THE EXPERIENCES OF NURSES REGARDING ATTENDANCE, ENGAGEMENT AND ACCESSIBILITY OF CONTINUOUS PROFESSIONAL DEVELOPMENT AT A TERTIARY HOSPITAL, EASTERN REGION, SAUDI ARABIA

By

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DECLARATION

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ABSTRACT

Background: Continuous professional development (CPD) is known as never ending learning for a nurse after his/her basic nursing training. The primary and common goal of CPD in the nursing field is to improve patient care and outcomes. CPD in nursing results in nurses becoming safe practitioners by providing high-quality care for the safety of the patients.

The research aims of this study was to investigate and describe the experiences of nurses employed at a tertiary hospital in Saudi Arabia about CPD accessibility, attendance, and engagement.

The objectives of the study are to:

- explore the experiences of nurses on accessibility to CPD activities
- explore the factors influencing their decision making and which activities they want to attend
- explore and describe their engagement during CPD attendance and
- explore and describe how relevant, they find the CPD activities that they attend.

Methods: The methodology in this study was a qualitative descriptive design, approached by exploring and describing what nurses experience regarding CPD accessibility, attendance, and engagement. A sample of ten participants was purposefully selected who worked for more than one year at the study setting, and were already exposed to CPD. Prior to each interview, participants signed a consent form which included voice recording the information gathered during the interview. The researcher developed a semi-structured interview guided by the objectives and used it for individual interviews. Open-ended questions were used for ten semi-structured individual interviews. The interviews terminated after participant ten when no more new information could be obtained from the participants. Creswell's six-step model of data analysis guided the researcher with data analysis. Approval to conduct the study was obtained from the Health Research Ethics Committee (HREC) of the University of Stellenbosch Faculty of Medicine and Health Sciences, and from the institution where the research was conducted. To ensure trustworthiness the four principles of credibility, transferability, dependability, and confirmability were followed.

Findings: The researcher has identified that professional nurses need CPD to guide them in their practice for their entire professional life. Furthermore, the findings indicate that the sample of professional nurses that was interviewed clearly understand that professional development is important to meet their personal development needs. Therefore, the professional nurses in this study indicated that they must remain well-informed regarding updated information and evidence-based practices. Subsequently, the findings indicate the awareness of professional responsibility that nurses have of this study to participate in CPD to meet practice licensure, contractual requirements, and completion of mandated competencies. However, it was found that nurses also encountered delayed completion of expectations due to night duty and physical exhaustion. The findings also indicate that the organization has a well-structured CPD approach, while some professional nurses in this study indicated family responsibilities, staff shortages, financial, and accommodation constraints as factors that influence their choices and attendance to CPD. However, the findings include what the professional nurses encountered concerning numerous positive outcomes, and motivational factors that influenced their participation and engagement with CPD.

Conclusion:

It is evident that nurses accepted and understood their professional responsibility to comply with CPD requirements. Moreover, numerous benefits and positive outcomes resulted from CPD participation. To support nurses in meeting these requirements the organization provides nurses with CPD programmes and the application of adult learning principles in delivering the programmes. However, nurses' stress levels and frustration increased while they improved their knowledge and to be better equipped in their skills, their abilities were impeded by the lack of financial support, scheduling, and staff shortages. Reviewing hospital policies involving payments for life-support courses and providing financial support for some courses can ease financial payments. This includes providing courses locally to minimize stress with financial issues to attend CPD in other provinces. Involving nurses in choices of CPD topics, and education facilitators developing educational programmes focussed on identified training needs can also minimize nurses' stress levels. In addition to new developed educational programmes, flexible, frequent, scheduling times, together with nurse managers can enable nurses to attend CPD during working hours. Expediting recruitment processes can minimize staff shortages and extra workload issues.

Keywords: Nurses, continuous professional development, accessibility, attendance, engagement, influencing factors, knowledge, and competence.

OPSOMMING

Agtergrond: Deurlopende leer vir die professionele ontwikkeling van die professionele verpleegster se beroep na die basiese kwalifikasie en/of registrasie , word beskou as lewenslange leer. Die primêre en algemene doelwit van VPO op die terrein van verpleging is om pasiëntsorg en uitkomste te verbeter. Verpleegresultate van verpleegsters oor VPO dui aan dat dit die doelwit is om veilige praktisyns te word en om hoë kwaliteit en veilige pasiëntsorg te verskaf.

Die ervaringe van verpleegsters wat by 'n tersiêre hospitaal in Saudi Arabia werk aangaande hul toeganklikheid, bywoning en betrokkenheid tot VPO is ondersoek. .

Die doelwitte is

- die ervaringe van verpleegsters se toeganklikheid tot VPO aktiwiteite te ondersoek
- die faktore wat hulle besluitneming beïnvloed oor watter aktiwiteite hulle wil bywoon te ondersoek
- hulle betrokkenheid gedurende bywoning van VPO aktiwitiete te beskryf en
- hoe tersaaklik hulle die VPO aktiwiteite vind te beskryf.

Metodes: 'n Kwalitatiewe metodologie met 'n beskrywende ontwerp is gevolg om die verpleegsters se ervaringe te ondersoek en te beskryf ten opsigte van toeganklikheid, bywoning en betrokkenheid tot VPO aktiwiteite te ondersoek en te beskryf. 'n Monster van vyftien deelnemers is doelbewus geselekteer wat vir meer as een jaar by die studie-plasing gewerk het en alreeds aan VPO blootgestel is. Voor elke onderhoud het deelnemers ingeligte toestemming verleen, met die insluiting vir die gebruik van 'n bandopnemer. 'n Loodsonderhoud is by wyse van 'n individuele onderhoud gedoen met behulp van 'n gestruktureede onderhoudgids wat ontwikkel is deur die navorser. Tien semi-gestruktureerde individuele onderhoude is uitgevoer deur gebruik te maak van ope vrae. Die onderhoude is na deelnemer tien beëindig toe daar nie meer inligting verkry is van die deelnemers nie. Creswell se ses-stap model vir data-analise het die navorser gelei met die analise van data. Die Gesondheidsnavorsing se Etiekkomitee van die Universiteit van Stellenbosch se Medisyne en Gesondheidswetenskappe en die inrigting waar die navorsing plaasgevind het, het toestemming verleen. Om betroubaarheid te verseker, is die vier maatstawwe van kredietwaardigheid, toespasbaarheid, afhanklikheid en bevestiging toegepas.

Bevindings: Daar is bevind dat professionele verpleegsters VPO benodig om hulle te lei in hulle praktyk vir hulle hele professionele lewe. Vervolgens is na aanleiding van die monster wat van professionele verpleegsters geneem is, bevind dat hulle gefokus is op 'n algemene doel, naamlik pasiëntbeveiliging en positiewe uitkomste vir beide verpleegster en pasiënt. Derhalwe het die professionele verpleegsters van hierdie studie aangedui dat hulle op die hoogte moet bly met bewysgebaseerde praktyke. Gevolglik het die bevindinge aangedui dat die verpleegsters wat in hierdie studie ingesluit is, daarvan bewus is dat hulle 'n professionele verantwoordelikheid het om deel te neem aan VPO aktiwiteite om aan 'n praktyklisensie en kontraktuele vereistes te voldoen. Hulle word veral verantwoordelik en aanspreeklik gehou om te verseker dat daardie behoeftes nagekom word. Daar is in hierdie studie ook bevind dat professionele verpleegsters daarvan bewus is dat hulle na hul basiese verpleegopleiding lewenslange leer moet nastreef. Die bevindinge het ook aangedui dat die organisasie 'n goedgestruktureerde VPO benadering volg, terwyl sommige professionele verpleegsters in hierdie studie aangedui het dat gesinsverantwoordelikhede, personeeltekorte, finansiële en verblyfbeperkinge hul besluite en bywoning van VPO beïnvloed. Nietemin, daar is bevind dat die professionele verpleegsters in hierdie studie verskeie positiewe uitkomste en motiveringsfaktore ervaar het wat hulle deelname en betrokkenheid aan VPO aktiwiteite beïnvloed het.

Sleutelwoorde: Verpleegsters, deurlopende professionele ontwikkeling, toeganklikheid, bywoning, betrokkenheid, beïnvloedbare faktore, kennis, en bevoegdheid.

ACKNOWLEDGEMENT

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ABBREVIATIONS

ACLS	Advanced Cardiac Life Support
BLS	Basic Life Support
CLABSI	Central Line Associated Bloodstream Infection
CME	Continuing Medical Education
COPA	Competency Outcomes Performance Assessment
COVID	Coronavirus Disease
CPD	Continuous Professional Development
ICN	International Council of Nurses
KSAU	King Saud bin Abdulaziz University
NGHA	National Guard Health Affairs
NRP	Neonatal Resuscitation Program
PALS	Paediatric Advanced Life Support
PIC	Professional Identification Card
POCT	Point of Care Testing
SANC	South African Nursing Council

CHAPTER 1: FOUNDATION OF THE STUDY

1.1 INTRODUCTION

Globally, knowledge as well as the skills of professional nurses are required for them to effectively adapt to the changing healthcare needs of patients and their environments (Pool, Poell, Berings & Ten Cate, 2015:940). Training of nurses should reflect the changing needs of the population. Continuous Professional Development (CPD) is one way to make sure that nurses keep in touch with evidence-based care. CPD has been described as education that enhances the nurse's previous knowledge that was gained through basic nursing training, as well as postgraduate and in-house training (Ross, Barr, & Stevens, 2013:1).

The main goal of CPD is to enable nurses to deliver improved, and safe patient care to the public. Qualified nurses need to be aware that enhancing and modernizing their knowledge are important to ensure good patient outcomes. All nurses should enhance their knowledge, as CPD is referred to as a fundamental ethical obligation for all nurses (Ross, Barr, & Stevens, 2013:1). Fundamental to this obligation is the responsibility to assess his or her own learning needs, do research for reputable and available resources to become a self-directed learner. Healthcare professionals can undertake a variety of learning activities to improve their knowledge and skills "throughout their career" (Armstrong, Bhengu, Kotzé, Nkonzo-Mtembu, Ricks, Stellenberg, Van Rooyen & Vasuthevan, 2015:106). However, the responsibility of maintaining competency lies with the individual (Nsemo, John, Etifit, Mgbekem, and Oyira (2013: 329).

Internationally, nursing councils promote and require nurses to continuously update their skills, as an expected adherence to CPD requirements for renewal of registration or practice licensure for nurses. Apart from adherence to registration and licensure, it is obvious that CPD results in "competence to practice, the provision of safe, quality patient care, maintenance of professional registration, job satisfaction, recruitment and retention" (Coventry, Maslin-Prothero & Smith, 2015:2715). In the United Kingdom, the Nursing and Midwifery Council requires every nurse and midwife to have an annual registration. For registration it is required to pay a fee and comply with the required ongoing professional development requirements (Marshall & Raynor, 2014:26). Similarly, in Malaysia the Nursing and Midwifery Board requires nurses to renew licences for practice and is dependent on the accumulation of 25 credit hours of CPD (Chong, Francis, Cooper, Abdullah, Hmwe, & Sohod, 2016:370). Likewise, for nurses in the Philippines it is

mandatory to accumulate CPD contact hours to renew their practice license (Palma, Oducado & Palma, 2020:198).

Currently, the South African Nursing Council (SANC), which registers both nurses and midwives, is in the process of linking CPD points to annual practising license renewal. The Nursing Act No. 33 of 2005 (Republic of South Africa, 2005), stipulates in chapter 2, No. 39, that the SANC may determine conditions, the nature, and requirements for the registration of practitioners. However, there are no further publications stipulating regulation of CPD attendance for nurses in South Africa.

Similarly, all nurses employed in Saudi Arabia must comply with the renewal of registration and pay a fee at the Scientific Nursing Board to enable them to practise in Saudi Arabia. The required contact hours for nurses with CPD in Saudi Arabia are 30 hours every two years. Therefore, it is stipulated by the Scientific Nursing Board as a requirement for nurses to attend CPD activities to renew their registration (Almalki, FitzGerald & Clark, 2011:307). The Scientific Nursing Board (The Saudi Council for Health Specialties) does not only manage the licencing of nurses, but also accredit health care education programmes.

1.2   RATIONALE

Like other countries, CPD is mandatory as expected in Saudi Arabia. However, there is no research done on how nurses experience CPD attendance at the study setting. Whilst CPD is a licensing and contractual requirement at the study setting, it is expected from nurses in Saudi Arabia to comply with requirements for practicing licensure (Almalki et al., 2011:307). Therefore, it is stipulated in the institution's policy, and mandating specific CPD requirements for nurses.

On the other hand, CPD participation provides opportunities for personal and professional development of nurses and to stay abreast of new developments. (Ross et al., 2013:1). Seemingly, nurses only participate in CPD activities by choice when it is reasonable for them according to their different values, work-related motives, and learning needs (Pool et al., 2015:940). Furthermore, older nurses have less interest in engaging in CPD activities compared to younger nurse practitioners (Pool et al., 2015:941). The researcher observed that nurses at the study setting understand the importance and advantages of CPD participation regardless of age, motives, values, and learning needs. Subsequently, it has been observed by the researcher that all nurses do participate in CPD activities because they are mandated by the institution's policy

for compliance. However, the researcher observed the benefits of CPD participation at the study setting but, nurses are still facing challenges with CPD participation.

In this study setting, the calendar of educational events for the following year are posted out to the entire hospital staff before the end of the current year for nurses to plan for their CPD participation. In addition to the calendar of events, CPD notifications from other departments and other organizations in other provinces send emails to all nurses to gain access to the activities. Moreover, the learning needs of the nurses are continuously assessed by their direct supervisors as well as the clinical resource nurses, and nurse educators to enable them to plan for CPD strategies. Furthermore, nurses constantly do self-assessment of their own learning needs, seek advice, and strategies on how to address their learning needs. Therefore, a qualitative design is applied in the study setting regarding the attendance, relevance, and accessibility of CPD activities.

1.3   RESEARCH PROBLEM

Literature reveals the importance for nurses to update their skills and adherence to CPD requirements for renewal of registration or practice licensure for nurses. Likewise, in Saudi Arabia nurses are expected to comply with the requirements and renewal of practice license (Almalki et al., 2011: 307). While literature is clear about the expectations of the nurses to attend CPD activities, various barriers to CPD activities were identified.

In this study setting, the researcher experienced that registration, accommodation, and transportation to and from the CPD venues are not always affordable if the CPD events are facilitated in a different region or province. In addition, mandatory CPD activities are costly and self-funded, some CPD events are not always relevant, nurses experience illness, work-overload, and staff shortages as barriers to CPD attendance. The researcher observed that some nurses attend CPD activities during their rest days, but as other nurses work extra shifts during their rest days, they are unable to utilise rest days as opportunities for participation. Congruent with Pool et al., (2015:940), the researcher experienced that Saudi Arabian nationals who are wives and mothers often find it difficult to attend CPD activities in their off-duty time, due to family obligations.

The Scientific Nursing Board of Saudi Arabia makes provision for nurses to access and complete an online examination to assess their knowledge on general nursing or to physically attend CPD activities (Almalki et al., 2011: 307). However, apart from barriers to physical attendance of CPD activities, nurses find engagement with the online examinations on their rest day, time consuming.

Whilst individual nurses should maintain their competence through lifelong learning, the researcher observed that nurses do not always comply with education attendance for the renewal of their next contract in Saudi Arabia. Grove, Gray and Burns (2015:131) refer to the identification of the specific lack of knowledge needed for practice as the problem statement. There is lack of literature regarding experiences of nurses in relation to accessibility, attendance, and engagement of CPD. Exploring the experiences of nurses may provide insight for improved strategies and support systems. Therefore, this study will focus on understanding how nurses experience CPD within the Saudi Arabia context.

1.4   RESEARCH QUESTION

How do nurses at a tertiary hospital in the eastern region of Saudi Arabia experience continuous professional development?

1.5   RESEARCH AIM

This study aims to explore and describe the experiences of nurses employed at a tertiary hospital in Saudi Arabia about CPD accessibility, attendance, and engagement.

1.6   RESEARCH OBJECTIVES

The objectives are:

- exploring nurses' experiences on accessibility to CPD activities
- exploring the factors influencing their decision making to which activities they want to attend
- exploring and describing experiences of their engagement during CPD attendance and
- exploring and describing how relevant, they find the CPD activities that they attend.

1.7   RESEARCH METHODOLOGY

Different methods applied for direction and answers of the research problem will be fully explored in chapter three.

1.7.1 Research design

A qualitative approach is the description of the experiences and situations from the individual's view in that situation (Grove et al., 2015:67). A descriptive qualitative design was employed to explore and gain understanding on how nurses experience CPD attendance, accessibility, and engagement at the study setting.

1.7.2 Study setting

This refers to the "place where the study is conducted and data collected" (Brink, Van der Walt & Van Rensburg, 2015:59). This study was conducted in a tertiary Saudi Arabian Hospital in the Eastern Province.

