effective CPD training in the hospitals of Limpopo Province.

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Declaration of Competing Interest

The authors declare that they have no identified competing financial interests or personal relations that could have appeared to influence this study in any way.

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Conflict of interest

The researcher declared no conflict of interest with respect to the research

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Nurse Managers' views of Continuing Professional Development of professional nurses in the public hospitals of Limpopo Province, South Africa

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See **Annexure J** for Author Guidelines

ABSTRACT

The efficacy of nurse managers has usually been associated with maintaining high standards of care in health care institutions. Continuing professional development (CPD) is essential to ensure that managers oversee the maintenance of updated knowledge and skills among professional nurses, to ensure delivery of quality care to patients. The Purpose of the study was to explore and describe nurse managers' views of continuing professional development at public hospitals of Limpopo Province.

This study used a qualitative exploratory-descriptive design method. Individual semi - structured interviews were conducted. Participants comprised of 10 Nurse Managers who were purposely selected. Data collected were audio-recorded and transcribed verbatim. Data were analysed using Tech's 8-step data coding process, which led to the emergence of themes and sub-themes. Trustworthiness was ensured through credibility, confirmability, dependability, and transferability. Three themes emerged from the findings of the study namely, Nurse Managers' understanding of CPD, views of CPD activities in health care setting and Interventions to improve CPD activities in the health care setting. Findings revealed that in-service trainings in most hospitals were conducted in a satisfactory way and programs are in place needing to be renewed. Participants revealed challenges that interrupt the smooth running of CPD activities in the hospital such as lack of funds and resources, insufficient number of specialised staff, selection criteria for training and poor attendance of in-service training activities by professional nurses. Although CPD programs and activities seem to be conducted satisfactorily in most hospitals, study findings will assist nurse managers, CPD providers and policy makers to plan more effectively for professional nurses' CPD activities. Identified challenges to be considered when developing strategies for effective CPD activities in the hospitals.

Key words: Nurse Manager, Views, Continuing Professional Development, Public Hospitals

INTRODUCTION

Continuing professional development (CPD) is a process through which nurses in hospital settings make a commitment to continually update their skills and knowledge to remain professionally competent. This new knowledge and skills acquired relates to one's profession, job responsibilities, or work environment. In addition, CPD offers them an opportunity to maintain, improve and expand knowledge, expertise and advance personal and professional abilities to enhance practice and career development^{1,2}. Nurses seek guidance to determine and develop their practical and professional knowledge through CPD. Without the support and encouragement from their managers, nurses will experience problems in their professional development³. The World Health Organisation (WHO) recommends that health care education and training institutions should put into practice CPD for health professionals that is relevant to the ever-changing needs of their communities. Although there is a positive effect on knowledge and skills, improvements in clinical practice have not changed. Furthermore, the effectiveness of CPD can be increased if CPD is linked to career progress and other educational involvements.²⁻⁵

CPD for nurses is an issue that must be tackled by every hospital as an organisation. The success and growth of organisations depends on the presence of advanced updated knowledge and skills. The commitment of senior management to training is an essential part of the success of the organisations. Encouraging professional development and increasing professional development opportunities for nurses leads to a positive work environment and may increase nurse retention.¹

The efficacy of nurse managers in hospitals have usually been associated with maintaining high standards of care in health care institutions. They should ensure that the staff have access to effective induction, training, development, and supervision, including opportunities to reflect on practice. In relation to support and supervision, the responsibilities of CPD providers and registered managers should ensure that arrangements are in place, provision of CPD within work hours is effected, while encouraging awareness to professional nurses and midwives of the usefulness and relevance of using shared themes to their practice and careers.^{1,8}

Challenges has been experiences across the globe regarding management of CPD activities, appropriate training programs were lacking for employees, CPD too costly employees pay from personal funds and lack of opportunities for career advancement.⁹ Challenges could also be unwillingness on the part of staff to participate in CPD due to lack of incentives and other motivational factors. Furthermore, Nurses face also barriers in advancing their professional development due to night work, staff shortages, heavy workloads, poorly defined concepts of nursing and personal commitments.¹ In sub-Saharan countries in the East and Central Africa CPD has been identified as a national priority for nurses and midwives to stay updated and respond quickly to changes that affect healthcare¹⁰. However, Challenges identified in the implementation of CPD from participants are lack of understanding of CPD requirements, limited resources, financial constraints, access to licensure, and access to CPD modules, implementation of

CPD programs and development of CPD communication strategy. Access to CPD activities is a continuing challenge for health professionals working in rural areas as they face unique challenges, often with limited access to resources and this affects the retention of staff.¹¹

Challenges included lack of commitment from management that may result in, inadequate resources and funds as well as the selection process being discriminatory to others. Selecting candidates for training and age was another factor, which hindered the progress in CPD. Learning activities were considered to change during the lifespan of the nurses, authors suggested that when developing strategies for CPD the requirements and age group of employees should be taken into consideration.¹²

Limpopo Province is mostly rural, and it has several health care facilities that are situated in most remote rural areas in the districts of the province. The need for improvement of CPD opportunities for nurses and midwives in Limpopo Province healthcare institutions is a necessity. This study aimed at exploring the views of nurse managers regarding CPD to enhance CPD opportunities for professional nurses to improve quality care of patients.

METHOD

Study Design

This study utilized a qualitative, exploratory-descriptive design approach to explore and describe professional nurses' experiences regarding CPD in the selected public hospitals. This design was suitable for this study as it provided the nurse managers with an opportunity to explore and describe their views regarding CPD of professional nurses.

Study Setting

This study was conducted in selected public hospitals of Limpopo Province. Namely, in Vhembe District at Tshilidzini and Elim hospitals, in Capricorn District at Mankweng and Polokwane Hospitals and in Mopani District at Letaba and Nkhensani hospitals. The settings were selected because they are the major public hospitals in the mentioned districts, their provision of general patient care, and have a high number and different categories of professional nurses and nurse managers working in the hospital settings.

Participants and Sampling

The target population (participants) comprised nurse managers working in selected hospitals of Limpopo province. A non-probability, purposive sampling technique selected 10 nurse managers with more than five years of experience working within these selected public hospitals.

Data collection

Individual face-to-face, in-depth semi-structured interviews were used to collect the data. The interviews were audio-recorded with the participant's permission and took approximately 30-45 minutes long. A Semi-structured interview (SSI) guide was used as a tool, which consisted of a pre-determined set of open-ended questions that prompted discussion. This provided an opportunity for the interviewer to explore responses from participants. The procedure that was followed during data collection is that the professional nurses were contacted through District Executive Managers (DEM) and Chief Executive Officers (CEO), and Nurse Managers in the hospitals. Permissions were sought after the researcher had applied to the DEM and hospitals CEO telephonically and in writing to conduct the study and collect data. Nursing Service Managers arranged the venues and selected participants according to the study requirements. Interviews took place mostly on Wednesdays as the staff were on a double shift, meaning that extra personnel were on duty as it was a changeover of shifts.

Ethical considerations

Ethical clearance for this study was attained from the University of Venda Human and Clinical Trial Research Ethics Committee (HCTREC) (SHS/20/PDC/17/1206). The Limpopo provincial Department of Health granted permission to conduct the study. Permission to conduct the study was also granted by District Executive Managers (DEM) and Chief Executive Officers (CEO) of the hospitals. Informed written consent was obtained from participants who were informed that anonymity and confidentiality would be maintained throughout the study.

Data Analysis

The researchers and an independent co-coder used Tesch's eight-step method of data analysis to analyse the data.¹³ The steps for this study's data analysis included transcribing the raw data verbatim, scanning through it, carefully reading the transcribed data to have a general sense of the data, and reflecting on their meanings. This was followed by removing irrelevant details, preparing for coding the data, and properly generating and organizing the concepts, categories, and themes for clarity and validation. This was facilitated with the aim of making sure that the data collected reflected the consistent ideas of participants.¹³ For this study, trustworthiness was determined by credibility, confirmability, transferability, and dependability. To ensure credibility of the study findings the researcher interacted with participants to get hold of their true viewpoints. Prolonged engagement was ensured by spending sufficient time with

participants. Data collection and analysis were conducted with objectivity to ensure confirmability.¹³ An independent co-coder was used for objectivity, and promoters of the study served as independent checkers throughout the research process. A broad explanation of the study context, population and sampling technique, data collection process, data analysis technique and the discussion-maintained transferability.¹⁴ Transparency was fostered by clearly presenting the research methodology and findings, thus ensuring dependability.

RESULTS

Characteristics of participants

Demographic characteristics the study comprised of 10 Nurse Managers from the selected public hospitals of Limpopo Province Majority of participants were females (n=8; 80%) and were males (n= 2; 20%). Participants qualifications were Diploma in nursing (n= 7; 70%) and bachelor's degree in nursing including further qualifications (n= 3; 30 %). The table below outlines the characteristics of participants as follows:

Table 1 Outline of Demographic characteristics of participants

| ITEM | BIOGRAPHICAL DATA | Frequency | % |
|----------------------------|--|-----------|----|
| Gender | Males | 2 | 20 |
| | Females | 8 | 80 |
| Age | Above 50 | 10 | |
| Qualifications | Diploma in Nursing | 7 | 70 |
| | Bachelor's Degree in nursing or Further qualifications | 3 | 30 |
| Years of experience | | | |
| | 10-20yrs | 5 | 50 |
| | 21-30yrs | 3 | 30 |
| | >30yrs | 2 | 20 |

Theme and Sub-themes emerging from data.

The following three themes emerged as experienced by Nurse Managers with regard to Continuing Professional Development in the selected public hospitals of Limpopo Province are Nurse Managers understanding of continuing professional development (CPD), Nurse Managers views of CPD activities in the hospital and Interventions to improve CPD activities in the hospital . Table 1 below outlines the identified themes and sub-themes.

Table 2: Outline of identified themes and sub-themes

| THEMES | SUB-THEME |
|---|--|
| 1. Nurse managers' understanding of continuing professional development | <ul style="list-style-type: none"> • Personal and Professional development • On-the-job training • Information Sharing through feedback |
| 2. Nurse managers' views of CPD activities in hospital setting | <ul style="list-style-type: none"> • Formal training of professional nurses • In service training programme • Poor attendance by staff • Selection of candidates for training • Insufficient number of nurse specialists • Lack of funds |
| 3. Interventions to improve CPD activities in the health care setting | <ul style="list-style-type: none"> • Management -by- walking • Performance Development Plan • Recognition of staff • Skills need analysis |

Theme 1: Nurse Managers' understanding of Continuing Professional Development (CPD)

Theme 1 outlines the nurse managers understanding of CPD. The following sub-themes are included namely, Personal, and professional development, On-the-job training and information sharing through feedback. The discussion of the sub-themes is as follows:

Personal and Professional development: Participants verbalised their understanding of CPD as development of professional nurses on duty, personal and professional, they further mentioned that nursing is dynamic hence professional nurses need to keep on learning to update themselves on a continuous basis to be up to standard with the circumstances of the day. The following comments were made:

“CPD is the development done by professionals while on duty on because when we are working some of the things, we use to know change with time” (H2P2-F)

“My understanding is that in our profession we have to keep on learning. As nursing is dynamic things are changing. As you can see now, the way we lived previously is not the same now. So, you have to update yourself very often so that you can be up to standard with the circumstances now” (HIP2-F)

On-the-job training: Participants mentioned that CPD is a structure that is put in place for on-the-job training conducted in the hospital for professionals to update themselves. They further mentioned that this is an in-service training done by professionals to develop one another to be up to date with relevant procedures.

“It is a structure put in place to make sure that health professionals are continuously updated on issues of their profession. So it can be in the form of on the job training, in-service education, that is conducted in the hospital or private training, those professional that are registered with the universities to update themselves” (H3P1-F)

“According to my understanding CPD is the development done by professionals while on duty on because when we are working some of the things, we use to know change with time” (H2P2-F)

Information sharing through feedback: Participants mentioned the CPD is information sharing among subordinates, it is important to improve quality care to patients and further mentioned that information sharing is about giving feedback after attending training, this should be considered as mandatory as some staff cannot attend training as they remain with patients. The following statements were mentioned:

“...when I acquire knowledge it is not for me only it is for subordinates /staff coming back and give feedback. Then you share the information and then quality care is improved.” (H5P2-F)

“In the ward/units you cannot send everyone to attend some remain with patients, it is mandatory that they give feedback when they come from training, they do it usually on Wednesdays when all the staff is on duty so that everybody can benefit” (H1P2-F)

Theme 2: Nurse Managers view of CPD activities in hospital setting.

Theme 2 outlines the Nurse Managers view of CPD activities in hospital setting, the following sub-themes includes: Formal training of professional nurses, In-service training programme, Poor attendance by staff in CPD activities, Selection of candidates for training, Insufficient number of nurse specialists and lack of funds. The discussion of sub-themes is as follows:

Formal training of professional nurses: Participants verbalised the procedure and criteria that is used for professional nurses when they go on formal training. They mentioned how the “Seniority List” is applied. Other participants mentioned that formal training is poor, it’s long since the department has trained the more Midwives and sees this as a challenge since the maternity wards are very busy and has a need for more trained midwives. They commented as follows:

“In our hospital.... They look at the ‘Seniority list’ and whether the person qualify to go for training? I’m referring now to full- time study students, sometimes the person may say they are no longer going, and another is selected, they also involve the unions and some community members. The committee will then select only two or three people to go for training” (H1P2-T)

“My view is that formal training of professional nurses is poor, it’s been long that staff were trained. The last time one person was trained for Advanced Midwifery. Two at a time are selected.

The Maternity ward is very busy, you find that they have a lot of patients' staff being very few” (H3P1-F)

In service training programme: Some participants positively verbalised that the in-service training in their hospital is done well and they have a program in place where different categories of nurses are given an opportunity to train on topics and even look for experts outside the hospital to come and train them. Other participants mentioned that the program is done every Wednesdays prepared at the beginning of each financial year, training needs of staff are taken into consideration during planning. Participants mentioned that their in-service training activities in the wards is well done as they also teach students from the college and doctors who visits their wards. They commented as follows:

“... there is continuous development that is taking place in the hospital where I am working, we have got some in-service training that are conducted weekly taking place every Wednesday, what happens is that at the beginning of each financial year, they draw a program for in-service training and they draw a list and send it to each unit/ward so that people can be able to identify challenges or problems experienced which they need to be developed on...” (HIP2-F)

“CPD activities here are good. On Wednesdays they give staff training, it uplifts and make them do their job well and learn new skills” (HIP1-F)

Poor attendance by staff in CPD activities: Participants mentioned that although the CPD activities are in place, attendance by staff is very poor. Staff are ignorant and show lack of interest, they just want to work and go home at the end of the day. Other participants in addition mentioned that some staff do not attend due to shortage and cannot leave patients unattended, some are just reluctant. Participants further mentioned that there is a need for moral regeneration for staff where they will have to pledge again. Top management need to intervene and organise workshops outside to get staff motivated. They commented as follows:

“Attendance was poor due to behaviour of staff. People don't give themselves time for training. They only look at working and going home. They are not interested” (H4P2-F)

“They are participating, but in most instances, they will indicate that they are not coming due to shortage they cannot leave patients alone. Sometimes they just have that reluctance.” (H4P1-F)

“We supposed to do moral regeneration, pledge again. Management at the top to assist with involving people by organising outside workshops to get staff more motivated in-house training not so well attended.” (H3P1-F)

Selection of candidates for training: Participants commented on selection of candidates' training, that they had challenges some candidates apply and decides never go for training .Some participants were

concerned about the age of people going for training some go when they are about to go for pension, they prefer that the younger nurses should be selected for training as they are active and will serve the department for long years to come. They commented as follows:

“In nursing look at the ‘Seniority list’ and whether the person qualify to go for training? I’m referring now to full- time study students, Sometimes the person may say they are no longer going, and another is selected, they also involve the union and some community members. The committee will then select and only three people will be selected. The ones that are doing part-time are not affected.” (H2P1-F)

“.....the seniority list is no working, the people are sent to school when they are old, and they usually don’t pass at record time. They will repeat a level by the time they pass they are due for retirement, which means that also need to be looked at. It is waste of the department’s money. If younger nurses are sent for training they will serve the department for a number of years to come rather than the older nurse who will serve the department for two years and go on pension.” (H2P2-F)

Insufficient number of nurse specialists: Participants commented that there is insufficient number of specialised professional nurses, they mentioned that as the older staff are the ones with specialities and will soon be leaving the profession and they are short of these skills as they sometimes borrow trained staff from other hospitals. Some participants verbalised that they wish for more specialised people to be trained in ICU, Theatre, Trauma, Occupational, Advanced Midwifery and Paediatrics as these are important scarce skills. They commented as follows:

“The issue of age is a problem those with specialities are older people and they are leaving the profession not long. We are having a shortage of Advanced Midwives, ICU and Trauma nurses. We sometimes borrow theatre trained people from other hospitals.” (H3P1-F)

“For professional nurses I wish if they can train them for speciality, Trauma, ICU, and Paeds etc. I myself [sic], I am an Occupational Health specialist and I’m the only one in the hospital with this speciality. For your information I also had to take myself to school for this speciality using my own funds.” (H3P2-F)

Lack of funds: Participants indicated that the hospital is lacking funds to send staff on training, only a few are selected it is less as compared to the size of the hospital, they wish that the department of health make more budget available for this purpose. Participants also indicated that the hospital management say there is no money to hire staff, this causes shortage as most nurses are resigning due to overwork and some staff get sick due to work overload, they commented as follows:

“We are having a challenge of budget, they send a few people for training, and they can send only three professional nurses for training it is less compared to the size of the hospital. The department should make budget available.” (H3P1-F)

“We do report to hospital management, but they will tell you there is no money to hire staff. Most of the nurses are resigning due to overwork and it now becomes a matter of compromising to us. Most staff get sick due to overwork.” (H5P2-F)

THEME 3: Interventions to improve CPD Activities in the health care setting.

