

QATAR UNIVERSITY

COLLEGE OF HEALTH SCIENCE

CONTINUING PROFESSIONAL DEVELOPMENT PROGRAM IN  
HAMAD MEDICAL CORPORATION: OVERVIEW OF LABORATORY  
AND NURSING STAFFS CURRENT PRACTICE AND FUTURE  
PREFERENCES

BY

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## ABSTRACT

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Title: Continuing Professional Development program in Hamad Medical Corporation: Overview of Laboratory and nursing staff current practice and future preferences  
Supervisor of Project: Pejman H. Moghaddam.

Qatar Council for Healthcare Practitioners (QCHP) launched the current continuous professional program (CPD). According to the QCHP regulations, laboratory staffs and nurses are obligated to comply with the requirements for their annual license renewal. In this study, laboratory staffs and nurses employed by Hamad Medical Corporation (HMC) were surveyed to identify their current CPD practice and the number of CPD credit hours obtained so far. In addition, it examines their preferences towards future CPD activities, motivational aspects or challenges the face in pursuing CPD goals. A total response counts of 201 was achieved from both groups across HMC. Results showed that nurses were more aware of the new requirements and almost completed the annual required CPD credit hours. However, laboratory staffs were seen falling behind and having insufficient numbers of CPD credit hours. Both groups of laboratory staffs and nurses were favorable of CPD activities within working hours and during weekdays. In general, responses showed that HMC were meeting the needs of laboratory staffs and nurses for their CPD credit hours. However, workload and shortage of time were barriers that prevented staffs from both groups to achieve their CPD goals. Sufficient time off from work was considered important, whereas responses regarding the importance of cash incentives to achieve CPD goals varied between the two groups.

**Keywords:** Nursing, Laboratory staffs, continuing professional development, Hamad Medical Corporation, Qatar Council for Healthcare Practitioners

## DEDICATION

*This project is dedicated to my beloved parents and family members for their care, encouragement and support. Without their help this work would not have been possible.*

## ACKNOWLEDGMENTS

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## CHAPTER 1: INTRODUCTION

Continues professional development (CPD) is a requirement for healthcare practitioners in order to sustain the essential levels of knowledge and skills needed in their career. This is mainly to ensure having the desirable high standards of competence in delivering and improving patient care (1). The adapted concept of CPD embraces a lifelong learning process where knowledge is continuously advancing. According to Watkins et al. (1992) knowledge and skills that healthcare professionals possess in the beginning of their career has as short shelf-life (2). Williams (1996) claimed that the half-life of knowledge is approximately 2½ years. Whereas, Rice and Keck (1998) suggested that knowledge decreases in worth by at least 10% each year. Furthermore, Gilles and Pettengill (1993) emphasized that the advancement in science and technology reflects on health care field, therefore knowledge gained in an undergraduate degree may become outdated within a span of 10 years (3). Consequently, having an effective CPD program provides healthcare professionals with the framework to develop their skills and gain knowledge within their scope of practice throughout their career life. It also, prepares healthcare professionals to meet the growing demand and maintain a high quality levels in patient care services (2). A successful CPD program would have to be efficient, flexible and tailored to the group of audience that it is targeting. Furthermore, training methods that make use of the new technology usually receive acceptance from the majority of healthcare professionals. These training methods vary from self-directed learning activities that use online teaching materials to the more complex and interactive methods e.g. discussion boards where certain groups engage in dialog in a particular topic (4).

In order to document CPD activities healthcare organizations introduced ePortfolios where healthcare professionals record their own CPD points. According to Sutherland an ePortfolio is defined as “a purposeful aggregation of digital items – ideas, evidence, reflections, feedback, etc., which ‘presents’ a selected audience with evidence of a person’s learning and/or ability” (5). It is basically a tool that facilitates documentation of CPD credit hours instead of using the paper based logs. It also permits healthcare professionals to be involved in the process of planning their own CPD activities electronically and set goals to be achieved through the year (6). These electronic documents benefit both healthcare professionals and organizations that are looking into their employees’ involvement in educational activities and track those who needs more training (2). In a larger scale, it can serve both as an assessment tool and a record of professional learning activities for healthcare practitioners.

Funding and lack of time are the most common restrictions or barriers that affect CPD activities. Planning and arranging CPD activities would be challenging financially if the funding of those events were not planned in advance and included in the annual budget of the healthcare organization (1). Similarly, unsatisfied employees and their complaints about the lack of time to attend learning activities offered by their own healthcare organization falls also under the same cause of improper planning. This situation could be due to work overload that pressures healthcare practitioners and gives them a minimum time to attend CPD activities within weekdays. Moreover, most of the CPD activities are carried out on weekends, which is the time that most healthcare practitioners spend it on

personal matters or with their families. Having prolonged sessions of learning activities backed on weekends could be one of the reasons that prevents healthcare staff from attending those activities. In addition, there are some other reasons that might affect healthcare professionals to be involved and benefit from CPD activities. These includes lack of understanding of what could be professionally beneficial and how to choose those activities. Healthcare practitioners' awareness reflects on their engagement in the right CPD activities for their professions. In addition, it motivates them to take decisions to enroll in CPD activities that affect their career development. Failure to spread awareness and knowledge amongst healthcare professionals will lead to reduced job satisfaction, stress and attrition from the profession. To take as an example the nursing profession where health services are diverse and complex, there is a need for nurses to retain advanced skills periodically. So it's crucial to have strategies in order to maintain regular, well-targeted and evidence-based CPD activities.