1.7.3 Population and sampling

The population of a study is a distinctive group of individuals, objects or substances that meet the criteria of the study (Grove et al., 2015:46). The population in this study included nurses employed for more than one year at the study setting and who were already exposed to CPD attendance. A sample refers to a group of "chosen individuals, who through the process of sampling are to participate in the intended study" (Grove et al., 2015:249-250). The researcher purposefully selected 10 participants who met the inclusion criteria of the study.

1.7.4 Data collection instrument

The researcher developed a semi-structured interview guide, and it was validated by the experts in the field (Appendix 3). Open-ended questions were based on the study objectives and it was used to collect data through individual interviews with participants. Semi-structured interviews are appropriate to discover the participant's perceptions and meaning of the phenomenon to obtain rich data (Grove, Gray & Burns, 2015:82). A trained field worker conducted the interviews and used open-ended questions in a venue chosen by the participants to maintain anonymity and privacy. Interviews were conducted in a conversational manner between interviewer and interviewee, to allow participants to be comfortable and talk freely about their experiences. Audio-recordings with verbatim transcription took place and field notes were recorded. Two audio recorders were used in case of technical failure.

1.7.5 Pilot interview

Improving or strengthening interview protocols could be achieved through pilot interviews (Castillo-Montoya, 2016: 811). It determines the sufficiency and need for interview questions and responses, whether all required information is collected and assessed time that is needed for each interview (Dikko, 2016:522). A pilot interview is a test sample piloted to confirm clarity and understanding of the planned questions before the main study. One participant was subjected to such an interview this information was then incorporated in the study.

1.7.6   Trustworthiness

Trustworthiness determines the rigour of a qualitative research to confirm the high quality thereof, through evaluating credibility, transferability, dependability, and confirmability of the study (Grove et al.,2015: 392). Four measures have been suggested by Lincoln and Guba (cited in De Vos, Strydom, Fouché & Delport, 2013:419) to ensure trustworthiness and these are credibility, transferability, dependability, and conformability. Trustworthiness will further be discussed in chapter three.

1.7.7   Data collection

Data collection is the exact systematic collection of data that is relative to the research aim of the study (Brink et al., 2015:57). Individual interviews were conducted using the semi-structured interview guide to collect the data.

1.7.8   Data analysis

 This refers to creativity and deep thought, assisting in organizing and giving meaning to the data is a meticulous process (Grove et al., 2015:88). Following transcription of the interviews, the researcher internalized the information collected during the interviews and was able to code and develop themes relevant to the findings of this study. A six-step model was applied to the data (Creswell, 2014:247-250). The six steps include organizing and preparing data, internalizing data, coding and categorising the data, creating a description of the setting and themes, presenting themes in a qualitative narrative, interpreting analyzed data. The data analysis steps are further elaborated on in chapter three.

1.8   ETHICAL CONSIDERATIONS

Permission to conduct the research was obtained from the University of Stellenbosch and from the King Abdullah International Research Centre-Eastern Region, Ministry of National Guard Health Affairs. Other relevant ethical principles applied and maintained throughout the study are a written informed consent to have the right to be protected from discomfort, the right to self-determination, privacy, veracity, beneficence, anonymity, and confidentiality (Lobiondo-Wood & Haber 2018:236).

1.9   DEFINITION OF TERMS

Accessibility is described by Ross et al. (2013:4-5) as the available CPD activities, whether it is online or face to face that the nurses can have access to participate in. A variety of courses are available, and nurses can choose which activities they want to attend. However, many barriers

have been identified that influenced the accessibility of the available CPD activities, e.g., lack of money to pay for the costs of conferences or workshops, transportation to the activities, accommodation and a lack of computer and internet access.

Accountability is when the nurse will be answerable to someone for what she/he has done or not done, be willing to accept responsibility for his/her own acts or omissions and accepting the consequences of the behaviour (Armstrong et al., 2015:132).

Attendance is defined as, physical participation or attendance of a programme, at a scheduled event or educational activities (Swinney, 2019: 10). The requirement for license renewal for nurses by the Nursing and Midwifery Council in Nigeria is to physically attend CPD activities for a minimum of five days in every three years. These activities are in the form of revised and updated courses that mandate physical attendance (Nsemo et al., 2013:329).

Competence is the ability to have the knowledge, skills, attitude, judgement, energy, experience, and motivation to sufficiently fulfil the requirements of one's professional responsibilities (Armstrong et al., 2015:134).

Continuous Professional Development (CPD) has been described by Ross et al. (2013:1) as lifelong learning that occurs in a professional career and post-graduation or post-qualification and/or registration. The main aim of CPD in nursing is to improve patient care. CPD in nursing allows professional nurses to provide quality nursing care and service delivery to their patients and the society.

).Engagement has been described as the idea of being committed, dedicated, passionate, and have the perseverance to stay focussed and involved (Schaufeli, (2013).

Nurse – defined by the Nursing Act (No 33 of 2005) is a healthcare provider who supports, cares for, and treats the patient or client to achieve or maintain optimal health and where this is not possible, provide palliative care with dignity until death (Armstrong et al., 2015:174). A nurse at the hospital for the intended study is categorised as a qualified and registered staff nurse, midwife or nurse manager and each category with a different job description. Other nurses who are Saudi Arabian nationals are categorized as nurse residents who are newly qualified but still need to complete a six-month period of clinical practice under supervision of a preceptor.

Responsibility is accepting the liability of your commissions or omissions and you must be able to give explanations for what you have done or not done (Armstrong et al., 2015:132).

1.10   TIMEFRAME OF THE STUDY

Table 1: Duration of the study

Year	Month	Stage
2020	February	Submission of proposal to Ethics Committee
2020	June	Permission from the provincial region
2020	July	Pilot Interview
2020	August	Data collection
2020	August	Data analysis
2020	September	Writing of thesis and review by supervisor
2020	October	Technical and language editing
2020	November	Submission of thesis

1.11   CHAPTER OUTLINE

Chapter 1: Foundation for the study

The background of the relevance of this research for nursing is given. It includes and describes the problem statement, research question, research objectives, research approach, and definition of terms. This chapter also provides clarification of concepts related to the literature review, and ethical considerations.

Chapter 2: Literature review

Chapter two contains a discussion of the literature review related to the study.

Chapter 3: Research methodology

In chapter three the focus and description are on the research methodology applied.

Chapter 4: The findings

This chapter is about discussing and analysing the findings of the study.

Chapter 5: Discussion, conclusions, and recommendations

The focus in this chapter is on the scientific evidence obtained from the study. Conclusions are made according to the study objectives, and the recommendations are based on the literature reviewed.

1.12   SIGNIFICANCE OF THE STUDY

This qualitative study explored the experiences of nurses regarding CPD accessibility, attendance, and engagement. Exploring the experiences from the perspectives of the nurses shed light on how to better support or meet them halfway to ease the challenges they are facing and at the same time encourage continuous education. Even though nurses have reported that CPD has led to increased effectiveness and efficiency in their clinical practice and patient care, it needs further improved strategies of CPD facilitation. The findings of this study could be useful for nursing services to formulate and develop updated policies that will assist nurses, especially with the factors influencing CPD participation. This study can also help nursing management and education department to determine the extent of CPD facilitation. All findings of the study will be provided to the relevant nursing divisions.

1.13   SUMMARY

In this chapter, the researcher presented an introduction, rationale, and the background to the research problem, together with the research goal and the relevance of this study for nursing. The aim, objectives, research methodology, ethical considerations were outlined.   The research design to answer the research problem is being given as well.

Furthermore, the focus will be on a detailed discussion of the concepts and the literature pertaining to the study topic in chapter two.

CHAPTER 2: LITERATURE REVIEW

2.1 INTRODUCTION

Continuous professional development (CPD) is mainly concerned with the acquisition of knowledge to enable nurses to provide competent and safe nursing care (Pool, Poell, Berings & Ten Cate, 2015:940). Moreover, CPD is not only about conveying knowledge and information, but it also offers opportunities to boost interest and confidence, to motivate and remain knowledgeable of current changes.

This chapter includes a discussion of nurses' interviews of CPD experiences, as well as the literature relating to CPD attendance, engagement, and accessibility for nurses. Even though there is a substantial amount of literature regarding CPD experiences in nursing that has already been published, literature related to this type of research in Saudi Arabia is limited.

The purpose of this literature review was to collect relevant information regarding the topic and to reach a broader view, while searching for data to determine what is known about CPD experiences of nurses at the study setting (Grove, Gray & Burns, 2015:163).

2.2 ELECTING AND REVIEWING THE LITERATURE

Prior to conducting the initial literature review the research topic was identified. The literature reviewed from international publications found was on current similar studies and aided as a starting point for this research study. In addition to the international publications, literature resources like local hospital policies were included. The literature review for this study was done over a period of two years.

Databases such as Stellenbosch University Library and Information Service, EBSCO host Smart links; PubMed, Science Direct, Wiley online, Textbooks and Google scholar were explored. During the search, the following keywords were used: nurses, continuous professional development, accessibility, attendance, engagement, influencing factors, knowledge, and competence.

2.3 LITERATURE REVIEW

The literature review in qualitative research provides the researcher with "current and scientific knowledge about the topic under study" (Brink, Van der Walt & Van Rensburg, 2012:54). It further

guides the researcher in analysing the findings. The literature provides background information to the study and it also includes studies on the experiences of nurses regarding participation in CPD attendance. Subsequently, the information provided valuable input to explore the experiences of nurses in the Saudi Arabian context regarding engagement with CPD activities.

Apart from developing knowledge and skills it is expected of nurses to adhere to registration and licensure. Therefore, it is stipulated by the Scientific Nursing Board as a requirement for nurses to attend CPD activities to renew their registration (Almalki, FitzGerald & Clark, 2011:307). It is obvious that CPD results in competence to practice, the provision of safe, quality patient care, maintenance of professional registration, job satisfaction, recruitment, and retention (Coventry, Maslin-Prothero & Smith, 2015:2715). It is therefore profound that the facilitation of all CPD activities for professional nurses be preceded by a learning needs assessment, which incorporates the concept of opportunities of engagement, attendance, and accessibility.

Internationally, nursing councils promote and expect nurses to continually update their skills, expecting adherence to CPD requirements for renewal of registration or practice licensure for nurses. Similarly, all nurses employed in Saudi Arabia must comply with the renewal of registration and pay a fee at the Scientific Nursing Board to enable them to practise in Saudi Arabia. In the United Kingdom, the Nursing and Midwifery Council keeps a register for practicing midwives. This register plays an important role, and if the midwife is not on the register, they may not practise. To stay active on the register, they must pay the fee required for registration and comply with the required ongoing professional development requirements (Marshall & Raynor, 2014:26). Similarly, in Malaysia the Nursing and Midwifery Board requires nurses to renew licenses for practice and is dependent on the accumulation of 25 credit hours of CPD (Chong, Francis, Cooper, Abdullah, Hmwe, & Sohod, 2016:370). Likewise, in India the Indian Nursing Council has made CPD mandatory and a minimum of 30 credit hours per year or 150 hours of CPD-related activities over 5 years are required for the renewal of professional registration (Macaden, Washington, Smith, Thooya, Selvam, George & Mony, 2017:932). Similarly, with other countries it is identified that clinical competencies, knowledge of quality improvement, performance evaluation, clinical audits and conflict management were recognized to be main competencies in professional development (Macaden et al., 2017:942). Apart from improving the knowledge and skills of nurses the CPD law in the Philippines requires a mandated accumulation of CPD credits for renewal of their Professional Identification Card (PIC). Moreover, a lack of knowledge of the CPD law may result in nurses' noncompliance with CPD requirements and may

lead to non-renewal of the PIC and will prevent nurses from practising their profession (Palma, Oducado & Palma, 2020:198).

2.4   CONTINUOUS PROFESSIONAL DEVELOPMENT FOR NURSES

CPD, as the foundation for quality healthcare services, is a fundamental ethical obligation for all nurses (Ross, Barr & Stevens, 2013:1). Therefore, CPD is recommended by the International Council of Nurses (ICN) and its member institutions. Consequently, the ICN and its members ensure protection to the public or society against illnesses, harm, or injuries through knowledgeable and skilled nurses (Armstrong, Bhengu, Kotzé, Nkonzo-Mtembu, Ricks, Stellenberg, Van Rooyen & Vasuthevan, 2015:115). As cited in Harrington (1989:28), The International Council of Nurses, reveals that professional development for nurses involves two main components: elementary nursing education, and continuous education, which is all education that follows the completion of elementary education.

According to Toren, Kerzman and Kagan (2011: 33-34) continuous professional education in Israel is perceived to be mandatory and to improve nurses' professional competence. Furthermore, the educational programmes produce nurses who understand CPD better, who are more self-confident, exhibit broader views of reflection and better analytical skills. Subsequently, it uplifts the professional self-image positively and is associated with completion of post basic education programmes that, in turn, represents a higher level of professional skills, expanded knowledge and expertise. Even though nurses are expected to participate in CPD whether it is for personal reasons, mandatory or professional reasons, they have a professional obligation to adhere to the nursing board's regulations and requirements. Nurses should be made aware during their initial training years leading up to their registration, that their basic education and training is not sufficient in preparation for a life-long professional career. Therefore, it is imperative that CPD in nursing should start as soon as the basic training has stopped. This will give meaning to and will ensure that CPD in nursing truly becomes an ongoing process where nurses will be helped to embrace the notion of CPD in nursing. However, the responsibility lies with the individual to maintain professional competency (Nsemo et al., 2013: 329).

2.5   REASONS FOR CPD PARTICIPATION

CPD participation has provided nurses with opportunities for personal professional development. At the same time, it keeps the nurses abreast of new developments in nursing practice, health care and the nursing profession (Ross, et al., 2013:1). Healthcare professionals can undertake a

variety of learning activities to maintain their knowledge, skills, and attitude throughout their career (Armstrong et al., 2015:106). Likewise, in the Philippines CPD is mandatory and nurses are aware that CPD participation develops the knowledge and the skills for the nurses to stay knowledgeable and abreast of their practice (Palma et al., 2020:198). Furthermore, and apart from the nurse's personal and professional responsibility it is an ethical obligation that nurses owe to themselves and the profession.

The researcher's views of CPD participation seem to have raised the morale of the nurses, increased job and personal satisfaction, motivation for learning, increased knowledge of new techniques and self-assurance. The individual's self-confidence continues to increase as they have become preceptors, coaches, and mentors to their colleagues through sharing their knowledge. A personal and professional objective achievement is a motivational factor to participate in CPD when nurses know it will assist them with promotion in leadership positions. However, the factors influencing CPD participation still exist.

This literature overview concerning experiences of nurses regarding CPD assisted to inform the research problem. In addition, it aided the researcher in gaining a better view and understanding of factors that influence the attendance, engagement, and accessibility of CPD activities.

2.6 NURSES' EXPERIENCES OF CPD ACTIVITIES

Seemingly, nurses only participate in CPD activities by choice when it is reasonable for them according to their different values, work-related motives, and learning needs (Pool et al., 2015:940). The goal-orientated nurses use CPD to obtain specific goals. The activity-orientated nurses participate in CPD for reasons not related to the determined aims. The learning orientated nurses have a genuine aspiration to grow professionally. Older nurses have less interest in engaging in CPD activities compared to younger nurse practitioners (Pool et al., 2015:941). However, not all older nurses who feel content after graduation and years of experience work just for the sake of remuneration. Congruent with Pool et al. (2015:940), the researcher experienced that Saudi Arabian nationals who are wives and mothers often find it difficult to attend CPD activities in their off-duty time, due to family obligations. On the other hand, the Saudi Arabian male nurses seemingly have fewer responsibilities than the Saudi Arabian female nurses when it comes to children. In the same way, expatriate nurses who live on the hospital premises without their families have easier access to CPD activities scheduled at the hospital facilities.

Nurses in their mid-to-late careers were aware that evidence-based practices and continuing education are an investment to provide quality care to the patients (Price & Reichert, 2017: 8).

Several demotivating issues were identified by Brekelmans, Poell and van Wijk (2012:319-320), and James & Francis (2011: 134) that prevented nurses from participating in CPD, like costly continuous education, family responsibilities, travel distance and staff shortage that prevents time off from work to attend CPD activities. While CPD is internationally considered to enhance nurses' knowledge and skills, other deterrents included were a lack of interesting topics, lack of administrative support, lack of benefits for attending CPD and peer reviews and behaviours. Kasine (2017: 45) identified in a study conducted in Rwanda and other developing countries several benefits of CPD amongst nurses in Maternal and Child Department. Among those benefits were confidence enhancements, improved new-born resuscitation skills, increased self-esteem, and autonomy, sense of achievement, pride, and joy. Likewise, in the study setting there are observable benefits from CPD participation such as cardiopulmonary resuscitation skills, increased confidence, and job satisfaction.

