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Empowering Nurses through Continuous Professional Development: Insights from Various Perspectives

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Abstract Nurses need maintaining the highest level of expertise and knowledge in an ever-evolving healthcare environment through continuous professional development (CPD). Aim: This study examines nurses' attitudes, priorities, and challenges when it comes to continuing professional development, as well as their involvement and ambitions at their workplace. Methods: This is a descriptive cross-sectional study that was conducted on the affiliated health centres under the Eastern Health Cluster. The tool used is the "Questionnaire for Professional Development of Nurses (Q-PDN)". Results: The majority of the sample are female nurses (79.3%). A third (36.6%) of the study sample holds a bachelor's degree in nursing. Among the participants, (70.3%) have between 11 and 20 years of experience. Among study participants, (27%) hold managerial positions. Participants in continuous workplace-based educational interventions average 4.67 and deviate from the mean by 0.663. There is a good rank of involvement in continuous professional development activities. A number of factors inhibit healthcare professionals from participating in continuing professional development activities, including full employer reimbursement of expenses (Mean = 3.49), whereas supervisors providing necessary time (Mean = 2.58) had the least impact. Both managers and non-managers equally value CPD and encounter similar barriers to engagement; however, the only statistically significant difference lies in their job position and the types of CPD activities they participate in. Conclusion: This study found a high level of CPD engagement among nurses, particularly in in-service and recent formal training. However, financial constraints, limited access to CPD information, time pressures from family commitments, and resource shortages still hinder broader participation. Managerial nurses showed higher engagement in CPD events versus their non-managerial equivalents, reflecting greater access to training opportunities and institutional support.

Keywords: *Continuous Professional Development, Empowering Nurses, Healthcare education, Nurse motivation, Nursing workforce, Perspectives*

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1. Introduction

Nurses must maintain current knowledge and skills through continuous professional development (CPD) [1]. As part of nurses' lifelong learning, Continuous Professional Development (CPD) plays an integral role in achieving excellence in nursing. CPD is crucial for maintaining informed skills and knowledge in the constantly changing in healthcare industry. Recognizing nurses' perspectives on CPD is crucial since it impacts the quality of patient care, patient security, nurse gratitude and loyalty, and healthcare burden [2,3].

Additionally, effective CPD programs display a crucial role in improving patient-centered care practices, preparing nurses to meet the unique and evolving needs of patients in a rapidly changing occupational environment of healthcare [4]. Nursing professionalism is shaped by continuing professional development, which is not just a requirement. It contributes to skilled practice and exceptional quality of nursing care by extending the expert's abilities in addition to initial training and credentials. As nurses view continuing professional development as vital for holding their knowledge and skills existing as well as enlightening patient care standards, they are committed to professionalism and lifelong learning [5].

Nursing professionalism and CPD are closely intertwined in the way CPD impacts nursing practice and patient outcomes. Continual professional development serves as a bridge between nurses' ability to meet evolving healthcare demands and the dynamic nature of the healthcare sector. Nurses' experiences with CPD have been revealed by recent studies. It is important to consider organizational culture, supportive environments, and attitudes and motivation that reflect professional values [6,7]. In addition, nurses perceive staffing levels, workloads, and funding issues as barriers to CPD. In light of organizational standard of support and values, CPD can

have both direct and indirect effects on practice [5].

A nurse has the precise and obligation to continually increase their knowledge upon the end of official education and gaining a nursing license. For adequate healthcare, nurses must supplement and adopt advanced information and specific skills consistent with the most recent progressions in nursing field [8].

2. Aim and Objectives

The purpose of this study is to analyse nurses' attitudes, priorities, and challenges when it comes to continuing professional development and to examine their involvement and incentive, based on their work environment, work role, and form of work.

1. Analyse nurses' attitudes toward Continuing Professional Development (CPD).
2. Identify the nurse's level of participation in CPD.
3. Examine the factors that motivate nurses to engage in professional development on a continuous basis.
4. Identify the factors that influence nurses' attitudes toward continuing education.
5. Assess the influence of work functions on nurses' participation in CPD.
6. Examine the role of different forms of work in shaping nurses' attitudes toward continuing professional development.