Theme 3 outlines the interventions to improve CPD Activities in the health care setting, the following sub-themes includes: Management by walking, Performance Development Plan Recognition for professional nurses and Skills need analysis. The discussion of sub-themes is as follows:

Management by walking: Participants indicated that they acknowledged that managers should do regular rounds as they call it ‘management by walking’ as managers visits the units as it was done before, where they ask professional nurses to take them rounds in the units, that’s where discover that professional nurses lack skills. Other participants verbalised that the development plan for staff should include their training needs. They commented as follows:

“We managers do what we call ‘management by walking’ where together with senior professional nurses allocate one another and go to different units there they let the nurses take them some rounds, they discovered that some professional nurses there lack skills, and they then planned for someone to train them on skills.” (H2P2-F)

Performance Development Plan: Participants verbalised that in the Performance Management Development Plan enable each individual staff must write their development needs so that they can be trained accordingly. Comments are as follows:

“In our Performance Management Development Plan each staff member need to write their development needs and training is done accordingly. This decreases litigations, incidents, mortality rates and complains by patients”. (H4P1-F)

“Besides nurses training, we have HRD office in our hospital who consolidate skills needs we have identified in during our Performance Management reviews, they allocate people from the hospital or an outsider depending on the skills we want to be developed on”. (H2P2-F)

Recognition for professional nurses: Participants indicated that professional nurses are not confident and should be not always seen to be at fault, they need to be recognised for work well done. Participants further indicated that CPD is the responsibility of the Dept of Health to ensure that staff are developed, and this should be their Priority. They commented as follows:

“We deal with complains of patients, doctors come out clean nurses are always at fault, nurses are not confident. Nurses should be treated equally to doctors.” (H3P1-F)

*“I think as far as CPD is concerned the Department of Health can take it as their responsibility, to ensure that the staff have the opportunity to be updated it will be a problem **if** we are supposed to uses CPD points to renew our licences to practice in future. They must prioritise it to update people.” (H2P2-F)*

Skills need analysis: Participants indicated that the Department of Health and the District should do relevant need analysis and make budget available for training. Participants indicates that they as managers should ensure that staff are continuously provide quality care of patients in par with developing trends.

“The higher structure the Province and District representatives to go and look around the district to look for training needs from the employees because sometimes people are trained for things that are not necessary for them. People should go and identify the need and safe money of the department”. (H2P2-F)

“I think we need to, as managers remind our subordinates that for them to continuously provide quality care to patients they must be in par with developing trends, if not they will not be able to render quality care to our patients.” (HIP2-F)

DISCUSSION OF FINDINGS

This study is aimed at exploring and understanding perceptions and experiences of Nurse Managers regarding continuing professional development of professional nurses at selected hospitals of Limpopo Province. Nurse managers acknowledged continuing professional development as on -the- job training where professionals develop themselves continually personal and professionally with updated knowledge and skills to adapt to changes in health care. This is supported by⁶ who commented that CPD changes the individual's professional practice and that CPD is the process of ongoing education and development of healthcare professionals for the duration of professional life, maintaining competence and increase professional expertise.^{6,15} states that on-site education occurs often at the decision and the readiness of managers to allow knowledge to take place within the clinical areas, mentors need to use the work place as the main source for knowledge and to co-create new knowledge with those who need to improve their skills. Most importantly giving feedback to others post -training is essential as supported by¹⁶ who is of the opinion that each person in the team is responsible for giving constructive feedback. This implies that the main purpose of CPD to improve professional nurses' knowledge and skills to maintain competence and giving constructive feedback pot training.

Nurse Managers viewed CPD activities in hospital settings as formal training and availability of in-service programmes. A “seniority list” is used as a criterion for selection for formal training where experience and years of service of employees are taken into consideration. Seniority list is a process used in state institutions for the purpose of selection and promotion.^{17,18} supports the Seniority-based promotion as it can help prevent favouritism in employee promotion. However, seniority still poses organizational challenges because it allows for employees to be promoted who may not be qualified. Some participants were concerned about the age of people going for training some go when they are about to go for pension, they prefer that the younger nurses should be selected for training as they are active and will serve the department for long years to come.

Although CPD has its benefits as stated above by nurse managers. Several challenges are encountered namely, lack of funds and resources for training including poor attendance and lack of specialised staff (trauma and ICU etc.) which appeared make nursing care difficult and even affected training of nurses, this is supported by¹⁹ who stated that CPD can only be effective if there are facility-based resources (funds, equipment, supplies) to enable employees to implement new skills and practices. Poor attendance of in-service trainings is seen as multifactorial, participants mentioned that it could be due to lack of interest in training ignorance, lack of knowledge of importance of CPD in the hospital and shortage of staff. This has been supported by the views of²⁰ who are of the opinion that participation in continuous professional development programs is a way to ensure quality nursing care and unsatisfactory attendance of continuous professional development programs is related more to nurses’ attitudes such as lack of understanding of importance of CPD. In addition²¹ view barriers to attending CPD training in rural areas mostly as personal reasons such as domestic responsibilities, distance, cost, and professional reasons such as work commitment, staff shortage and lack of information to maximise participation in CPD. This indicates that support such as paid study time, strong supportive leadership, and a positive attitude to CPD from both management and staff facilitates effective learning and attitude change. If professional nurses are aware of the program’s importance and are involved in their training this will also enhance CPD. There is a need for more specialised people to be trained in ICU, Trauma and Theatre etc. as they are important scarce skills in the hospital. This is supported by²² who states that the Clinical Nurse Specialists play an essential role in delivering care in a variety of settings. They have expert knowledge, complex decision-making abilities, and enhanced skills. In addition²³ is of the opinion that developing clinical specialists is essential for high-quality and safe care for patients.

Managers’ supportive role is to do regular rounds as they call it ‘management by walking’, managers visits the units, they asks professional nurses to take them rounds in the units, that’s where discover lack of skills. This is supported by²⁴ who views management-by-walking-around as a method in hospitals that involves senior managers directly observing frontline workers, this led to greater action-taking and was seen as helpful in effective problem solving.²⁵ suggests that poor leadership and lack of involvement by managers negatively impacts the motivation staff and patient care. This implies that

nurse manager's leadership involvement in hospital setting and walking around the units of the hospital is essential to revive skills of front-line workers, it enhances their problem-solving skills and enables them to render quality nursing care and enhance motivation of staff. Performance Management Development Plan is a supportive role of nurse managers as individuals need to write their development needs and training is done accordingly. As supported by ²⁶ who view that personal development plans are learning strategies and a key to job performance. Furthermore, development plan for staff should include their training needs to enhance job performance. This suggests that managers should write down development needs of staff and implement them. Staff should be included as well in the writing of the plan this will lead to productive and good job performance by staff. Recognition in the form of incentives related to CPD progress and attendance by participants will make them more motivated to attend training sessions. This statement is supported by ²⁷ who states that providing attractive incentives for trainees, attract employee to retain their job with employer. The Department of Health and the District should do training need analysis and make budget available for training. ²⁸ supported this by stating that validated training needs assessment is important to facilitate effective CPD programs to enhance healthcare workers' knowledge and skills, this will also reduce patient mortality rates. In addition, ²⁹ states that training needs analysis provides information about the current employee productivity level, the skill areas most in need of development and the ways in which this might best be achieved. This concludes that Nursing Service Managers, HRD, the District and the Department of Health must develop the need analysis plans to provide managers with information on skills development needs of the professional nurses and how it can be achieved.

IMPLICATIONS AND RECOMMENDATIONS

Nurse Managers

Managers should give necessary support and motivate professional nurses regarding poor attendance in-service training by ensuring that professional nurses have a clear understanding of what CPD is, they should include professional nurses in the planning of the in-service programs. Nurse managers involvement in hospital setting and walking around the units to be continuous to revive skills of front-line workers. Selection process for training need to be reviewed so that more staff are selected to go for training to increase the number of specialist professional nurses. Nurse managers needs to create a supportive atmosphere in the clinical environment that promotes CPD activities and more opportunities for training and reduce long waiting periods for training of staff. Nurse Managers in consultation with the health department should ensure that more staff are recruited to cover shortage and more staff can be empowered if staff is available. Nurse Managers should ensure that Professional nurses are be responsible and accountable for their own training by offering support. They should ensure that Professional nurses disseminate and implement information received as feedback from training, this is

important to empower colleagues who were unable to attend. Nurse Managers needs to motivate and recognise staff to improve job performance.

HRD and CPD coordinators

Encourage professional nurses to attend CPD training activities offered in the hospital setting and outside. Professional nurses need to be given incentives, like, certificates and CPD points as recognition for attendance of training this will motivate them for future attendance. Motivate for more outside the hospital training as it has the advantage staff meeting with experts and specialist in their field of study and benchmarking.

The Department of health

The health department should ensure that more staff are recruited to cover shortage and more staff can be empowered if staff is available. Ensure that there are adequate resources for effective CPD training. Nurse managers in consultation with the health department should ensure that more funds are available for effective education and training. The use of technology in health care institutions is important and improves health service delivery, health care authorities should ensure that staff are advanced by providing more opportunities for learning via advanced technology.

CONCLUSION

The study findings should help management and CPD providers to plan more effectively for professional nurses' CPD. When developing strategies for continuing professional development, the requirements and different age groups need to be taken into consideration. Challenges such as lack of funds, equipment and poor attendance by staff should be attended to by the hospital management in consultation with higher authorities. There is also a need for more coordination of interventions for continuing development of professional nurses including monitoring and evaluation of CPD activities at hospital level.

Strength and limitations

This study shares useful information for enhancing continuing Professional Development opportunities among nurse managers and stakeholders in health care settings. However, this study is limited to nurse managers in public sector hoping future research will consider opinions of managers from private hospitals.

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Declaration of Competing Interest

The authors declare that they have no identified competing financial interests or personal relations that could have appeared to influence this study in any way.

Author contributions

All authors participated and made approval to the final manuscript.

Conflict of interest

None

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Conceptual framework for enhancing CPD opportunities for Professional nurses in hospitals of Limpopo Province

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See **Annexure N** for Author Guidelines

Abstract

BACKGROUND: Continuing professional development opportunities for professional nurses have challenges in most public hospitals as evidenced by the data collected from professional nurses and nurse managers when conducting research from the selected hospital in phase 2 of the study.

AIM: This study aims at developing a Conceptual Framework (CF) for enhancing Continuing Professional development opportunities for professional nurses in the public hospitals of Limpopo Province.

Setting: This study was conducted in selected public hospitals of Limpopo Province

Methodology: The findings of phase1 scoping review and 2 empirical study were used including the CPD process, supported by Patricia Benner in her Novice to Expert theory (1984) on level of skills acquisition will form the basis of methodology of this paper.

Results: Conceptual framework for enhancing Continuing Professional development opportunities for professional nurses in the public hospitals of Limpopo Province was developed. This was be developed using the following steps of the CPD process: Needs identification, planning, implementation, reflection and sharing of information, this was be supported by Dreyfus Skill Acquisition Model (1980) as applied by Patricia Benner in her theory (1984) on Novice to Expert level of knowledge acquisition.

Conclusion: Findings from the study developed conceptualised framework guided and support the professional nurses and nurse managers in enhancing CPD opportunities which will result in skilled and competent staff who will render quality care to patients.

Keywords: Enhancing; Continuing Professional Development; Professional Nurses; public hospital

Introduction

Changes in technological advancements in health care, economic status, and advancement in knowledge in nursing across the globe, led to the obligation that professional nurses need to have updated skills and knowledge to ensure that they adapt to these changes (Grovanos & Newton, 2014; Nisemo et al, 2013). To acquire the skills and knowledge the nurses need to have a clear understanding of the CPD process and CPD opportunities need to be available so that they can be empowered. The World Health Organisation (WHO) recommends that health care and education and training institutions should implement CPD for health professionals that is relevant to the evolving needs of their communities (WHO, 2013).

Some countries regard CPD as mandatory whereas other countries regard it as non-mandatory (WHO, 2013). In Australia, health professionals are obliged by legislation to engage in CPD to sustain professional registration (Ross, Barr & Stevens, 2013). In the United Kingdom, CPD is non-mandatory, it is done for minimum practice (Pool et al., 2015). According to Panthi and Pant (2017), CPD can be acquired through formal and informal learning. Formal learning takes place at institutions of higher education and training i.e., universities and colleges. According to Nisemo et al (2013), informal learning is ongoing on-the-job training, in-service training, case studies/presentations, peer reviews, workshops, and conferences. In South Africa, the South African Nursing Council (SANC), in line with the provisions of the Nursing Act, 2005 (Act No. 33 of 2005), is in the process of developing a CPD System.

Professional nurses in hospitals need to update their skills and knowledge to provide quality care to patients and their communities to prevent litigations that may arise due to misconduct that may occur as they practice. According to the Guidelines of reporting professional misconduct, the SANC sets and maintain the standards of nursing and midwifery practice in South Africa. SANC investigates complaints of conduct that disrupts high standards of care to which a patient deserves.

Professional nurses need to take charge of their own training and employers needs to support them through creating a conducive environment for CPD activities and training programmes (SANC CPD Framework, 2021). According to the Strategic Plan for Nurse Education, Training and Practice (2012/13 – 2016/17) South Africa's predominantly nurse-based healthcare structure requires nurses to be competent and be experts to manage the country's burden of disease and to meet health needs of South Africans.

The aim of CPD is to maintain and enhance the knowledge and skills, knowledge that stays relevant and up-to-date, knowledge that is effective in the workplace, that advances the body of knowledge, ensure quality patient care and keep pace with current standards in nursing (Coventry, 2015; Jackson et al, 2015). An investment in the continuing education of professional nurses confirms that quality

education results in enhanced knowledge and skills, staff satisfaction, staff retention, and quality patient care (Price & Reichert, 2017; Pool et al, 2013).

Challenges that are experienced by professional nurses as they practice hinders the progress of CPD activities, this include staff shortages, lack of funding, in accessible CPD activities and lack of time to attend workshops, Mlambo et al (2021) is of the opinion that nurses need to be supported regarding CPD activities, they indicate that a supportive environment for learning is a requirement for CPD.

This study findings further confirms that professional nurses lack the required skills and knowledge to manage the disease burden faced by communities and that a number of challenges that exists that hinder provision of CPD opportunities for professional nurses of Limpopo Province. This article intends to develop a CF which will facilitate the enhancement of CPD opportunities for professional nurses in the hospital of Limpopo Province. The CF of this study will be based on Dreyfus Skills Acquisition Model (1980) as applied by Patricia Benner (1984) in her theory and the process of CPD.

Research Method

This study utilized a qualitative, exploratory-descriptive design approach to explore and describe professional nurses' experiences and nurse managers regarding CPD in the selected public hospitals in the second phase of the study. This design was suitable for this study as it provided the researchers with an opportunity to describe the professional nurses and nurse managers' experiences regarding CPD opportunities which will contribute to new knowledge in improving clinical nursing. The development of the CF will be discussed in as follows, namely, Phase one Scoping review, themes and sub themes , Phase two, the empirical phase of the study in which the themes and sub themes which displays the experiences of professional nurses and nurse managers on CPD are explored. Phase one and two combined : organisation (classification of concepts) and Phase three: the development of the CF. The three phases are outlined as follows:

Step One: Scoping review

A scoping review was conducted identifying literature related to the study. For this study a scoping review was conducted to identify knowledge gaps, scope a body of literature and to clarify concepts (Arksey and O'Malley, 2005). By conducting a scoping review in this study, the researchers aims to comprehensively identify and describe experiences of professional nurses in CPD to develop strategies to enhance Continuing Professional Development for professional nurses in the hospitals of Limpopo Province. The researchers used the six-stage process of (Arksey and O'Malley ,2005) methodological framework for conducting scoping reviews. The main aim of this review was to present an analysis of experiences of professional nurses as they participate in CPD in various health care settings in various countries in order discover strategies that will assist to enhance participation in CPD by professional nurses. To achieve this, the researcher searched for research evidence via different sources of databases

namely, MEDSCIENCES, MEDLINE, EBSCOHOST, GOOGLE SCHOLAR etc. The search strategy for electronic databases was developed from the research question and definitions of key concepts. An independent reviewer was consulted to review the findings. Findings were as follows: This study began by discussing scoping reviews as an increasingly common approach for seeking and mapping the evidence in broad topic areas. Findings included, Main reasons for engaging in CPD, Importance of CPD, Benefits and motivators of CPD, Challenges faced during CPD engagement and the supportive role of Nurse Managers, HRD managers and importance of keeping policies regarding CPD.

