



Facilitators and Barriers of Continuing Professional Development from the Perspective of Health Care Providers in Erbil City

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Abstract

Background and objective Continuing professional development is a major component of employee development worldwide. Good understanding of it, makes greater ability to incorporate research findings to improve it. This study aims to address enhancing factors beside the negative influences on Continuing professional development.

Methods A cross-sectional quantitative study was conducted in Erbil city, Iraqi Kurdistan Region, in the major general hospitals. The data were collected from 249 healthcare providers (physicians, dentists, pharmacists, medical staff, lab assistants) working in these hospitals during 2022. A questionnaire was designed for data collection which included questions about demographic characteristics of the participants, and questions about facilitating factors and barriers regarding continuing professional development.

Results More than 94% of participants (235 out of 249), agreed that continuing professional development is important for their carrier. More than half of them (55.8%) participated in continuing professional development activities. Role of managers, encouragement by peers, having good places, qualified trainers and sponsorship were detected as main facilitating factors for implementation. Among the mentioned factors, trainers had the highest number (225) of positive answers. Cost, time, improper presentation ways and not involving the right employees, were declared as the main barriers.

Conclusion Continuing professional development needs to be explained to health employees since about half of them had no knowledge about it. Policymakers and health managers need to enhance facilitatinf factors that play positive roles in implementation and try to overcome barriers in order to make changes toward professionalism.

Keywords: Barriers, Continuing professional development, Erbil, Facilitating factors

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Introduction

Continuing Professional development (CPD) is an important broad term including different teaching, training and practicing programs that contribute to education and learning like Continuing Medical Education (CME), Continuing Dental Education (CDE), Continuing Nursing Education (CNE), Continuing Pharmacy Education (CPE) that all aim to help healthcare providers develop their skills and knowledge for better health service and a better performance including different criteria of health organizations success such as patient satisfaction and better medical results. Continuing Professional Development as a subset of lifelong learning is gaining increasing recognition in both its' personal and professional applications. It can have a crucial role in meeting health service delivery needs and the learning needs not only for those who study but for all individual healthcare professionals.¹ Continuing professional development is considered as crucial to the medical career development. It involves learning or training activities directed at building professional competence and confidence of healthcare professionals to perform their duties effectively.² Medical service is included and is a part of the broader health service so Continuing Medical Education as a constituent of CPD, its concept generally refers to expanding medical knowledge, skills, and attitudes³ Continuing Professional Development is of a great importance for regulators, educational institutes and healthcare professionals. Personal and professional development help manage your own learning and growth throughout your career and aid in opening up new doors in your career, keep your skills and knowledge up to date and ensure you practice safely and legally. In recent years, some medical service providers like nurses in some of developed countries for example Britain, they have to engage in continuous learning as

a requirement in order to maintain competence as a means of keeping their licensure with their professional body, the Nursing & Midwifery Council (NMC).⁴ A body of evidence linking CPD to improving clinical practice and patient outcomes has changed the field significantly, and for the better⁵ It is predicted that medical professionals avail themselves of CPD opportunities to refresh, update and improve their information and to gain better clinical knowledge.⁶ Continuing Professional Development in the health sector is a vital concept that ensures healthcare professionals stay current with the latest advancements in their field. It involves a lifelong commitment to learning and skill enhancement, enabling healthcare practitioners to provide the highest quality of care, adapt to evolving medical practices, and ultimately improve patient outcomes. In this rapidly evolving industry, CPD plays a crucial role in maintaining and enhancing the competence and expertise of healthcare professionals. Countries have different requirements for CPD. In some countries CPD activities of employees are calculated in hours and dealt as requirement. Kenya is an example, where nurses and midwives should attend minimum of twenty hours of (CPD) every year to maintain their registration every three years.⁷ One of the most effective methods of training and retraining healthcare professionals is CPD that can increase healthcare providers potentials for best practice of their jobs. Detecting the facilitating factors and barriers must be scientifically based and depending on data from the ground in order to be able to recommend for improving CPD in health facilities. The changing trends in medicine, escalating technology like using paperless systems, telemedicine, using robotic surgeries, Artificial Intelligence and increasing availability of information to patients bring a need for health care providers to be updated and not depend on their old



information without reviewing and manipulation. Factors affecting positively or negatively the process of CPD and its activities, form a challenge to the health care system especially on-job at the same time it is a necessary process. This study was conducted to explore factors influencing continuing professional development inside health organizations in Erbil.