3. Methods

Study Design: This study was conducted applying a cross-sectional study design.

Study settings: Affiliated health centres under the Eastern Health Cluster.

Participants: The study included a cohort of 150 nurses from Affiliated health centres under the Eastern Health Cluster. Respondents were carefully chosen from numerous centres, nursing backgrounds.

Inclusion criteria: Participants include general care nurses with degrees in nursing, such as diplomas, bachelor's degrees, master's degrees, and doctorates; nurses involved in work time and on-call duties; and nurses from different units. The study involved a varied cohort of nursing professionals from associated health centres under the Eastern Health Cluster, Male and female participants aged between 20-60 years and above. Nurses working in health centers affiliated with the Eastern Health Cluster. Nurses employed in various units and departments within health centres. Nurses participating in shift work and on-call duties

Exclusion criteria: Health professionals who are not nurses are excluded.

Procedure: Various nurses from various departments participated in the study at the Primary Health Centre. Data was collected online using an anonymous questionnaire. A link within the institution was used to distribute the questionnaire. Convenient sampling was used to professionally reach a extensive range of nurses in the institution.

Instrument: We used the “Professional Development of Nurses questionnaire (Q-PDN)”, developed by Brekelmans [9]. The researcher made pilot study on 5 nurses and exclude them from the sample to evaluate simplicity and comprehensibility. The tool was validated by Cronbach’s alpha, which showed a high level of internal consistency ($\alpha = 0.91$). The survey is organized to assess nurses’ involvement in professional progress activities. Answers were enumerated by a Likert scale.

Ethical considerations

The study was approved by the Khobar Governmental Hospital IRB (National Registration Number with NCBE-KACST, KSA: (H-05-kh-130), Date: 6/1/2025 IRB Protocol No: NUR-09). Participants in the study provided informed consent before participating. Informed consent acknowledges that participants are voluntarily participating in the research, and their participation is voluntary. The participants were also assured that they could take out from the study at any time without repercussions.

4. Results

Table 1 illustrates the general characters of the nurses joined the study. Female nurses are the majority of the sample 88 (79.3%). Near to half 53 (47.7%) of the study participants are in age group 30–40-year-old. Near to one-third 41 (36.9%) of the study sample have a bachelor of nursing degree, while another one-third 40 (36%) have a diploma degree in nursing. Relating to years of experience, 78 (70.3%) of the participants have 11- 20 years of experience. Regarding the current position for the study participants, 30 (27%) have a managerial positions.

Table 2 presents the degree of nurses’ involvement in CPD activities, featuring factors vital for the licensing renewal. The typical rank of involvement in continuous professional development events is 4.67 with a standard deviation of 0.663 from the mean.

The data in Table 3 highlights a strong consensus among participants regarding the significance of various professional development activities. Most items received high ratings, with the majority of responses clustered around "important" and "very important" (scores 4 and 5), indicating a shared recognition of their value. Highest-rated activities is making sure to keep up to date with professional developments (Mean = 4.72, SD = 0.49), followed by training courses (Mean = 4.71, SD = 0.49).

The overall mean score of 4.51 (SD = 0.574) reflects a generally high level of perceived importance across all items.

Table 4 presents a nuanced view of the factors that may delay engagement in CPD activities among healthcare professionals. The overall mean score of 2.839 (SD = 1.099) suggests a moderate level of agreement with the listed limiting conditions, indicating that while these factors are relevant, they may not be universally perceived as major barriers. The most influential condition is full reimbursement of expenses by the employer (Mean = 3.49). the least influential condition is supervisor providing necessary time (Mean = 2.58).