The researcher views CPD to be a broad concept that outlines that the professional nurse self-directs his or her own learning needs, whether it is for personal development or professional development. In addition, the researcher sees CPD as part of a good professional practice that will be beneficial for the professional nurse, nursing as a profession and the need of the public to high quality nursing care.

2.7   FACTORS INFLUENCING CPD PARTICIPATION

While nurses experience CPD differently, various other issues either support or hinder nurses' participation in CPD activities.

2.7.1   Attendance

Previous studies identified motives of CPD attendance such as, enhancing one's present job, securing chances for employment or promotion and personal development (Brekelmans, Maassen, Poell, Weststrate & Geurdes, 2016:14). Apart from what nurses regard as reasonable CPD activities and their age, other issues such as marriage arrangements, their private lives, having children, relocation, death, or illness of a relative also influence the attendance of CPD activities (Pool et al., 2015:940). Other barriers that could influence CPD attendance includes unsuitable conference dates and personal issues such as, personal obligations and family matters that prevent attendance (James & Francis, 2011:134). Nurses working in remote areas in India

experienced difficulties to attend CPD activities, and it also created an isolated feeling from their fellow professionals who were progressing in further developmental opportunities (Macaden et al., 2017:943). Furthermore, other factors that influenced the CPD attendance are similar to other countries like family responsibilities, financial cost, travel distance, staff shortage, work commitment and lack of information. Seemingly, nurses in the Philippines are experiencing similar challenges of lack of financial support, extra workload, and staffing issues as restraining forces to CPD attendance (Palma et al., 2020:205).

Coventry et al. (2015: 7-8)further discovered that nurses were working long hours and still had to attend the workshops or courses in their off-duty time which consequently caused fatigue and anger. These nurses expressed their concerns about poor preparation of the recruitment agencies regarding the professional development in Saudi Arabia.

2.7.2 Engagement

Considering the challenges and perceptions of staff regarding the availability, accessibility, and affordability of CPD activities, staff find the adherence to hospital CPD policy and licensure requirements stressful, specifically when licensure and/or annual work performance appraisals are dependent on CPD attendance. Aboshaiqah, Qasim and Abualwafa (2012:25) found that most nurse practitioners in Saudi Arabia attend CPD to fulfil the requirements set out by the Scientific Nursing Board of Saudi Arabia. Some nurses participate in CPD activities because it is a requirement of their institution, and it is mandatory to attend for renewal of their working contract. On the other hand, nurses do attend CPD courses because they find it beneficial for their own professional development. The institution ensures that mandatory CPD requirements are outlined for general nursing orientation and in the hospital policies. CPD attendance for general nursing activities occurs annually and unit specific activities every year. The researcher observed that some nurses attend CPD activities to learn about other specialties when they have intentions to transfer to that specific area, while other nurses attend any CPD activity just to accumulate the attendance hours for registration purposes at the Scientific Nursing Board, and others only to comply with CPD requirements for their annual performance appraisal and contract renewal.

2.7.3 Accessibility

Some CPD activities involve financial costs and staff who want to engage in these activities must pay for it themselves (Ross et al., 2013:4). Clearly, nurses must pay the travelling and registration costs if they want to engage in off-site CPD activities at other affiliated hospitals or in different regions. Even though most institutions provide CPD activities, ineffective management of staffing

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issues and workload often prevent staff attendance. CPD is required for staff floating out to other specialty areas and yet, staff shortages result in nurses being floated out without proper cross-training or orientation (Panthi & Pant, 2018: 5 & 8). Likewise, in some provinces in Canada staff shortage for coverage, lack of support for time off to attend courses or training, as well as unavailability of financial support to participate in CPD are the barriers nurses often experience (Price & Reichert, 2017: 8). Furthermore, other identified barriers that make CPD so challenging and that can prevent nurses from attending CPD activities are the lack of financial support, scheduling time issues for attending the activities and issues with attending CPD at regular times (Aboshaiqah et al., 2012:25).

Ross et al., (2013:4) identified a lack of support for nurses in Australia such as ineffective management of staffing issues and extra workload. It is also impossible for nurses to attend CPD activities if there is no replacement for their shifts on the day for CPD events. Besides the shift worker, there are nurses working office hours who find it difficult to attend CPD activities, for example nurses in outpatient areas and in the operating theatres. Like other countries, it has been shown in a study in Nigeria that nurses need CPD for re-licensure and at the same time, they feel that they are knowledgeable and skilled and do not need continuous education. Furthermore, the available CPD at the institution does not provide CPD hours and yet, it is mandated to participate in CPD for re-licensure. Additional experiences are the lack of online courses for those who cannot attend CPD outside the work area (Nsemo, John, Etifit, Mgbekem & Oyira, 2013:330).

2.8   ORGANIZATIONAL SUPPORT WITH CPD

Leadership in the organization plays an important role in supporting CPD to ensure nurses are acquainted with the knowledge and skills needed (Coventry et al., 2015:2715). It is required by the SANC that nurses must have the right to practise in a safe work environment free from threats and danger to enable them to deliver quality and safe care (Mathibe-Neke & Gardner, 2015: 58). It is the organization's responsibility to ensure that the staffing levels are adequate to provide safe and high-quality patient care. This includes provision of CPD opportunities for nurses to have well-informed knowledge of the ideal skills. Organizational policies, such as "zero harm tolerance policies" and policies about training and promoting high quality care, subsequently ensures better patient outcomes (James & Francis, 2011:132). Thus, to promote safety in the work environment and to guide nursing practice, the organization must provide safety practice guidelines and CPD guidelines (Jooste, 2013:55). Furthermore, CPD conditions also require the responsibility of the employer to provide the expected learning environment and the sources of the education and

training programme that should guarantee that the CPD expectations are met. On the other hand, the liability with compliance lies with the individual to make use of the opportunities available. Likewise, in some provinces in Canada it is expected of nurses to pursue CPD and simultaneously enhance their competence, but seemingly nurses believed that employers did not see training and education as a priority, especially for mid-to-late-career nurses (Price & Reichert, 2017: 8).

Internationally, many employers support CPD attendance as they realise the importance thereof. In Australia, employers ensure the availability of CPD courses to ensure that nurses comply with CPD requirements (Ross et al., 2013:4). Similarly, for nurses in Saudi Arabia, the employer assists nurses in the process for renewal of their registration with the Scientific Nursing Board (Almalki et al., 2011:307). The researcher observed that the availability of CPD activities for their staff at the study setting were ensured whether it is postgraduate or in-house training. It is the nurses' professional responsibility to make use of these opportunities to attend and accumulate the contact hours and at the same time update their knowledge and skills. This includes hospital guidelines for cross-training of staff before being floated out to other clinical areas to ensure continuity of high performance of nursing care. Aboshaiqah et al. (2012:25-26) suggest that employers must make provision for time off or compensated time for nurses to enable them to attend CPD activities. The researcher's view indicates that nurses at the study setting participate in cross-training and staff development programmes while they are on duty, and they are being given time back for mandatory CPD attendance on their rest days. Furthermore, to support CPD the educational programmes could be developed in a way that is convenient and cost-effective to alleviate the financial burden of the nurses.

Seemingly, nurses feel obligated to use their rest days for attending mandatory CPD if health organizations are unable or unwilling to provide time during working hours to fulfil the organization's expectations (Coventry, Maslin-Prothero & Smith, 2015: 2722). Clearly, a staff shortage will lead to increasing and demanding manpower and nurses are afraid to put the patient's safety in jeopardy. Consequently, nurses fail to attend CPD activities and yet it is determined that mandatory education is vital to comply with expectations and to meet safety standards to provide quality patient care. Teekens, Wiechula, and Cusack (2018: 1758) emphasized that CPD is not a type of learning that only takes place when the situation is convenient. Therefore, nurses must have a clear understanding that CPD is a process of further learning where it promotes learning and enables them to maintain competence and enrich their knowledge. CPD is offered from health networks, the nursing education department, hospitals,

universities and from different online learning platforms. Furthermore, nurses must keep up with technology developments and the patient's changing environments and needs.

The professional responsibility of maintaining competence lies with the individual, because the role he or she has is to ensure high quality and safe care to the public. This is the law in every country and the reason behind the regulation of CPD (Butler, 2011: 331). There are some matters of the working environment that are not controllable by the nurse like managing the workload, managerial support, safe workplace and CPD opportunities. Therefore, it will remain the employer's responsibility to provide a safe environment for nurses to ensure they deliver the expected quality and safe care to the patients.

2.9   AVAILABLE CPD METHODS

Various CPD opportunities exist for nurses, and it is presented by using different methods of instruction combined with any approach or a combination of approaches to promote learning at the institution for the proposed study. Different education delivery styles are vital to ensure that nurses stay up to date and highly skilled (Ousey & Roberts, 2013: 8).

2.9.1   Electronic platforms

Nurses use social media to explore various forms to exchange information and experiences to stay abreast with changes in practice (Moorley & Chinn, 2015: 714). Other methods of CPD activities are e-learning and online study programmes (Embo & Valcke, 2015:119). In the same way, the researcher observed that the satellite hospitals of the study setting provide the nurses with online activities for recertification of their mandatory CPD. Whereas, online platforms for mandatory recertifications have recently been initiated at the study setting due to the restrictions of the COVID-19 pandemic. Aboshaiqah et al., (2012:25) advocate for online or webcast classes to assist nurses with distance learning instead of travelling to other areas.

Previous studies have shown that electronic provision and documentation of CPD is complicated regarding access-related issues, information system devices which include confidentiality and recordkeeping (Teekens et al., 2018: 1759).   Chong et al. (2016: 374) revealed that nurses in Malaysia prefer e-learning to engage in online learning which is considered as an alternative for face-to- face education and, it is also believed to be cost-effective. However, it requires internet availability, access to computers, including the attitude of nurses towards CPD online. It was proven that nurses in Malaysia did have their own internet access, but the majority did not engage in e-learning studies. Breen (2013: 268) identified that the virtual collaborative process and

support for online learning in nursing practice will greatly facilitate the transition from education to practice. The researcher observed during the COVID-19 pandemic where groups in classrooms are prohibited, the asynchronous learning environment makes a huge impact on continuous education. However, it needs web-based technology and internet access to facilitate this strategy.

2.9.2   Educational events

Learning through competency assessments, clinical teaching, real-life or simulation situations, academic unit rounds, and case studies have a positive impact on professional practice. There are multiple adult education strategies, for example, learner-defined goals, small-group teaching, self-directed learning, experiential and reflective learning (Embo & Valcke, 2015:119). CPD activities can be applied in many forms like attending and participating in conferences and seminars. Other strategies applied to CPD facilitation were competency assessments of knowledge and skills. Suggested strategies include work-based learning, experiential learning, and good planning of programmes so that nurses can share their experiences with others to prove the importance of CPD. CPD can be performed on a platform of demonstrating how the nurse can apply the knowledge, skills, and clinical judgement to her practice to correspond with the expected outcomes (Butler, 2011:331). Therefore, the employer has a responsibility to ensure nurses update, and maintain their competence through life-long learning and be held accountable for their practice.

2.9.3   Formal courses

Other methods of CPD activities are formal courses, which may be presented in various ways. This may include -distance education study programmes, content-focused courses; conferences lead by experts, and practical workshops (Embo & Valcke, 2015:119). To obtain additional qualifications, professional nurses must attend a formal course which is also referred to as a post-basic qualification in nursing and it can be undertaken through distance education study programmes or full-time class attendance. . Even though Kasine (2017: 47) reported positive outcomes for nurses through CPD, namely neonatal resuscitation programmes, nurses still experienced several issues that influenced their practice negatively e.g., lack of equipment, medications, staff shortage, linen, and basic materials. They acquired the knowledge and skills but are unable to apply it effectively to the practice due to the barriers.

2.10   SUMMARY

Chapter two summarized the information on the aspects that affect nurses' experiences regarding continuous professional development.

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The discussion of each concept helped the researcher to gain an improved insight into CPD activities. The concepts discussed are as follows: continuing professional development, reasons for CPD participation, nurses' experiences of CPD activities, influencing factors, organizational support, and available CPD methods. Furthermore, it helped the researcher to understand that CPD participation is profound and will lead to the continuous professional and personal growth of the professional nurse practitioner and ultimately patient care will improve. Mandatory CPD stresses that a nurse should be aided to become self-directed in her/his own learning that is compliant with requirements.

Furthermore, literature publicized that CPD in all three disciplines resulted in the update on increasing knowledge and skills.

The research methodology will be addressed in chapter three.

CHAPTER 3:   RESEARCH METHODOLOGY

3.1   INTRODUCTION

A detailed description of the research design and approach, the selection of participants, the techniques for data collection and data analysis of the experiences of nurses regarding CPD are presented in this chapter. Ethical considerations, trustworthiness, data collection and analysis are also described.

3.2   STUDY SETTING

This is a specific place where the data are "collected, or the study is conducted" (Brink, Van der Walt & Van Rensburg, 2015:59). The study was conducted at a tertiary hospital in the eastern region of Saudi Arabia.

This hospital serves the members of the military forces, their dependents and hospital personnel. The hospital consists of 270 beds with an emergency room, obstetrics, gynaecology, paediatrics, medical, surgical, operating theatre, oncology, outpatients, and haemodialysis. It also consists of a Nursing Education Department where clinical resource nurses and nurse educators are functioning in conjunction with the study setting. CPD activities are facilitated by staff from the Nursing Education Department, Training and Development, Fire Department and Academic Affairs.

The interview venues were unprejudiced and private as decided by the participants (Grove, Gray & Burns, 2015:276). Before the interviews of the participants who were off duty commenced, the venue was identified. This was a separate lounge located in the residence building where they are residing. Some participants chose to be interviewed in the interviewer's office after finishing their shift. The interviewer had two voice recorders as a contingency plan in case of a technical emergency and before she started with the interviews, she established the working condition of the recorder. Assurance of participants' comfort was maintained. Most of the participants chose not to be interviewed in the vicinity of their workplace.

3.3   RESEARCH DESIGN

A qualitative approach is the description of the experiences and situations from the individual's view in that situation (Grove et al., 2015:67). A qualitative approach seeks to unlock meaning and to explore the richness of data (De Vos, Strydom, Fouche & Delport, 2013:96). A qualitative

design suited the study and therefore a qualitative approach with a descriptive design was adopted due to the nature of the topic. It included how nurses experience CPD attendance, engagement, and accessibility. The chosen research design and data collection were based on the research objectives. Semi-structured interview guides were used for individual interviews to collect the data. The descriptive design allowed the participants unfettered discussion about their CPD experiences. This design assisted the researcher to understand the phenomenon under investigation (Burns & Grove, 2015:57). Due to this, a thorough understanding of the experiences of nurses regarding attendance, engagement, and accessibility to CPD could be gained.

3.4   SAMPLING METHOD AND SELECTION OF STUDY PARTICIPANTS

Grove et al., (2015:46) refer to the population of a study as a "specific group of individuals, objects or substances that meet the criteria specified in the study". The population for the study included nurses employed for more than one year at a health institution in the eastern region in Saudi Arabia. Purposive sampling takes place when the researcher purposively chooses which individuals will participate in the research study to enable the researcher to collect meaningful data from the individual (Grove et al., 2015: 270). To enhance transferability, the researcher did a heterogeneous sampling by purposively selecting participants of various attributes to gather information from different backgrounds.

All nurses are professionally registered nurses of different ages and different years of experience. For this study, the researcher made use of purposive sampling by choosing nurses from different nationalities with general nursing qualifications who have worked for more than one year at the institution under study and have experience of CPD attendance. The criteria of the selection of participants were based on the research problem, the purpose, and the literature. The study only focused on the participants who came forward and were willing to participate (Murairwa, 2015:187). The purpose of the research and the information needed, determined the sample size and the sampling approach (Brink et al., 2015:141). To gain an understanding of participants' experiences of CPD in Saudi Arabia, ten individual semi-structured interviews were conducted. The principle of saturation determined the size of the sample of this study. Data saturation occurs when new data no longer provides further insights. This is when there is no further purpose in collecting data and the interviews will cease to be conducted. (Brink et al., 2015:141).

3.4.1   Inclusion criteria

These refer to the characteristics that are needed for the individual to qualify as a participant (Grove et al., 2015:251). In this study, the inclusion criteria were registered nurses permanently

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employed at this hospital for more than one year, during which time they have attended the mandatory CPD activities. Due to the fact that they had already been exposed to various CPD opportunities, the interviewer could obtain in-depth information and an understanding about their CPD experiences.

3.4.2 Exclusion criteria

These are the characteristics that can exclude the individual from participating in the study (Grove et al., 2015:251). All registered nurses employed for less than one year at this hospital were not included in the study, because they had not been exposed to various CPD activity attendances yet. All children were excluded from the study.

