Title: Evaluation of the perception and participation in continuing professional development among physiotherapists in South-Western, Nigeria

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Abstract

Background: Continuing Professional Development (CPD) programmes are important components of professional training to maintain competence. In spite of the documented relevance of CPD on professional development, it remains unclear as to the level of participation or perception of physiotherapists in CPD activities. This study aimed to provide insight into the perception, participation and barriers towards CPD among physiotherapists in South-Western Nigeria.

Methods The study was an analytical cross-sectional survey involving 143 physiotherapists. All subjects were evaluated using a 27 item questionnaire that sought information on bio data, clinical practice issues, perception, participation, and barriers regarding CPD. Data was analysed using SPSS version 20 and summarised using descriptive statistics of mean, standard deviation, bar charts, pie charts and tables. Spearman's Rank Order was used to find the relationship between variables.

Results: The reported experience of the respondents showed that 45 (31.50%) of the participants had worked for less than five years while 41(28.70%) had worked for more than 10 years. A significant number of physiotherapists showed good attitude towards CPD. Approximately eight-nine percent recognized CPD as an integral aspect of being a modern health care, 81.90% reported that CPD is another perspective of clinical effectiveness and 77.60% also accepted that CPD incorporates clinical proficiency into clinical practice. Ninety-four percent of the respondents have engaged in CPD since graduation with majority doing less than 5 CPD courses yearly. There was a significant relationship between number of CPD courses taken yearly and the professional cadre of the respondents ($p=0.002$). Many, (37.6%) of the respondents identified financial constraint while 21.6% reported lack of CPD in area of interest and 16% reported lack

of motivation as constraints to participation in CPD programmes.

Conclusion: Physiotherapists demonstrated positive attitudes towards CPD. Financial constraints, lack of CPD in area of interest as well as lack of motivation were identified as main barriers at practice facilities. These stress the need to motivate healthcare personnel in their quest to improve skills. There should be need for reforms to develop targeted and cost-effective CPD programmes to improve professional competence. Such effort can also be directed at some informal forms of CPD that would be easier to engage in depending on the learning objectives of the professionals.

Key words: Continuous Professional Development; Perception; Barriers; Participation.

Introduction

Practitioners of various professions have always strived to maintain or enhance their competences and skills in order to provide the best quality of service as demanded of them by their clients (Zoriah *et al*, 2012). To fulfil this need, they have to keep on learning throughout their working life. In order to maintain the practitioner's competence as well as ensuring the delivery of quality care, professional associations and authorities have begun to develop a formal system of lifelong learning. One such approach is the introduction of continuing professional development (CPD).

The changes in service delivery within the healthcare professions and the need for clinical effectiveness, audit of practice, and evidence-based practice have increased physiotherapists' autonomy and professional decision-making in Europe and other developed nations (Ryan, 2003). This development is in line with rapid changes in medical sciences, which have continued to challenge other allied healthcare professionals to keep abreast of new changes in healthcare services (Bello and Quartey, 2009). An integral aspect of being a modern healthcare professional is the obligation to maintain competence through career long development activities. CPD is recognized globally as a core component for this pursuit (Haines, 1997). However, successful implementation of CPD among healthcare professionals is determined by various factors that need to be identified in geographical contexts (Bello and Lawson, 2013). CPD is defined as a range of activities engaged in by professionals to improve their practice through enhancement in the skills and safe practice within the evolving scope of service delivery (Health and Care Professionals Council, 2006). Overall, CPD was reported to improve confidence and competence among healthcare professionals thereby enabling them to establish rewarding relationships among themselves and their clients (Brown *et al*, 2002). However, little evidence has been

reported regarding the impact of CPD on patient care, with majority of studies suggesting non-specific improvements based on generalized assessments (Jordan, 2000). Although some factors have been identified as barriers to physiotherapist' participation in CPD activities, there is a paucity of data to the best of the researcher's knowledge about the perception and participation in continuing professional development among physiotherapists in South-Western Nigeria. Several factors that have been identified as constraints among physiotherapists include sponsorship and staff shortages (Johnson *et al*, 2006). According to the findings of earlier studies, lack of time and work pressure were also highlighted as barriers among physiotherapists in United Kingdom and New Zealand (Maigeh, 2004; Chartered Society of Physiotherapy, 2005). Even though these factors have been identified as barriers in developed countries, this assumption may not be the same for physiotherapists in underdeveloped or developing countries (Bello and Lawson, 2013). Thus, this study seeks to provide insight into physiotherapists' perception and barriers with regard to regular participation in CPD activities among physiotherapists in South-Western Nigeria.