Table 5 provides a comprehensive overview of the frequency with which healthcare professionals engage in various CPD-related activities. The overall mean score of **2.794 (SD = 0.769)** suggests that participation is generally

moderate, with notable variation across specific activities. The most frequently practiced activities are k*eeping up to date with professional developments* (Mean = 3.82) followed by t*aking part in CPD activities at own expense* (Mean = 3.72). the least practiced activities are p*erforming research* (Mean = 1.73), followed by *editing professional journals* (Mean = 1.54).

Table 1. General Characters of the study sample (N=111)

		Count	%
1-Gender	Female	88	79.3%
	Male	23	20.7%
2-Age	20-29	8	7.2%
	30-39	53	47.7%
	40-49	35	31.5%
	50-59	15	13.5%
3-Educational Level	Bachelor of Nursing	41	36.9%
	Diploma	40	36.0%
	Higher Diploma after Baccalaureate	4	3.6%
	Master's Degree	25	22.5%
	PHD	1	0.9%
4- Years of Experience Within the institution	1-10	18	16.2%
	11- 20	78	70.3%
	21 and more	15	13.5%
5- Institution name	Dammam Health Network	21	18.9%
	Jubail Health Network	5	4.5%
	Khobar Health Network	29	26.1%
	Qatif Health Network	25	22.5%
	Rural Health Network	31	27.9%
6- current position	Clinical nurse educator (CNE)	9	8.1%
	Midwife	5	4.5%
	Nurse director	1	0.9%
	Nurse educator	1	0.9%
	Nurse leader	11	9.9%
	Nurse manager	18	16.2%
	Nursing Assistant/ PCT	7	6.3%
	Staff Nurse	59	53.2%

Table 2. Nurses' engagement in CPD activities.

Take Part in CPD Activities To:												
	1		2		3		4		5			
	N	%	N	%	N	%	N	%	N	%	Mean	Standard Deviation
Meet the necessities for registering in the future	2	1.8%	0	0.0%	7	6.3%	17	15.3%	85	76.6%	4.65	(.76)
Increasing the chances of promotion	2	1.8%	0	0.0%	6	5.4%	19	17.1%	84	75.7%	4.65	(.75)
Have additional professional development is important	1	0.9%	1	0.9%	3	2.7%	22	19.8%	84	75.7%	4.68	(.66)
Increase the professional status	1	0.9%	1	0.9%	4	3.6%	21	18.9%	84	75.7%	4.68	(.68)
Improving current experiences	1	0.9%	1	0.9%	6	5.4%	18	16.2%	85	76.6%	4.67	(.70)
increase the status of my profession	1	0.9%	2	1.8%	6	5.4%	18	16.2%	84	75.7%	4.64	(.75)
support my career	1	0.9%	1	0.9%	6	5.4%	18	16.2%	85	76.6%	4.67	(.70)
carry out work well	1	0.9%	1	0.9%	5	4.5%	18	16.2%	86	77.5%	4.68	(.69)
meet the necessities of the organization	0	0.0%	2	1.8%	8	7.2%	20	18.0%	81	73.0%	4.62	(.70)
increase the	1	0.9%	1	0.9%	4	3.6%	19	17.1%	86	77.5%	4.69	(.67)

quality of healthcare												
prove the employer	1	0.9%	1	0.9%	5	4.5%	17	15.3%	87	78.4%	4.69	(.68)
highly important in professional environment	1	0.9%	2	1.8%	3	2.7%	18	16.2%	87	78.4%	4.69	(.70)
achieve a higher level of training	1	0.9%	2	1.8%	3	2.7%	17	15.3%	88	79.3%	4.70	(.70)
make a positive contribution to nursing practice	1	0.9%	2	1.8%	3	2.7%	19	17.1%	86	77.5%	4.68	(.70)
support career potential /choice	1	0.9%	2	1.8%	3	2.7%	19	17.1%	86	77.5%	4.68	(.70)
improve leadership abilities	2	1.8%	1	0.9%	5	4.5%	16	14.4%	87	78.4%	4.67	(.77)
Nurses' participating in CPD activities Total score											4.672	0.663

* 1. Mainly disagree, 2. Partly disagree, 3. Neither agree nor disagree, 4. Partly agree, 5. Mainly agree.