3.4.3 Data Collection Tool

The collection of data is a systematic collection of information related to the research purpose or specific objectives of the study (Grove et al., 2013:45). A semi-structured interview guide was developed based on the study objectives and it was used to collect data through individual interviews with participants (Appendix 3). This consisted of four open-ended questions linked to the objectives of the study, and probing questions to help clarify the data. Through detailed probing, using a semi-structured interview guide, a variety of viewpoints were drawn from the participants. Participants described their experiences, such as opinions, emotions, perceptions, and any other recollections (Dikko, 2016:523). The focus remained on the experiences of the participants to as lived by them (Grove et al., 2015:83). The interview was conducted in English because it is the official language for all the participants. Thus, the content was focused on the actual experiences of relating to CPD attendance, engagement, and accessibility.

3.5 PILOT INTERVIEW

Improving or strengthening interview protocols could be achieved through pilot interviews (Castillo-Montoya, 2016: 811). It determines the adequacy and necessity of interview questions and responses, whether all required information will be collected and evaluates time needed for each interview (Dikko, 2016:522). In the context of qualitative research, a pilot interview was conducted to confirm clarity and understanding of the planned questions and to refine the interview guide questions (Grove et al., 2013:343). One of the qualifying participants of the main study was interviewed. The data collected was included in the analysis because there were no changes made to the interview guide as all the questions were clear.

3.6   TRUSTWORTHINESS

Trustworthiness determines the rigour of a qualitative research to confirm high quality, through evaluating credibility, transferability, dependability, and confirmability of the study (Grove et al., 2015:392). Trustworthiness was the ability to capture the lived experiences of those nurses who experienced CPD attendance, engagement, and access. The four principles of trustworthiness described by Lincoln and Guba (1985) in Brink et al., (2015:172) were used to ensure trustworthiness and to establish and maintain overall trustworthiness. The researcher must be aware of her own experiences and personal feelings that may have a negative impact on the study so that these feelings are not incorporated into the study. Grove et al. (2013:707) define reflexivity as the existence of consciousness of an individual's personality and the communication among self, all the way through collection and analysis of data. To avoid bias during the interviews, the researcher put aside any preconceived ideas, beliefs or expectations that might influence the study findings. De Vos et al. (2013:419) recommend the following processes to ensure trustworthiness, namely, credibility, dependability, conformability, and transferability.

The criteria to ensure trustworthiness are discussed in more detail below.

3.6.1   Credibility

Credibility refers to the truthfulness of the data collected and the interpretation thereof (Brink et al., 2015:172). Confidence in truthfulness is established and achieved by ensuring credibility. To ensure trustworthiness a selection of participants was only those who met the inclusion criteria and by following the interview guide. Care was taken that the participants understood the questions and the research. The researcher made use of bracketing by putting aside her pre-existing ideas and be non-judgemental about the phenomenon, including participants (Brink et al., 2015:126). The researcher ensured that the lived experiences of the participants reflected in the data collected. For checking reliability of the coding, the researcher allowed another person, for example the study supervisor to encode all the data and then compared that for agreement (Brink et al., 2015:194).

The accuracy of data was checked through rephrasing and summarising during the interviews. The transcriptions of the interviews were taken back to the participants to allow them to confirm the accuracy of the information. Peer-debriefing was done by reviewing the interview transcripts with the supervisor. Creswell (2014:202) describes peer-debriefing as a process that involves finding a peer who evaluates and enquires about the research process so that the interpretation resonates with other people and not only the researcher.

3.6.2 Dependability

Dependability refers to one of the criteria to establish the trustworthiness of the research. The enquiry examiner who is a peer determined whether the steps used for the process and procedures are dependable and acceptable (Brink et al., 2015:127). Dependability in other words refers to the proof of the same results if the study was performed in a similar context on the same participants (Brink et al., 2015:172-173). To enhance dependability the researcher made sure that the processes were described in a sufficiently detailed manner. The same interview guide was used, and no changes were made to the questions. The research methodology and the interview guide for data collection were also verified by the study supervisor. All raw data was stored by the researcher for availability when it is requested for review. All recorded interviews were sent to the supervisor for verification. The supervisor took the role of an auditor and supervised every stage of the study to ensure that the information was accurately captured. Creswell's six-step model underpinned the data analysis (Creswell, 2014:247-250). The researcher and the supervisor established an agreement on the identified categories.

3.6.3 Confirmability

During the audit procedure confirmability will be guaranteed when the outcomes, conclusions and recommendations are supported by the data collected by the researcher and whether it is true (Brink et al., 2015:127). Furthermore, confirmability also establishes a true reflection of data that was collected and that the interpretations are not influenced by the researcher's perceptions (Brink et al., 2015:173). According to Brink et al. (2015:122), bracketing occurs when the researcher identifies what he or she expects to find and brackets out any preconceived ideas about the phenomenon in the research study. To ensure that the true experiences were described, the researcher set aside her own preconceived ideas about the phenomenon throughout the whole research process. Therefore, the researcher made use of a fieldworker to conduct the interviews because the researcher is known to the participants (Tufford & Newman, 2016:7). To ensure confirmability the researcher agreed with the study supervisor to verify all the transcripts. The researcher secured all data for further analysis and provided sufficient confirmation that the results and their interpretations were grounded in the data through making use of verbatim quotations of the participants. The recorded data represented the voices of the participants, not the preconceived ideas of the researcher (Brink et al., 2015:173). It also assisted with assurance of a true reflection of the experiences and opinions of the participants. Transcribed data from the interviews was peer reviewed and this guaranteed that the researcher's analysis accurately represented participants' views. To further enhance internal validity a detailed

description of the interviewee's narrative by transcribing the audio-recordings word for word was done. The fieldworker took fieldnotes throughout each interview to ensure that what the participant communicated was accurately displayed.

3.6.4 Transferability

Transferability denotes that the findings should be able to be applied in another context or with other participants (Brink et al., 2015:173). Similarly, it is showing that the findings have applicability in another context and can be generalised to similar settings, situations, and populations. To enhance transferability of this study, the researcher ensured that all activities and in-depth information were available to enable other readers to apply the findings in another setting. Transferability refers to the generalizing of the findings to apply to different contexts and different participants (Brink et al., 2015:173). In this qualitative study the aim was not generalization, but complete understanding of the participants' experiences. Using a purposive sample increased the range of detail in terms of what the participants know about the phenomenon for the study and other history or experiences (Brink et al., 2015:173). Nurses employed at the study setting are from different nationalities, cultures, different languages, but with English as a second and official language in the hospital. The detailed account of the setting and the participants, including their narratives, enabled the reader to evaluate whether the findings are relevant to their setting.

3.7 DATA COLLECTION

Data collection is the exact systematic collection of data that is relative to the research aim of the study (Brink et al., 2015:57). Data collection started on 6 July 2020, after ethical approval was granted, and finished August 2020, when ten participants had been interviewed. The interviewer selected the participants after permission was granted by the unit managers. Volunteers for participation communicated via email with the interviewer. Written consent was obtained from chosen participants prior to the interviews. All follow-up communication between the selected participants and the interviewer were kept confidential. The venue for interviews was chosen by the participants who were at a location either in an office or in a private lounge in the residential area.

3.7.1 Participant interviews

An interview is a method by which the interviewer collects data taken from the responses of the participant during a face-to-face manner, telephonic or by electronic ways of conversation. Audiotapes or videotapes can be used to record data collected from semi-structured and

unstructured interviews (Brink et al., 2015:157). In a semi-structured interview, the interviewer will ask a certain number of specific questions but is also allowed to pose additional probes (Brink et al., 2015:158).

The interviewer introduced the study topic to the participant and the objectives were communicated to obtain consent. The participants who came willingly forward to participate in the study could sign the consent form. This included permission to be recorded during interviews. An interview occurs when a two-way communication is initiated between the interviewer and the participant (Grove et al., 2013:271).

The interviewer collected data from the participants through semi-structured individual interviews. Interviews were conducted in English because it is the official language used in this setting. The interviewer adopted a thorough individual, face-to-face interview technique since the participants have a fear of talking in front of other nurses. The interviews also took place during the Coronavirus disease 2019 (COVID - 19) pandemic where the compliance of social distancing is mandatory, therefore this was the most appropriate technique. Coffee and tea were offered to the participants but all of them hesitated to take off their masks to consume anything at that time and chose a bottle of water instead to take out after the interview. This resulted in a positive relationship between the interviewer and the participant that led to easy communication regarding their experiences. The interviewer switched off her cell phone, and work paging device and requested each participant to switch their cell phones to silent mode to minimize interruptions.

The interview guide attached was used (Appendix 3: Section A). The interviewer made fieldnotes and audio recorded all interviews for the researcher to use for the transcribing process (Brink et al., 2015: 157,159). The interview was electronically recorded to ensure that all data was captured. The interviewer utilized two recording devices at each interview to secure data in the event of equipment or power failure. The researcher's fieldworker ensured that the participant agreed to the recording of data (Grove et al., 2015:83). Anonymity and confidentiality were ensured on each transcription of the interviews and were coded numerically. The written material is kept in a secured place and safeguarded with a password which only the researcher knows of. The electronic data is encrypted for five years. Most of the participants chose to be interviewed in the interviewer's office isolated from their own clinical area and some chose the lounge in the nurses' residence. During the interview, open-ended questions were asked in a relaxed manner and the interviewer used techniques such as positive remarks (okay) and indicating interest to establish a fluent communication. An individual interview lasted for approximately 45 minutes to

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55 minutes. No financial compensation was provided to the participants, since the interviews took place during a time chosen at their convenience.

3.7.2 Ethical considerations

The study was reviewed, and authorization was given to undertake the study by the Health Research Ethics Committee of Stellenbosch University (Project ID: 1450: HREC Reference No: S20/03/060). Approval from the King Abdullah International Research Center-Eastern Region and the Ministry of National Guard Health Affairs (Protocol No. SP20/019/A) were obtained from the hospital. The researcher has the responsibility to respect and protect the human rights of the participants during research (Brink, Van der Walt & Van Rensburg, 2012:34). The interviewer obtained consent from the participants to participate in the study. The interviewer provided privacy to the participants when she explained the research study and promised confidentiality, before she obtained the consent from them.

The following ethical principles were incorporated:

3.7.2.1 Right to self-determination

The interviewer did not violate the participants' right to self-determination. The researcher would not use coercion, deception, or covert data collection. The interviewer treated the participants as autonomous agents by informing them about the study, allowed them to make an autonomous decision whether to participate or not and inform them that they can terminate participation at any time without punishment (Grove et al., 2015:101).

3.7.2.2 Anonymity and confidentiality

The agreement of confidentiality with interviewer and researcher ensured privacy, anonymity, and confidentiality (Grove et al., 2015:107). The aim of the agreement between the interviewer and researcher was to maintain confidentiality with all data collected from the participants and not sharing it with any other individuals. The participants' identities were protected by using pseudo names to label all audio tapes with date and time of the interview.

3.7.2.3 Right to protection from discomfort

The participants could freely express feelings of discomfort and to exit at any time that they feel discomfort or harm. The right to protection and discomfort in the study is based on the ethical principle of beneficence, which states that one should do good and above all do no harm (Grove et al., 2015:108). Participants could choose to be interviewed in a venue of their choice and convenience.

3.7.2.4 Beneficence

The researcher ensured that the benefit of the study outweighs the risks (Grove, Burns & Gray, 2013:175). All participants were treated with fairness (Grove et al., 2013:174). Benefits relate to supportive educational management as well as the enhancement of knowledge (Grove et al., 2013:175). The benefits of the study would be newly acquired knowledge regarding the experiences of professional nurses involved with CPD in this case. The findings may result in better support systems within the training and development and higher management departments. Risks may include loss of opportunity to obtain more useful information from staff that ends their contract before the data will be collected (Grove et al., 2013:174). The informed consent given by every individual participant were based on disclosure of essential information concerning the study. The participant demonstrated understanding and comprehension of the information.

3.7.2.5 Veracity

The researcher demonstrated honesty and accuracy in the approach of the study (Brink, Van der Walt & Van Rensberg, 2012:34). Veracity improves effective communication, honour and builds trust. The researcher displayed respect by providing a truthful account in the study (Brink, Van der Walt & Van Rensberg, 2012:43). The researcher applied bracketing by putting aside her pre-existing ideas and be non-judgmental about the phenomenon including participants (Brink, Van der Walt & Van Rensburg, 2015:126). The researcher ensured that the lived experiences of the participants were reflected in the data collected.

3.7.3   Data analysis

Data analysis requires creativity and deep thought, thus assisting in organizing and giving meaning to the data; it is a meticulous process (Grove et al., 2015:88). Grove et al. (2015:88), explain the transcription of interviews as capturing the participants' own words, language and expressions and it will allow the researcher to decode behaviour and attitude. All individual interviews were audio-recorded using two digital recorders. The data collected from the participants were analysed by way of gathering and generating the collected data into categories for establishing themes and subthemes. The researcher listened to each recorded interview before making transcriptions and saturated herself in the information collected through the interviews to facilitate the process of data analysis. This enabled the researcher to code and develop themes relevant for the findings of this study (Section B). The researcher transcribed the interviews verbatim in Microsoft Word. A manual transcription was done, and key words were identified representing the codes.

According to Brink, et al. (2015:122), bracketing occurs when the researcher identifies what he or she expects to find and brackets out any preconceived ideas about the phenomenon in the research study. To ensure that the true experiences were described, the researcher set aside her preconceived ideas about the phenomenon when she carried out the research.

The researcher started immediately with data analysis after interviews with participants were completed. To analyse qualitative research data, the researcher integrated and synthesised the non-numerical data and reduced it to themes and categories with the aid of a coding procedure (Brink et al., 2015:58). The descriptive data analysis was done by applying Creswell's six-step model (Creswell, 2014:247-250).

A number was given to each participant to ensure anonymity. The steps of analysis were done as follow:

3.7.3.1 Organizing and preparing data:

The researcher had a broader picture after thoroughly listening to the recordings, screening through all the data, identified key questions, and examined the data as it relates to the individual. Anonymity was maintained by labelling each participant's transcript with a number. This initial step allowed the researcher to engage with the data (Creswell, 2014:197). Audio recordings and the transcribed interviews were sent to the supervisor.

3.7.3.2 Internalizing with data:

The researcher internalized the data by listening intently to the recorded interviews, and carefully wrote down the ideas. In this way the experiences could be captured, and the data transcribed. The transcripts were intensively read and proved against the analysed data from the recorded interviews. The researcher reviewed the transcripts with the supervisor and had peer debriefing sessions.

3.7.3.3 Coding and categorising the data:

According to Creswell (2014:198) coding of data is defined as "the progression of arranging the data and illustrating a category". Coding started immediately when data collection began. Coding was used for organising collected data through interviews and transcripts. With the process of reduction and coding, the researcher labelled the subparts; codes were used to identify words or phrases used during the interviews. The codes used were close to the words expressed by the

participants. After reviewing all transcripts, topics were listed and topics that are the same were grouped into a framework. The researcher grouped similar topics into categories and condensed the categories into main themes. These segments of information were coded according to the meanings extracted from the data. The supervisor and the researcher discussed the formulated topics and agreed upon their meaning. This ensured the rigour of the study and assisted to organise the emerging categories.

3.7.3.4 Create a description of the setting and themes:

The researcher identified patterns and made connections by comparing the themes and sub-themes with data collected to ensure that important data were included. The researcher used the main study themes and sub-themes as headings in the findings section (Creswell, 2014:199-200). Data related to each theme was identified and themes were logically organized to be presented.

3.7.3.5 Presenting themes in a qualitative narrative:

Chapter four includes the themes and sub-themes in a tabular form. Data collected from the participants were reformulated in a different context based on different experiences. Each main theme and sub-theme are described and supported by the related words of the participant to create a solid explanation of information. The researcher continuously compared data collected from one participant to another.

3.7.3.6 Interpretation of analysed data:

After themes, patterns, connections, and relationships were identified the researcher drew conclusions from the data analysis through interpretation in qualitative research (Creswell, 2014:244). A comparison of lessons learned and data with own experiences or the literature may be the result. The interpretation that surfaced from the data analysis was recorded and the researcher verified it with the supervisor and co-supervisor. Thereafter, the researcher made suggestions about the results.

3.8 SUMMARY

The research methodology and data collection process are presented in this chapter. A complete description of the data collection tool and data collection methods have been described. Ethical principles were maintained and applied during the recruitment of participants. Data collection and analysis have been described. Trustworthiness of this research has been explored. Creswell's six-step model, descriptive method of data analysis has been explained. The research findings are presented in chapter four.

CHAPTER 4: PRESENTATION AND RESEARCH FINDINGS

4.1 INTRODUCTION

The aim of this study was to explore and describe the experiences of nurses employed at a tertiary hospital in Saudi Arabia regarding CPD accessibility, attendance, and engagement. In chapter four the findings of the study are presented. To reach the objectives of the study, ten participants were individually interviewed. The interview data was transcribed using the exact words of the participants. Thereafter, descriptive data analysis was done by applying Creswell's six-step model as described in chapter three (Creswell, 2014:247-250).

The presentation of the study findings in chapter four is as follows: In section A the demographic data is described and the themes that emerged from the data analysis are illustrated in section B, table 4.2.