Subjects and methods

A quantitative descriptive cross-sectional study was conducted between July, 10, 2022 and July, 10, 2023. A systematic random sampling method was used to collect the sample. The sample size was determined by using the Epi Info software. A sample of 249 healthcare providers (Physicians, Dentists, Pharmacist, Medical Assistants, Lab Assistants, Nurses) was selected, based on 3783 population size, 50% expected frequency and a margin of error of 6%. The study setting was seven public teaching hospitals in Erbil city (Rizgari, Erbil teaching, Maternity, Rapereen, Nanekely, Cardiac center, Rozhhalat Emergency, psychiatric hospital). Data collected by using a questionnaire through direct interview with the participants. The questionnaire included questions about demographic and personal information, their access to information, enhancing factors for CPD and barriers. First part of questions was asking about personal and demographic states. Then a scanning of their knowledge about CPD and their participation and effects they noticed. And asking about availability of libraries as a source to get information to improve their carrier. Then asking about the importance of managers role, sponsorship by companies or organizations, role of colleagues in encouraging their peers, having good places like halls and having good trainers. Then asking about the cost of CPD activities, time needed, methods used by the presenters, way of involving right persons and whether all these factors play a negative role in CPD

process or not. The findings were entered and analyzed by using the statistical package for the social sciences (version25), enhanced with Microsoft excel and presented in graphs, charts, tables and texts. Verbal informed consent was obtained from the participants before filling in the questionnaire and were all insured about the anonymity of the questionnaire. The study was approved by the Research Scientific and Ethics Committee of the Kurdistan Higher Council of Medical Specialties.

Results

The sample constituted 139 (55.8%) female and 110 (44.2%) males. Regarding the age of participants, the largest proportion (44.2%) were between 30-40 years, followed by above 40 years (30.9%), and then under 30 years (24.9%). Almost 43% were institute graduates, followed by Bachelor degree holders (37.8%) and Master or PhD degree (19.2%). More than half of participants had more than 10 years' work experience. Different job titles were involved from eight public hospitals, as shown in Table (1).

Table (1): The studied sample's characteristics (N=249).

Variable	Frequen cy	Percenta ge
Age		
<30	62	24.9
30-40	110	44.2
>40	77	30.9
Gender		
Male	110	44.2
Female	139	55.8
Education		
Institute	107	43.0
Bachlor	94	37.7
Msc/Ph.D	48	19.3
Years of experience		
<5	53	21.3
5-10	52	20.9
>10	144	57.8
Job title		
	104	41.8



Physician/Dentist/Pharmacist	32	12.9
Nurse/ Midwife	92	36.9
Paramedic	21	8.4
Lab technicians/ Assistants		
Hospital		
Rizgari	81	32.5
Erbil teaching	41	16.5
Maternity	30	12
Rapareen	24	9.6
Rozhhalat Emergency	23	9.2
Cardiac Center	19	7.6
Psychiatric	14	5.6
Nanakali	17	6.8
Total	249	100

Do you believe that CPD is an important part of job development?	235(94.4)	14(5.6)
Do you have access to library?	27(10.8)	222(89.2)
Do you have access to personal or shared computer?	136(54.6)	113(45.4)

The majority (58.2%) of participants have heard about CPD and 55.8% have participated in activities like workshops and seminars, during the last year. Among those who participated in CPD activities, 38.2% felt satisfied as an impression about activities, 26.9% learned and 25.7% improved performance. More than 94% of them have perceived the CPD as an important part of job development. Only 10.8% of them have access to library at the work place and 54.6% of them to a personal or shared computer for their works. In general, 235 (94.4) healthcare providers believe that CPD is important for development. These findings are shown in Table (2) and Figure (1).