Table 3. Importance for own development

	1		2		3		4		5			
	N	%	N	%	N	%	N	%	N	%	Mean	Standard Deviation
1-Participation in policy development	1	0.9%	6	5.4%	22	19.8%	24	21.6%	58	52.3%	4.19	(1.00)
2-Attending clinical practice meetings	2	1.8%	0	0.0%	8	7.2%	36	32.4%	65	58.6%	4.46	(.78)
3-Training courses	0	0.0%	0	0.0%	2	1.8%	28	25.2%	81	73.0%	4.71	(.49)
4-Receiving feedback from colleagues regarding my performance	0	0.0%	1	0.9%	6	5.4%	31	27.9%	73	65.8%	4.59	(.64)
5- Put scientific research outcomes into the practice	0	0.0%	1	0.9%	9	8.1%	28	25.2%	73	65.8%	4.56	(.68)
6-Participating in feedback discussions	0	0.0%	0	0.0%	10	9.0%	32	28.8%	69	62.2%	4.53	(.66)
7- Revising medical literature	0	0.0%	1	0.9%	10	9.0%	34	30.6%	66	59.5%	4.49	(.70)
8-Learning through practice	0	0.0%	1	0.9%	4	3.6%	23	20.7%	83	74.8%	4.69	(.58)
9-Carrying out research	1	0.9%	1	0.9%	17	15.3%	27	24.3%	65	58.6%	4.39	(.84)
10- participating in team debates about team performance	0	0.0%	0	0.0%	8	7.2%	30	27.0%	73	65.8%	4.59	(.62)
11- Debating with colleagues any developments	0	0.0%	1	0.9%	8	7.2%	33	29.7%	69	62.2%	4.53	(.67)
12- Succeeding short courses	0	0.0%	2	1.8%	5	4.5%	28	25.2%	76	68.5%	4.60	(.66)
13-Writing articles for professional journals	0	0.0%	3	2.7%	19	17.1%	26	23.4%	63	56.8%	4.34	(.86)
14- sure that I keep up to date with policy	1	0.9%	0	0.0%	5	4.5%	25	22.5%	80	72.1%	4.65	(.66)
15-Participating in recruitment	3	2.7%	5	4.5%	16	14.4%	24	21.6%	63	56.8%	4.25	(1.04)

16-Participating in reflection	1	0.9%	1	0.9%	10	9.0%	30	27.0%	69	62.2%	4.49	(.77)
17-Participating in internal projects	0	0.0%	1	0.9%	14	12.6%	29	26.1%	67	60.4%	4.46	(.75)
18-Exchanging best practices	0	0.0%	3	2.7%	13	11.7%	28	25.2%	67	60.4%	4.43	(.80)
19- Notifying supervisor any developments at work	0	0.0%	0	0.0%	6	5.4%	32	28.8%	73	65.8%	4.60	(.59)
20- certain that I keep up to date with professional developments	0	0.0%	0	0.0%	2	1.8%	27	24.3%	82	73.9%	4.72	(.49)
21- Reproduce critical on clinical	0	0.0%	0	0.0%	7	6.3%	31	27.9%	73	65.8%	4.59	(.61)
22- Serving on the editorial board	3	2.7%	3	2.7%	18	16.2%	25	22.5%	62	55.9%	4.26	(1.01)
23- Regulate performance	0	0.0%	0	0.0%	6	5.4%	32	28.8%	73	65.8%	4.60	(.59)
Importance for own development											4.51	0.574

1. = not important at all, 2. = not important, 3. = somewhat important, 4. = important, 5. = very important