Methods

Participants

One hundred and eighty seven (187) physiotherapists from various secondary and tertiary health institutions within South-Western Nigeria participated in this study.

Questionnaire design

The questionnaire was adapted from a previous study by Bello and Lawson (2013). Copies of the questionnaire were sent to 3 randomly selected physiotherapists to ascertain content validity and adjustments were made based on their observations. The questionnaire consisted of 27 open-ended and close-ended questions and was divided into three sections.

Section A: Captured information related to socio-demographic and clinical profiles such as gender, age, professional qualifications, cadre, and number of years in physiotherapy practice and state of practice.

Section B: Contained questions related to clinical practice such as area of specialization, area of interest, average weekly working hours, number of patients attended to daily, number of physiotherapists in facility of practice and number of physiotherapists in each unit.

Section C: Contained of questions related to perception, participation, and barriers towards CPD. Items in this section included open-ended questions on barriers preventing the subjects from participating in CPD both at their places of work and at national levels. The close-ended questions were on attitudes towards CPD and were based on a five-point Likert-scale, which included: (1) strongly disagree, (2) disagree; (3) somewhat agree; (4) agree; (5) strongly agree. Scoring of responses on this scale depended on the direction of the questions. The "strongly agree" responses were scored 5 for direct (positive) questions and strongly disagree responses were given a score of 1. Conversely, indirect (negative) questions received maximum scores of 5 for "strongly disagree" responses and a score of 1 was recorded for "strongly agree" responses. (Bello and Lawson, 2013).

Administration of questionnaire

Prior to the commencement of this study, approval was sought and obtained from the Health Research and Ethics Committee of Lagos University Teaching Hospital, Idi-Araba Lagos, Nigeria. All procedures were explained to the subjects verbally and an informed written consent was obtained prior to the commencement of the study. Copies of the questionnaire were then distributed to the participants by the researcher through four ways. First, it was distributed

personally to practicing physiotherapists during visits to the physiotherapy departments in various tertiary and secondary health facilities in South-Western Nigeria.

Secondly, it was distributed at 2 different workshops organized by Nigeria Society Physiotherapists held at 2 different locations in the South-Western region.

Thirdly, an online survey application called Survey Monkey was used to design the same questionnaire http://www.surveymonkey.com/r/Cpdperception and it was sent to email addresses of physiotherapists who found it convenient to participate using this method. Permission was sought from Medical Rehabilitation Therapist's Board of Nigeria to post this link on their website. The Fourth method involved text messages that were sent to physiotherapists in the South-Western Region to participate in this study.

Data analysis

Data collected was summarized using descriptive statistics of mean and standard deviation and represented with bar charts, pie charts and tables to summarize the responses of the respondents. Spearman's Rank Order correlation statistics was used to assess the relationship between the number of CPD courses done yearly and each of educational qualification, facility of practice and cadre of the physiotherapists. The level of significance was set at $p \leq 0.05$ and all analyses was using statistical package for social sciences (SPSS) version 20 and Microsoft excel 2013.

Results

A total of one hundred and eighty-seven questionnaires (187) were distributed. One hundred and forty-three (77%) were returned and valid for analysis. The study population was aged between 29 and 50 years old with a mean of 36.10 ± 7.50 with majority, 67 (46.9%) of the respondents between the ages of 30 and 39 years. Eighty-two (57.3%) were males (Table 1). Seventy-seven

(45.5%) of the participants had a postgraduate degree (M.Sc. and/or Ph.D), the professional cadre of most (54(37.8%) of the respondents was Physiotherapist.

Eighty- nine (62%) of the respondents worked in a Tertiary Health Facility, though 20 (14%) reported that they were Domiciliary Physiotherapists (Table 1).