Step Two: Qualitative research method (approach)

Empirical Phase

A non-probability purposive sampling was used to select permanently employed professional and nurse managers in the selected hospitals in the districts of Vhembe, Mopani, and Capricorn. 36 professional nurses and 12 nurse managers were selected. Both were individually interviewed using a semi-structured interview schedule. Interviews lasted from 45 to 60 minutes. Interviews were audio-recorded, the procedure that was followed during data collection was that the professional nurses were contacted by their District Executive Managers (DEM) and Chief Executive Officers (CEO), and Nurse Managers in the hospitals. Permissions were sought after the researcher had applied to the DEM and hospitals CEO telephonically and in writing to conduct the study and collect data. Managers arranged the venue and selected Professional nurses and nurse managers according to the study requirements.

The researchers and an independent co-coder used Tesch's eight-step method of data analysis to analyse the data (Creswell 2014). The steps included transcribing the raw data verbatim, scanning through it, carefully reading the transcribed data to have a general sense of the data, and reflecting on their meanings, irrelevant details were removed, preparing for coding the data, and properly creating and organizing the concepts, categories, and themes for clarity and validation. This was facilitated to make sure that the data collected reflected the authentic ideas of participants (Creswell 2014).

Trustworthiness was ensured through maintaining credibility, confirmability, dependability, and transferability, as summarized by Creswell (2014). Data analysis was done with an independent co-coder to ensure the study's credibility (Polit & Beck 2017). Data collection and analysis were conducted with objectivity to ensure confirmability (Creswell 2014). Transparency was fostered by clearly presenting the research methodology and findings, thus ensuring dependability. A broad explanation of the study context, population and sampling technique, data collection process, data analysis technique and the discussion-maintained transferability (Polit & Beck, 2017).

Table 1- Methodology of the Conceptual framework.

| Phase | Design | Population | sampling | Sample size | Context |
|---------------------------------|---|--|-----------|-------------------------------|-------------------------|
| Phase 1 (STEP 1) | Scoping Review | <ul style="list-style-type: none"> • 20 Articles related to CPD | Purposive | 20 Articles | 5 regions of the world |
| Phase 2 (STEP2) | Exploratory descriptive design | <ul style="list-style-type: none"> • 35 Professional nurses • 10 Nurse Managers in hospitals | Purposive | 35 PN 10 NM | Rural Limpopo hospitals |
| Phase 1&2 Combined STEP 3 | Scoping Review and Explorative designs including CPD process: supported by Patricia Benner in her Novice to Expert theory (1984) on level of skills acquisition | <ul style="list-style-type: none"> • 20 Articles related to CPD • 35 Professional nurses • 10 Nurse Managers in hospitals | Purposive | 20 Articles 35 PN 10 NM | Rural Limpopo hospitals |

Ethical Consideration

Ethical clearance for this study was attained from the University of Venda Human and Clinical Trial Research Ethics Committee (HCTREC) (SHS/20/PDC/17/1206). The Limpopo provincial Department of Health granted permission to conduct the study. Permissions were also granted by the District Executive Managers (DEM), Chief Executive Officers (CEO) and Nurse managers in the hospitals. Informed written consent was obtained from participants who were informed that anonymity and confidentiality would be maintained throughout the study. Participation in the study was voluntary.

Empirical Findings

Findings will be discussed based on the two main themes identified and the sub-themes identified. Theme I – Professional nurses’ views of CPD and Theme 2- Nurse Managers views of CPD. The following five (5) sub-themes emerged from the interviews with Professional nurses, namely, Description of quality care, Understanding the concept CPD, CPD training challenges, CPD support offered, Measures to resolve identified challenges. Three sub-themes emerged from interviews with Nurse Managers namely, Understanding of CPD, CPD activities in hospital setting and Interventions to improve CPD in hospital setting. Table 1.1 below outlines the themes, sub-themes and categories identified.

Table 2. Outline of theme, Sub-themes, and Categories

| THEMES | SUB-THEMES | CATEGORIES |
|-------------------------------------|---|---|
| 1. Professional Nurses' view of CPD | <p>Understanding CPD</p> <p>CPD training challenges</p> <p>CPD Support offered</p> <p>Measures to resolve challenges</p> | <p>Assist nurses to be knowledgeable</p> <p>CPD boosts professional self-esteem</p> <p>Provision of training from (internal and outside) hospital setting</p> <p>CPD structure in place to develop health professionals</p> <p>Poor attendance of in-service</p> <p>Lack of funds for training</p> <p>Insufficient report giving/ Feedback</p> <p>Staff shortage</p> <p>Access to in-service training venue</p> <p>Lack of support from managers</p> <p>Giving of incentives related to CPD progress made</p> <p>Insufficient resources</p> <p>Improper selection process for professional for training</p> <p>Regular attendance of in-service educations/seminars</p> <p>Teaching should be of immediate use/related to what is happening</p> <p>Multi-disciplinary teamwork</p> <p>Use of internet to learn about conditions</p> |
| | Description of quality nursing care | <p>Advocacy for patients</p> <p>Relationship with the patients</p> <p>Relationship with the family</p> <p>Total patient care</p> <p>Good working relationships among nurses</p> <p>Application of Batho-Pele principles</p> <p>Proper use of resources</p> <p>Use of guidelines and policies</p> |
| 2. Nurse managers' views of CPD | <p>Understanding of CPD</p> <p>CPD activities in hospital setting</p> <p>Interventions to improve CPD Activities in the health care setting</p> | <p>Personal and Professional development</p> <p>On-the-job training</p> <p>Information Sharing through feedback</p> <p>Formal training of professional nurses</p> <p>In service training programme</p> <p>Poor attendance of in-service by staff</p> <p>Selection of candidates for training</p> <p>Lack of specialised personnel</p> <p>Lack of funds</p> <p>Formal training of professional nurses</p> <p>In service training programme</p> <p>Poor attendance of in-service by staff</p> <p>Selection of candidates for training</p> <p>Lack of specialised personnel</p> <p>Lack of funds</p> |

Discussion to main Themes and related sub-themes.

Results of professional nurses' view of CPD

The study revealed that CPD structures do exist within most hospitals, but they are not up to standard in some hospitals. Poor attendance of in-service training by professional nurses as they did not see the importance of attending., those who attend do not give feedback to colleagues post in-service trainings. Lack of support by managers has been identified. Inadequate support from managers in hospitals makes

it difficult for professional nurses to engage in CPD. The selection process for training on the other hand needs to be reviewed as a few numbers of people are selected to go for post basic training, this led to poor nursing care as people who are skilled are insufficient.

Quality care to professional nurses means that the nurse is an advocate who speaks on behalf of patients whose voices aren't heard and is empathetic to the patient. Batho Pele principles should be an inherent value of professional nurses; this includes the fact that patients need to receive equal treatment from nurses regardless of who they are. Teamwork and good attitudes towards patients by professional nurses are attributes that need to be inherent in them. Documentation of nursing care rendered is an essential aspect of quality care the following factors were associated with nursing care documentation, nurse-to-patient ratio, in-service training, knowledge, and attitude of nurses toward nursing care documentation.

Results of nurse managers s views of CPD

Nurse managers acknowledged continuing professional development as on -the- job training where professionals develop themselves continually personal and professionally with updated knowledge and skills to adapt to changes in health care. A “seniority list” is used as a criterion for selection for formal training where experience and years of service of employees are taken into consideration. Furthermore, it is a process used in state institutions for the purpose of selection and promotion. Barriers to attending CPD training in rural areas mostly as personal reasons such as domestic responsibilities, distance, cost and work commitment, staff shortage and lack of information to maximise participation in CPD. This indicates that support, such as paid study time, strong leadership, and a positive attitude to CPD from both management facilitates effective learning. Clinical Nurse Specialists are essential for high-quality, safe care for patients.

Managers' supportive role is to do regular rounds as they call it 'management by walking' as managers visits the units, they ask professional nurses to take them rounds in the units. This concludes that nurse managers, HRD and the Department of Health need to develop a need analysis plan which will provide managers with information on skills development needs of professional nurses and how it can be achieved.

Classification (Organisation) of concepts related to the study.

This study aims at developing a conceptual framework to enhance professional nurses CPD opportunities in the public hospital of Limpopo Province. When developing the conceptual framework findings from professional nurses and nurse managers were taken into consideration to organize related concepts. Professional nurses' interviews led to emergence of the following five sub-themes namely, understanding the concept CPD, CPD training challenges, CPD support offered, measures to resolve identified challenges and description of quality care. The three sub-themes that emerged from interviews with Nurse Managers namely, understanding of CPD, CPD activities in hospital setting and

interventions to improve CPD in hospital setting. The organisation of concepts will be done using the steps in the CPD Cycle and Patricia Benner theory of skills acquisition.

Table 3: Steps in development of Conceptual framework

| CPD process | Explaining steps | Application |
|--|--|--|
| Needs identification | What areas you need development in (need analysis) Skills audit What are gaps/opportunities | Self-development area (Personal) Peer review results Managers post performance review |
| Planning | Which activities /opportunities are available for development | Formal- nurse training courses Informal- in-service trainings |
| Implementation/ application | How do you develop? Novice to Expert What are the needs for development? | Provision of resources Provision of Policies Provision of guidelines |
| Reflection | What have you learned What are gaps identified? What will you do differently? What support is offered | The activities achieved Challenges encountered? Measures to overcome challenges Support from Managers |
| Sharing information with others | Will you be able to teach others or share information learned? | Dissemination of information |

Steps in development of Conceptual framework

The above-mentioned steps are the steps in the CPD process explained and application briefly outlined. Below figure1 displays the classification of concepts

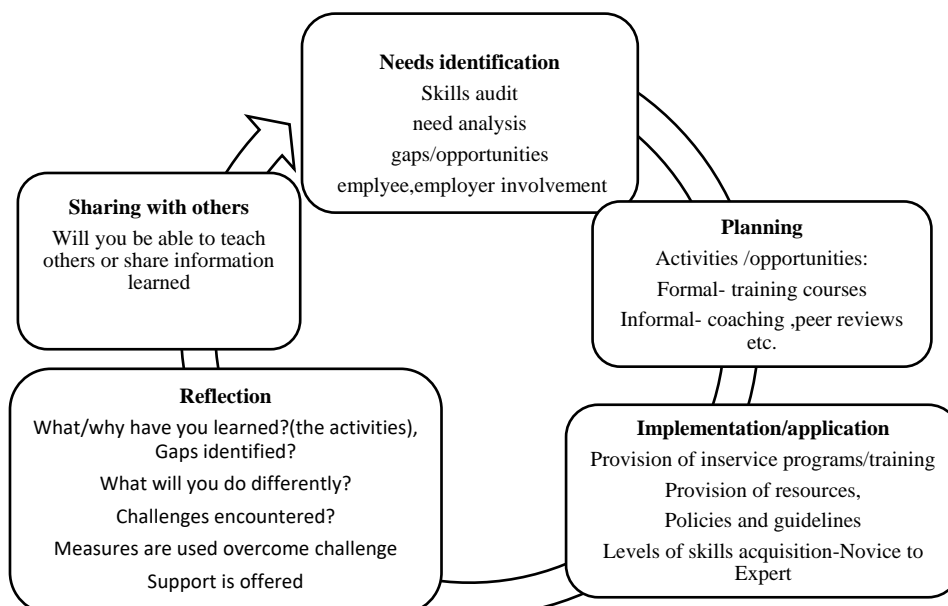


Figure 1: Concept organisation, using CPD process

Concept Classification according to the CPD Process

Concept classification /organisation has done according to the CPD process. The steps in the CPD process start with Identification of needs where the needs of professional nurses are going to be analysed, skill audit is done by identifying the opportunities and identifying the gaps/ opportunities in their CPD needs. Various stakeholders are involved starting with the professional nurses as employees including the employers etc. e.g., nurse managers, patients, colleagues, HRD, Department of Health, at Provincial and district level, the HWSETA and the SANC. The second step is the Planning according to the identified needs. i.e., the plan for activities in the form of Formal and informal training courses. The third phase involves the Implementation of the identified needs. The fourth step is the reflection to assess if the needs have been met, to check /evaluate if there is any improvement of skills, challenges identified. The fifth step is for sharing of information acquired in the form of feedback by professional nurses to stakeholders.

Development of a conceptual framework to enhance CPD opportunities for professional nurses.

The concepts have been organised in Figure 1. The conceptual framework to enhance CPD opportunities for professional nurses in Limpopo will be mapped as follows:

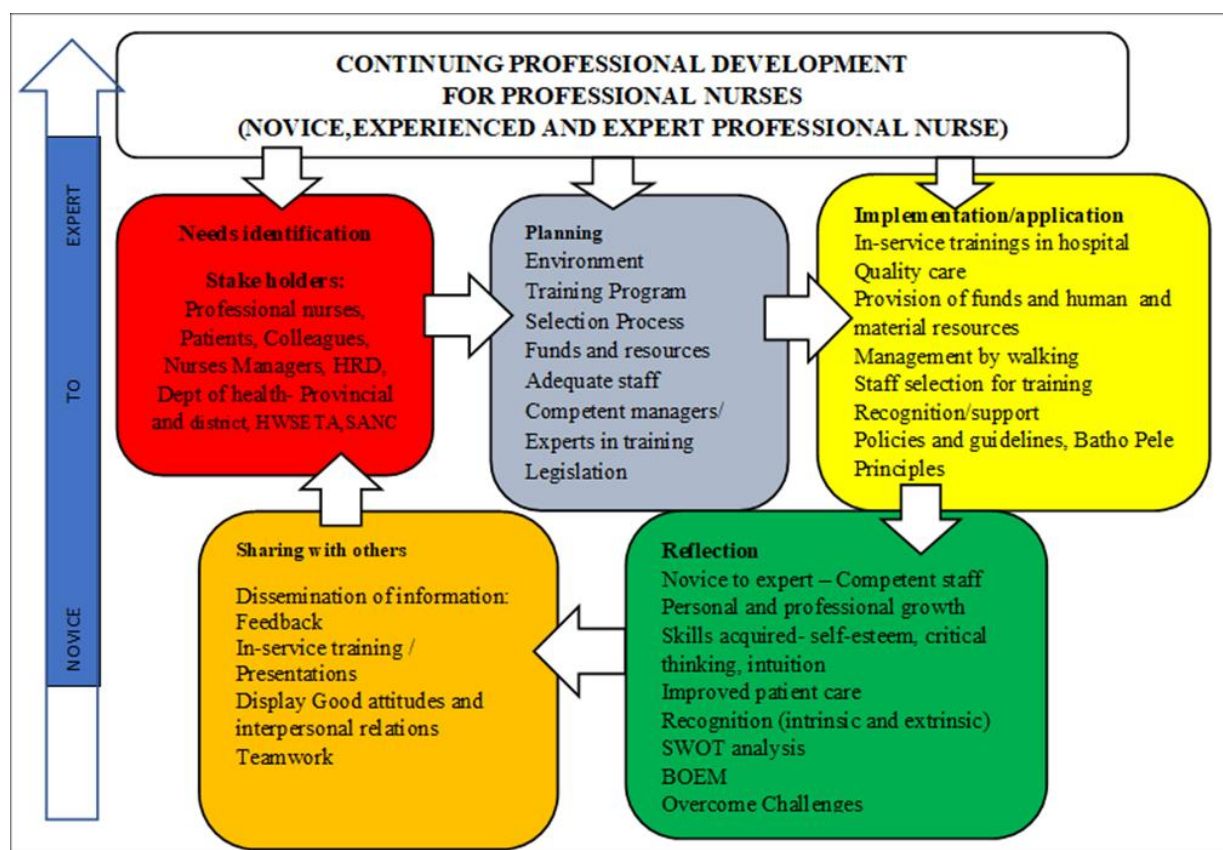


Figure 2: Conceptual framework for enhancing CPD for Professional nurses in Limpopo Province

Explanation of the components of the Conceptual Framework

The Conceptual framework shown above is a guide to enhancing CPD opportunities for professional nurses in the hospital of Limpopo Province. The CF is based on the Dreyfus Skills Acquisition Model (1980) as applied by Patricia Benner (1984) in her theory and CPD Process (Cycle). The Dreyfus Model states that in the acquisition and development of skills learners (professional nurses) pass through five levels of proficiency namely, Novice, Advanced Beginner, Competent, Proficient and Expert. This study will base its focus only two levels by Patricia Benner model namely, the Novice and Expert levels of skills acquisition, as applied in her theory (1984). The development of CF will take into considerations the findings of the themes and categories in phase one which displays the experiences of professional nurses and nurse managers, this will include findings that emerged in the scoping review study done. This study's CF display the experiences of professional nurses in clinical practice moving from Novice level to Expert level of skills acquired through the CPD process. Professional nurses are seen as novice practitioners (beginners) who might not have some experience in certain situations in which they are expected to perform tasks in until they are competent to become experts in their level of knowledge and skills.