Table 4. Limiting conditions for CPD

	1		2		3		4		5			
	N	%	N	%	N	%	N	%	N	%	Mean	SD
1-If the costs are fully reimbursed	9	8.1%	5	4.5%	46	41.4%	25	22.5%	26	23.4%	3.49	(1.14)
2-If there are career possibilities within my organization	13	11.7%	25	22.5%	37	33.3%	22	19.8%	14	12.6%	2.99	(1.19)
3- If immediate supervisor discusses career possibilities	13	11.7%	30	27.0%	42	37.8%	13	11.7%	13	11.7%	2.85	(1.15)
4- If I track the CPD events	17	15.3%	18	16.2%	41	36.9%	22	19.8%	13	11.7%	2.96	(1.21)
5- If the CPD activities are offered in a multidisciplinary context	9	8.1%	15	13.5%	45	40.5%	25	22.5%	17	15.3%	3.23	(1.12)
6- If I receive career guidance	19	17.1%	27	24.3%	37	33.3%	15	13.5%	13	11.7%	2.78	(1.22)
7-If suitable supplementary training courses are offered by my immediate supervisor	19	17.1%	25	22.5%	37	33.3%	18	16.2%	12	10.8%	2.81	(1.22)
8-If my supervisor provides me with the necessary time	33	29.7%	22	19.8%	29	26.1%	13	11.7%	14	12.6%	2.58	(1.36)
9-If the CPD activities result in a certificate	23	20.7%	14	12.6%	39	35.1%	23	20.7%	12	10.8%	2.88	(1.26)
10-If I receive an annual appraisal	27	24.3%	18	16.2%	38	34.2%	16	14.4%	12	10.8%	2.71	(1.28)
11-If my colleagues coach me	17	15.3%	25	22.5%	41	36.9%	16	14.4%	12	10.8%	2.83	(1.18)
12-If taking part in CPD activities allows me to have a say in ward/team policy	17	15.3%	22	19.8%	43	38.7%	17	15.3%	12	10.8%	2.86	(1.18)
13-If I have more independence	23	20.7%	29	26.1%	34	30.6%	13	11.7%	12	10.8%	2.66	(1.24)
14-If the CPD	29	26.1%	24	21.6%	33	29.7%	13	11.7%	12	10.8%	2.59	(1.29)

activities have a clear career perspective												
15-If my immediate supervisor coaches me	19	17.1%	28	25.2%	38	34.2%	14	12.6%	12	10.8%	2.75	(1.20)
16-If there is a clear reduction in workload	29	26.1%	17	15.3%	39	35.1%	14	12.6%	12	10.8%	2.67	(1.29)
17-If I am appreciated from within my organisation for the work I do	32	28.8%	12	10.8%	39	35.1%	16	14.4%	12	10.8%	2.68	(1.32)
18-If other positions are offered within my organisation	20	18.0%	15	13.5%	44	39.6%	18	16.2%	14	12.6%	2.92	(1.24)
19-If I receive support from my supervisor	25	22.5%	24	21.6%	36	32.4%	13	11.7%	13	11.7%	2.68	(1.27)
20-If I follow other CPD courses	24	21.6%	24	21.6%	36	32.4%	14	12.6%	13	11.7%	2.71	(1.27)
21-If the CPD activities are not expensive	19	17.1%	17	15.3%	37	33.3%	23	20.7%	15	13.5%	2.98	(1.26)
the limiting conditions about CPD											**2.839**	**1.099**

* 1. Mainly agree, 2. Partly agree, 3. Neither agree nor disagree, 4. Partly disagree, 5. Mainly disagree