Respondent's area of specialization and interest

Sixty one (30.5%) of the respondent specialized in Orthopaedics but only 52(32%) were interested in Orthopaedics. Fifty–three (32.7%) were interested in Neurology, but only 51(25.5%) specialized in Neurology. There was no interest in the area of mental health, though 2.5% are specialized in this area. Six percent reported that they were General Practitioners.

Table 1: Socio-demographic characteristics of the respondents

Variables	n (%)
Age groups, yrs	
<29	32 (22)
30-39	67 (47)
40-49	36 (25)
≥50	8 (6)
Gender	
Male	82 (57)
Female	61 (43)
Highest education	
B.Sc../B.Mr./B.Pt.	64 (45)
D.Pt.	2 (1)
M.Sc.	65 (46)
Ph.D.	12 (8)
Professional cadre	
Physiotherapist	54 (38)
Senior Physiotherapist	40 (28)
Principal Physiotherapist	11 (8)
Chief Physiotherapist	16 (11)
Assistant Director	10 (7)
Deputy Director	2 (1)
Assistant Lecturer	2 (1)
Lecturer I	4 (3)
Senior Lecturer	3 (2)
Professor	1 (.5)
Facility of practice	
Domiciliary	20 (14)
Primary	5 (4)
Secondary	29 (20)
Tertiary	89 (62)

Key: B.Sc. = Bachelor of Science; B.MR. = Bachelor of Medical Rehabilitation; B.Pt. = Bachelor of Physiotherapy; M.Sc =Master of Science, D.Pt= Doctor of Physiotherapy; Ph.D= Doctor of Philosophy.

Respondent's duration of educational qualification and working experience

Forty–five (31.5%) of the physiotherapists that participated in this study have been professionally qualified between six to ten years (Table 2). Forty – five (31.5%) of the Physiotherapist had been practicing for less than five years.

Most physiotherapists 54.5% attend to less than 5 patients on the average daily, while 44.8% worked between 40-49 hours per week.

Table 2: Educational qualification and working experience of respondents

Variables	n (%)
Duration of educational qualification, yrs	
<5	41 (29)
6-10	45 (32)
11-15	25 (18)
16-20	14 (10)
21-25	11 (8)
26-30	3 (2)
>31	4 (3)
Years of practice, yrs	
<5	45 (32)
6-10	44 (31)
11-15	24 (17)
16-20	14 (10)
21-25	9 (6)
26-30	4 (3)
>31	3 (2)
Number of patients attended per day, yrs	
<5	78 (55)
6-10	45 (32)
11-15	7 (5)
16-20	7 (5)
21-25	3 (2)
26-30	2 (1)
>31	1 (.5)

Distribution of respondents in health facilities

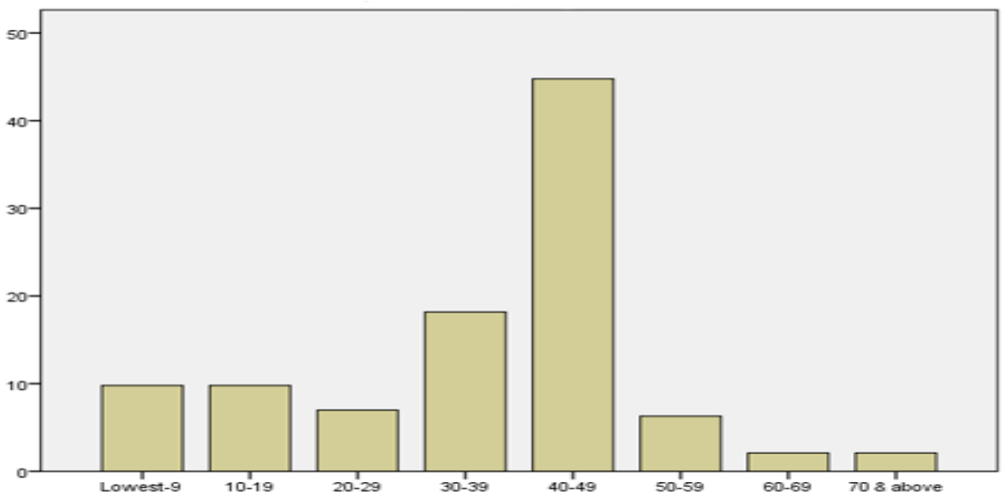
Some of the physiotherapists 54(37.80%) reported that less than 9 work in their health facility, 31 reported that between 10-19 physiotherapists work in their health facility. The mean and standard deviation of physiotherapists per health facility was 19.29 ± 17.85.