The components of the CF will be explained as follows:

Needs identification.

Different Stake holders are involved in needs identification. The stake holders that are identified by the findings of the study are the Professional nurses, Colleagues, Nurses Managers, HRD, Department of health- Provincial and district, HWSETA, SANC, they will ensure that the needs of professional nurses of enhancing their knowledge and skills are realised. Through their services, the needs are realised, the professional nurse will be competent and to render quality care to patients. The nurse managers and the hospital manager (CEO), HRD, HWSETA, SANC, the department of Health at provincial and district level ensure that the professional nurse receives the necessary support by providing a conducive environment for enhancing skills, by providing necessary resources (human and material), funds and opportunities to enable continuing professional development to take place. Managers should involve professional nurses in planning for their CPD opportunities/activities. A needs assessment plan should be drawn regarding which skills are needed to develop the professional nurse by identifying gap and opportunities.

Planning

During the planning phase the managers need to plan an environment that allows teaching and learning of the professional nurses to take place. Managers plan for a Training Program in the hospital by involving the professional nurses in planning for their training. Managers need to go through a selection process where professional nurse are selected for formal training using the seniority list criteria for

selection where experience and years of service of employees are taken into consideration. This will help in preventing favouritism in employee promotion. This is fair though the process needs to take age into consideration as the aged staff qualify a year or two before retirement. Planning for adequate funds and resources needs to be done at this phase by senior managers. Planning needs to be done for adequate staff to overcome shortage. Competent managers/Experts in training should be available with required expertise or they can be outsourced from different institutions/companies/ HWSETA.

Implementation

To maintain of quality care high standards of CPD training should be implemented and maintained by all hospitals. Implementation of high standards of in-service starts with improvement of hospital infrastructure, Provision of adequate funds, adequate human and material resources should be availed by senior managers in collaboration with the department of Health. In-service training of professional nurses. Poor attendance of in-service training programs is addressed, and professional nurses are encouraged and motivated to attend trainings as they are the pillars of health care in hospitals. “Management –by- walking” by nurse managers in hospitals needs to be implemented as it helps to revive skills of front-line workers, enhances their problem-solving skills enabling nurses to render quality nursing care and motivates staff to work hard. Implementation of Staff selection process for training should be fair as mentioned in the planning phase above. Recognition and support should be offered to professional nurses for work well done in the form certificates by nurse managers this motivates them to work very hard. Policies and guidelines regarding training and patient care should be implemented by all staff to ensure a professional health service that is well coordinated within a health legal framework. Batho Pele Principles to be adhered to ensure that patients are treated with respect.

Reflection

During the reflection phase the professional nurse should analyse if CPD activities have been effective, it should occur as immediately following learning and checks what she has gained from training. She identifies areas of potential improvement for the future. There should be a change in behaviour as she moves from novice to expert level. There should be personal and professional growth, knowledge and skills have been acquired. The professional nurse should display self-esteem, critical thinking, and intuition. Improvement should be seen in patient care (quality care). SWOT analysis is done. Professional nurse and nurse managers looks for area for gaps/ improvement. How to overcome challenges this is explored as well.

Sharing with others

During this phase there is dissemination of information gained by the professional nurse by sharing with colleagues and managers in the form of constructive feedback. This should be done immediately

following trainings by the professional nurse displaying good attitudes and interpersonal relations. Effective teamwork should be encouraged among nurses.

Limitations

The findings of the study are limited to the professional nurses in public hospitals of Limpopo and cannot be generalised to private hospitals in Limpopo.

Conclusion

The conceptual framework contributes by helping managers in the improvement of training programmes and improve competence in the professional nurses to provide quality nursing care to patients. The CF will also enhance CPD opportunities for professional nurses in the Limpopo Province and beyond.

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Competing interests

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Authors' contributions

M.N., L.M. and T.L. contributed and approved the final manuscript.

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Data availability

The data that support the findings of this study are available from the corresponding authors, M.N. Data analysed in this study were a re-analysis of existing data, which are openly available at locations cited in the reference section.

Disclaimer

The views and opinions expressed in this article are those of the authors and do not necessarily reflect the official policy or position of any affiliated agency of the authors, and the publisher.

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Development and Validation of strategies to enhance CPD for professional nurses in hospitals of Limpopo Province, South Africa

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See **Annexure N** for Author Guidelines

ABSTRACT

Background: Professional nurses play a vital role in improving quality care in the hospital. They ensure that patient is given quality care in a safe environment with their knowledge and skills. For professional nurses CPD is an important ongoing lifelong learning process that allows them to improve their skills in the workplace and ensure that they remain up to date. There seemed to be a gap that exists in CPD opportunities for professional nurses in Limpopo Province. Therefore, the development of strategies to enhance CPD for professional nurses of Limpopo Province will be the focus in this study.

Objectives: To develop and validate Strategies to enhance professional nurses' Professional Development in the public hospitals of Limpopo Province

Method: Methodology to be followed was the merging and analysing data from phase 1 and phase 2. The SWOT Matrix and Conceptual framework (CPD Process + Patricia Benner theory) and BOEM strategy method of data analysis was used for data. SWOT analysis utilised to determine the possible areas to assist the improvement of CPD for professional nurses. Validation of strategy developed with involvement of experts in nursing education and training from the district, hospital services and nursing college including lecturers from the university using a Nominal Group Technique Method. Experts feedback and the qualitative analysis of data from study have been utilised.

Findings: Six strategies were developed and validated. A strategy to facilitate functional CPD Training programs in hospitals, a strategy to facilitate appointment suitable CPD training managers, a strategy to facilitate nomination master trainers at ward /unit level, a strategy to mobilise training for nurse specialists? A strategy to ensure availability of resources (equipment and materials) and a strategy to ensure accessibility to institutional policies and guidelines.

Conclusion: Development and Validation of strategies to enhance professional nurses' CPD in public hospital was explored in the study. The developed strategies can be implemented together with view of significant issues that emerged in the study.

Keywords: Strategy; Validation; Enhancement; Continuing Professional Development; Professional nurses

Introduction

The World Health Organization (WHO) states that health care quality must be maintained to individuals and society (WHO, 2013). Caring expressed in nursing is the intended and actual presence of the nurse who is recognized as a person who is loving, caring and growing in caring. Caring means tending and learning, which can generate trust, meet the patient's needs, provide physical and spiritual well-being (Franjic 2018; Karlsson and Pennbrant 2020).

WHO further recommends that healthcare education and training institutions should implement relevant CPD for health professionals to the evolving needs of their communities. CPD enable professional nurses to update their skills themselves (WHO, 2013), CPD has increasingly become the norm across all professions, and professional nurses are expected to keep record of their group skills up to date by themselves, with an expectation that their employers will support them in seeking professional development to expand these skills throughout their career (Price & Reichert, 2017; Mlambo et al, 2021). Challenges has been experiences across the globe regarding management of CPD opportunities for professionals, appropriate training programs were lacking for employees, lack of funds and lack of opportunities for career advancement (De Alwis *et al*, 2021). The overall view of nurses regarding CPD is that opportunities should be continued for improved knowledge and skills. This study resolved that enhancing CPD programs and participation of professional nurses in CPD is indeed beneficial as knowledge and skills are updated bearing in mind the changing health care needs in nursing practice. Hence, in this section the development of strategies to enhance professional nurses' participation in CPD in public hospital was explored and validation of strategies developed was sought.

Method

The development of strategies followed this procedure, two stages was followed, Stage 1 - Findings from phase 1 and Phase 2 of the study was merged and this are the results of four articles merged namely, the scoping review article, the quality nursing care as understood by professional nurses, the experiences of professional nurses and the views of nurse managers. This was further be discussed. The second stage was the merging of the results from the four papers including SWOT Matrix Conceptual framework (CPD Process + Patricia Benner theory) and BOEM strategy analysis of data, this guided the development of the strategies. The following procedure or process was followed:

Stage One

The findings of the four articles of the study were merged namely, the scoping review article, the quality nursing care as understood by professional nurses, the experiences of professional nurses and the views of nurse managers. Each will be discussed separately as follows:

Article no.1-Scoping Review

The scoping review as a method of literature review, gathered comprehensive data through literature review regarding experiences of professional nurses participating in CPD in healthcare settings in different countries in regions of the world. This study began by discussing scoping reviews as an increasingly common approach for seeking and mapping the evidence in broad topic areas. The countries that were included in scoping reviews are as follows: Africa: = 30%; Asia 4=20%; Australia: 1=5%; Europe: 7=35% and North America: 2= 10%. Quantitative and qualitative articles published in English from 2005 to 2020 in peer-reviewed journals from Google Scholar, MEDLINE, EBSCO, and SCIENCE DIRECT. 21 full text articles were included in the study as they were eligible.

The following theme and sub themes emerged:

Main reasons for engaging in CPD and Importance of CPD, Challenges faced during CPD engagement, The role of Nurse managers and HRD managers and the importance of aligning Policies regarding CPD to assist in CPD of professional nurses. See Table 1 for findings.

The Article no 2 on Quality nursing care as understood by professional nurses,

This article explored and described the understanding of professional nurses regarding quality care rendered to patients in the selected hospitals of Limpopo Province findings were as follows, themes that emerged are: Professional nurses' description of quality nursing care; Professional nurses' meaning of quality nursing care and Professional nurses' expectations related to them receiving quality nursing care. This article on quality care as understood by professional nurses concluded by stating that Professional nurses need to distinguish between their values and professional ethics as they nurse patients daily and Professional nurses have an essential function of becoming advocates to speak on behalf of the patient to meet their needs holistically. See Table 1.

Article no 3 Professional nurses' experiences regarding Continuing Professional Development (CPD) opportunities at public hospitals of Limpopo Province.

The objective was to explore and describe the experiences of professional nurses regarding CPD opportunities in the public hospitals. Findings included the following themes: Professional nurses' understanding of CPD; Professional nurses' views about necessary support needed for continuing professional development; Professional nurses' views related to in-service training being offered and Identified measures to resolve challenges. The recommendations were made include that the Nurse Managers, Human Resources Department, CPD coordinators and Department of Health need to be informed and updated as to what is needed in creating and sustaining effective CPD training in the hospitals of Limpopo Province.

Article no 4 on Nurse Managers’ views of Continuing Professional Development of professional nurses in the public hospitals of Limpopo Province

The findings were Nurse Managers understanding of continuing professional development; Nurse Managers view of CPD activities in hospital setting and interventions to improve CPD Activities in the health care setting. The study findings assist management and CPD providers to plan more effectively for professional nurses’ CPD. When developing strategies for CPD, the requirements and different age groups need to be considered.

Article no.5 on development of a conceptual framework for enhancing CPD opportunities for Professional nurses in hospitals of Limpopo Province.

This article shows the development of a conceptual framework taking into consideration the findings from the Scoping Review and Explorative designs. This includes the components of theory of Patricia Benner (1984) Novice to Expert transition and the application of the CPD process. With the following’s steps, the need analysis, planning; implementation, reflection and sharing of information. The conceptual framework contributes by assisting managers in the improvement of training programmes and improving competence of the professional nurses to provide quality nursing care to patients.

Table 1 Merging Summary of Findings from the four main articles

| Article 1- Scoping Review | Article 2- Quality Nursing Care | Article 3- PN Experiences of CPD | Article – NM views of CPD |
|---|---|--|---|
| Main reasons for engaging in CPD, Importance of CPD, Benefits and motivators of CPD, Challenges faced during CPD engagement and the role of Nurse managers, HRD managers, Policies regarding CPD as discussed above. Due to the apparent inconsistency in the conduct of scoping reviews overall, this study then presented a brief overview of experiences of professional nurses in other countries with the aim of developing a strategy for enhancing CPD for professional nurses in the hospital of Limpopo Province | Professional nurses have an essential function of becoming advocates to speak on behalf of the patient to meet their needs holistically. They need to treat patients equally without considering who they are. A good relationship between healthcare providers and patients is essential in achieving the goals of the care plan. Teamwork is a critical aspect of quality care. | Professional nurses appreciated the CPD structures and opportunities that are in place in their health care settings, more effective strategies are needed to address barriers, such as access to CPD training shortage of staff, poor attendance, lack funding, lack of support, improper selection criteria and quality of CPD training programs. Nurse managers, Human Resources Department, CPD coordinators and Department of Health need to be informed and updated as to what is needed in creating and sustaining effective CPD training in the hospitals of Limpopo Province. | Hospital management and CPD providers to plan more effectively for professional nurses’ CPD. When developing strategies for CPD, the requirements and different age groups need to be taken into consideration. Challenges such as lack of funds, equipment and poor attendance by staff should be attended to by the hospital management in consultation with higher authorities. Coordination of interventions for CPD of professional nurses needed including monitoring and evaluation of CPD activities at hospital level. |

Stage two

Merging of the findings of the four articles merged were combined with the SWOT analysis which are the strengths, weaknesses, opportunities, and threats of an institutional functioning. The Strategies were developed using SWOT analysis to identify the Strengths, Weaknesses, Opportunities and Threats

that were affecting the CPD opportunities for professional nurses. See Table 2 on SWOT Analysis Matrix This form the Conceptual Framework of the study that will assist with identifying the strengths and opportunities, this will include the weaknesses and threats within the hospital environment. that affects the CPD opportunities for training professional nurses.

Table 2: SWOT ANALYSIS RESULTS

| STRENGTHS | WEAKNESS |
|---|--|
| <ul style="list-style-type: none"> ➤ Provision of CPD training by institution ➤ Well-designed training programs ➤ Existing CPD training managers, HRD at Provincial, District and hospitals ➤ Current Infrastructure training seminar rooms ➤ Utilisation of professional competence – specialised staff ➤ Adherence to Guidelines and Policies | <ul style="list-style-type: none"> ➤ Poor attendance of CPD training ➤ Lack of training programs in some institutions ➤ Lack of CPD coordinators and master trainers ➤ Shortage of staff ➤ Neglected infrastructure. ➤ Lack of specialised staff ➤ Inaccessible guidelines and policies |
| OPPORTUNITIES | THREATS |
| <ul style="list-style-type: none"> ➤ Available skills audit and need analysis plan ➤ Provision of human and material resources ➤ Available selection of training plan ➤ Collaboration with other stakeholders | <ul style="list-style-type: none"> ➤ Lack of need analysis plan ➤ Lack of funds for training and resources ➤ Inappropriate selection criteria ➤ Lack of collaboration |

Theory of Dreyfus/Patricia Benner of Novice to expert and the CPD process which assists in the professional development of professional nurses. The following figure outlines the Conceptual Framework for CPD of professional nurses in the hospital context.

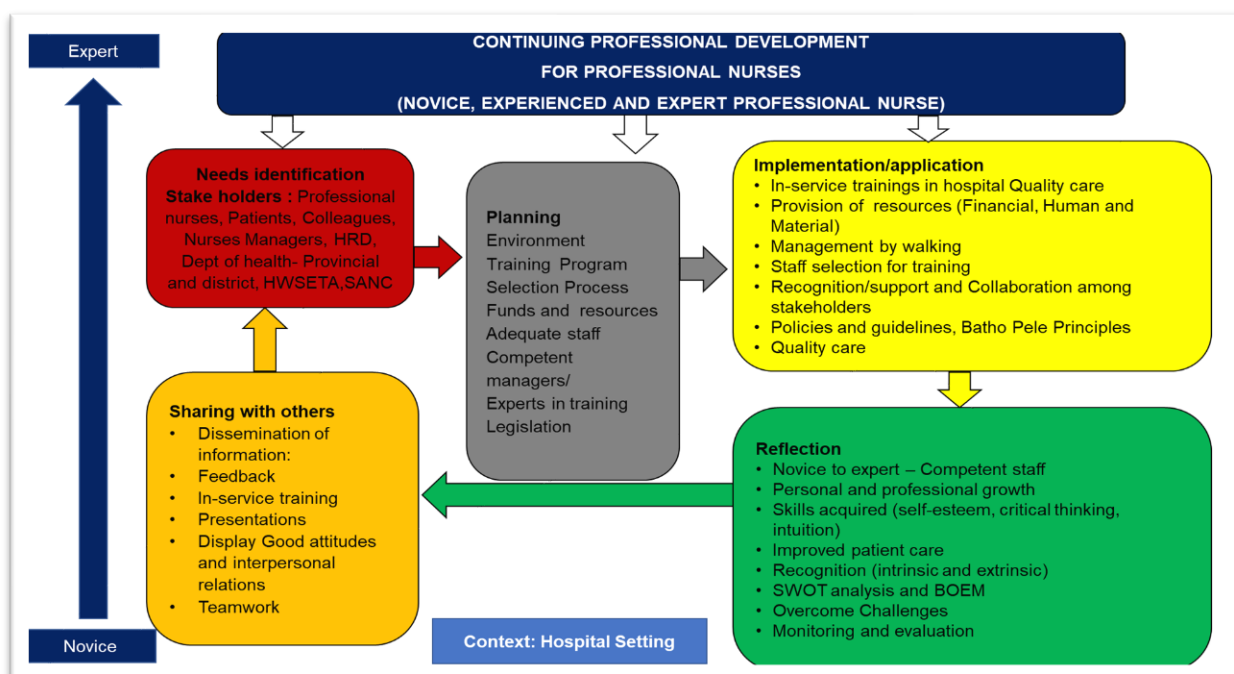


Figure 2 Conceptual Framework for CPD of professional nurses in the hospital context.