Table 5. Activities related to CPD

	1		2		3		4		5			
	N	%	N	%	N	%	N	%	N	%	Mean	Standard Deviation
1- I participate in policy development	81	73.0%	14	12.6%	10	9.0%	2	1.8%	4	3.6%	1.50	(.99)
2-I attend clinical practice meetings	4	3.6%	40	36.0%	39	35.1%	16	14.4%	12	10.8%	2.93	(1.04)
3-I follow training courses	0	0.0%	17	15.3%	51	45.9%	28	25.2%	15	13.5%	3.37	(.90)
4-I make use of scientific nursing outcomes in my professional practice	5	4.5%	30	27.0%	40	36.0%	22	19.8%	14	12.6%	3.09	(1.07)
5-I participate in feedback discussions	5	4.5%	30	27.0%	44	39.6%	19	17.1%	13	11.7%	3.05	(1.05)
6-I review medical literature with regard to best practices	30	27.0%	33	29.7%	23	20.7%	13	11.7%	12	10.8%	2.50	(1.30)
7-I perform research	65	58.6%	21	18.9%	16	14.4%	8	7.2%	1	0.9%	1.73	(1.02)
8-I actively participate in team discussions about team performance	6	5.4%	35	31.5%	35	31.5%	20	18.0%	15	13.5%	3.03	(1.12)
9-I discuss with colleagues any developments that might have an adverse effect on professional practice	1	0.9%	30	27.0%	41	36.9%	23	20.7%	16	14.4%	3.21	(1.03)
10-I follow short courses	0	0.0%	16	14.4%	48	43.2%	29	26.1%	18	16.2%	3.44	(.93)
11-I write articles for professional journals	76	68.5%	0	0.0%	26	23.4%	3	2.7%	6	5.4%	1.77	(1.21)
12-I make sure that I keep up to date with policy developments	2	1.8%	13	11.7%	33	29.7%	35	31.5%	28	25.2%	3.67	(1.04)

13-I participate in recruitment and selection interviews with new members of staff	70	63.1%	22	19.8%	10	9.0%	4	3.6%	5	4.5%	1.67	(1.08)
14-I participate in reflection and/or intervision meetings	12	10.8%	42	37.8%	35	31.5%	10	9.0%	12	10.8%	2.71	(1.12)
15-I participate in internal projects	37	33.3%	36	32.4%	20	18.0%	10	9.0%	8	7.2%	2.24	(1.22)
16-I exchange best practices or set up projects with other institutions	55	49.5%	26	23.4%	19	17.1%	7	6.3%	4	3.6%	1.91	(1.12)
17-I inform my supervisor if I notice any developments at work that could have an adverse effect on professional practice	2	1.8%	17	15.3%	51	45.9%	21	18.9%	20	18.0%	3.36	(1.01)
18-I make sure that I keep up to date with professional developments	0	0.0%	7	6.3%	38	34.2%	34	30.6%	32	28.8%	3.82	(.93)
19-I reflect critical on practical situations	1	0.9%	30	27.0%	42	37.8%	17	15.3%	21	18.9%	3.24	(1.08)
20-I participate in the editing process of a professional journal	85	76.6%	7	6.3%	9	8.1%	5	4.5%	5	4.5%	1.54	(1.11)
21-I determine whether I performed well and whether I could perform better next time	0	0.0%	10	9.0%	54	48.6%	22	19.8%	25	22.5%	3.56	(.94)
22-I follow the CPD activities in my own time	3	2.7%	23	20.7%	50	45.0%	17	15.3%	18	16.2%	3.22	(1.04)
23-I take part in CPD activities at my own expense	1	0.9%	10	9.0%	44	39.6%	20	18.0%	36	32.4%	3.72	(1.05)
CPD activities											2.794	0.769

* 1. Never, 2. Occasionally, 3. Sometimes, 4. Quite often, 5. Very often

Table 6. Correlation of involvement in CPD events with work managerial role

	Manager		Non manager			
	Mean	Standard Deviation	Mean	Standard Deviation	t-test	Sig.
The activities contribute to professional development	75.00	10.13	74.67	10.84	0.146	0.884
Importance for own development	104.83	12.38	103.32	13.53	0.535	0.594
Limiting conditions for CPD	58.57	24.79	60.01	22.57	-0.292	0.771
Activities related to CPD	75.00	20.76	60.28	14.66	4.172	**0.000

**. Correlation is significant at the 0.01 level (2-tailed).
*. Correlation is significant at the 0.05 level (2-tailed).

Table 7. Correlation of involvement in CPD events with participants demographic factors