Participation in CPD-related activities

Majority of physiotherapists (94%) reported that they have taken CPD courses since graduation from school. 94.07% reported that they try to take less than 5 CPD courses yearly and 95.56% reported to have done less than 5 CPD courses in the last 12 months. The mean and standard deviation of CPD courses done in the last 12 months was (2.18 ± 1.99).

Average weekly working hours

Figure 1: ***Distribution of average weekly working hour of respondents***



Perception of respondents towards CPD

One hundred and seventeen (81.90%) of physiotherapists agreed that CPD is another perspective of clinical effectiveness and 111(77.60%) of the physiotherapists reported that CPD incorporates clinical proficiency into clinical practice. One hundred and twenty-four (88.70%) agreed that CPD programmes are integral aspects of modern healthcare professionals. Ninety-seven (67.90%) agreed to the need for Nigerian Society of Physiotherapists and Medical Rehabilitation Therapists Board to enforce CPD policies (Table 3). However, a few 37(25.9%) reported that CPD is an imposing demand on already overloaded clinicians and 46(32.2%) reported that CPD is only useful to physiotherapists for professional development.

Barriers of respondents towards participating in CPD

Many Physiotherapists (37.6%) identified financial constraints as a barrier to participation in CPD programmes but 24% specifically identified it as barriers that affected them personally. Other barriers identified were Lack of seminar/workshops in area of interest and Non-availability of CPD courses.

Table 3: Perception of respondents towards CPD activities

Domain items	n (%)
CPD is an integral aspect of being a modern day Health care professional	124 (89)
Practitioners should be motivated to engage in CPD	123 (86)
CPD incorporates clinical proficiency into clinical practice	111 (78)
There is need for the NSP and the MRTBN to enforce the policy on CPD for physiotherapists	97 (70)
CPD is another perspective of Clinical Effectiveness	117 (82)
The adoption of CPD though worthwhile imposes a demand on already overloaded clinicians	37 (26)
CPD occurs on the job through day-to-day experience, performance reviews, journal clubs, peer discussion, in-service training, critical reading and personal reflection	82 (57)
CPD is only useful to physiotherapists for professional development	46 (32)

Key: n = frequency, % = percentages, NSP = Nigerian Society of Physiotherapy, MRTBN = Medical Rehabilitation Therapists Board of Nigeria, CPD = continuous professional development

Table 4 shows relationship between the numbers of CPD courses taken yearly and educational qualification, facility of practice and professional cadre of physiotherapists' in South-Western Nigeria with regard to CPD activities. Spearman's rank order showed that there was significant relationship between number of CPD courses taken yearly and Professional Cadre of the respondents.

Table 4: Relationship between number of CPD courses taken yearly and educational qualification, facility of practice and professional cadre

Variables	r	p-value
Educational qualification	0.092	0.277
Facility of practice	-0.127	0.132
Cadre	0.260	0.002*

**Key: ***Significance set at $p \leq 0.05$; r = Spearman's Rank Correlation Coefficient; p = Level of significance

Discussion

The quest for improving standard of practice among health care professionals in developing countries is an attempt to attain the progress achieved in healthcare outcomes in developed countries. The commonly adopted pragmatic measure by most health professionals is the participation in CPD programmes. There is however insufficient literature, on the factors enhancing or militating against the level of participation in CPD by physiotherapists in Nigeria. This study aimed at determining the perception of physiotherapists towards engaging in CPD and to identify barriers preventing them from participating in this programmes.

This study revealed that majority of physiotherapists' demonstrated good perception toward CPD. Approximately 89% recognized CPD as an integral aspect of being an up-to-date health care provider, 81.90% reported that CPD is another perspective of clinical effectiveness and 77.60% also accepted that CPD incorporates clinical proficiency into clinical practice. These results also show that physiotherapists in this study were aware of the concepts and relevance of CPD as a way to improve their practice. Our findings agree with the result of the study by Bello and Lawson (2013) in which the respondents demonstrated good attitudes towards CPD.