4.2 SECTION A: DEMOGRAPHICAL DATA

The ages of the participants in this study ranged between 28 and 60 years. The other demographic data reported is the work experience of the respondents. All participants have been employed at the study setting for more than one year according to the inclusion criteria of the study. All the participants are professional nurses currently registered with the Saudi Arabian Nursing Council. The biographical data is presented in table 4.1.

Table 4.1: Demographical data

Participant	Age in years	Years of experience
Participant 1	40	18
Participant 2	34	14
Participant 3	42	21
Participant 4	45	21
Participant 5	61	24
Participant 6	41	17
Participant 7	28	6
Participant 8	33	8
Participant 9	38	11
Participant 10	50	23

4.3   SECTION B: THEMES AND SUB-THEMES

Three main themes and nine subthemes emerged from the data from the participants' descriptions of their experiences with CPD. The main themes concern a guide to practice to update their knowledge and skills; a focus on their professional responsibility to meet expectations for practice, and the organizational approach to CPD. These themes and subthemes that emerged during the interviews are presented in table 4.2, followed by a detailed discussion.

Table 4.2: Themes and sub-themes

Themes	Sub-themes
A guide to practice	• Personal development needs • Update information/new practices • Understanding professional development
Professional responsibility	• Requirement to practice • Contract renewal • Mandated competencies
Organizational approach	• Individual and mandated activities • Financial considerations • Planning attendance of CPD

4.3.1   Theme one: A guide to practice

During the study, participants consistently described their need as professional nurses to stay up to date with evidence-based practices for them to be safe practitioners as one of them said: "*I need to be updated with current practices by doing research and attending workshops so that you can be a safe practitioner to render quality nursing care to patients*" (Participant 4). Describing their need to stay current with evidence-base practices indicated that nurses feel obligated so they can render the expected services. Participants in this study agreed that CPD is the training nurses undergo, after they had completed their basic training to enhance their professional nursing practice. One of the participants said. "*Continuous professional development, uh, this will be educational activities that you do after you get your registration and your diploma, or your bachelor, your baccalaureate in nursing*" (Participant 2).

The reasons why nurses need to update their professional knowledge and skills continuously was explained by a participant. *''I am responsible and accountable for my own professional development is, to be current with my practice, because the situations and environment changes every day"* (Participant 10).

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According to participant three nurses cannot stay content after graduation, they need to improve their knowledge of their skills accordingly. It further indicated that they have the willingness and the perseverance to update their knowledge and skills to pursue their goals: "You *want to, refresh whatever the skills or the knowledge that you gained from five, 10 years ago"*.

The study found that participants viewed CPD as a "guide to practice", as they described the need to continuously update their knowledge, that informed the way to practice. With consideration of all the descriptions given by the participants, the discussion of the three sub-themes emerged will follow.

4.3.1.1 Personal development needs

Continuous personal and professional development was supported consistently by the study participants. Participants in this study expressed the need to participate in CPD to update their knowledge to improve their skills to fit in with evidence-based practices as one said: "*I need to update my knowledge and skills, to stay current with best, evidence-based practices"* (Participant 10).

Participant five described the needs for her personal development in a positive way. Identifying your own learning needs provided nurses with opportunities to be part of the educational planning, and to achieve optimal success: *"I went through midwifery development training because when I came here I was hired as a staff nurse one, so after I worked five years, I need to go through the programme because I was not practising my skills. I went through the programme, really gained knowledge".*

4.3.1.2 Update information/new practices

The study participants mentioned that they engage in research and attend workshops for updates in their practices as indicated by a participant. Nurses find it valuable to update their knowledge to meet current changing needs and apply what they have learned into their practice. "*Things are changing over time, so the continuous development is required to be updated about the research, about the evidence-based practice"* (Participant 9).

According to participant four new information enables them to deliver evidenced-based patient care: *"If you are not going through uh, continuous pro- professional development, your knowledge will be always be outdated, so by going through all this, you'll be having updates on current practices".*

Apart from updating knowledge and skills with patient care, some participants indicated that nurses must also stay abreast with technology changes as mentioned by a participant. Training and updates in health informatics enables nurses to operate sufficiently with electronic documentation and research. "*Even the healthcare environment itself change with the technology*" (Participant 9). Participant 3 in this study also indicated different methods applied to update nurses with new information. Nurses experiences with CPD engagement are described as socializing in an educational environment by physical presence, classroom activities, online engagement, and participating in mock drills. However, with the current changes in health regulations nurses experience more online CPD engagement: "*We also have, in services in the unit, we have mock drills in the unit, which is we need to be physically there, and then in some workshops, there are role playing, there are drills to do, there are group works, and then with the online, because of our situation now, there is more online activities*".

According to participant three they participate in research at unit level to improve practices. Collecting data for improvement projects, analise it, compare findings, and search for corrective strategies to improve practices, and patient outcomes obliged nurses to engage in research: "*Involvement in the activities in your unit, like key performance indicator, quality improvement programmes*".

4.3.1.3 Understanding professional development

All participants in this study agreed that CPD concerns continuous improvement of their knowledge and skills as stated by participant 1. It is obvious that nurses understand what CPD participation means for their professional development, and why it is facilitated: "*Continuous professional developments to me it is training and education that you undergo for further professional development*".

They further expressed their awareness of being held responsible and accountable for staying up to date with current practices. Clearly nurses take responsibility and accountability for their own actions and omissions, therefore they update their knowledge and skills accordingly: "*I am responsible and accountable for my own professional development and to be current with my practice*" (Participant 10).

According to participant six, she indicated that she assessed her own learning needs and decided to improve her existing knowledge and skills. Nurses participate in postgraduate courses to meet their identified learning needs: "*I had the passion to work in ICUs* and *I realized that I need to*

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update my knowledge and my skills, and that's why I enrolled myself, um, at the Stellenbosch University to do my Postgraduate Diploma in the Intensive Care Unit".

Participant eight described her understanding of professional development as self-directed and classroom learning. *"Enhance their knowledge and skills through, uh, independent and interactive learning".*

Most participants agreed that continuous education is needed for development relevant to the nurses daily practice as mentioned by participant 2: *"I attend CPDs out of relevance to my work, I learn from that CPD can make my performance of my job easier".*

Another participant described professional development as obtaining valuable information that enables her to provide specific patient care. Nurses obtain evidence-based information that make them suitable for their specialties: "*The information we get is valid and it's up to date and it really, um, equipped us for our unit, how to work in our unit with the type of patients"* (Participant six).

4.3.2   Theme two: Professional responsibility

In this study participants indicated that they are expected to engage in educational programmes to remain registered with the nursing board and retain their jobs. They further indicated their compliance with CPD to meet the expectations for practice license renewal: *"I participate or engage in a particular CPD, because it's a mandatory requirement in activating or renewing our license here in Saudi Arabia"* (Participant 2).

According to participant ten it is crucial to meet these expectations because it may also influence a nurse's yearly performance appraisal and job security. Nurses undergo an annual evaluation to proceed to their next working contract, and it is done with proven CPD participation: "*For my annual performance appraisal I need to prove my attendance and that I met the expectations required to renew my next working contract".*

The descriptions of participants helped the researcher to identify their "professional responsibility" to meet these expectations. Three subthemes emerged, and the discussion will follow.

4.3.2.1 Requirement to practice

According to all participants in this study the Saudi Nursing Board expect from them to participate in CPD to stay on the register. *"The Saudi Nursing Council expects from me to attend and engage with continuous professional development and proof my attendance with the CME hours, to renew my practice license in Saudi Arabia also"* (Participant 10). Most participants indicated the

implications if the nurse fails to achieve these expectations. They further indicated their compliance in achieving the required CPD hours through CPD contact: *"We are required with 30 CPD hours every three years, if you are unable to do that, you cannot renew your license at all"* (Participant 2).

4.3.2.2 Requirement for contract renewal

According to participant four the execution of certain expectations determines their next working contract: "*To be able to renew your contract, there are mandatory, uh, the certifications that you need to attend*".

To support this statement participant eight narrated some expectations: "*Competency, uh, assessment will be done on the yearly basis, because this competency assessment, is one of the requirements in renewing our contract*".

Participant two indicated that the organization's policies guide them in their practice and to ensure their compliance. Undergoing successful competency assessments, and other mandatory recertifications enabled nurses to retain their jobs, and meeting expectations: *"They're ensuring that we are doing the CPD courses annually to make sure that we are aligned with the policies and regulations when it comes to employment here in our own hospital"*.

4.3.2.3 Mandated competencies

It is stipulated in the organization's educational policies that all nurses must be certified in Basic Life Support (BLS) and Neonatal Resuscitation Programme (NRP) courses and to re-certify every two years. All nurses participate in these courses as they do not have a choice but to comply with the mandatory requirement, and to stay current with their knowledge and skills: Being aware of the mandated recertification of life support courses, participant eight indicated that: "*Life support-the courses, for example, like BLS and then NRP it is, really mandatory for us*".

Engagement in certain workshops is a mandatory requirement and all participants reiterated these demands. They further indicated that they meet up with the expectations on a yearly base: "*We have mandatory, eh, workshops you need to attend on a yearly basis, and they need to be done on time, three months before expiry*" (Participant six)*.*

The health accreditation board and organization's policies also mandate nurses to undergo a yearly assessment of all competencies. "*It is expected of us to have annual competency*

assessment; our all our competencies are now renew on a yearly basis and this is been mandated by the Saudi, um Saudi accreditation Board" (Participant one)*.*

4.3.3   Theme three: Organizational approach

During this study participants described the organization's approach towards individual and mandated CPD participation. They further referred to the financial costs associated with the mandatory CPD to execute these expectations. This indicated that nurses pay the cost to get recertified with life support courses mandated by the organization: "*NRP, BLS, ACLS, they are mandatory, we need to attend. But still we pay."* (Participant 9).

Apart from payments for mandatory CPD, nurses must also carry the cost of educational activities facilitated in other provinces that they are interested in. This further indicated that nurses also pay for CPD activities of their choice and use their own time to attend it: "*There is some workshops that you can attend outside of, outside of, it's NGHA, it is your responsibility to book for that one, it is your own time, and own expenses"* (Participant 9).

Furthermore, the participants explained the methods of advertisements of CPD activities and how it is communicated to the nurses. "*There is calendar of events that is sent on, I think nursing shareware everyone can access, everywhere in the hospital"* (Participant four).

This explanation includes how the planning and registration process for CPD attendance is executed: "*So in order to access, you just have to call the Nursing Education Department, you talk to the secretary to register, or you can send them an email and they will reply to confirm"* (Participant 1).

The processes and guidance to CPD attendance described by participants assisted the researcher to identify it as the "organizational approach". The discussion of the three subthemes that emerged from these descriptions will follow.

4.3.3.1 Individual and mandated activities

During this study participants described the activities that the individual nurse is required to execute physically or online. According to participant four obstetric nurses and midwives are mandated to complete specific obstetric related programmes. Even though nurses in a specific area must comply with mandated online activities, they indicated that they are not exposed to stress while they engage with it: *"K2 perinatal training programme you do it at your own time, at your own pace. We need to renew it every six months"*.

Apart from individual execution of life support courses, most participants indicated mandatory compliance of certain activities. "*Mandatory requirements that we are required to attend is, uh, about blood transfusion, mandatory competencies would be, related to, to fall okay, basic medication safety, also assessments, physical assessments*" (Participant 2).

According to participant four they are also expected to present every year an in-service as well completing all competency assessments: "*We've got 40 something competencies that are annually renewed. So, uh, and the other thing is, uh, peer in-services, that we are doing every year*".

Participants in this study indicated that the organization expects from them to attend workshops to enhance their preceptorship and team leading skills. "*We are also expected to attend, um, Preceptorship workshops and Team Leader workshop, First Line Management workshop*" (Participant 6).

According to participant one nurses must participate in all infection control and prevention education: "*And then we also have the Infection Control uh, Clabsi Prevention workshop, so if we attend all of these mandatory workshops*".

These findings indicated that each nurse undergo various competencies and recertifications as well as attending workshops on a yearly base.

4.3.3.2 Financial considerations

The organization's policy stipulates which CPD activities are self-funded by the nurse, and which mandatory activities are free of charge. According to participant two, nurses are liable to pay the expenses for life support courses. Previously nurses paid only for the course manual, but now they are paying for the whole course including the instruction manual: "*The provider course whether it's BLS, ACLS, PALS NRP, all of this were paid the majority of it is free before, we're just paying for the manuals, but now we are shouldering the cost*".

Participant eight further described these payments as expensive. This indicated that nurses are paying for the courses but express how costly it is and that it not easy to make these payments: "*BLS and NRP, is real- really, like, uh, costly. Wherein, you need to dig in your own pocket*".

Participants indicated that workshops can be attended in other provinces, but the organization will not be liable for any financial expenses. They further indicated that nurses carry the cost of all expenses related to the CPD chosen to attend outside the organization: "*There is some*

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workshops that you can attend outside of NGHA, it is your own time, so, you have to and own expenses, because there are like CMEs or CPDs that you have to pay for" (Participant 3).

Participant four corroborated the statement by saying: "*The organization is not paying, uh, for those workshops. So, if you are willing to attend, if you want to learn, you will at the end pay, whatever the amount is requested."*

 Participants in this study also narrated the financial expenses that they are liable for. They further indicated that nurses will pay all expenses for any CPD they want to attend in other provinces: "*If we would like to attend activities in a different region I have to pay for your own transportation, the registration, even for accommodation"* (Participant 2).

On the other hand, participants agreed on the organization's approach for other CPD attendance that are free of cost. Some CPD are free of cost, easily accessible, convenient, and therefore they attend CPD facilitated by the Nursing education Department: "*For me it's rather to attend these activities arranged by Nursing Education Department because its free its easily accessible and its quite convenient"* (Participant 1).

Some participants do acknowledge that nurses are not liable for certain online courses. Nurses are stress free in certain cases where the organization pay for a specific online course which they can complete at their own pace and time: "*K2 perinatal training programme that you do at your own time, at your own pace, this is, paid by the, eh, the employer"* (Participant 5)*.*

4.3.3.3 Planning attendance for CPD

One participant indicated that the organization advertised a planned educational calendar. *"The activities is been advertised by Nursing Education Department, we have the monthly activity, a calendar of events"* (Participant 1). It was indicated that the educational calendar is easily accessible for all nurses. This further indicated that nurses experience no stress or complicated processes with accessing CPD notifications: *"It's accessible because when it's released, eh, the calendar, the manager will print it and put it in the educational, education file"* (Participant 5).

In this study it was also described how other departments and organizations advertise CPD programmes. "*Our academic department of the organization, plus the training and development, including our sister hos... uh, sister university, which is KSAU, they always have already plotted all the particular courses, seminars, and workshops for the year"* (Participant 2).

According to participant nine they also receive notifications via social media. Effective communication channels allowed nurses for on proper planning to attend CPD activities through outside sources: "*Some courses, either in Al Hasa or out of Al Hasa, sometimes we receive in the email, or if you get also the, from the social media any advertisement about any course".*

A participant further described how their CPD planning starts: *"Nursing Education, they will provide a calendar for a year. Um, they have a list of the workshops, so, from there, you can select which one suits you"* (Participant 3).

Most participants described an easy way of registration processes to access CPD. This further indicated that participants experienced no stress or complicated processing of bookings for CPD activities: "*We can register online or we can contact our Nursing Education, uh, department as well and, um, or our nurse manager will just via contact with the, um, secretary, she will register us for specific, um, courses"* (Participant 6)*.* It was also indicated that the registration process with other departments is similarly easy: "*So, if you interested in any you can just contact them the same way via email or you can just call them directly, or even the registration forms is always available"* (Participant 1)*.*

During this study, participants narrated different reasons that they must take into consideration before they register for CPD activities. They also indicated that they could choose any CPD activity to their preference but, those that are mandatory to attend left them with no choice: "*You can select which one suits you or which is the, uh, workshop that is, um, mandated by your manager, not just for the sake of gaining a CME, but, you have to, select workshops and education activities that can really enhance your profession"* (Participant 3). According to participant seven she takes several aspects into consideration: "*I will choose what I want to attend and also what suits in a... in my department, and I will check how many CME hours".*

Furthermore, a participant described motivational factors as a reason. Motivational factors such as: the opportunity for job promotion has driven her to improve her skills through CPD: "*I just want to expand my skill set, it gives you a lot of opportunities and avenues when it comes to work employment in the future. Uh, career opportunities"* (Participant three).