The Dreyfus Model of Skills Acquisition as applied by Patricia Benner theory in clinical nursing stipulates that in the acquisition and development of skills, learners (professional nurses) pass through five levels of proficiency namely, Novice, Advanced Beginner, Competent, Proficient and Expert. For this study focus will be on transition from Novice to Experts. Patricia Benner In this study professional nurses in clinical practice move from Novice level to Expert level of skills acquired through the continuing professional development process.

The CPD process has five steps namely, the need analysis, planning; implementation; reflection and sharing of information. CPD is an ongoing educational activity that maintains, develops, and increases the knowledge of professional nurses offered in the workplace. This is achieved by training officers. CPD aims to maintain and enhance the knowledge and skills, knowledge stays relevant and up-to-date, effective in the workplace, advance the body of knowledge, quality patient care and keep pace with current standards in nursing. Through participation in CPD programs, professional nurses can develop from novice practitioners to expert nurse practitioners. Professional nurses develop personally and professionally through the process of CPD and the community or society they serve also benefit through their development.

DEVELOPMENT OF STRATEGIES

The BOEM Strategy

When it comes to development of strategies, the above section discussed the Strength, Weaknesses, Opportunities and Threats that exists within the hospital that affects the CPD for professional nurses in the hospital of Limpopo Province. The SWOT Analysis table displayed above encompasses data to contribution to the development of the strategy. To enhance CPD opportunities professional in the hospitals of Limpopo Province. The action plan build, overcome, explore and minimize (BOEM) strategy was used as outlined below. The strategies to enhance CPD opportunities professional in the hospitals of Limpopo Province was developed by building on strengths, overcoming the weakness and challenges, exploring on opportunities and by minimizing threats. See Table 4 below on BOEM Strategies developed.

Table 3: An outline of BOEM Strategy

| BUILD | OVERCOME | EXPLORE | MINIMIZE |
|---|------------------------|------------------------|--------------------|
| 1. A strategy to facilitate functional CPD Training programs in hospitals | Non-functional program | Non-efficient programs | Redundant programs |
| 2. A strategy to facilitate appointment suitable CPD training managers | Lack of CPD trainers | Lack of skills | Minimise shortage |

| | | | |
|---|----------------------------|------------------|-----------------------|
| 3. A strategy to facilitate nomination facilitators at ward /unit level | Lack of suitable trainers | Lack of training | Knowledge deficit |
| 4. A strategy to mobilise training for nurse specialists? | Shortage of specialist | Lack of skills | Knowledge deficit |
| 5. A strategy to ensure availability of resources (equipment and materials) | Lack of material resources | Deficiency | Shortage of resources |

The proposed strategies

The following are the proposed strategies: A strategy to facilitate functional CPD Training Programs, A strategy to facilitate appointment of suitable training managers; A strategy to facilitate nominations of facilitators at ward /unit level; A strategy to mobilise the training of nurse specialists; A strategy to ensure availability of resources and A strategy to overcome lack of feedback post CPD training. The Table 4 below outlines the proposed strategies.

Table 4: Proposed strategies for enhancing professional nurse' participation in CPD

| Proposed Strategies | Goal | Indicator | Responsible person |
|---|--|--|---|
| 1. A strategy to facilitate functional CPD Training programs in hospitals | <ul style="list-style-type: none"> Ensure that training programs are available and functional in all hospitals Monitoring of training on a regular basis Master trainers must come in to assist with training Assessment to be done to evaluate competency | <ul style="list-style-type: none"> Weekly or Monthly competency Assessment and evaluation | <ul style="list-style-type: none"> HRD at Provincial, District and institutional level Health care providers NGO's |
| 2. A strategy to facilitate appointment suitable CPD training managers | <ul style="list-style-type: none"> Monitor and evaluate CPD training Involvement nursing colleges to assist in CPD training Advertising and filling vacant post for CPD managers. | <ul style="list-style-type: none"> Ongoing monitoring and evaluation Yearly recruitment and filling vacant posts | <ul style="list-style-type: none"> HRD at Provincial, District and institutional level Department of Health at Provincial level |
| 3. A strategy to facilitate nomination facilitators ward /unit level | <ul style="list-style-type: none"> Identify a facilitator in the ward who will handle the trainings. To give the professional nurses who are appointed incentives for encouragement Improvement in recruitment and retention and ensure career pathways for professional nurses Offer support to staff | <ul style="list-style-type: none"> Ongoing Continuous recognition | <ul style="list-style-type: none"> HRD District and institutional level CEO, Hospital Managers |
| 4. A strategy to mobilise training for nurse specialists? | <ul style="list-style-type: none"> Ensuring that training of professional nurses in specialized is continuing Sending more staff for specialty post basic training Ensuring that competent staff work in specialized unit Hiring more staff. Drilling of skills to revive skills in the wards | <ul style="list-style-type: none"> Yearly training Monthly assessment and evaluation | <ul style="list-style-type: none"> HRD at Provincial, District and institutional level Department of Health at Provincial level |

| | | | |
|---|---|--|--|
| | <ul style="list-style-type: none"> • Selection criteria for training to be appropriate | | |
| 5. A strategy to ensure availability of resources (equipment and materials) | <ul style="list-style-type: none"> • Provision of adequate functional equipment and material for training • Provision of adequate functional equipment and material for training • Maintaining the equipment that have been provided | <ul style="list-style-type: none"> • Procurement of resources | <ul style="list-style-type: none"> • Department of Health at Provincial level • CEO, Hospital Managers |
| 6. A strategy to ensure accessibility to CPD training Policies and guidelines | <ul style="list-style-type: none"> • Consultation with the district to provide guidelines e.g. Maternity Guidelines • Access to and knowledge of training policies and guidelines • Access online guidelines and read them • The nursing schools to be alert and involved in dissemination or provision of guidelines | Continuous assessment and evaluation | <ul style="list-style-type: none"> • HRD at Provincial, District and institutional level • Department of Health at Provincial level • Nursing schools |

Validation of strategies

Above is the development of strategies for enhancing CPD opportunities for professional nurses in hospitals of Limpopo Province done was done using the SWOT analysis to identify internal factors such as strength and weaknesses that might influence the CPD opportunities for professional nurses. This included guidance from the results of the articles done and the conceptual framework developed. See the tables and figure as outlined above. Validation of the proposed strategies was done using the Nominal Group Technique method with the experts that were purposely selected by the researcher who was the facilitator of the validation process.

Table 5: List of Nominal Technique Group Delegates

| DELEGATES | NUMBER |
|---|--------|
| Doctoral student (Facilitator) | 1 |
| District Training Representative | 1 |
| Nursing Services Hospital Representative – HOD Nursing School | 1 |
| Lecturer Nursing College | 1 |
| University Lecturers at Doctoral level | 3 |

The Nominal Group Technique was used to validate strategies developed to enhance professional nurses' CPD at Public Hospitals of Limpopo Province. Seven (7) delegates were engaged in validation of the strategies to determine their feasibility. The contributions from the delegates were used to improve the strategies. See Table 6.

Methodology of validation of proposed strategies

The validation process was followed using the steps of the Nominal Group Technique. The researcher was the facilitator of the group. The developed strategies were presented to group by facilitator, ideas were written down silently, then shared in the round robin phase and discussed by the researcher and the delegates in the group, and strategies were voted for and ranked according to priority with minor new additions to the proposed strategies. The strategies to enhance professional nurses CPD in the public hospitals of Limpopo was then refined and validated.

Table 6: An outline of the Strategies to enhance Professional nurses' participation in CPD.

| Refined Strategies | Rank | Votes | Goal according to Ranking | Indicator | Responsible person |
|--|----------|----------|---|--|---|
| 1. A strategy to facilitate functional CPD Training programs in hospitals | 1 | 6 | <ol style="list-style-type: none"> Ensure that training programs are available and functional in all hospitals Monitoring of training on a regular basis Master trainers must come in to assist with training Assessment to be done to evaluate competency | <ul style="list-style-type: none"> Weekly or Monthly competency Assessment and evaluation | <ul style="list-style-type: none"> HRD at Provincial, District and institutional level Health care providers NGO's |
| 2. A strategy to facilitate appointment suitable CPD training managers | 2 | 6 | <ol style="list-style-type: none"> Encourage health care providers to use knowledge hub where there is different courses that one can enroll in and get a certificate. Monitor and evaluate CPD training Involvement nursing colleges to assist in CPD training Advertising and filling vacant post for CPD managers. | <ul style="list-style-type: none"> Ongoing monitoring and evaluation Yearly recruitment and filling vacant posts | <ul style="list-style-type: none"> HRD at Provincial, District and institutional level Department of Health at Provincial level |
| 3. A strategy to facilitate nomination master trainers at ward /unit level | 3 | 6 | <ol style="list-style-type: none"> Identify a facilitator in the ward who will handle the trainings. To give the professional nurses who are appointed incentives for encouragement Improvement in recruitment and retention and ensure career pathways for professional nurses Offer support to staff | <ul style="list-style-type: none"> Ongoing Continuous recognition | <ul style="list-style-type: none"> HRD District and institutional level CEO, Hospital Managers |
| 4. A strategy to mobilise training for nurse specialists? | 4 | 6 | <ol style="list-style-type: none"> Ensuring that training of professional nurses in specialized is continuing Sending more staff for specialty post basic training Ensuring that competent staff work in specialized unit Hiring more staff. Drilling of skills to revive skills in the wards Selection criteria for training to be appropriate | <ul style="list-style-type: none"> Yearly training Monthly assessment and evaluation | <ul style="list-style-type: none"> HRD at Provincial, District and institutional level Department of Health at Provincial level |
| 5. A strategy to ensure availability of resources (equipment and materials) | 5 | 6 | <ol style="list-style-type: none"> Provision of adequate functional equipment and material for training Maintaining the equipment that have been provided | <ul style="list-style-type: none"> Procurement of resources | <ul style="list-style-type: none"> Department of Health at Provincial level CEO, Hospital Managers |
| 6. A strategy to ensure accessibility to | 6 | 6 | <ol style="list-style-type: none"> Consultation with the district to provide guidelines e.g. Maternity Guidelines | <ul style="list-style-type: none"> Continuous assessment | <ul style="list-style-type: none"> HRD at Provincial, |

| | | | | | |
|--|--|--|---|-----------------------|---|
| <p>CPD training Policies and guidelines</p> | | | <p>2. Access to and knowledge of training policies and guidelines 3. Access online guidelines and read them 4. The nursing schools to be alert and involved in dissemination or provision of guidelines</p> | <p>and evaluation</p> | <p>District and institutional level</p> <ul style="list-style-type: none"> • Department of Health at Provincial level • Nursing schools |
|--|--|--|---|-----------------------|---|

The strategies outlined above was adopted the delegated group members including the facilitator in joint consensus. The strategies developed will be presented to two hospitals within the Vhembe Districts and Mopani, if results are positive the strategy will be exhibited to other districts /hospitals for implementation within the Limpopo Province.

Conclusion

Development of strategies to enhance professional nurses' CPD in public hospital was explored in the study. **Six strategies** were developed and validated with minor corrections. The developed strategies can be implemented together with view of significant issues that emerged in the study. This study shares valuable information on Continuing Professional Development of professional nurses in health care settings.

Limitations of the study

This study is limited to professional nurses in public hospitals. Hoping future research will consider the opinions of professional nurses from private hospitals.

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Section C: Conclusions, Recommendation, and Study Limitations

Conclusions

Paper One: Enhancing CPD opportunities for Professional nurses in hospitals of Limpopo Province: A scoping review: Conclusion.

This study began by discussing scoping reviews as an increasingly common approach for seeking and mapping the evidence in broad topic areas. Findings include themes as: Main reasons for engaging in CPD and Importance of CPD, Challenges faced during CPD engagement. The role of Nurse Managers and HRD managers Importance of aligning Policies regarding CPD to assist in CPD of professional nurses. Researchers may wish the conduct of a scoping review over systematic review where the purpose of the review is to identify knowledge gaps, scope a body of literature, clarify concepts, investigate research conduct, or to inform the empirical study.

Paper Two: Quality nursing care as understood by professional nurses in hospitals of Limpopo Province, South Africa: Conclusion

Professional nurses are urged to distinguish between their values and professional ethics as they nurse patients daily. Professional nurses have an essential function of becoming advocates to speak on behalf of the patient to meet their needs holistically. Teamwork is a critical aspect of quality care. Everyone must do their work so that medical errors would be reduced.

Paper Three: Professional nurses' experiences regarding Continuing Professional Development (CPD) opportunities at public hospitals of Limpopo Province, South Africa: Conclusion

This paper explored and described the experiences of professional nurses regarding CPD opportunities in the public hospitals of Limpopo Province. Professional nurses' understanding of CPD. development; Professional nurses' views related to in-service training being offered and Identified measures to resolve challenges were sought. The paper urges that more effective strategies are needed to address barriers, such as shortage of staff, lack of participation in CPD activities, lack of funds and lack of support and improper selection criteria. Nurse managers, Human Resources Department, CPD coordinators and Department of Health need to be informed and updated as to what is needed in creating and sustaining effective CPD training in the hospitals of Limpopo Province.

Nurse Managers' views of Continuing Professional Development of professional nurses in the public hospitals of Limpopo Province, South Africa.

This paper explored and described the views of Nurse Managers regarding CPD of professional nurses in the public hospitals of Limpopo Province. The paper findings included Nurse manager's understanding of CPD, Nurse managers' view of CPD activities in hospital setting and Interventions to improve CPD Activities in the health care setting. The study findings should assist management and CPD providers to plan more effectively for professional nurses' CPD. When developing strategies for CPD, the requirements and different age groups need to be considered, including challenges such as lack of funds and resources for CPD.

A conceptual framework for enhancing CPD opportunities for Professional nurses in hospitals of Limpopo Province.

This paper study developed a Conceptual Framework (CF) to enhance Continuing Professional Development opportunities for professional nurses in the public hospitals of Limpopo Province. The conceptual framework developed, contributed to paper by guidance in the development of strategies to enhance CPD for professional nurses and guided managers in the improvement of training programmes and improving competence of the professional nurses to provide quality nursing care to patients. This paper The CF also contributed by enhancing CPD opportunities for professional nurses in the Limpopo Province.

Development and Validation of Strategies to enhance Professional nurses CPD for in hospitals of Limpopo Province

This paper contributed by developing and validating the strategies to enhance professional nurses' CPD in the hospitals of Limpopo Province. The SWOT Analysis Matrix which includes analysis of Strengths, Opportunities, Weaknesses and Threats was used to develop the Strategies guided by findings of the study and Conceptual framework (CPD Process + Patricia Benner theory) developed, including BOEM Strategy , (Build, Overcome , Eliminate/Explore and Minimise). The proposed strategies were developed, this was validated by researcher and delegates who are experts in nursing education and training. The Method utilised was the Nominal Group Technique. Proposed strategies were refined and validated by the researcher and delegates where consensus was reached. Six proposed were refined and validated.

General conclusion

In conclusion, the papers in this collection explored various aspects of Continuing Professional Development (CPD) and its impact on nursing care quality for professional nurses in Limpopo

Province, South Africa. These studies deepened our understanding of how CPD benefits nurses' knowledge, skills, and professional growth. They highlighted the reasons motivating nurses to engage in ongoing learning and addressed the challenges they face during CPD. Strategies were proposed to overcome these challenges effectively.

Additionally, the role of Nurse Managers and Human Resources Development (HRD) managers in supporting CPD was emphasized. Their involvement in aligning policies and creating a conducive environment for CPD was recognized as vital. The importance of teamwork and collaboration in delivering quality care was a key theme across the papers. Nurses' role as patient advocates and addressing holistic patient needs were highlighted. Effective communication, coordinated efforts, and a commitment to improving care quality were stressed.

Regarding nurses' CPD experiences, challenges such as staff shortages, limited participation, financial constraints, and lack of support structures were identified. To address these, the papers called for involving stakeholders like Nurse Managers, HR Departments, CPD coordinators, and the Department of Health. Collaboration among these entities was deemed crucial for effective CPD programs in Limpopo.