		The activities contribute to professional development	Importance for own development	Limiting conditions for CPD	Activities related to CPD
4- Years of Experience	Pearson Correlation	-0.042	-0.072	0.007	-0.025
	Sig. (2-tailed)	0.661	0.450	0.938	0.793
	N	111	111	111	111
1-Gender	Pearson Correlation	0.075	-0.064	0.151	-0.003
	Sig. (2-tailed)	0.435	0.505	0.115	0.979
	N	111	111	111	111
3-Educational Level	Pearson Correlation	0.039	0.062	-0.064	.397**
	Sig. (2-tailed)	0.684	0.516	0.506	0.000

	N	111	111	111	111
5- Institution name	Pearson Correlation	0.050	-0.063	.216*	0.045
	Sig. (2-tailed)	0.604	0.512	0.023	0.643
	N	111	111	111	111
**. Correlation is significant at the 0.01 level (2-tailed).					
*. Correlation is significant at the 0.05 level (2-tailed).					

Table 6 explores whether holding a managerial role influences engagement in CPD activities. Most dimensions show no statistically significant difference between managers and non-managers. Significant difference in Activities related to CPD and workplace function as manager: Mean = 75.00, SD = 20.76, while non-managers: Mean = 60.28, SD = 14.66, t = 4.172, p < 0.001. This suggests that managers are substantially more active in CPD-related activities, possibly due to greater access, responsibility, or institutional expectations. No significant differences in, perceived contribution to professional development (p = 0.884), limiting conditions for CPD (p = 0.771), and importance for own development (p = 0.594). These results imply that both managers and non-managers equally value CPD and face similar barriers, despite differences in actual participation.

Table 7 presents the correlation between participation in Continuing Professional Development (CPD) activities and selected demographic factors among the study participants. The analysis employed Pearson correlation coefficients to assess linear relationships. No statistically significant correlations were found between years of experience and any CPD participation indicators (r ranging from -0.042 to 0.007, p > 0.05), suggesting that length of service within the institution does not predict engagement in CPD. Similarly, gender showed no significant associations with CPD variables (r ranging from -0.064 to 0.151, p > 0.05), indicating comparable participation patterns across male and female respondents. However, a strong positive correlation was observed between educational level and the frequency of performing CPD activities (r = .397, p < 0.01), implying that individuals with higher educational attainment are more actively engaged in professional development.

Additionally, institution name was significantly correlated with perceived limiting conditions for CPD (r = .216, p < 0.05).

5. Discussion

Nurses' attitudes toward CPD provide valuable insights into motivational and contextual factors influencing engagement. As seen in the present study, nurses are generally inclined to develop their professional skills by engaging in continuous professional development (CPD). According to this study, CPD plays a crucial role in maintaining clinical competence, improving patient outcomes, and adapting to changing healthcare standards. Moreover, the results suggest that institutional encouragement and access to structured CPD programs play an important role in sustaining motivation. These findings echo the perspectives of Dale-Tam and Posner, who emphasize CPD's role in fostering reflective practice and lifelong learning within nursing environments.[5]

The present study revealed that female nurses constituted the majority of the sample, with most participants aged between 30 and 40 years and possessing 11–20 years of professional experience. Educational backgrounds were evenly split between bachelor's and diploma degrees, and only 27% of participants held managerial positions.

The present study revealed a high level of engagement in continuous professional development (CPD) activities among nurses, with an average participation score of 4.67 (SD = 0.663), underscoring the importance of CPD in maintaining professional competence and meeting license renewal requirements. In contrast, a study conducted in Addis Ababa reported that while CPD engagement was relatively low (34.4%), nurses acknowledged its critical role in improving care quality and fulfilling regulatory obligations [10]. Where 32.97% of respondents involved in CPD, in a study in Lagos, Nigeria [11].

Historical data from Kenya indicated a higher engagement rate of 63.6% [12], though recent trends show a decline, possibly reflecting shifts in institutional support or policy enforcement. Notably, Yadeta et al. and Adane & Asgedom emphasized nurses' strong recognition of CPD's value, even when participation rates were modest. These discrepancies across regions may stem from variations in national licensing requirements, accessibility of CPD resources, and organizational commitment to lifelong learning [13,14].