Even though the bookings for CPD attendance are described as an easy process, participants indicated a few factors that influence their planning for CPD activities. The conditions around night duty have been described by most of the participants as barriers to CPD participation as mentioned by participant 3: "*Sometimes you need to do this mandatory workshop and you post*

night, and then you have to come from night duty to sit in that workshop, so that is a challenge for me". Stress levels increased with delayed completion of their expectations if they could not attend that opportunity and had to wait for a next scheduled date. Participant five described a feeling of physical exhaustion and minimal concentration after night duties: *"Sometimes it's also difficult if you're from night shift and you find that the workshop is being held at eight o'clock in the morning and you are tired, you had a busy night".*

Staff shortages were mentioned as an influencing factor in planning of CPD attendance. Some participants indicated that they always had to take into consideration the schedule when planning their activities. Numerous participants expressed the stressful situations they experience with staff shortages. Consequently, they had to cover shifts during staff shortage, and constantly negotiate or arrange a day off. It further indicated that nurses are frustrated with attending CPD on their rest days. According to participant four, sometimes negotiations with the manager for an educational day is unsuccessful. This in turn caused more stress, conflict, and negative work environment: *"Because you will find that in some of the workshops you want to attend, you cannot be able to attend because you are working, and maybe the manager couldn't get anyone to replace you".* Participant nine further indicated that CPD planning has become a challenge for her. Staff shortages can be frustrated to nurses working such or work unsocial shifts. This situation leads to burnout, poor work relationships, conflict and unhappiness: *"You need to arrange your off duty. It's a challenge also, the staff coverage, unit coverage, especially if you have a shortage".*

On the other hand, managerial support was indicated by participants where nurses requested some days off if they wanted to attend CPD in other regions as mentioned by participant 2: *"I need to plot or schedule my, my educational workshops a month before it occurs so that we can properly arrange. My manager is quite supportive in allowing me in attending these, uh, educational requirements".* According to participant three she can just request some days off in a timely manner so that it will not affect the staffing levels. Effective communication and timely arrangements with nurse managers resulted in positive outcomes and positive managerial support. Positive managerial support plays an important role in staff satisfaction, productivity, and a conducive work environment: *"You can request through your nurse manager to have, that off time. Of course, you have to schedule it, all of this you have to plan ahead of time, so, it will not have a problem when it comes to staffing".* Another participant stated that they can have time back later for CPD attendance on their rest days. Nurses are reimbursed with time back for attending mandatory CPD on their rest days: *"You have to attend during your off day, some workshop which is mandatory, you can have the time back, education hours later"* (Participant 3).

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Concerns around family obligations when planning CPD was raised by participant 9: Some female nurses who are married with children have difficulties with childcare arrangements to attend CPD on her rest days: "*We are living outside; we need to arrange transportation. You need to arrange babysitter for your kids so there is a lot of challenges*". Another consideration raised by her is family restrictions. Due to cultural differences some nurses have difficulties with obtaining family permission to travel alone to other regions for CPD attendance: "*Some of the courses are not available here, they will be advertised in Jeddah or Dammam, another province, you need to arrange accommodation, and you know with the family restrictions, sometimes, because you will go alone*".

4.4   SUMMARY

In chapter four the findings are described according to the three identified themes and sub-themes. The researcher has explored CPD attendance, engagement and accessibility of nurses' experiences employed in a tertiary hospital in the eastern region of Saudi Arabia. The nurses indicated the importance of CPD. They acknowledged their professional responsibility and accountability to stay current with evidence-based practices. The other findings outline their experiences and factors influencing CPD choices and attendance. Chapter 5 describes the conclusions and suggested recommendations.

CHAPTER 5: DISCUSSION, CONCLUSIONS AND RECOMMENDATIONS

5.1 INTRODUCTION

An introduction and objectives of the study were presented in the previous chapters which included a literature review that gave a background to explore the experiences of nurses regarding CPD accessibility, attendance, and engagement. In chapter 5 the conclusion and recommendations based on the findings, as well as proposing future research suggestions are summarized.

5.2 DISCUSSION

The aim of the study was to explore and describe the nurses' experiences who are employed at a tertiary hospital in Saudi Arabia about their accessibility, attendance, and engagement of CPD activities. The discussion on the findings of the study in relation to each objective follows.

5.2.1 Objective 1: To explore the experiences of nurses on accessibility to CPD activities

In theme three the planned activities, and processes to assist participants with access to education activities are discussed. The participants in this study described how CPD is approached in their organization. As described in theme three, a yearly and monthly calendar of educational activities are publicized and well structured. In addition to the annual calendar, participants stated that CPD notifications from other departments and other institutions are distributed by email to all nurses. Such an organizational approach was also reported in another study to be a well-structured manner to enable easy planning to access CPD (Aboshaiqah, Qasim & Abualwafa 2012:25-26). The descriptions in this study suggest effective communication of planned CPD activities between the organization and nurses. Consequently, nurses have now had time to plan which CPD they would want to attend throughout the calendar year.

They further described the registration process as making a phone call, emailing, or submitting the completed registration forms. The findings revealed that nurses did not experience stress with the registration process to access planned CPD activities.

Some participants indicated that they need to consider aspects related to their personal finances before committing to CPD activities. Financial considerations were also found to be a factor in

CPD accessibility in another study (Walter and Terry 2021:8). Most participants seemed frustrated by the financial costs that made CPD less accessible to them.

On the other hand, there are also CPD courses readily available to staff, and participants explained that these courses were presented on the premises, and the bookings thereof were easy. Thus, the findings of this study, together with other literature of Coventry, Maslin-Prothero and Smith (2015:2715) concur that CPD accessibility is convenient, less stressful, and supported by the organization.

5.2.2 Objective 2: To explore the factors influencing their decision making to which activities they want to attend

Even though CPD accessibility is reported as convenient in this study, some participants indicated that they are facing challenges such as financial expenses when making decisions to attend these opportunities. In theme three most participants described self-payments for travelling, accommodation, and registration if they wanted to engage in off-site CPD activities as costly. This also includes payments for registration fees for courses through other departments. Therefore, they must consider their financial budgets before they can make choices to attend CPD with payments involved. Furthermore, participants also described payments for life-support courses as costly in theme three. Such financial issues were also found in another study to be a barrier that influences decision making to attend CPD (Brekelmans, Poell & Van Wijk 2012:319). Numerous participants expressed a feeling of annoyance when they must take such factors in consideration that might influence their decision making.

On the other hand, most participants indicated that cost-free access to CPD at the nursing education department is a positive influencing factor on CPD attendance. Participants indicated in theme two that they can even accumulate the CME hours needed for their practice license renewal without any financial expenses. Proof of competence and organizational requirement was also reported as an extrinsic motivational factor in another study (Panthi & Pant 2018: 32). They further indicated that there are no restrictions in choices of CPD attendance at the nursing education department. Most participants seemed to be motivated by these preferences and choices on CPD attendance. The findings on this study together with other literature of Almalki, FitzGerald and Clark (2011:307) agree that CPD attendance for renewal of practice licenses is an important influencing factor.

Panthi and Pant (2018:37) have found motivation to greatly influence the driving force behind CPD participation such as an increase in clinical competence and clinical decision making. Similar influences have been indicated in theme three as motivation to participate in continuous education. Such improvement in professional competence has been reported as the most important influencing factor of CPD attendance (Shahhosseini & Hamzehgardeshi 2015:190). All participants seemed to be motivated when they expressed their enthusiasm and decisions to update their knowledge and skills.

Numerous participants indicated that they are obligated to comply with mandatory CPD expectations for their annual performance appraisal and contractual renewal. Mandatory CPD participation has been reported as a legal obligation for nurses in another study (Hamilton (1996) in Ross Barr & Stevens, 2013:2). Furthermore, all participants expressed a feeling of motivation and a positive attitude to execute these expectations for appraisal purposes. In another study such a positive attitude towards CPD participation was described as a motivational influence (James & Francis 2011:133).

Significant influencing factors such as: staff shortage, and work commitments were reported as barriers to CPD attendance in another study (Shahhosseini & Hamzehgardeshi 2015:190). As described in theme three most participants need to take in consideration the staff shortages, shift scheduling, and extra workload before they can make CPD choices. Some staff indicated that staff shortages cause them to attend CPD only on their rest days if the unit staffing levels for that day are covered. They further indicated that even though they can request days off or exchange in shifts, it is not guaranteed that it will be granted. As described by participants in theme three, night duties are indicated as a challenge if they need to attend mandatory CPD the next day post night duty. They expressed feelings of physical exhaustion during mandatory CPD attendance after a night duty. The findings in this study concerning staffing issues, and extra workload were also found to be barriers to CPD attendance (Ross et al., 2013:4). Most participants in this study indicated that staffing issues, night duties, and extra workload are barriers to CPD attendance.

On the other hand, participants indicated in theme three that managerial support has an influence on decision making. They further indicated that they are not facing any challenges with CPD attendance, because they make early arrangements with their managers. Furthermore, they can request days off or exchange shifts for the chosen CPD if the shifts are covered. Thus, the findings of this study, together with other literature reported that managerial support is influential to CPD opportunities (Wisotzkey 2011 in Coventry, Maslin-Prothero & Smith 2015:2723).

Panthi and Pant (2018:32) reported childcare and caring for other family members as barriers to find time for CPD. One participant indicated that she finds it difficult to attend CPD activities in her off-duty time, due to family obligations. She further stated that she must also take into consideration travelling arrangements and childcare services when she decides on attending educational events on her off day. She also indicated that family restrictions in her culture prevents her from choosing education in other provinces. Family responsibilities, and personal issues were also found to be factors that influence professional education attendance in another study (James & Francis, 2011:134). This participant seemed concerned by the family obligations, cultural restrictions, and personal issues that pose major influences on choices and hinder her from participation.

All participants described several motivational factors as benefits for both nurse and the patient. They further described the benefits of continuous education, personal and professional development for nurses, job satisfaction, patient satisfaction, and positive patient outcomes. Staying abreast with changes in the healthcare and nursing profession were also found in another study to be a motivational factor that influenced their education choices (James & Francis, 2011:133). In another study similar findings were reported such as competence to practice, the provision of safe patient care, maintenance of professional registration, and job satisfaction (Coventry et al., 2015:2715). Such motivational factors have driven nurses to choose education for professional and personal growth.

Another participant in theme one espoused positive reasons for CPD engagement such as: expanding her skills set, improvement in her work performance, and increasing opportunities for future work employment and career prospects. Benefits such as increased future employment opportunities were also found as motivational factors in another study (Panthi & Pant 2018:37). Similar positive motivational factors were reported in another study (James & Francis, 2011:133). Most participants seemed positive and motivated to engage in professional education because of the related benefits involved.

5.2.3 Objective 3: To explore and describe their engagement during CPD attendance

Participants in this study agreed that their involvement in education is for professional development and to stay abreast with evidence practices. The findings in this study are in line with CPD engagement and its purpose reported in another study (Armstrong, Bhengu, Kotzé, Nkonzo-Mtembu, Ricks, Stellenberg, Van Rooyen & Vasuthevan, 2015:106). They further

indicated that they are responsible for their own professional competence which is in line with findings in literature (Panthi & Pant, 2018: 39).

Participants indicated in theme three that they engage with education on different platforms, such as workshops, formal courses, in-service sessions, competency assessments, and independent online learning. They further indicated that physical face-to-face attendance to mandatory educational activities is required. Some participants indicated in theme one, their participation in key performance indicators and quality improvement programmes. Such programmes allowed them to be engaged in data collection, data analysis, and reporting findings and recommendations.

Other CPD engagements were indicated as independent online activities as described in theme one. The findings in this study together with literature of Tiwari, Sharma and Zodpey (2013:135) indicates that different education delivery styles are vital for professional development. Some participants also indicated in theme three that they engage in programmes from their home countries. Based on these responses together with results reported in literature of Embo and Valcke (2015:119) distance learning is part of CPD engagement.

Based on the responses the findings in this study indicated that nurses interact in various ways with CPD and correspond with results found in another study (Ousey & Roberts, 2013:8).

5.2.4 Objective 4: To explore and describe how relevant, they find the CPD activities that they attend

Some participants indicated that health care is dynamic and requires nurses to learn continuously to achieve that competence. Consequently, it will enable the nurse to promote health and protect the public against illnesses. Another participant indicated through CPD participation that she has changed her old practices to evidenced-based practices concerning episiotomies. The findings in the study together with results found in literature of Armstrong et al. (2015:115) agreed on CPD participation results in protecting the society against illnesses, harm, or injuries (Armstrong et al., 2015:115). Based on the responses in this study, the findings indicate that CPD attendance relates to patient safety, and the delivering of high-quality patient care. It also enables the nurse to stay abreast with current evidence-based practices.

Most participants indicated in theme two how important CPD participation is for the renewal of their practice licenses and working contract. They described their experience of continuous education as a powerful obligation to maintain their practice license and jobs. Moreover, the

organization policies mandate them to engage in continuous education to achieve expectations. The findings in this study were also reported in another study to be relevant to CPD engagement (Aboshaiqah et al., 2012:25).

As indicated by participants in theme three, hospital policies mandate senior nurses to engage in certain activities that are relevant to their practice. Subsequently, some participants indicated that they have transformed into better preceptors to the junior nurses, nursing interns, and new graduates. Thus, the findings of this study, together with other literature of Carlson and Bengtsson (2015:2) agree on the relevance of education to preceptorship, team leading and first-line management.

On the other hand, participants indicated in theme three their perseverance and motivation to continuous learning. They further indicated that they experienced increased confidence with cross-training to work in other specialties. The findings in this study agree on results found in another study regarding the relevance of cross-training for staff floating out to other specialties (Panthi & Pant, 2018: 9). Some participants indicated in theme three that they engage in workshops such as Central Line Associated Bloodstream Infection (CLABSI) to improve infection prevention control measures. Participants in the obstetric unit indicated that they engage in perinatal training programmes. As indicated by some participants in theme two engagement in life- support courses such as BLS and NRP are mandatory for them. The findings in this study indicated that CPD engagement is in line with the organization's policies.

Based on the overall responses, the findings indicate that the attended CPD activities were relevant to the nurses' practice, and aimed at their specialty, as well as developing other special skills.

5.3   LIMITATIONS OF THE STUDY

The study was conducted in a tertiary hospital in the eastern region of Saudi Arabia. Therefore, the limitations of the study relate to a sample size of a single setting. Transferability refers to generalizing findings to apply to different contexts and different participants (Brink et al., 2015:173). In this qualitative study the aim was not generalization, but complete understanding of the participants' experience. Transferability is further limited by using one research setting. Furthermore, nurses working in different departments may have different experiences and views. Another limitation was a paucity in the published literature regarding CPD accessibility,

attendance, and engagement in this hospital in Saudi Arabia. Saudi Arabia is a developing country and while the numbers of publications have increased, this is not the case in the eastern province.

5.4   CONCLUSIONS

It is evident that professional nurses should be involved in CPD activities and renew their knowledge and skills for lifelong learning. They constantly referred to CPD as improvement of knowledge and skills. Burrow (2016) in Panthi and Pant (2018:30) referred to CPD as learning activities that assist nurses to remain professionally competent and continuously enhancing their knowledge to become safe practitioners. According to the findings in this study, the nurses understand that CPD is the continuation with education after graduation of the basic nursing qualification.

A global need for the professional nurses' knowledge and skills to adapt to the changing healthcare needs of patients and their environments have been identified (Pool, Poell, Berings & Ten Cate, 2015:940). Therefore, professional nurses are responsible for responding to the continuous changes in the healthcare system, and the mandatory uptake of CPD. According to Nsemo et al. (2013: 329) the professional nurse must take the responsibility for her/his own professional competence. Furthermore, Hamilton (1996) in Ross Barr and Stevens (2013:2) also view mandatory engagement with CPD as a legal obligation, and in this study, nurses have also indicated that they are in favour of and do support mandatory CPD engagement.

During the involvement with continuous professional development, nurses faced positive and challenging situations. This study has also acknowledged the issues regarding CPD participation. Financial support has been identified as a barrier to CPD attendance (Aboshaiqah et al., 2012:25). The lack of financial support for mandatory attendance and courses facilitated in other provinces were discovered as challenges in this study. Significant factors that influenced choices on CPD attendance are staff shortages and work commitments (Shahhosseini & Hamzehgardeshi 2015:190). According to the study findings, other challenges identified were night duties, staff shortages, and lack of study leave.

The findings also indicate the nurses' willingness to use their own time for their personal and professional growth, and to pursue their personal goals. Continuous education results in competence to practice, the provision of safe, quality patient care, maintenance of professional registration, job satisfaction, and retention (Coventry et al., 2015:2715). Participants in this study also reported results such as, safe, and quality patient care, professional growth, patient

satisfaction, and job satisfaction. The study findings indicate that pursuing expectations from the organization and the Scientific Nursing Board of Saudi Arabia are viewed as an important aspect for CPD engagement.

The study findings also indicate that nurses were mandated by the organization to continuously learn. The study findings reveal that nurses can access any CPD of their choice provided they meet the registration requirements; this includes the easy booking processes. According to Panti and Pant (2018: 38) organizations are responsible to invest in a positive work environment, thus making continuous education opportunities accessible to nurses. The findings also indicate that there were good intentions to provide continuous education or training. This includes the availability of education programmes at the organization and other affiliated organizations.