The creation and validation of strategies to enhance CPD opportunities for nurses underscored the need for a structured approach. These contributions guided the development of tailored strategies considering different age groups, challenges, and resource availability. Overall, the papers highlighted the importance of ongoing improvement in CPD programs and nursing care quality. They emphasized context-specific approaches that acknowledge Limpopo's unique challenges and opportunities. Implementing these findings aims to enhance nurses' competence and patient care quality in hospitals across Limpopo Province.

Recommendations

Nurse Managers

- Managers should give necessary support and motivate professional nurses regarding poor attendance in-service training by ensuring that professional nurses have a clear understanding of what CPD entails
- To include professional nurses in the planning of the in-service programs.
- Nurse Managers involvement in hospital setting and walking around the units to be continuous to revive skills of front-line workers.
- Selection process for training need to be reviewed so that more staff are selected to go for training to increase the number of specialist professional nurses.

- Nurse Managers needs to create a supportive atmosphere in the clinical environment that promotes CPD activities and more opportunities for education and training.
- Reduce long waiting periods for training of staff.
- Recruit more staff are to cover shortage.
- Ensure that Professional nurses disseminate and implement information received as feedback from training to empower colleagues.
- Motivate and recognise staff to improve job performance and retention.
- Encouraged Effective teamwork should be among nurses.

HRD and CPD coordinators

- Encourage professional nurses to attend CPD training activities offered in the hospital setting and outside.
- Professional nurses need to be given incentives, like, certificates.
- CPD points to be awarded as recognition for attendance of presentation and training this will motivate them for future.
- Motivate for more outside the hospital training as it has the advantage staff meeting with experts and specialist in their field of study and benchmarking.

The Department of health

- The health department should ensure that more staff are recruited to cover shortage.
- Ensure that there are adequate resources for effective CPD training.
- Ensure that more funds are available for effective education and training.
- Health care authorities should ensure that staff are advanced by providing more opportunities for learning via advanced technology.
- Healthcare education and training institutions should implement relevant CPD for health professionals to the evolving needs of their communities.

Contribution of the Thesis

The overall contribution of the collection of papers is multi-faceted and significant in advancing the understanding and practice of Continuing Professional Development (CPD) and quality nursing care for professional nurses in hospitals of Limpopo Province, South Africa.

Firstly, the papers contribute to the existing body of knowledge by providing insights into the motivations and challenges faced by professional nurses in engaging in CPD activities. By identifying the main reasons for pursuing CPD and the obstacles encountered, these studies

enhance our understanding of the factors that influence nurses' commitment to continuous learning and development.

Secondly, the papers shed light on the role of key stakeholders, particularly Nurse Managers and Human Resources Development managers, in supporting and facilitating CPD opportunities. By recognizing their importance in aligning policies, providing resources, and creating an enabling environment, the papers contribute to the development of effective strategies and interventions to enhance CPD practices in hospitals.

Thirdly, the studies emphasize the significance of teamwork and collaboration in delivering quality nursing care. By highlighting the role of professional nurses as advocates for patients and the importance of effective communication and coordinated efforts, the papers contribute to fostering a culture of teamwork and patient-centered care.

Moreover, the papers identify barriers and challenges that impede effective CPD implementation, such as staff shortages, financial constraints, and lack of support. By bringing attention to these issues, the studies contribute to the identification of systemic gaps and provide valuable insights for policymakers and healthcare leaders to address these challenges and create an environment that supports nurses' professional development.

Furthermore, the development of a conceptual framework and the validation of strategies for enhancing CPD opportunities in Limpopo Province provide practical tools and guidance for designing and implementing effective CPD programs. These contributions contribute to the development of evidence-based approaches and interventions that can be tailored to the specific context of the province.

Overall, the collection of papers significantly contributes to the field of CPD and quality nursing care by expanding our understanding of the motivations, challenges, and facilitators related to professional nurses' continuous learning and development. The insights provided by these studies serve as a foundation for informing policy decisions, shaping educational programs, and improving the overall quality of nursing care in Limpopo Province.

Limitations of the Study

This study is limited to professional nurses in public hospitals. Hoping future research will consider the opinions of professional nurses from private hospitals. It's essential to understand that the results of this study might not apply to all regions because the number of participants was small, and the way participants were chosen was specific..

Annexures

Annexure A: Ethical Clearance Certificate University of Venda

ETHICS APPROVAL CERTIFICATE

RESEARCH AND INNOVATION
OFFICE OF THE DIRECTOR

NAME OF RESEARCHER/INVESTIGATOR:

Ms M Nyelisani

STUDENT NO:

17012860

PROJECT TITLE: Strategies to enhance professional nurses' participation in Continuing Professional Development at public hospitals of Limpopo Province.

PROJECT NO: SHS/20/PDC/17/1206

SUPERVISORS/ CO-RESEARCHERS/ CO-INVESTIGATORS

| NAME | INSTITUTION & DEPARTMENT | ROLE |
|----------------|--------------------------|------------------------|
| Dr L Makhado | University of Venda | Promoter |
| Dr TR Luhalima | University of Venda | Co - Promoter |
| Ms M Nyelisani | University of Venda | Investigator - Student |

Type: **Doctoral Research**

Risk: **Straightforward research without ethical problems**

Approval Period: **June 2020 – June 2023**

The Human and Clinical Trials Research Ethics Committee (HCTREC) hereby approves your project as indicated above.

General Conditions

While this ethics approval is subject to all declarations, undertakings and agreements incorporated and signed in the application form, please note the following.

- The project leader (principle investigator) must report in the prescribed format to the REC:
 - Annually (or as otherwise requested) on the progress of the project, and upon completion of the project
 - Within 48hrs in case of any adverse event (or any matter that interrupts sound ethical principles) during the course of the project.
 - Annually a number of projects may be randomly selected for an external audit.
- The approval applies strictly to the protocol as stipulated in the application form. Would any changes to the protocol be deemed necessary during the course of the project. The project leader must apply for approval of these changes at the REC. Would there be deviated from the project protocol without the necessary approval of such changes, the ethics approval is immediately and automatically forfeited.
- The date of approval indicates the first date that the project may be started. Would the project have to continue after the expiry date; a new application must be made to the REC and new approval received before or on the expiry date.
- In the interest of ethical responsibility, the REC retains the right to:
 - Request access to any information or data at any time during the course or after completion of the project,
 - To ask further questions; Seek additional information; Require further modification or monitor the conduct of your research or the informed consent process.
 - withdraw or postpone approval if:
 - Any unethical principles or practices of the project are revealed or suspected.
 - It becomes apparent that any relevant information was withheld from the REC or that information has been false or misrepresented.
 - The required annual report and reporting of adverse events was not done timely and accurately.
 - New institutional rules, national legislation or international conventions deem it necessary

ISSUED BY:

UNIVERSITY OF VENDA, RESEARCH ETHICS COMMITTEE

Date Considered: June 2020

Name of the HCTREC Chairperson of the Committee: Prof MS Maputle

Signature:

MS Maputle

Director Research and Innovation

Signature:

[Handwritten Signature]



Annexure B₁: Application to conduct research Department of Health

PO Box 2259
Thohoyandou
0950

Department of Health
Limpopo Province
Polokwane
0700

RE: REQUEST FOR PERMISSION TO CONDUCT RESEARCH

Dear sir/madam

I, Nyelisani M, registered for Doctoral Degree at the University of Venda student number 1702860, hereby request permission to conduct a research study at the district hospitals of Vhembe, Capricorn and Mopani. The purpose of the research is to explore and describe the experiences of professional nurses and views of a nurse manager who are responsible for training in the Capricorn, Mopani and Vhembe districts, with an intention of developing strategies that will enhance professional nurses' participation in Continuing Professional Development.

Ethical clearance will be obtained from the University of Venda Ethical Committee.


I have been granted permission to conduct the study by the University of Venda as part of the requirements for the Doctoral Degree course.

I hope that my request to undertake the study will be approved.

Thank you in advance

Ms Nyelisani M.

Annexure B₂: Permission to conduct research Department of Health

**LIMPOPO**
PROVINCIAL GOVERNMENT
REPUBLIC OF SOUTH AFRICA

DEPARTMENT OF HEALTH

Ref : LP-2020-07-007
Enquires : K. Letseparela
Tel : 015-293 6028
Email : Kurhula.Hlomane@dhsd.limpopo.gov.za

Maggie Nyelisani

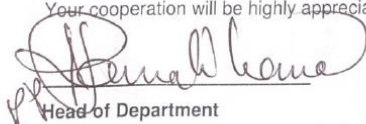
PERMISSION TO CONDUCT RESEARCH IN DEPARTMENTAL FACILITIES

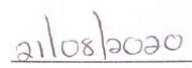
Your Study Topic as indicated below;

Strategies to enhance professional nurses' participation in Continuing Professional Development at public hospitals of Limpopo Province.

1. Permission to conduct research study as per your research proposal is hereby Granted.
2. Kindly note the following:
 - a. Present this letter of permission to the institution supervisor/s a week before the study is conducted.
 - b. In the course of your study, there should be no action that disrupts the routine services, or incur any cost on the Department.
 - c. After completion of study, it is mandatory that the findings should be submitted to the Department to serve as a resource.
 - d. The researcher should be prepared to assist in the interpretation and implementation of the study recommendation where possible.
 - e. The approval is only valid for a 1-year period.
 - f. If the proposal has been amended, a new approval should be sought from the Department of Health
 - g. Kindly note that, the Department can withdraw the approval at any time.

Your cooperation will be highly appreciated


Head of Department


Date

Private Bag X9302 Polokwane
Fidel Castro Ruz House, 18 College Street. Polokwane 0700. Tel: 015 293 6000/12. Fax: 015 293 6211.
Website: <http://www.limpopo.gov.za>

The heartland of Southern Africa – Development is about people!

Annexure C: Permission to conduct research Department of Health - Vhembe District



LIMPOPO
PROVINCIAL GOVERNMENT
REPUBLIC OF SOUTH AFRICA

DEPARTMENT OF HEALTH VHEMBE DISTRICT

Ref: S5/6
Enq: Muvari MME
Date: 16.09.2020

Dear Sir/Madam.....*NYELISANI M*.....

Permission to conduct a research on the
"STRATEGIES TO ENHANCE PROFESSIONAL & DEVELOPMENT"

1. The above matter refers.
2. Your letter received on the 16.09.2020 requesting for permission to conduct a research is hereby acknowledged.
3. The District has no objection to your request.
4. Permission is therefore granted for the study to be conducted within Vhembe District. You are expected to submit the results to the District.
5. You are however advised to make the necessary arrangements with the facilities concerned.

Wishing you success in your endeavors.


[Signature]
.....
CHIEF DIRECTOR: DISTRICT HEALTH

18/9/2020
.....
DATE

Private Bag X5009 THOHOVANDOU 0950
OLD parliamentary Building Tel (015) 962 1000 (Health) (015) 962 4958 (Social Dev) Fax (015) 962 2274/4623
Old Parliamentary Building Tel: (015) 962 1848, (015) 962 1852, (015) 962 1754, (015) 962 1001/2/3/4/5/6 Fax (015) 962 2373, (015) 962 227

the heartland of Southern Africa – development is about people!

Annexure D: Permission to conduct research Department of Health – Capricorn District

 **LIMPOPO**
PROVINCIAL GOVERNMENT
REPUBLIC OF SOUTH AFRICA

DEPARTMENT OF HEALTH: CAPRICORN DISTRICT

REF : S.S/3/1/2
ENQ : Hlatshwayo MM
TEL : 015 290 9154/9096

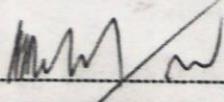
FROM : DISTRICT EXECUTIVE MANAGER

TO : NYELISANI M
UNIVERSITY OF VENDA
THOHOYANDOU
082 741 5526
maggi@nyelisanit@gmail.com

SUBJECT : PERMISSION TO CONDUCT RESEARCH ON VIEWS OF NURSE MANAGERS ON TRAINING AND EXPLORE EXPERIENCES OF PROFESSIONAL NURSES ON CONTINUING PROFESSIONAL DEVELOPMENT IN THE CAPRICORN DEPARTMENT OF HEALTH.

The above matter refers:-

1. Permission to conduct the above study is hereby granted effective from the date of approval.
2. Kindly be informed that :
 - In the course of your consultation there should be no action that disrupts the services.
 - After completion of the research, it is mandatory that the findings should be submitted to the Department to serve as a resource.
 - The researcher should be prepared to assist in the interpretation and implementation of the study recommendation where possible.
 - Kindly note that the Department can withdraw the approval at any time.
3. Your cooperation will be highly appreciated.


DISTRICT EXECUTIVE MANAGER

02.10.2020
DATE

1

Annexure E: Permission to conduct research Polokwane Hospital



LIMPOPO
PROVINCIAL GOVERNMENT
REPUBLIC OF SOUTH AFRICA

DEPARTMENT OF HEALTH
PIETERSBURG/MANKWENG RESEARCH ETHICS COMMITTEE (PMREC)

ENQUIRIES: Dr MA POOPEDI

DATE: 21 JULY 2021

MANAGER: CLINICAL RESEARCH

ANANIASPOOPEDI@GMAIL.COM

REFERENCE : PMREC 21 JULY UL 2021/A
DATE : 21 JULY 2021
RESEARCHER : MRS M NYELISA
(PRINCIPAL INVESTIGATOR)
RESEARCH : POST-GRADUATE RESEARCH
DEPARTMENT : NURSING SCIENCE (UNIVEN)

Protocol Title : Strategies to enhance professional nurses' participation in Continuing Professional Development at public hospitals of Limpopo Province.

CANDIDATE : MRS M NYELISA

APPROVAL STATUS : APPROVED

SIGNED:



PROF TAB MASHEGO

Prof TAB Mashego, PhD
Chairperson: Pietersburg/Mankweng Complex Research Ethics Committee
School of Medicine
University of Limpopo
REC 300408-006

Annexure F: Permission to conduct research Department of Health - Mopani District



LIMPOPO
PROVINCIAL GOVERNMENT
REPUBLIC OF SOUTH AFRICA

**DEPARTMENT OF HEALTH
MOPANI DISTRICT**

Enquiries : S Chuma
Tel Direct : 015 811 6633

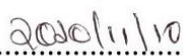
To : **Ms. Nyelisani M**
P.O Box 2259
Thohoyandou
0950

Dear Madam

**PERMISSION TO CONDUCT RESEARCH IN DEPARTMENTAL HEALTH FACILITIES OF
MOPANI DISTRICT: YOURSELF**

1. Your letter received on the **10 November 2020** has reference.
2. Note that your request for the purpose of conduct a research on “**Strategies to enhance nurses’ participation in Continuing Professional Development at public hospitals of Limpopo Province**” has been approved.
3. Note paragraph 2 of the approval letter from the provincial office for your attention and compliance.
4. Also note that further arrangements should be made with the responsible managers of Letaba Hospital and Nkhesani hospital for access and assistance.
5. You are further expected to abide by all prescripts governing public service during the course of your research.
6. Thanking you.


.....
DIRECTOR: CORPORATE SERVICES


.....
DATE

Annexure G: Informed Consent form for Participant Interviews

LETTER OF INFORMATION

Title of the Research Study: A strategy to enhance professional nurses' participation in Continuing Professional Development Programs at public hospitals of Limpopo Province.

Principal Investigator/s/ researcher: Name: Maggie Nyelisani

Qualification: Master's Degree in Nursing Science

Co-Investigator/s/supervisor/s : Name: Dr Makhado L

Qualification: Doctoral Degree

Name: Dr Luhalima TR

Qualification: Doctoral Degree

Brief Introduction and Purpose of the Study: Continuing Professional Development (CPD) in developing countries such as South Africa remains a high priority to empower professional nurses. CPD opportunities for nurses and midwives are crucial in knowledge and skills improvement. Professional nurses play an important role in providing quality care to patients and developing neophytes in nursing. Therefore, professional nurses need advanced and updated knowledge in order to adapt to changes in the health care environment. This can be achieved through participating in CPD, where they will be able to gain the necessary skills. The purpose of the study is to develop a strategy to enhance professional nurses' participation in CPD programs in the district hospitals of Limpopo Province.

Outline of the Procedures: Responsibilities of the participant: The interview will take place in the hospital skills room/ district training centre. The researcher will introduce the study and provide the necessary information to participants. The participants will sign the consent form after the researcher has explained the contents. The researcher will interview participants using an interview schedule. Inclusion criteria will be professional nurse and nurse managers with more than five years' experience in nursing. The interview guide will be explained and clarified before the interview begins. Each participant will be interviewed for 45minutes. Participants are required to bring nothing to the venue. The Interview sessions will be recorded using a tape recorder and field notes may also be taken by the assistant researcher. The researcher will then thank the participants for their inputs.

The following Ethical considerations will be adhered to by the researcher:

Risks or Discomforts to the Participant: There will be no risks, no harm or discomfort to you as participants in the study

Benefits: As Professional nurses, you may be highly skilled and may render high standards of care and there may be a high commitment to job roles. Researchers may gain knowledge for use in future research.