Most of the physiotherapists in this study disagreed that CPD is only useful to them in Professional Development. This finding supports the European Region of the World Congress of Physical therapy recommendation of 2010 on CPD. This recommendation stated that CPD is a career-long learning that physiotherapists engage in which promotes education and training throughout their working lives. It also opens up new prospects for shaping and conduct of physiotherapists' lives and the way they deliver high quality evidence based services to their patients/clients.

Some of the respondents disagreed that CPD can occur on the job through day-to-day experience, performance reviews, journal clubs, peer discussion, in-service training, critical reading and personal reflection. This may indicate that some physiotherapists lay emphasis on formal CPD activities that will most often involve awarding of certificates or other formal evidence of participation. This is in agreement with the study done by Henwood *et al* (2010) who explored the attitudes of radiographers in the United Kingdom towards CPD. There was an apparent focus on formal attendance-based activities by the respondents with less understanding that CPD also includes on-the-job activities. In another study by Bello and Lawson 2013, 76% of the respondents disagreed that CPD could be day-to-day experiences at workplaces.

The finding from this study also revealed that majority of the respondents reported that they have taken CPD courses since graduation. However the majority (95.6%) had taken less than five CPD courses yearly and could have been because the board regulating the profession in Nigeria requires at least two CPD courses yearly.

Our result also showed that there is a significant relationship between the numbers of CPD courses done yearly with the Professional Cadre. Participation in CPD was recognised by respondents as one of the avenues they can use to improve their skill and status in their careers. This result is in agreement with the result of the study conducted by Bello and Lawson (2013) where the majority of respondents had participated in a CPD courses.

The common barrier to participation in CPD identified by the respondents in this study was financial Constraints. Henwood *et al* (2010) who reported that the respondents in their own study expected that CPD would be either funded in full or assistance with funding would be forthcoming from the employers. This finding is not unexpected as some physiotherapists are into Domiciliary/private practice with no formal employment and often complain of the cost of

CPD programmes. Time away from work in private practice can cause loss of earning in private practice and it can act as a demotivation for the individual or for the manager who has to approve the course and funding (Devdeep, 2011). Gosling (1997) also reported the relevance of the course to practice may also influence a manager's decision to fund courses for staff. Brown *et al.* (2002) observed that there is no published resource as to the total cost of CPD within physiotherapy which can be a prohibitive factor and can influence the decision of the managers in course approval.

Another barrier reported was lack of CPD in area of interest which corroborates the previous studies that identified irrelevance of course content in CPD programmes as a barrier restricting participation (Gosling, 1997; Bello and Lawson, 2013).This could be as a result of recent demand for CPD programmes by the physiotherapists and also simply because the regulatory body in Nigeria just made it as a perquisite for obtaining practicing license. It may also be due to the few number of CPD providers, which is not allowing all physiotherapy specialities to be considered. Lack of motivation or interest and non-release by employers were also identified as a barriers affecting participation. This finding is not surprising as most health care facilities that were involved in this study are acutely understaffed with most of them having less than 9 physiotherapists working in their health facility. Other researchers have also cited insufficient time and lack of encouragement from policy makers, sponsorship and staff shortages, lack of time and work pressure were also highlighted as barriers among physiotherapists in United Kingdom and New Zealand (Maigeh, 2004; Chartered Society of Physiotherapy, 2005; Johnson *et al*, 2006; French and Dowds, 2008). One of the limitations for this study was reduced number of subjects due to selection criteria and industrial action that was on during the collection of data. Also the result of this study cannot be generalised due to the fact that

physiotherapists practicing in South –Western region of Nigeria may have opinions different from other physiotherapists in other regions in Nigeria.

Conclusion

Physiotherapists in the South-Western region of Nigeria demonstrated a good perception about CPD and they participate actively in CPD programmes. They also identified financial constraints and lack of CPD in area of interest as well as lack of motivation as primary barriers and constraints to participation in CPD programmes. The Medical Rehabilitation Therapists Board could embark on reforms to develop targeted and cost-effective CPD Programmes to improve professional competence of physiotherapists. The administrators of health facilities should incorporate funding for CPD programmes in their budget as it would improve the competencies of physiotherapists and patient care.

Conflict of interest: None

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