5.5   RECOMMENDATIONS

The recommendations that were made, were based on nurses' experiences regarding CPD participation at a tertiary hospital in the Eastern region of Saudi Arabia.

5.5.1   Recommendation 1: Planning of CPD

The researcher suggests that each professional nurse prepares a list of their training needs. Based on the training needs the researcher would suggest educational programmes focusing on CPD topics through the nursing education department. In doing this, the aim will be addressing identified learning needs of the nurse, as well as achieving expectations. Furthermore, the researcher suggests that each professional nurse identifies the courses he or she can attend, based on cultural considerations/ finance/ vacation/ scheduling times. According to James and Francis (2011:134) family responsibilities, and personal issues were identified as barriers to education attendance. Facilitating educational programmes locally at the organization will also minimize stress for nurses with cultural considerations, and family restrictions. These include financial expenses for programmes in other provinces. Moreover, a supportive work environment to conduce learning includes the individual's family.

Aboshaiqah, Qasim and Abualwafa (2012:25-26) suggest that employers must provide nurses with dedicated time to enable them to attend training sessions. Therefore, the researcher suggests arrangements of educational programmes on a more frequent basis with more flexible scheduling times. Panthi and Pant (2018:38) indicated that employers are responsible to allow flexible scheduling work-shifts and arrange time for nurses to participate in CPD. Such arrangements can be done with appropriate communication and agreements between managers

and education facilitators. Managers should then take nurse's duty requests in consideration to promote succession plans to execute expectations. In doing this, nurses will not face challenges such as post night duty CPD attendance, and duty scheduling issues when planning to attend educational activities.

Ross et al., (2013:4) identified staff shortage, and work commitments as barriers to CPD attendance. Therefore, the organization may review the recruitment policies to expedite recruitment processes. In doing this, staff shortage issues will be resolved, and the extra workload on staff will be minimized. Consequently, nurses will then be able to plan CPD attendance without considering staff issues. In addition to recruitment of more staff, the researcher also suggests the availability of clinical resource nurses in each unit that can carry out the newly developed educational programmes. In doing so, this will enable the nurses in meeting the expectations during working hours at unit level. Furthermore, it will minimize stress with arrangements for staff coverage when they want to leave the unit to attend educational activities.

5.5.2   Recommendation 2: Financial considerations

It is suggested that each professional nurse identifies and writes a list with the mandated life support courses if it is more than one course. Furthermore, the suggestion is that the organization reviews the organizational approach regarding payments for mandatory life-support courses. Financial support has been identified as a barrier to CPD attendance (Aboshaiqah et al., 2012:25). The researcher identified that nurses voiced out about costly payments for life-support courses. Therefore, it is suggested that the employer provides financial support for some life-support courses. In doing this, financial expenses will be eased on the nurses and CPD attendance promoted with no stress.

5.6   FUTURE RESEARCH RECOMMENDATIONS

The researcher recommends undertaking patient outcomes research by measuring for instance the reportable and sentinel events, and patient outcomes before and after CPD participation in a specific area would be a worthwhile study. Moreover, a quantitative study will give accurate data to enable researchers to make general statements regarding experiences of nurses of CPD in Saudi Arabia. In addition to a quantitative study, the research can be rolled out to other affiliated hospitals to provide more information regarding CPD experiences of nurses at all Ministry of National Guard Health Affairs (MNGHA) institutions in Saudi Arabia.

5.7   DISSEMINATION

Readers will be able to access this study through the website of the University of Stellenbosch. The findings of the study will be made available to the management of the hospital. The study will also be presented at academic seminars. Articles derived from this study will be published in peer-reviewed journals.

5.8   CONCLUSIONS

This research has indicated that the hospital provides nurses with CPD programmes and the application of adult learning principles in delivering the programmes. The frustration for nurses is that while they improved their knowledge and to be better equipped in their skills, their abilities were impeded by the lack of financial support, scheduling, and staff shortages. However, the recommendations provided in this chapter could shed some light on the concerns voiced in this study. This research also indicates that even when all the supporting structures are in place to promote the CPD, the responsibility to develop and to identify his or her own learning needs lies with the professional nurse. Therefore, the following research question guided this research: 'What are the nurses' experiences at a tertiary hospital in the eastern region of Saudi Arabia regarding continuous professional development?' The researcher considers that this study has indicated to the institution the specific factors that influence the nurses' participation in CPD activities, as well as the positive outcomes of CPD participation.

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APPENDICES

Appendix 1: Ethical approval from Stellenbosch University

UNIVERSITEIT
STELLENBOSCH
UNIVERSITY

Approval Notice

New Application

04/05/2020

Project ID :14501

HREC Reference No: S20/03/060

Project Title: The experiences of nurses regarding attendance, engagement and accessibility of Continuous Professional Development at a Tertiary Hospital, Eastern Region, Saudi Arabia

Dear Mrs Valerie Doughty

The **Response to Modifications** received on 29/04/2020 14:50 was reviewed by members of **Health Research Ethics Committee** via expedited review procedures on 04/05/2020 and was approved.

Please note the following information about your approved research protocol:

Protocol Approval Date: 04 May 2020

Protocol Expiry Date: 03 May 2021

Please remember to use your Project ID 14501 and Ethics Reference Number S20/03/060 on any documents or correspondence with the HREC concerning your research protocol.

Please note that the HREC has the prerogative and authority to ask further questions, seek additional information, require further modifications, or monitor the conduct of your research and the consent process.

After Ethical Review

Translation of the informed consent document(s) to the language(s) applicable to your study participants should now be submitted to the HREC.

Please note you can submit your progress report through the online ethics application process, available at: https://applyethics.sun.ac.za and the application should be submitted to the HREC before the year has expired. Please see *Forms and Instructions* on our HREC website (www.sun.ac.za/healthresearchethics) for guidance on how to submit a progress report.

The HREC will then consider the continuation of the project for a further year (if necessary). Annually a number of projects may be selected randomly for an external audit.

Provincial and City of Cape Town Approval

Please note that for research at a primary or secondary healthcare facility, permission must still be obtained from the relevant authorities (Western Cape Departement of Health and/or City Health) to conduct the research as stated in the protocol. Please consult the Western Cape Government website for access to the online Health Research Approval Process, see: https://www.westerncape.gov.za/general-publication/health-research-approval-process. Research that will be conducted at any tertiary academic institution requires approval from the relevant hospital manager. Ethics approval is required BEFORE approval can be obtained from these health authorities.

We wish you the best as you conduct your research.

For standard HREC forms and instructions, please visit: *Forms and Instructions* on our HREC website https://applyethics.sun.ac.za/ProjectView/Index/14501

If you have any questions or need further assistance, please contact the HREC office at 021 938 9677.

Yours sincerely,
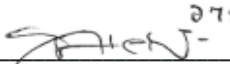
Mrs. Ashleen Fortuin
Health Research Ethics Committee 1 (HREC1)

National Health Research Ethics Council (NHREC) Registration Number:

REC-130408-012 (HREC1)•REC-230208-010 (HREC2)

Federal Wide Assurance Number: 00001372

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Appendix 2: Approval for Data Collection

Kingdom of Saudi Arabia
Ministry of National Guard Health Affairs
King Abdulaziz Hospital,
Al Ahsa

المملكة العربية السعودية
وزارة الحرس الوطني - الشؤون الصحية
مستشفى الملك عبدالعزيز با
الاحساء

NURSING SERVICES DEPARTMENT

✉ Mail Code: 0203　☎ 13 533-9999 Ext. 34305　📠 Ext. 34308 E-MAIL: nuradm2@ngha.med.sa

MEMORANDUM

Date: **June 9, 2020**

Subject: **Approval for Data Collection**

Student Name	**Valerie Dolores Doughty**
Student Number	18006965
Protocol Reference No. S20/03/060 – Stellenbosch University	
King Abdulaziz Hospital – Ministry of National Guard Health Affairs – Protocol No. SP20/019/A as approved by Health Research Committee	

The above mentioned Nurse has been given permission for data collection on the study topic "The experience of Nurses regarding attendance, engagement and accessibility of continuous professional development at a tertiary hospital, Eastern Region – Saudi Arabia.

Johanna Greyvenstein
Acting Associate Executive Director – Nursing Services Department
King Abdulaziz Hospital – Al Ahsa, Eastern Region
Ministry of National Guard Health Affairs
Kingdom of Saudi Arabia
Email: GreyvensteinJ@ngha.med.sa
Telephone: 0966-013-533-9999 ext. 38950
Area Code: 31982 P.O. Box 2477

Appendix 3: Semi-structured Interview guide

Participant code…………………………….

Date & Time of interview……………………..

Section A

Demographics

Tell me about yourself

Let us talk about CPD training

1. Tell me about the accessibility of the CPD

- Probes
- o How did you find the process to access the activity?
- o Is the CPD facilitated by the organization?
- o Can you access CPD at other facilities?

2. Tell me about your engagement with CPD

- Probes
- o Did you have a choice on engaging with CPD?
- o Was the engagement physical or online engagement?
- o Can you name a few examples of engagement?

3. Tell me about your decisions for attending specific CPD

- Probes
- o Are there any factors that influenced your choices?
    - o Tell me about your experiences with your decision making.

4. Tell me about your experiences of the CPD relevance that you have attended.

- Probes
- o Did it meet your learning needs?
- o Was the CPD aimed to your field of specialty?

Appendix 4: PARTICIPANT INFORMATION LEAFLET AND CONSENT FORM

TITLE OF THE RESEARCH PROPOSAL:

The experiences of nurses regarding attendance, engagement and accessibility of the Continuous Professional Development at a Tertiary Hospital, Eastern Region, Saudi Arabia

REFERENCE NUMBER: S20/03/060

PRINCIPAL INVESTIGATOR: Valerie Dolores Doughty

ADDRESS:

P.O Box 2744
Hospital
Saudi Arabia
31982

CONTACT NUMBER: +966509254308
 Email: valerieberry401@hotmail.com

You are invited to take part in a research project. Please take some time to read the information presented here, which will explain the details of this project. Please ask the researcher any questions about any part of this project that you do not fully understand. It is very important that you are fully satisfied that you clearly understand what this research entails and how you could be involved. Also, your participation is entirely voluntary, and you are free to decline to participate. If you say no, this will not affect you negatively in any way whatsoever. You are also free to withdraw from the study at any point, even if you do agree to take part.

This study has been approved by the Health Research Ethics Committee at Stellenbosch University and will be conducted according to the ethical guidelines and principles of the international Declaration of Helsinki, South African Guidelines for Good Clinical Practice and the Medical Research Council (MRC) Ethical Guidelines for Research.

What is this research study all about?

☐   The study will be conducted in this hospital in all departments where nurses are employed.

☐   The aim of this study is to explore, describe and understand your experiences with continuous professional development.

☐   The interview will take about 45- 60 minutes. The setting will be your choice and out of working hours.

☐   The interview will be electronically recorded and will be kept confidential. Anonymity will be ensured. Your name will not be mentioned.

☐   No risks are identified for this study. In the event of emotional sensitivity/ stress you can be referred to a support structure if you choose.

☐   The information from interviews will count as data that may be verified by the facilitator.

. Why have you been invited to participate?

☐   You have been invited for the study because you can share your experience with continuous professional development.

What will your responsibilities be?

☐   To participate in interviews and to share your experiences with continuous professional development.

Will you benefit from taking part in this research?

☐   The benefits of this study will be to contribute to strengthen the education system to support nurses with eliminating or minimizing the existing barriers.

☐   This study can bring assistance in formulating support structures for professionals with easy accessibility and financial support for CPD.

Are there in risks involved in your taking part in this research?

☐   There are no risks involved in taking part in this study.

If you do not agree to take part, what alternatives do you have?

☐   If you choose not to participate in this study you have a right to do so.

What will happen in the unlikely event of some form injury occurring as a direct result of your taking part in this research study?

☐   There are no injuries identified in this study.

Will you be paid to take part in this study and are there any costs involved?

No payments for participation in this study.

Is there anything else that you should know or do?

☐   You can contact the Health Research Ethics Committee at 021-938 9207 if you have any concerns or complaints that have not been adequately addressed by me.

☐   You will receive a copy of this information and consent form for your own records.

Declaration by participant

By signing below, I …………………………….………….. agree to take part in a research study entitled: The experiences of nurses regarding attendance, engagement and accessibility of the Continuous Professional Development at a Tertiary Hospital, Eastern Region, Saudi Arabia

I declare that:

• I have read or had read to me this information and consent form and it is written in a language with which I am fluent and comfortable.

• I have had a chance to ask questions and all my questions have been adequately answered.

• I understand that taking part in this study is voluntary and I have not been pressurized to take part.

• I may choose to leave the study at any time and will not be penalized or prejudiced in any way.

• I may be asked to leave the study before it has finished, if the study doctor or researcher feels it is in my best interests, or if I do not follow the study plan, as agreed to.

Signed at (place) ....……………….. on (date) …………..………….. 2020.

Signature of participant………………………

Signature of witness……………………………

Declaration by investigator

I (name) ………………………………………..……… declare that:

•   I explained the information in this document to …………………………………..

•   I encouraged him/her to ask questions and took adequate time to answer them.

•   I am satisfied that he/she adequately understands all aspects of the research, as discussed above

•   I did/did not use an interpreter. (If an interpreter is used then the interpreter must sign the declaration below.

Signed at (place) ....….....……………….. on (date) …………...……….. 2020.

Signature of investigator……………………………….

Signature of witness…………………………………

Appendix 4: Interview Transcript Extract: Participant 9- 10th August 2020

Interviewer:
Good afternoon.

Participant:
Good afternoon.

Interviewer:
Thank you for joining this, uh, research study.

Participant:
Pleasure.

Interviewer:
uh, it's, uh, about continuous professional development-

Participant:
Mm-hmm

Interviewer:
... and it's for one of our colleagues. My name is Prisca . I'm just collecting data for her.

Participant:
Okay.

Interviewer:
And for the sake of privacy, you will be participant number nine.

Participant:
Okay.

Interviewer:
And for the purpose of today's... For the purpose of this recording, today is the 10th of August 2020 and the time is 16:10. So I will just ask you few questions as I've explained in the consent, and then, uh, just feel free and relax and if you are not sure about the question I've asked, just ask me to clarify-

Participant:
Okay.

Interviewer:

... so that it will be easier. Okay, if we can start, just tell me a little bit about yourself. Don't mention your name. And, uh, your nursing background, where you are working, how many years in nursing, and your training.

Participant:

Okay. Um, I'm 38 years old. Uh, Saudi nurse. Actually I studied physics, uh, for four years. After that I decided, uh, to choose nursing as profession. So I joined nursing. Uh, I studied in, uh, Riyadh, National Guard, uh, University. Uh, three years. Then I took my training there for one year, then I transfer to Al Hasa. I took my residency for six months in National Guard Al Hasa Hospital. Uh, after residency, immediately I was hired in 2009.

Interviewer:

Okay. So from what I gather you are in Saudi and you've been, you've, you started your, you trained as in the physics for four years.

Participant:

Yes.

Interviewer:

And then you decided to change to nursing.

Participant:

Mm-hmm

Interviewer:

And you trained in Riyadh. And then you were hired as resident here for six months, then you were hired as a permanent staff-

Participant:

As... Yes.

Interviewer:

... in 2009.

Participant:

Mm-hmm

Interviewer:

Participant:

Yes.

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Interviewer:

Okay. And then, uh, if I may ask you your understanding about continuous professional development.

Participant:

Uh, you know, like any science, nursing will provide you, when you study, they provide you only with the basics. So, like now, I, after 11 years, things are changing over time. So the continuous, uh, development is required to be updated about the research, about the evidence-based practice, about any changes. Even the healthcare environment itself change with the technology, with everything. So without this continuous, uh, education, we wouldn't be able to provide safe, uh, practice to the patient, or high quality patient care. That's why it's really... I understand that one after finishing my studying, that really we need to, uh, be updated with the continuous, uh, studying.

Participant:

Um, uh, moreover, our organization itself, uh, there is mandatory, like, uh, the basic life support. There is, uh, mandatory competencies. It's, uh, mandatory, so we need to renew, uh, those courses and those competencies yearly, uh, in order to, uh, renew our contract. So this is, uh, the mandatory.

Interviewer:

So from what I understand from what you've told me is that co-, your understanding of p-, uh, continuous professional development is needed to update yourself on the new researches evidence base. And then technology has ch-, you said the technology's changing-

Participant:

Yeah.

Interviewer:

... every time.

Participant:

Yeah.

Interviewer:

And then also it's important with the mandatories, and you mentioned also the BLS. So those are the thing-

Participant:

Yes, the basic life support, yeah.

Interviewer:

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So those are the things that really we need, that's why you needed to get this continuous [crosstalk]

Participant:

Yeah, even for our Saudi license-

Interviewer:

Uh.

Participant:

... when you renew the Saudi license they require a specific CME. So we need to fulfill the hours.

Interviewer:

Okay. And then, um, you were talking about the mandatory.