Reason/s why the Participant May Withdraw from the Study: You are allowed as participants to withdraw voluntarily at any time from the study with or without any explanation if you wish to do so.

Remuneration: There will be no remuneration to participants in the study

Costs of the Study: You as participants are not be expected to cover any costs towards the study.

Confidentiality: Confidentiality will be maintained at all times throughout the study and anonymity will be applied, for example, your names will not be used in the study; it will only be known to the researcher and her assistant. The information collected will be stored and locked up in a safe place.

Research-related Injury: In cases of injury related to the study, there will be no compensation. Participants are required to use their own medical aid cover.

Persons to Contact in the Event of Any Problems or Queries:

(Dr. Makhado L /Dr Luhlima T and 0611472002/0724823404) Please contact the researcher (0827415526), my supervisor (0611472002/0724823404) or the University Research Ethics Committee Secretariat on 015 962 9058. Complaints can be reported to the Director: Research and Innovation, Prof GE Ekosse on 015 962 8313 or Georges Ivo.Ekosse@univen.ac.za

General:

Potential participants must be assured that participation is voluntary and the approximate number of participants to be included should be disclosed. A copy of the information letter should be issued to participants. The information letter and consent form must be translated and provided in the primary spoken language of the research population

CONSENT FORM:

Statement of Agreement to Participate in the Research Study:

- I hereby confirm that I have been informed by the researcher, **Maggie Nyelisani**, about the nature, conduct, benefits and risks of this study - Research Ethics Clearance Number: **SHS/20/PDC/17/1206**
- I have also received, read and understood the above-written information Participant Letter of Information regarding the study.
- I am aware that the results of the study, including personal details regarding my sex, age, date of birth, initials and diagnosis will be anonymously processed into a study report.
- In view of the requirements of research, I agree that the data collected during this study can be processed in a computerized system by the researcher.
- I may, at any stage, without prejudice, withdraw my consent and participation in the study.
- I have had sufficient opportunity to ask questions and (of my own free will) declare myself prepared to participate in the study.
- I understand that significant new findings developed during the course of this research which may relate to my participation will be made available to me.

| Full Name of Participant | Date | Time | Signature |
|--------------------------|-------|-------|-----------|
| I, | | | |

I, Maggie Nyelisani herewith confirm that the above participant has been fully Informed about the nature, conduct and risks of the above study.

| | | |
|-------------------------|-----------|----------------|
| Full Name of Researcher | Date..... | Signature..... |
| | | |

| | | |
|--------------------------------------|------------|----------------|
| Full Name of Witness (If applicable) | Date | Signature..... |
| | | |

| | | |
|---|-----------|----------------|
| Full Name of Legal Guardian (If applicable) | Date..... | Signature..... |
| | | |

References:

Department of Health: 2004. *Ethics in Health Research: Principles, Structures and Processes*
<http://www.doh.gov.za/docs/factsheets/guidelines/ethnics/>

Department of Health. 2006. *South African Good Clinical Practice Guidelines*. 2nd Ed. Available at:
http://www.nhrec.org.za/?page_id=14

Annexure H: Semi-structured Interview Guide for Professional Nurses

Strategies to enhance professional nurses' participation in Continuing Professional Development at public hospitals of Limpopo Province.

Researcher : Nyelisani M.

Promoters : Dr Makhado L

Dr Luhalima TR

An interview guide for Professional Nurses

The following guide will be used during data collection using semi-structured interviews in this study:

Introduction: the researcher will introduce herself to the professional nurse and establish rapport together with the provision of study information.

1. What do you understand by quality nursing patient care?
2. What does quality nursing patient care mean to you?
3. What do you understand by Continuing Professional Development?
4. How would you describe the Continuing Professional Development activities offered in your hospital?
5. What are your experiences regarding Continuing Professional Development in hospitals of Limpopo Province?
6. What strategies are used to enhance your Continuing Professional Development by your the hospital?

Thank the professional nurse for his/her participation in the interview.

Annexure I: Semi-structured Interview Guide for Nurse Managers

Strategies to enhance professional nurses' participation in Continuing Professional Development at public hospitals of Limpopo Province

Researcher : Nyelisani M.

Promoters : Dr Makhado L

Dr Luhalima TR

An interview guide for Nurse Managers

The following guide will be used during data collection using semi-structured interviews in this study:

Introduction: the researcher will introduce herself to the nurse manager and establish rapport together with the provision of study information.

1. What do you understand by Continuing Professional Development?
2. What are your views regarding Continuing Professional Development in the hospital of Limpopo Province?
3. How do you describe the Continuing Professional Development training/activities that you offer to professional nurses in your hospital?
4. Which strategies do you use to enhance Continuing Professional Development for professional nurses your hospital/facility?

Thank the nurse manager for his/her participation in the interview.

ANNEXURE J: Transcripts from Interviews Professional Nurse

**TITLE: STRATEGIES TO ENHANCE PROFESSIONAL NURSES PARTICIPATION
CPD IN THE HOSPITALS OF LIMPOPO PROVINCE**

PARTICIPANT NO: 1 ELIM HOSPITAL

VOICE FILE NAME: GYNAE WARD 105645

KEY: R= RESEARCHER

P=PARTICIPANT

R: Good morning

P: Morning

R: How are you ?

P: Very good and you?

R: I'm good thanks. I am Maggie Nyelisani, I am a PhD student at University of Venda. I'm here to do an interview with you and my research topic is to develop a strategy to enhance Continuing Professional Development for professional nurses in Limpopo Province. I have a few questions to ask you. What is quality nursing care?

P: Okay, quality nursing care according to my understanding is to nurse the patient with high standard, giving them a smile, when they ask you a question you answer them, for example if there is no food or butter in the kitchen you tell them nicely and tell them nicely there is a problem in the kitchen tomorrow you will get what you want... When relatives comes, if they ask what is the problem with the patient, tell them I'm a sister I'm not allowed to tell you about the problem of the patient, the doctor will handle it. You tell them the time when doctor is coming so that they can come and see the doctor. You advocate for the patient with problems, speak to the doctor, allow the patient to verbalise in each and everything she has. You make her feel free in the ward, not to be scared of nurses and whatsoever... and yeah... even if there are nurses with attitudes allow them to report any negative attitudes from the nurses and handle it so that she can be satisfied. *Mmm*...even if doctor wants to do procedures allay her anxiety, give her clothes if the patient wants, make them feel comfortable. Make patient know her rights *ehh*...sometimes they feel bored, the patient should know her condition and what's going on. She has the right to report us to her managers. she should be told what's going on. Explain to them what is going on around them (Covid-19) I don't know if I have left out anything?

R: You said quiet a mouthful, I suppose it goes with experience as well....

P: *Laughs*.. Yes...I like being with patients, I go to them one by one, my patient enjoys being with me, they tell me everything, I assure my patient's if they have lost hope. I use my experience to help them. That's who I am... I treat patient's equally and try by all means to solve their problems. Patient should be loved. When I write the progress chart that is where I will hear everything. *Laughs*....(tells about personal experience).

R: Thank *Mmm*. That's good, thank you very much, sister Getrude... my other question to you is, What does quality care mean to you?

P: To me as a person when I render quality care to patients I feel proud, ehh...it makes me proud, if I help patients ,if I treat them nicely. If we give the everything they become proud of us. If a patients call from home to says, thank you it makes me feel good even patient relatives are thankful even if the relative passes on because of the care rendered saying sister Getrude God bless you thank you.

R: Year. Sister if you were the patient. What would you expect...

P:I would expect to be treated well. I will expect a good attitude from the nurses... People die outside because of nurses attitudes. As a nurse you need to treat patient with respect. If my nurses are rude to patient I reprimand them because I don't want my patient's to suffer. I'm living a good life because of what I give my patient.

R: Mmm...Thank you, very much you are a really committed to your work. I have another question for you...What do you understand by Continuing Professional Development ?

P: CPD is about how to develop as nurses. I would like us as nurses to develop further, the hospital to provide machinery for the hospital and specialists so that we don't travel far to Polokwane to transfer patients. Repeats what she said on attitudes of nurses.....

R: Probe...You said you need specialists in your hospital, How will specialists help you develop professionally in your hospital.

P: We need those specialist the hospital, its important that we have them to be able to teach the doctors and nurses, we need them to teach us. We want to learn we want them to be here in the hospital to teach us weekly at least.

R: How would you describe the CPD activities in the hospital...

P: Do You mean workshops, from the hospital or outside ?

R: Yes.. you can tell me first from within the hospital and them from outside.

P: Yes in the hospital we have training on HIV from Hanyani Clinic- done by the manager in Tiyani Ward, in the TB ward- done by a TB trained nurse, each time when she goes outside she comes back to teach us , we have a Covid -19 nurse who teach us , then from outsidess we had waste management training by the district staff .

R: Do you have a formal in-service training program in the hospital

P: Yes ,it is run by the In-service training manager of the hospital...

R: How is the attendance by nurses?

P: Yes nurse do attend?

R: What are your other experience regarding in-service training activities in the hospital.

P: Our training is done every months four time on a weekly basis. Representatives from wards present and records are kept for inspection purposes.

R: Do you have training in the individual ward

P: Yes

R: You are doing a lot, what are your challenges

P: The morning training is good but it interferes with the morning routine, not good timing and you find that a nurse went outside and needs to give feedback she must give us time to listen and reflect but in the morning it is not conducive.

R: What do you think can best be done to resolve this challenge?

P: She can give us this feedback as a collective in the hospital chapel at one time after lunch or before unlike coming in the morning during routine time. Some people are busy, sometimes staff prepare patients for theatre.

R: Yes I think it's a good strategy that says give us information at a go to safe time. Thanks ,Do you have any other, challenge ?How is the attendance?

P: When running workshops they require 2 people per ward but sometimes it's impossible to send two? Sometimes only one person is able to go due to shortage, but attendance is not a problem.

R: What other strategies for development

P:

R: Are you happy about how do the dept sends people to training?

P: Not really, People of lower category really want to study, goes to the university to go for their own training?

R: How would you like the dept to assist in training?

P: I would like the dept to improve structure of our nursing school, bring more lecturers, send people to come and do more in-service training.

R: What else should the department do to assist in development.

P: The department can assist by bringing people outside to assist in training.

R: Thank you for the information

P: Thank you

ANNEXURE K: Transcripts from Interviews Nurse Manager

**TITLE: STRATEGIES TO ENHANCE PROFESSIONAL NURSES PARTICIPATION
CPD IN THE HOSPITALS OF LIMPOPO PROVINCE**

PARTICIPANT NO:1 LETABA HOSPITAL

VOICE FILE NAME : NURSE MANAGER

KEY: R= RESEARCHER

P=PARTICIPANT

R: Good morning

P: Morning

R: How are you ?

P: Very good and you?

R : I'm good thanks. I am Maggie Nyelisani, I am a PhD student at University of Venda. I'm here to do an interview with you and my research topic is to developing a strategies to enhance Continuing Professional Development for professional nurses in Limpopo Province.

R: what is your role in the hospital

P: My role in the hospital is to co-ordinate quality assurance services in the hospital.

R: I am happy quality is part of continuing Professional Development. Without a waste of time we can start. The interview will last from 35 to 45 minutes. The first question reads: what do you understand by Continuing Professional Development?

P: Okay...Continuing Professional Development is ehh. It is a structure put in place to make sure that health professionals are continuously updated on issues of their profession. So it can be in the form of on the job training, in-service education, that is conducted in the hospital or private training, those professional that are registered with the universities to update themselves, in that regard we have people that are sent for training by the department of health looking at the gaps we are having or adverse events that we are having more especially in areas of speciality, maternity, trauma unit. So, all this areas mentioned the department of health has taken an initiative to train professional nurses so that we have less adverse events as we render services to our people, it will also assist us in outcomes. And again this courses are not for nurses only also for support and allied workers are send for seminars as means of developing themselves to render quality patient care.

R: Thank you very much what you have said quiet a mouthful, very important facts. Let us continue. The second question reads what are your views regarding CPD in your hospital?

P: You mean here at Letaba Hospital?

R: Yes at Letaba Hospital..

P: I have been a member of training committee for the hospital and the Department of Health for the past five years. We participate in the selection of candidates who are supposed to go for post graduate diplomas. Looking at the hospital, All professionals and support staff are developing themselves at times they are send by the department, we check on the system for seminars/ workshop outside the hospital, we communicate with the hospital and they arrange that we are send for training. Letaba hospital also has in-service programs in various clinical units to reminds us, we update ourselves on policies and procedures, We also do induction program as our staff rotate yearly in units. We regularly see our doctors and interns and specialists from outside presenting to them we form part of the rounds as part of the multi-disciplinary team. That is how we manage to attend. People here at Letaba are eager to learn.

R: I heard you mention ward rounds with the multidisciplinary team. Very interesting, what is the role of professional nurses in the big round...?

P: They are leaders in the wards, they are going to be implementing and monitor implementation of those doctor's orders. Professional nurses also has a role of collaborating with the multi-disciplinary team until the patient is ready to go home in a satisfactory condition.

R: Thank you very much for the facts on collaboration with multi-disciplinary team. Let us continue to the next question. It reads: how do you describe the CPD activities in your hospital?

P: Training issues, (pause) the department (Provincial HRD) communicates with staff through a communique which states that they should apply for different courses for nurses or doctors. They should apply for courses. We have a seniority list where we send senior nurses first. The hospital no longer has budget it is done by the province(Dept. of Health).

R: Why do you use that criteria of 'seniority' ?

P: It has been there since we started training? We start with those who have been waiting and have applied. If you have not applied you will not go.

R: Thank you, so keep a list, when the time comes for application you select the one that has applied first?

P: Yes, our criteria is the seniority on top, we also include our labour relations department for fairness.

R: What happens when the senior person when she reaches 58yrs and is due for pension do you still send them?

P: In the past we use to send them and they come back to serve the two years of training back, nowadays this issue is handled by the province. Nowadays we also call and ask them how are they going to serve the department because when they come back as they will be out of the system.

R: Thank you, Your CPD looks to be up and running here. What strategies do you use to enhance CPD.

P: We are having a challenge of budget, they send a few people for training, they can send only three professional nurses for training it is less compared to the size of the hospital. The department should make budget available. The issue of age is a problem those with specialities are older people and they are leaving the profession not long. We are having a shortage of Advanced Midwives, ICU and Trauma nurses. We sometimes borrow theatre

trained people from other hospitals. The department should increase number of nurses going for training. The doctors are the one who are given more opportunities. If doctors leave they are reinstated as contract workers, they can do it also with retired nurses who are still energetic. Open arms for these people ,they are tired but they can nurture the new ones with their skills and patients will be in good hands.

R: Thank you ,what other strategies can be implemented to enhance CPD.

P: Ehh.. we see doctors going for seminars and workshops ,can we have this for the poor nurses. Can we have teambuilding for nurses if your morale is down all these must come in and we feel tired all this can help. You cannot be in a ward and only go out when you are on leave for many years. We used to go for workshops and seminars, when you come back from this seminars you are energetic. Even all activities should be done in the hospital to uplift the spirit of the nurses ,we need the care for the carer they should be educated. I also wish to go for furthering my skills in quality assurance. We need holistic nurses to be next to the patient.

R: Thank you so much. Do you have any other additional information you can give.

P: We deal with complains of patients, doctors come out clean nurses are always at fault, nurses are not confident. Nurses should be treated equally to doctors. Nurses need to be recognised, they should there should be at regular meetings where management sit and listen to professional nurses and not wait for them to make mistakes and apply harsh punitive actions whereas with other profession you don't do that (facial expression...unhappiness seen)

R: Thanks for the information you have given this will surely contribute to the advancement of professional development of professional nurses. Yes, behind training of nurses there's a lot going on. Thanks again.

P: My pleasure...

R: Goodbye

Interview ends as she goes to another ward...