The present study revealed a strong consensus among nursing participants regarding the importance of professional development activities, with most items rated as "important" or "very important". The overall mean score of 4.51 (SD = 0.574) reflects a consistently high level of perceived value across all CPD-related items, indicating that nurses recognize the critical role of continuous learning in maintaining clinical competence and delivering quality care. However, these positive perceptions contrast with findings from qualitative studies, which highlight persistent barriers to actual CPD engagement. In-depth interviews conducted in Addis Ababa revealed that nurses often exhibit low participation in CPD activities, particularly prior to the implementation of mandatory programs [10]. A key barrier was the expectation that institutions should bear the cost of training, resulting in reluctance to self-finance professional development.

This discrepancy between perceived importance and actual participation is echoed in a meta-analysis by Beckett and Mlambo, Silén, & McGrath, which found that while nurses widely acknowledge the value of CPD, systemic challenges such as financial constraints, lack of institutional support, and limited training infrastructure often prevent meaningful involvement [5,15]. These findings underscore the need for healthcare institutions to bridge the gap between recognition and action by investing in accessible, well-supported CPD frameworks that align with nurses' professional expectations and

realities.

The present study found that managers engaged in CPD activities significantly more than non-managers (Mean = 75.00 vs. 60.28; $t = 4.172$, $p < 0.001$), likely reflecting their greater institutional responsibilities, access, and expectations. This finding aligns with broader literature indicating that professional status influences CPD engagement. Khademi et al. found a significant relationship between nurses' professional level and CPD participation in Iran, reinforcing the notion that those in advanced roles are more likely to engage in professional development [16]. Also, Das et al. reported that over 66% of nurses in India pursued formal education to enhance their professional standards, suggesting that higher qualifications often correlate with proactive CPD involvement [17].

These findings align with those of Pool et al. (2013), who reported that nurses across hierarchical levels—regardless of managerial status—shared common motivations and constraints regarding CPD participation. However, Pool's study also noted that managers were more likely to engage in leadership-oriented CPD activities, while staff nurses favored clinically focused programs [18].

Taken together, these comparisons suggest that while managerial status and higher professional levels generally correlate with increased CPD engagement, regional and institutional variables such as funding mechanisms, mandatory training policies, and cultural attitudes toward lifelong learning, can mediate this relationship. The present study's findings reinforce the need for targeted strategies to support non-managerial staff, ensuring equitable access to CPD opportunities across all professional tiers.

The present study found a strong correlation between educational level and CPD activity frequency ($r = .397$, $p < 0.01$), indicating higher engagement among more qualified nurses. No significant links were observed with years of experience or gender ($r = –0.064$ to 0.151, $p > 0.05$). Additionally, institution name was modestly associated with perceived CPD barriers ($r = .216$, $p < 0.05$). These findings complement broader research on CPD engagement. Notably, lack of information about CPD sessions was positively associated with participation ($p < 0.011$), with 82.1% of nurses acknowledging this issue—similar to results from South Africa [19]. This suggests that awareness gaps may prompt nurses to seek out opportunities when informed.

6. Conclusion

This study found a relatively high level of engagement in Continuing Professional Development (CPD) activities among nurses in selected Centres. The majority of participants demonstrated active involvement in CPD programs, particularly in in-service training and recent formal learning sessions. Managerial nurses showed higher engagement in CPD activities compared to their non-managerial counterparts, reflecting greater access to training opportunities and institutional support. Despite this encouraging participation, several barriers—such as financial limitations, time constraints, and insufficient access to CPD resources—still posed challenges to sustained engagement. To build on this momentum, continued institutional support, strategic regulation, and the development of accessible, contextually relevant training topics are recommended. These efforts will help ensure that CPD remains a dynamic and inclusive tool for professional growth and improved healthcare delivery.

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