Participant:

Mm

Interviewer:

Mandatory re-certification. Can you just explain further for me what is this mandatory...?

Participant:

Uh, they are basic life support and for, uh, the NRP also. We need to renew every two years. Uh, in addition to that there is competencies. Uh, which before we used to do it once. But now we need to renew them all, uh, yearly. The general competencies, and then it's specific com- competencies. All to be renewed yearly. So this is mandatory for our, uh, appraisal, the EBR appraisal. Uh, this the, those, uh, competencies, we must be evaluated by the nurse educator or the expert in the unit. But, uh, it must be done re-, uh, yearly.

Interviewer:

Okay. So from what I gather there are mandatory competencies that each staff has to do-

Participant:

Yeah.

Interviewer:

... at a two-yearly basis, and others are yearly. You talk about the NRP which i- are specific to you [crosstalk] and BLS.

Participant:

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Yeah.

Interviewer:

And then you talk about the competencies that are done yearly, that have to do with every, you said every time before your evaluation you have to do them yearly.

Participant:

Mm-hmm

Interviewer:

And then, uh, all these are done under the supervision of the educator-

Participant:

The educator.

Interviewer:

... or the experts.

Participant:

Or the experts in the unit, yes.

Interviewer:

Okay. With regard to the co-, the yearly competencies, can you just explain to me what does, what do they have? What, what type of, uh, continuous professional development do they have?

Participant:

Uh, there is reading materials.

Interviewer:

Okay.

Participant:

Uh, that you must read before. Then, uh, you will be evaluated by the educator. There is specific elements in the competencies. You can, uh, access them in the shareware. So you will get ready before you be evaluated by the educator according to the criteria.

Interviewer:

Okay.

Participant:

And the competency.

Interviewer:

Okay. So all-

Participant:

So at least you need to achieve the competent level.

Interviewer:

Mm-hmm. Okay. So I gather these competencies are done by all staff and it's a, there is a guide on when a person is going to do the-

Participant:

Yes.

Interviewer:

... the, the competency, and then you are evaluated by the educator-

Participant:

Yeah.

Interviewer:

... and you have to be competent.

Participant:

Yes.

Interviewer:

To, to, to, to-

Participant:

Minimum of competent for the, yeah.

Interviewer:

Competent at a level to pass, yes. And then are they based on your practice? Or is a general competencies?

Participant:

Uh, there are some general, like fall, fall prevention is general one.

Interviewer:

Mm-hmm

Interviewer:

Okay.

Participant:

Mm

Interviewer:

So what I gather is that these competencies are specific to the unit and you get some that are general.

Participant:

Yes.

Interviewer:

But you still have to do all of them.

Participant:

All, yeah.

Interviewer:

You mentioned something about the shareware. Can you explain to me what is, what it is? The nursing shareware, and what the, and what does it have to do with this continuous professional development.

Participant:

Uh, this nursing shareware is actually, uh, specific to us National Guard. We have this one. It's easily accessible. Uh, where you find all the reading materials, there is videos, there is audios. Uh, so you can access them. It's, uh, and that is this type of the main station, in the nurses station. So any computer you can find, uh, this, uh, application. The nursing shareware. You will find there everything. And all the competencies will be there. Even the database, if you want, uh, to check, if you are due for renewal of the competency you can find there. There is database where there is dates. Uh, the dates you signed the competency. So yearly you will be reminded to update the competency.

Interviewer:

Okay. So what I gather, this nursing shareware is more for the nursing education.

Participant:

Yes.

Interviewer:

It's updated on what is happening in the organization with regard to-

Participant:

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Yeah, even if we have a new equipment.

Interviewer:

It's-

Participant:

Yeah, it will be there. You can find all the information there about the OTC, about everything.

Interviewer:

Okay. So this, this nursing shareware has all the information pertaining to equipment, pertaining to procedures that in the unit-

Participant:

Yeah.

Interviewer:

So all staff has access to it.

Participant:

Yes.

Interviewer:

Okay. And then you talk about the nursing education, uh, competencies that are done by the nursing education.

Participant:

Mm-hmm

Interviewer:

Um, are they easily accessibly to you?

Participant:

What is that?

Interviewer:

They would, the workshops that are done, or by the nursing education that you [crosstalk]

Participant:

Um, actually yearly they will send the calendar of events via email. So everybody has the access in the email to view them. Then you have to arrange and plan with your manager. Uh, you will book to ask for request because, uh, we need to book off. We will

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not go from our duty. Uh, only the mandatory, like BL- BLS and RBS, we will take time back. Or fr-, NRP from your duty. But the rest, uh, the non-mandatory you need to go from your off. So the calendar will en- enable you to book to arrange your off days if possible, you will, you will book uh, e- easily. Because, uh, if you have short notice sometimes you will not be able to exchange your duty with your colleagues. So the calendar of event is beneficial really.

Interviewer:

Okay.

Participant:

Mm

Interviewer:

So from what I gather the, all these workshops of competencies that are provided, it's easy to access them because there is a calendar available.

Participant:

Yeah.

Interviewer:

You can see which date it is and then you can book-

Participant:

Yeah.

Interviewer:

... via email or through your manager, and then, uh, you book your off days, and then you can access.

Participant:

Yes. And there are some courses, uh, arranged by the Academic Affairs, the KSAU.

Interviewer:

Uh-huh

Participant:

Uh, they send also through the email, but this one, uh, uh, you will need to pay. It's not free. Unlike the Nursing Education Department, it's for free. But, uh, the Academic Affairs, there is fee.

Interviewer:

Okay.

Participant:

Uh, so once you pay they will confirm your registration.

Interviewer:

Okay.

Participant:

And, uh, let's say you, you need to arrange your, uh, duty. Because you will attend from your off.

Interviewer:

Okay. So from what I gather from, uh, what you are telling me, there is a Nursing Education that has their own free-

Participant:

Yes.

Interviewer:

... uh, courses that they, they, they, they, they, they do.

Participant:

Yeah.

Interviewer:

And then you have Academic Affairs-

Participant:

Academic Affairs.

Interviewer:

... also, which has, uh, courses-

Participant:

The training and development.

Interviewer:

... that you pay for.

Participant:

Mm

Interviewer:

The courses that you pay for, are they mandatory, uh, or just it's because you like to attend them?

Participant:

Some of them are mandatory, like NRP, BLS, ACLS, they are mandatory, we need to attend. But still we pay.

Interviewer:

Okay.

Participant:

Some of them are not mandatory but related to our specialty. It's nice to attend.

Interviewer:

Okay.

Participant:

But at least in Al Hasa, if you still in Al Hasa, we can still only pay for the course and we attend. But if it's in Riyadh, Dammam, another province, uh, we need to arrange for transportation, for accommodation. It's more difficult to attend, uh, in another province.

Interviewer:

Okay. So from what I gather the Academic Affairs, uh, do provide courses like NRP, you've mentioned, but you have to pay for them-

Participant:

Yeah.

Interviewer:

... from your own pocket. Even if it's mandatory.

Participant:

Yes.

Interviewer:

And then they do also provide you courses even outside the organization. And then you pay for them if it's outside, like you have to pay for transport and accommodation.

Participant:

Yes.

Interviewer:

So it becomes more expensive.

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Participant:

Yeah.

Interviewer:

Okay. And then, um, the workshops, you've talked, you've told me already that the workshops are provided in, in, in, in, in the organization. Are you allowed to attend any workshops outside the organization?

Participant:

Yes, we are allowed.

Interviewer:

You're allowed.

Participant:

Yeah.

Interviewer:

So how [crosstalk]

Participant:

Either in Al Hasa or out of Al Hasa. Uh, sometimes we receive in the email, or if you get also the, from the social media any advertisement about any course you are free to a-, to attend. But you need to arrange your off-duty.

Interviewer:

Okay. So from what I gather the organization allows you to attend as long as it's your own time-

Participant:

Yes.

Interviewer:

... and your own pay-

Participant:

You will use your own time, your own money.

Interviewer:

Right.

Participant:

Then you are free to attend.

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Interviewer:

Okay. And then, um, tell me about your engagement in any continuous professional development. Whatever you've attended.

Participant:

Um-

Interviewer:

Recently or long time ago. Anything.

Participant:

Uh, the, the other courses, like the mandatory NRP, we need to renew every two years, and some, most of the times there are, there are changes. So also it's help, although it's mandatory, so we needed this one, this is out of my hand. I need to attend, uh, two-yearly.

Interviewer:

Okay. So-

Participant:

Um, like preceptorship, business has said, because our hospital is as teaching hospital. So I need also to be updated how to precept, how to assess, how to give feedback. For newly hired employees, for interns, students, for, uh, residents. Uh, so it's a must also to attend the preceptorship, then leadership also, assessing your nurse team leader. I need to attend leader, leadership first-line management, uh, to enable me to lead, uh, the team. Um, and uh, I'm busy now with the staff development for promotion. So it's also necessary for me to continue my, uh, education and development.

Interviewer:

Okay. And in this, I know you've mentioned that you've done preceptorship which will help you to be able to precept other people or students or interns that come to the unit. And did you, do you have a choice on, on, on, on, on, on which continuous professional development you will attend? Or are they all mandatory?

Participant:

As I have mentioned, there are some mandatory.

Interviewer:

Uh-huh.

Participant:

The mandatory is, uh, by the organization itself. They are basic life supports mostly.

Interviewer:

Uh-huh.

Participant:

But, uh, there is, is your choice.

Interviewer:

Okay.

Participant:

Yeah.

Interviewer:

Okay.

Participant:

But preceptorship also is mandatory because we are teaching hospital so it's a mandatory.

Interviewer:

Okay. So if by choice you, you, you, you, you, you attend them for your own benefits, even if it's, they are ones that are mandatory-

Participant:

Yeah.

Interviewer:

... but there are ones that you just choose-

Participant:

Yeah.

Interviewer:

... for your own-

Participant:

Yeah.

Interviewer:

... goal.

Participant:

For my own, yeah, to gain more knowledge and skills.

Interviewer:

Okay. With the eng-, the workshops you've attended or the engagements that you've attended, were they done physically or online?

Participant:

Uh, there are most of they, they're offer the courses and workshops used to be physical. And the, in addition to the physical there will be pre-exam and post-exam, uh, assignments, the role play. There is a PowerPoint presentation. So it's more an active, uh, part. Um, some of them, like, uh, BLS and N- NRP will do the online studying, then you will do the physical attendance. But now in COVID time, uh, there is no physical. Mostly online. And there is quiz. Uh, after you read the materials, there is also videos, audios, all available.

Interviewer:

Okay. So from what I gather, the, the, the workshops are provide, w-, are provided physical and online. You've got, you've, you've done both of them.

Participant:

Mm-hmm

Interviewer:

And, uh, there are pre-exam, post-exam, and assignments when you are do, when you are doing. In your own experience-

Participant:

Mm-hmm

Interviewer:

Physical w-, uh, workshops, how do you feel about them? In a class settings, how, how, how is your experience?

Participant:

Um, it's good because the interaction, there is in, direct interaction. Uh, you know, with the online, sometimes you don't get the real point, but with the simulation, with the physical attendance, it's, uh, better, I think.

Interviewer:

Okay. So-

Participant:

And the number also is not that large.

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Interviewer:

Ah.

Participant:

The number of staff. The number of attendees. So it's okay still.

Interviewer:

Okay. So I gather, uh, you, you, the physical is, is, was more interactive for you and it still leads you, and it, because they've got also a limited number of staff-

Participant:

Mm

Interviewer:

... so it's easy to see and hear other people's opinions also.

Participant:

Yeah.

Interviewer:

You talked earlier about the pre-exam, post-exam, and assignments. Can you just explain to me what happens with this pre-exam, since you are all, we've done education. So what happens to this pre-exam, post-exam and assignments?

Participant:

Pre-exam, just, uh, I think for them to know your background.

Interviewer:

Okay.

Participant:

About the subject.

Interviewer:

Mm-hmm

Participant:

After that you will, even for you, you will be able to evaluate yourself. If you really get benefit from the course or not.

Interviewer:

Okay.

Participant:

The assignment, for you also not to take the knowledge and not to practice it. So they give you assignment to make sure that you are serious. You, you are still thinking of what you gain. So you will take it more further steps.

Interviewer:

Okay. So what I gather, this pre-exam is just a preparation for you to, to, to, to, to, before you go to attend the workshop.

Participant:

Before the attendance, yeah.

Interviewer:

And then the post-exam, you do it after attending.

Participant:

After attending.

Interviewer:

And the assignment is something that you take home.

Participant:

Continuous, yeah.

Interviewer:

So that you ensure that you, you remind yourself-

Participant:

Yeah. And you will communicate with the educator.

Interviewer:

Educator. So the educators play a major role in continuous professional development-

Participant:

Yeah.

Interviewer:

... in your organization.

Participant:

Yes.

Interviewer:

I gather. And then with regard to, to, to, to, to the influences-

Participant:

Mm-hmm

Interviewer:

So what I gather is that you, what, what pushes and motivates you to do a course is to h-, make change. And to-

Participant:

Yes, for patient safety and high quality care.

Interviewer:

Mm

Participant:

Mm

Interviewer:

Okay. And to also, uh, uh, bring new knowledge and, uh-

Participant:

Yes.

Interviewer:

... new evidence-based things. Just as you've said, for the safety of the patient.

Participant:

Yes.

Interviewer:

And then, um, with the workshops that you've attended or any other continuous professional development-

Participant:

Mm-hmm

Interviewer:

Do they n-, uh, do they meet your learning needs?

Participant:

Uh, mostly yes. Um, sometimes even, I will decide, uh, what I need. Sometimes even the manager. Like if we have CLABSI in the unit. Uh, that time, uh, our manager

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decided to make the CLABSI workshop mandatory. After that we started to having this CLABSI. So if the need arise, the manager can decide also which workshop we must attend. Sometimes the educator also can decide that we need to attend the specific workshops. Uh, but most of the time they are good and they meet our, uh, learning, uh, objectives.

Interviewer:

Okay. So from what I gather, uh, mostly these workshops, uh, they meet your learning needs, and you mentioned that it sometimes, there is a problem that is identified in the unit-

Participant:

Yes.

Interviewer:

... that makes you go and do, or the manager would advised people to do. Like you've mentioned the CLABSI workshop.

Participant:

Yeah.

Interviewer:

So that a unit needs are also met.

Interviewer:

... and, uh, most people will talk about e-, uh, things like that as a bit challenging. Uh, would you say something that is outside your, or a workshop that is outside your specialty, uh, are they a bit challenging or you just needed to put an extra effort on them?

Participant:

Uh, actually the challenge is the time. Because, uh, if you will have to choose between the related to your specialty or the general one, you will choose the specialty related. Because, uh, on the workshops you will attend from your off duty. If you will get time back at least for the mandatory, for the, I mean, the specialty-related workshops, then you can attend the extra, the general one, from your off. So time is a challenge. Uh, and most of the time, uh, you don't, uh, get the request. Because all the staff want also to attend workshop. So you have to wait. Sometimes, uh, the course will be then only ones per year, like with the [inaudible] workshop. It's only once per year. So not all the staff can attend this one. So it's a challenge also. The staff coverage. Unit coverage. Especially if you have a shortage.

Participant:

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Um, sometimes also if you on night duty it's difficult to attend, uh, after your night duty. Um, and you know, because we are living outside, we need to arrange transportation. And, uh, you need to arrange babysitter for your kids so there is a lot of challenges.

Interviewer:

Okay. You've m-, you've talked about, uh, the challenges that you, you are facing with some of the w- workshop, especially those that are not related to your field. You've talked about the time challenge of it. The workshops, even if they're in your field you are interested in, they, the fact that they are provided once per year-

Appendix 5: Certificate for Language editing

Lona's Language Services

English/Afrikaans
Afrikaans/English

3 Beroma Crescent Beroma Bellville

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Email illona@toptutoring.co.za

* Translations * Editing * Proofreading
* Transcription of Historical Docs
* Transcription of Qualitative Research
* Preparation of Website Articles

TO WHOM IT MAY CONCERN

This letter serves to confirm that the undersigned

ILLONA ALTHAEA MEYER

has edited and proofread the **thesis of Valerie Dolores Doughty**

for language correctness and translated the Abstract.

TITLE: The experiences of nurses regarding attendance, engagement and accessibility of Continuous Professional Development at a Tertiary Hospital, Eastern Region, Saudi Arabia

Signed

Ms IA Meyer

18 November 2020

Appendix 6: Declaration by technical formatter

To whom it may concern

This letter serves as confirmation that I, Lize Vorster, performed the language editing and technical formatting of Valerie Dolores Doughty SR's thesis entitled:

The experiences of nurses regarding attendance, engagement and accessibility of continuous professional development at a tertiary hospital, Eastern Region, Saudi Arabia

Technical formatting entails complying with the Stellenbosch University's technical requirements for theses and dissertations, as presented in the Calendar Part 1 – General or where relevant, the requirements of the department.

Yours sincerely

Lize Vorster
Language Practitioner

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