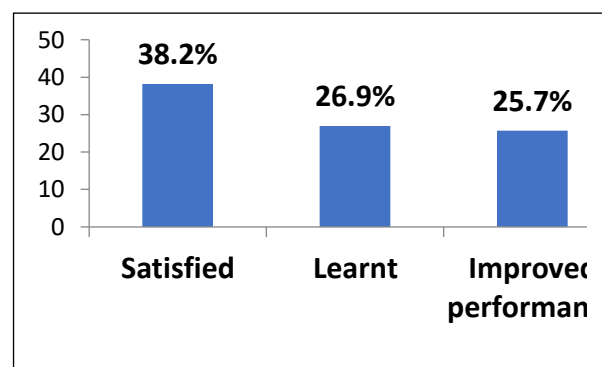


Figure (1): What 139 participants of CPD activities thought about the outcome.

Table (2): Knowledge and attitude towards CPD (N=249).

Question	Yes No. (%)	No No. (%)
Have you heard about CPD	145 (58.2)	103(41.4)
Have you participated in activities like workshops, seminars, during the last year?	139(55.8)	110(44.2)

The majority of participants (79.1%) thought that paying attention by managers will have a great role in improving CPD and its results, compared to encouragement by peers (83.9%), sponsorship by companies (71.9%), having good halls and places for the conduction of CPD activities (81.7%) and having qualified trainers and presenters (90.4%), as it's shown in Table (3).



Table (3): Facilitators of CPD from the participants' perspectives (N=249).

Facilitators	Yes No. (%)	No No. (%)	Don't know No. (%)
Managers attention	197 (79.1)	16(6.4)	36(14.5)
Peers' encouragement	209(83.9)	10(4.0)	30(12.0)
Sponsorship by companies or organizations	179(71.9)	38(15.3)	32(12.9)
Good halls and places for CPD activities	217(81.7)	18(7.2)	14(5.6)
Good trainers for CPD activities	225(90.4)	14(5.6)	10(4.0)

With regard to the barriers of conducting CPD activities, 51.4% of the participants thought that cost of organizing CPD activities is a barrier, compared to lack of time to organize these activities (58.6%), an unprofessional way of presentation (67.1%), and not involving the right employees (73.1%) as it shown in Table (4).

Table (4): Barriers of CPD from the participants' perspectives (N=249).

Barriers of CPD	Yes No. (%)	No No. (%)	Don't know No. (%)
Cost of organizing CPD activities	128 (51.4)	52(20.9)	69(27.7)
Lack of time	146 (58.6)	84(33.7)	19(7.6)
Unprofessional/boring way of presentation	167 (67.1)	48(19.3)	34(13.7)
Not involving the right employees	182 (73.1)	31(12.4)	36(14.5)

There is significant association between academic education and participation in CPD activities where (68.8) of people with Ph.D/Msc degrees, answered by yes, compared to(59.6)of bachelor and (46.7) of institute respectively. There is significant association between job title and participation in CPD activities, (66.3) of physicians/ dentists/ pharmacists, answered

by yes, (53.1) of nurses/ midwives, (50.0) of paramedics and (33.3./.) of lab technicians/ assistants respectively.

There is no significant difference between years of experience and participation in CPD activities. These findings are shown in Table (5).

Table (5): Association between participation in CPD activities and education, job title and years of experience.

Variable	Yes No. (./.)	No No. (./.)	P- value
Education.			
Institute	50 (46.7)	57 (53.3)	
Bachelor	56 (59.6)	38 (40.4)	0.025
Ph.D/ Msc	33 (68.8)	15 (31.3)	
Job title			
-physian, dentist, pharmacist	69 (66.3)	35 (33.7)	
-Nurse/ midwife	17 (53.1)	15 (46.9)	0.016
-Paramedic	46 (50.0)	46 (50.0)	
-Lab technician/ assistant	7 (33.3)	14 (66.7)	
Years of experience			
<5	33 (62.3)	20 (37.7)	
5-10	28 (53.8)	24 (46.2)	0.567
>10	78 (54.2)	66 (45.8)	

Discussion:

The current study revealed that the health care providers, in general, are not adequately aware about CPD activities and they miss many activities arranged despite of perceiving the importance of it as a way for the job development. This may be explained by poor interaction between healthcare providers and managers inside the hospitals since managers usually don't pay attention to employees' involvement and their feedback. Our study involved both junior and senior employees since more than half of



participants had more than ten years work experience. CPD situation in targeted hospitals looks to be unsatisfying based on the replies by employees with different medical job titles despite of agreement that it is of great importance. Our study showed necessity of working on how to improve CPD and its activities and this attributes to the current situation as seen by the healthcare providers. Comparing to other studies conducted, they emphasize the quality of change.³ Our participants were not satisfied with all materials and equipment's needed for CPD activities. Which is a multifactorial problem for example related to poor funding, lack of interest by decision makers inside health facilities. Previous studies also showed that only a minority answered by having sufficient resources (computer access, internet access, conferences) to achieve CPD goals.⁸ Community needs requires making changes in CPD not in a random but in systematic way to be credible and transparent in order to be more productive in jobs.⁹ Unfortunately this systematic way of approach and transparency is not seen since about half of participants even did not hear about CPD as a term! So, more introduction and explanations are needed to make employees be familiar with CPD activities. Participants agreed that if managers pay attention to CPD more, it helps. This may need more cooperation of training and development units with human resource managers as people responsible of such activities and with top level management of organizations. Encouragement by peers or co-workers who have interest in learning and participating in such activities is seen as positive enhancer for the employees. This may contribute to social relations and trust among friends and work mates. This result can be compared with a study done by Macaden, which showed the importance of (opportunities for professional engagement with colleagues) as a facilitator for CPD.¹⁰ It

is clear that having venues for CPD activities, is needed but designing halls in a way suitable for variable ways of arranging is also important like U shape, groups, small group discussions. Our results showed the importance of financing in ways of sponsorship by different organizations since they can fund so many important health events and projects. The same idea seen in another study where NGOs and Donors were the chief (75%) financiers of the CMEs, workshops and seminars while the district health team and others financed them less.¹¹ Having qualified trainers, teachers and facilitators, is regarded as an obvious enhancing factor for CPD since they form human resource of these processes and in any plan of CPD, we have to estimate our capacity, the number of qualified people to do the job and their abilities, their specialties and the areas of knowledge they can cover. Producing and accrediting CPD events like workshops, seminars, training courses, panel discussions, needs professional employees who have interest in such activities, also needs technology and other materials like data-show projectors, screens.etc and this cannot be performed without payment or being sponsored so it requires costs.¹² So if its cost makes a barrier and its being sponsored, can help it to improve and can reduce road blocks. It is the manager who decides to select employee to attend CPD activities whether top management level like Chief Executive Officer (CEO), General Manager or Human Recourse Manager (HRM) or head of departments or units. So wrong selection by managers and biases by them forms the obvious barrier from the perspective of participants of our study. This may be due to legitimate power the managers have enhanced by other social and situational considerations and this power can be easily used in unfair way. If we compare this result to another study conducted in Lebanon by Saade et al ⁸, they mentioned Job constraints





(restrictions) as a barrier where 76.3% of participants agreed about that point. Time consuming nature of CPD activities has a negative enforcement effect on participants of such activities. Our poor time management skills as a multifactorial cultural problem may explain that. This result goes with that of another study conducted in 2018 where only 6.7% of pharmacists who were involved, answered that they have sufficient time to achieve their CPD goals that are fixed by their organizations.⁹ The way of presentation has a big impact on the audiences. The same idea reflected in our results, participants answered boring and uninteresting ways of presentation as the second most common barrier that impede CPD outcomes.

Conclusions:

The research underscores the importance of many factors influencing CPD in health organizations beside unsatisfying current situation. Facilitating factors like managers attention, employee influence on work mates, infrastructure and good presenters, contribute to success. Conversely, impeding factors like cost, time constraints, and low-quality presentations and wrong selection of employees, play a negative role. We recommend to have clear guidelines for employee selection, addressing barriers, and implementing a systematic plan with regulations and put a clear plan for implementation by managers at different levels.

Competing interests:

The author reports no conflicts of interest.

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