ANNEXURE L: Validation Strategy- Interview Guide

TITLE: STRATEGIES TO ENHANCE PROFESSIONAL NURSES PARTICIPATION CPD IN THE HOSPITALS OF LIMPOPO PROVINCE

Researcher : Maggie Nyelisani

Promoters : Prof. Lufuno Makhado
Dr. Takalani Luhlima

Interview guide for Validation of Strategies using: Nominal Group Technique

Questions from the Strategies developed:

- 1. Are the following strategies going to facilitate adequate CPD training managers?**
 - Encourage health care providers to use knowledge hub where there is different courses that one can enroll in and get a certificate.
 - Monitor and evaluate CPD training
 - Involvement nursing colleges to assist in CPD training
 - Advertising and filling vacant post for CPD managers.
 -
- 2. Are the following strategy going to mobilise the training of nurse specialists?**
 - Ensuring that training of professional nurses in specialized is continuing
 - Sending more staff for specialty post basic training
 - Ensuring that competent staff work in specialized unit
 - Hiring more staff.
 - Drilling of skills to revive skills in the wards
 - Selection criteria to be appropriate
- 3. Are the following strategies going to facilitate nomination of master trainers at unit level?**
 - Identify a facilitator in the ward who will handle the trainings.
 - To give the professional nurses who are appointed incentives for encouragement
 - Improvement in recruitment and retention and ensure career pathways for professional nurses
 - Offer support to staff
- 4. Are the following strategies going to ensure that CPD Training programs in hospitals are functional?**

- Improving the training programs
 - Arrange for more short courses on a six month basis
 - Ensure that training programs are available and functional in all hospitals
 - Monitoring of training on a regular basis
 - Master trainers must come in to assist with training
 - Assessment to be done to evaluate competency
5. **Are the following strategies going to ensure accessibility of training guidelines and policies**
- Consultation with the district to provide guidelines e.g Maternity Guidelines
 - Access to and knowledge of training policies and guidelines
 - Access online guidelines and read them
6. **Are the following strategies going to ensure availability resources (training equipment and materials)**
- Provision of adequate functional equipment and material for training
 - Provision of adequate functional equipment and material for training
 - Maintaining the equipment that have been provided

REFINED STRATEGIES

The following are the strategies post Nominal Group Technique discussion and consensus reached .Strategies voted and ranked according to priority.

| Refined Strategies | Ranking | Votes | Goal according to Ranking | Indicator | Responsible person |
|---|---------|-------|---|---|---|
| 1. A strategy to facilitate functional CPD Training programs in hospitals | 1 | 6 | <ul style="list-style-type: none"> • Ensure that training programs are available and functional in all hospitals • Monitoring of training on a regular basis • Master trainers must come in to assist with training • Assessment to be done to evaluate competency | <ul style="list-style-type: none"> • Weekly or Monthly competency Assessment and evaluation | <ul style="list-style-type: none"> • HRD at Provincial, District and institutional level • Health care providers • NGO's |
| 2. A strategy to facilitate appointment suitable CPD training managers | 2 | 6 | <ul style="list-style-type: none"> • Encourage health care providers to use knowledge hub where there is different courses that one can enroll in and get a certificate. • Monitor and evaluate CPD training • Involvement nursing colleges to assist in CPD training | <ul style="list-style-type: none"> • Ongoing monitoring and evaluation • Yearly recruitment and filling | <ul style="list-style-type: none"> • HRD at Provincial, District and institutional level • Department of Health at Provincial level |

| | | | | | |
|---|---|---|---|--|--|
| | | | <ul style="list-style-type: none"> Advertising and filling vacant post for CPD managers. | vacant posts | |
| 3. A strategy to facilitate nomination master trainers at ward /unit level | 3 | 6 | <ul style="list-style-type: none"> Identify a facilitator in the ward who will handle the trainings. To give the professional nurses who are appointed incentives for encouragement Improvement in recruitment and retention and ensure career pathways for professional nurses Offer support to staff | <ul style="list-style-type: none"> Ongoing Continuous recognition | <ul style="list-style-type: none"> HRD District and institutional level CEO, Hospital Managers |
| 4. A strategy to mobilise training for nurse specialists? | 4 | 6 | <ul style="list-style-type: none"> Ensuring that training of professional nurses in specialized is continuing Sending more staff for specialty post basic training Ensuring that competent staff work in specialized unit Hiring more staff. Drilling of skills to revive skills in the wards Selection criteria for training to be appropriate | <ul style="list-style-type: none"> Yearly training Monthly assessment and evaluation | <ul style="list-style-type: none"> HRD at Provincial, District and institutional level Department of Health at Provincial level |
| 5. A strategy to ensure availability of resources (equipment and materials) | 5 | 6 | <ul style="list-style-type: none"> Provision of adequate functional equipment and material for training Maintaining the equipment that have been provided | <ul style="list-style-type: none"> Procurement of resources | <ul style="list-style-type: none"> Department of Health at Provincial level CEO, Hospital Managers |
| 6. A strategy to ensure accessibility to CPD training Policies and guidelines | 6 | 6 | <ul style="list-style-type: none"> Consultation with the district to provide guidelines e.g Maternity Guidelines Access to and knowledge of training policies and guidelines Access online guidelines and read them The nursing schools to be alert and involved in dissemination or provision of guidelines | <ul style="list-style-type: none"> Continuous assessment and evaluation | <ul style="list-style-type: none"> HRD at Provincial, District and institutional level Department of Health at Provincial level Nursing schools |

ANNEXURE M: Curationis Author Guidelines

Curationis Author Guidelines

Overview

The author guidelines include information about the types of articles received for publication and preparing a manuscript for submission. Other relevant information about the journal's policies and the reviewing process can be found under the about section. The compulsory cover letter forms part of a submission and must be submitted together with all the required **forms**. All forms need to be completed in English.

Original Research Article

An original article provides an overview of innovative research in a particular field within or related to the focus and scope of the journal, presented according to a clear and well-structured format.

| | |
|----------------------------|---|
| Submission status | open |
| Word limit | 7000 words (<u>excluding</u> the abstract, tables, figures, graphs, and references) |
| Abstract | maximum: 250 words requires structural headings: Background, Objectives, Method, Results, Conclusion and Contribution |
| Main text | requires structural headings, refer to the full structure 'Ethical considerations' is a sub-section in the manuscript and must include: Name of the ethical review committee Study approval number Manner of consent (written, oral) for human participants Description of measures taken to maintain the confidentiality of data If the study was not human or animal research or the study was determined to be non-human subjects research or exempt, the authors must provide a statement with those details in this section. |
| References | 60 or less, adhere to the Harvard referencing style |
| Tables, figures and graphs | 7 or less, adhere to the Illustrations requirements found in the AOSIS House style guide |

| | |
|--|--|
| Formatting requirements | apply the guidelines located on the Formatting requirements page and the AOSIS house style guide |
| Compulsory supplementary file(s) | the Authorship, disclosure statements, copyright, and license agreement form , Ethical Clearance/Waiver Documentation and any other relevant form applicable to your submission |
| Ethical clearance/waiver documentation | evidence of ethical clearance for the study, such as the study approval letter or certificate from the Institutional Review Board (IRB), a waiver from the IRB et cetera |

Corrections

A correction provides the platform to communicate important, scientifically relevant errors or missing information in a published article. Any changes after publication that affect the scientific interpretation (e.g., changes to a misleading portion of an otherwise reliable publication, an error in a figure, error in data that does not affect conclusions or addition of missing details about a method) are announced using a Correction. Read our submission procedure for **corrections** and **publishing policies**.

| | |
|-------------------------------|--|
| Compulsory title | The title of the submission should have the following format: 'Corrigendum: Title of original article'. |
| Submission File | completed Correction Submission Form (required) |
| Compulsory supplementary file | any supporting documents or emails, Author Change Request Form (if applicable), Corresponding Author Change Request Form (if applicable) |

Cover Letter

The authorship, disclosure statements, copyright, and license agreement form is our compulsory cover letter which needs to form part of your submission. Kindly download and complete, in English, the provided **form**.

Anyone that has made a significant contribution to the research and the paper must be listed as an author in your cover letter. Contributions that fall short of meeting the criteria as stipulated in our policy should rather be mentioned in the 'Acknowledgements' section of the manuscript. Read our **authorship** guidelines and [author contribution](#) statement policies.

Original Research Article full structure

Title: The article's full title should contain a maximum of 95 characters (including spaces).

Abstract: The abstract, written in English, should be no longer than 250 words and must be written in the past tense. The abstract should give a succinct account of the objectives, methods, results and significance of the matter. The structured abstract for an Original Research article should consist of six paragraphs labelled Background, Objectives, Method, Results, Conclusion and Contribution.

- Background: **Why do we care about the problem?** State the context and purpose of the study. (What practical, scientific or theoretical gap is your research filling?)
- Objectives: **What problem are you trying to solve?** What is the scope of your work (e.g. is it a generalised approach or for a specific situation)? Be careful not to use too much jargon.
- Method: **How did you go about solving or making progress on the problem?** State how the study was performed and which statistical tests were used. (What did you actually do to get the results?) Clearly express the basic design of the study; name or briefly describe the basic methodology used without going into excessive detail. Be sure to indicate the key techniques used.
- Results: **What is the answer?** Present the main findings (that is, as a result of completing the procedure or study, state what you have learnt, invented or created). Identify trends, relative changes or differences in answers to questions.
- Conclusion: **What are the implications of your answer?** Briefly summarise any potential implications. (What are the larger implications of your findings, especially for the problem or gap identified in your motivation?)
- Contribution: **What key insights into the research results and its future function are revealed? How do these insights link to the focus and scope of the journal?** It should be a concise statement of the primary contribution of the manuscript; and how it fits within the scope of the journal. Do not cite references and do not use abbreviations excessively in the abstract.

Introduction: The introduction must contain your argument for the social and scientific value of the study, as well as the aim and objectives:

- Social value: The first part of the introduction should make a clear and logical argument for the importance or relevance of the study. Your argument should be supported by the use of evidence from the literature.
 - Scientific value: The second part of the introduction should make a clear and logical argument for the originality of the study. This should include a summary of what is already known about the research question or specific topic and should clarify the knowledge gap that this study will address. Your argument should be supported by the use of evidence from the literature.
 - Conceptual framework: In some research articles it will also be important to describe the underlying theoretical basis for the research and how these theories are linked together in a conceptual framework. The theoretical evidence used to construct the conceptual framework should be referenced from the literature.
 - Aim and objectives: The introduction should conclude with a clear summary of the aim and objectives of this study.
- Research methods and design: This must address the following:
- Study design: An outline of the type of study design.
 - Setting: A description of the setting for the study; for example, the type of community from which the participants came or the nature of the health system and services in which the study is conducted.
 - Study population and sampling strategy: Describe the study population and any inclusion or exclusion criteria. Describe the intended sample size and your sample size calculation or justification. Describe the sampling strategy used. Describe in practical terms how this was implemented.
 - Intervention (if appropriate): If there were intervention and comparison groups, describe the intervention in detail and what happened to the comparison groups.
 - Data collection: Define the data collection tools that were used and their validity. Describe in practical terms how data were collected and any key issues involved, e.g. language barriers.
 - Data analysis: Describe how data were captured, checked and cleaned. Describe the analysis process, for example, the statistical tests used or steps followed in qualitative data analysis.
 - Ethical considerations: Approval must have been obtained for all studies from the author's institution or other relevant ethics committee and the institution's name and permit numbers should be stated here.
- Results: Present the results of your study in a logical sequence that addresses the aim and objectives of your study. Use tables and figures as required to present your findings. Use quotations as required to establish your interpretation of qualitative data. All units should conform to the **SI convention** and be

abbreviated accordingly. Metric units and their international symbols are used throughout, as is the decimal point (not the decimal comma).

Discussion: The discussion section should address the following four elements:

- Key findings: Summarise the key findings without reiterating details of the results.
- Discussion of key findings: Explain how the key findings relate to previous research or to existing knowledge, practice or policy.
- Strengths and limitations: Describe the strengths and limitations of your methods and what the reader should take into account when interpreting your results.
- Implications or recommendations: State the implications of your study or recommendations for future research (questions that remain unanswered), policy or practice. Make sure that the recommendations flow directly from your findings.

Conclusion: Provide a brief conclusion that summarises the results and their meaning or significance in relation to each objective of the study.

Acknowledgements: Those who contributed to the work but do not meet our authorship criteria should be listed in the Acknowledgments with a description of the contribution. Authors are responsible for ensuring that anyone named in the Acknowledgments agrees to be named. Refer to the acknowledgement structure guide on our **Formatting Requirements** page.

Also provide the following, each under their own heading:

- Competing interests: This section should list specific competing interests associated with any of the authors. If authors declare that no competing interests exist, the article will include a statement to this effect: **The authors declare that they have no financial or personal relationship(s) that may have inappropriately influenced them in writing this article.** Read our [policy on competing interests](#).
- Author contributions: All authors must meet the criteria for authorship as outlined in the [authorship](#) policy and [author contribution](#) statement policies.
- Funding: Provide information on funding if relevant
- Data availability: All research articles are encouraged to have a data availability statement.
- Disclaimer: A statement that the views expressed in the submitted article are his or her own and not an official position of the institution or funder.

References: Authors should provide direct references to original research sources whenever possible. References should not be used by authors, editors, or peer reviewers to promote self-interests. Refer to the journal referencing style downloadable on our **Formatting Requirements** page.

ANNEXURE N: Sage Open Author Guidelines

Sage Open Author Guidelines

Manuscript Submission Guidelines:

This Journal is a member of the [Committee on Publication Ethics](#).

This Journal recommends that authors follow the [Recommendations for the Conduct, Reporting, Editing, and Publication of Scholarly Work in Medical Journals](#) formulated by the International Committee of Medical Journal Editors (ICMJE).

Please read the guidelines below then visit the journal's submission site <https://mc.manuscriptcentral.com/sageopen> to upload your manuscript. Please note that manuscripts not conforming to these guidelines may be returned.

For additional guidance, please refer to our [SAGE Open Author Guidelines](#).

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As part of the submission process you will be required to warrant that you are submitting your original work, that you have the rights in the work, that you are submitting the work for first publication in the Journal and that it is not being considered for publication elsewhere and has not already been published elsewhere, and that you have obtained and can supply all necessary permissions for the reproduction of any copyright works not owned by you.

An article processing charge (APC) of \$1500 USD will be payable on acceptance if the manuscript is accepted after peer review.

Please Read the Manuscript Submission Guidelines below before submitting your manuscript here:

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If, after peer review, your manuscript is accepted for publication, a one-time article processing charge (APC) is payable. This APC covers the cost of publication and ensures that your article will be freely available online in perpetuity under a Creative Commons license.

An article processing charge (APC) of \$1500 USD (plus tax where applicable) will be payable on acceptance if the manuscript is accepted after peer review. The APC is based on the date of original peer review submission regardless of the article's date of acceptance. The APC will be \$1,500 USD starting from 1st January 2023.

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3. What do we publish?

3.1 Aims & scope

Before submitting your manuscript to SAGE Open, please ensure you have read the Aims & Scope.

3.2 Article types

SAGE Open welcomes the submission of original research articles and literature reviews.

3.3 Writing your paper

The SAGE Author Gateway has some general advice and on [how to get published](#), plus links to further resources.

3.3.1 Making your article discoverable

When writing up your paper, think about how you can make it discoverable. The title, keywords and abstract are key to ensuring readers find your article through search engines such as Google. For information and guidance on how best to title your article, write your abstract and select your keywords, have a look at this page on the Gateway: [How to Help Readers Find Your Article Online](#)

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4. Editorial policies

4.1 Peer review policy

The journal's policy is to have manuscripts reviewed by two expert reviewers. SAGE Open utilizes a double-anonymized peer review process in which the reviewer and authors' names and information are withheld from the other. In order to facilitate an anonymized review process, we request that there not be any author identifying information within the main document of an "in progress" submission. Rather than removing citations, we recommend that authors change their names to "anonymized" within the in-text citations and references section. Articles that are accepted for publication with anonymized information will be corrected during the production stage of this process. The title page and author information also will be added before the article is published. All manuscripts are reviewed as rapidly as possible, while maintaining rigor. Reviewers and Article Editors submit comments and recommendations to the SAGE Open Editorial Office who then make the final recommendation.

The approach of SAGE Open's peer review process differs from that of traditional journals. Rather than assessing the relative 'importance' of a given article to its respective field, peer review will instead focus solely on determining the quality of research methodology, that is, determining whether the research was conducted properly, the discussion accurately summarizes the research, and the conclusion follows logically from the research. Readers and the academic community at large will then have the power to continue the peer review process after online publication, helping to determine the significance of each article through the ability to share a discuss articles freely and through article-level usage metrics.

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5. Publishing policies

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7. Submitting your manuscript

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9. Further information

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ANNEXURE O: IJANS Author Guidelines



INTERNATIONAL JOURNAL OF AFRICA NURSING SCIENCES

AUTHOR INFORMATION PACK

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DESCRIPTION



International Journal of Africa Nursing Sciences (IJANS) is an international scientific open access journal published by Elsevier. The broad-based journal was founded on two key tenets, i.e. to publish the most exciting research with respect to the subjects of Nursing and Midwifery in Africa, and secondly, to advance the international understanding and development of nursing and midwifery in Africa, both as a profession and as an academic discipline.

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ABSTRACTING AND INDEXING

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ANNEXURE P: Letter from Editor

P.O. Box 5575
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0950

02 March 2023

TO WHOM IT MAY CONCERN

RE: Editing/Proofreading of Maggie Nyelisani's PhD thesis (Student no.: 17012860 - Univen)

This serves to attest that I edited **Maggie Nyelisani's** thesis for a **PHD Degree in Nursing**, jointly supervised by **Prof Makhado L** and **Dr Luhlima TR**, titled

"Strategies to enhance professional nurses' participation in Continuing Professional Development at public hospitals of Limpopo Province".

I trust that the linguistic and structural inputs I made have been appropriately considered in the finalisation of the document.

Kind regards

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