Assessing the Need for & Type of Continuing Professional Development (CPD) for Nurses trained & working in Nepal

Dr Bibha Simkhada, Prof Edwin van Teijlingen, Prof Padam Simkhada, Sean Mackey, Rose Khatri, Dr. Catherine Angell, Chandra Kala Sharma, Dr Sujan Marahatta
Overview

• Introduction
• Aim & objective
• Methods
• Key findings
• Conclusion & Recommendations
Introduction

• Nepal first school of nursing established in 1956.
• Currently around 250 nursing colleges in Nepal offering different levels of nurse training from basic to Masters.
• Around 5,000 nurses graduate p/a and about 34,000 nurses & 25,000 AMN registered with Nepal Nursing Council.
• Nurses can continue to work without post-registration training or CPD nor need to re-register if taken time out.
Introduction

- CPD helps maintain & improve knowledge and skills and which enhances professional practice
- Concept of CPD in nursing & midwifery is not new in UK, but new/not seen as priority in developing countries.
- CPD in Nepal remains under-developed despite its professional regulatory body, policies on licensure and accreditation of nursing educational institutions, there is a lack of recognition for the need of nursing CPD.
Aim & Objectives

AIM: to assess status of post-qualification training (CPD) among nurses.

Objectives are to:

• measure uptake of post-registration training /CPD/E of registered nurses in Nepal.

• explore views of nurses & stakeholders including professional bodies (e.g. NNC) on need for and opportunities for CPD for nurses.

• support NNC to establish CPD in nursing & demand updated training in nursing re-registration process.
Methods

• Mixed method approach
• Questionnaire with 500 nursing practitioners
• In-depth interview (n=18)- nursing stakeholders
• Research sites -five developmental regions of Nepal
• Ethical approval - NHRC & Liverpool John Moores Univ.
• Questionnaire was piloted with 20 registered nurses
• Quantitative data analysed (SPSS) qualitative data was analysed using thematic approach
Key findings

- Half (50%) of respondents had never attended any CPD training.
- About 60% were unaware of CPD/E training in Nepal.
- Good Practice-Continuous Nursing Education (CNE) in very few hospitals.
### Key Findings

#### Barrier for CPD/E in nursing Practice

<table>
<thead>
<tr>
<th>Barrier</th>
<th>Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lack of opportunity</td>
<td>378</td>
</tr>
<tr>
<td>Lack of provisions of CPD in institution</td>
<td>315</td>
</tr>
<tr>
<td>Shortage of staff</td>
<td>277</td>
</tr>
<tr>
<td>Lack of notification regarding...</td>
<td>251</td>
</tr>
<tr>
<td>Difficulty obtaining study leave</td>
<td>221</td>
</tr>
<tr>
<td>Lack of employer’s support</td>
<td>206</td>
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<tr>
<td>Lack of financial support</td>
<td>188</td>
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<tr>
<td>Inconvenient work schedule</td>
<td>131</td>
</tr>
<tr>
<td>Family and domestic responsibilities</td>
<td>129</td>
</tr>
<tr>
<td>Programs not relevant to practice</td>
<td>88</td>
</tr>
</tbody>
</table>

#### Need for Top 10 CPD/E training in Nursing

<table>
<thead>
<tr>
<th>Training</th>
<th>Count</th>
</tr>
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<tbody>
<tr>
<td>Hospital management and Leadership</td>
<td>26</td>
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<tr>
<td>Emergency care management</td>
<td>35</td>
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<tr>
<td>TOT</td>
<td>48</td>
</tr>
<tr>
<td>Dialysis</td>
<td>55</td>
</tr>
<tr>
<td>Communication and Counselling</td>
<td>88</td>
</tr>
<tr>
<td>Infection prevention</td>
<td>107</td>
</tr>
<tr>
<td>OT</td>
<td>108</td>
</tr>
<tr>
<td>Critical care (ICU+ CCU+ Critical patient care)</td>
<td>122</td>
</tr>
<tr>
<td>Life support (CPR+ALS+ACLS+BLS)</td>
<td>164</td>
</tr>
<tr>
<td>SBA</td>
<td>249</td>
</tr>
</tbody>
</table>
Top 10: Training need highlighted for CPD

Chart Title

- Psychiatric ward
- Hospital management
- Nephrology ward
- NGO/INGOs
- General Ward
- Paediatric ward
- Surgical ward
- Gynaecology/Maternity ward
- Hospital and Nursing College Faculty

Legend:
- SBA
- Life support (CPR+ALS+ACLS+BLS)
- Infection prevention
- Dialysis
- Neonatal care + New born care + NICU
- OT
- Critical care (ICU + CCU + Critical patient care)
- Communication and Counselling
- TOT
- Emergency care management
Key Findings

- Nursing renewal every 6 yrs without CPD no min hours clinical practice.
- Lack of evidence-based practice and competency based training (lack of priority on hand on skill and patient care).
- One-off training /no continuation & focus on government staff
- Lack of access & availability- centralised training (difficult to access for those working outside cities)
- Priority training for senior practitioners (not needs based!)
- No authorised/ recognised body for CPD/E. (Issues on who will provide CPD training, not oriented, taking ownership & leadership)
Conclusion & Recommendations

• Compulsory licence renewal is essential with number hours of nursing practice & hours of CPD as requirement.

• Staff development policy: skill-based/hands-on training relevant to practice

• Implementation is challenging

• NNC should set standard for pre-registration and post registration licencing.

• Consistency and quality control/management of training against set standards by professional body is necessary.
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Thank you!
Any Questions

Bibha Simkhada, Edwin van Teijlingen, Padam Simkhada, Sean Mackey, Rose Khatri, Catherine Angell, Chandra Kala Sharma, Dr Sujan Marahatta