Healthcare organizations play a big role in valuing and supporting CPD activities. This can be seen when healthcare organizations invest in their employees and adapt a concept of a protected time for CPD activities that falls within their working hours. This kind of gesture encourages staffs to have a positive attitude towards CPD and attend learning activities without excuses or difficulties. Also having a proper communication system is essential where advanced notice of upcoming CPD courses are circulated among health care professionals. This will give employees a plenty of time to plan what kind of activities and courses they want to attend. There are some cases where conferences and workshops are held for more than one day or even held overseas. In these kinds of

situation certain rules and regulations within healthcare organizations are needed to support and manage those activities by providing study leave and/or funding. In general, participating in such CPD activities can be quite challenging and usually depends on the staff level of experience or grade. However, having a regulatory body that oversees such activities and gives a fair chance to the other employees will motivate and encourage them to pursue future opportunities (7).

Qatar Council for Healthcare Practitioners (QCHP) was established in 2013. It is a non-profit government body that aims to improve healthcare quality by regulating healthcare practices and medical education in the State of Qatar. With the CPD program being launched on March, 2016, CPD became a compulsory requirement to all healthcare practitioners who work in Qatar. It is a requirement to complete a minimum of 40 CPD credits hours in each year and minimum of 80 CPD credits over each 2 years in order to maintain a valid working licensure. CPD program cycle lasts for a period of 2 years and it is aligned with each healthcare practitioner's date of licensure. The QCHP have published standards for CPD program stating that healthcare practitioners must now maintain a continuous, up to date and accurate record of their CPD activities. These standards also demonstrate category-specific CPD cycle requirements where healthcare practitioners must complete at least 40 credits in Category 1 and 40 credits across Category 2 and/or Category 3, in any combination. The learning activities included within the CPD framework have been organized into three categories. The first category is the accredited group learning activities which include: conferences, workshops, educational rounds, journal clubs and on-line blended group learning activities. Category 2 which is based on

self-directed learning activities include: educational and training, clinical practice, research and quality improvement. Category 3, labeled as assessment activities that is basically helping individuals or group of healthcare practitioners to have a feedback on their knowledge, competence or performance. These activities include direct observation, knowledge assessment programs, feedback on annual performance review and teaching activities. These CPD credit hours must be documented by healthcare practitioners and supporting documentation must be uploaded in QCHP ePortfolio. For audit purposes, healthcare practitioners should retain copies of all documentation uploaded for at least 12 months after the CPD cycle completion. Participants will be receiving a certificate of completion at the end of each successful CPD cycle. However, in case of failure to comply with the requirements, a healthcare practitioner will be deemed to be non-compliant and be subject to having his/her license terminated (8).

Since the CPD program is in its early stages of application and it has a great importance of being a requirement to maintain a working license for all healthcare practitioner in Qatar. The reason behind my research study was to have a proper insight and information of how the CPD program is doing in its first year and whether the required number of CPD credit hour is achievable or not. In this study, laboratory staffs and nurses employed by Hamad Medical Corporation (HMC) in Qatar were surveyed to identify their current CPD practices and number of CPD credit hours obtained so far. In addition, it examines their preferences towards future CPD activities and explores their opinions in regards to what could be motivational or challenging in pursuing CPD activities.

## CHAPTER 2: METHOD

### **2.1. Participants**

Laboratory staffs and nurses were recruited from HMC to participate in this study. A total response counts of 201 was achieved from both laboratory staffs and nurses across HMC. Laboratory staffs had a 144 response count whereas nurses had 57. Characteristics and demographics of the study group are presented in Table 1.

### **2.2. Materials and procedures**

Ethical approval for the study was received from Qatar University Institutional Review Board. The survey took approximately 10-15 minutes to complete. In the introduction it was clearly stated that participation was voluntary and that responses would be anonymous. For the survey design content from relevant papers was considered and adapted. Questions were characterized into specific domains of interest including demographics, frequency and characteristics of current CPD activities, preferences for delivery, barriers to participation, and plans for future CPD activities. Both online and paper based survey were used in this study. Laboratory staffs were recruited through the educational committee of the Department of Laboratory Medicine and Pathology (DLMP) at HMC. An online based survey (BLUE software - by Qatar university) was circulated through emails. Survey link was opened for a month (1st of May-31s of May) to achieve the maximum response count. As for the nurses the same survey was created using survey monkey and were circulated internally through the head nurses in different

departments. This took place in the period from 1st of Nov. to 1st of Dec. Also in order to get the responses of those nurses who couldn't access the online version, paper based survey was circulated among nurses working in different department at HMC. A reminder messages were e-mailed every week through DLMP- educational committee to the laboratory staffs. In addition, regular weekly visits to the nurses at HMC took place to encourage nurses complete the survey. Data analyses were conducted using IBM SPSS statistics 23 for Windows. Categorical data are presented as percentages of frequency.

## CHAPTER 3: RESULTS

### 3.1. Demographics

#### 3.1.1. Gender and Age group

The population of study was mostly females in both groups. Female laboratory staffs participated in this study had a percentage of 68.75%, were as the males had lower percentage of 31.25% (Figure 1). The highest percentage of age group for both laboratory staffs and nurses were (30-39) with a percentage of 42.66% and 52.63% consequently. Second largest population were in the age group of (40-49) with a percentage of 27.27% for laboratory staffs and 24.56% for the nurses (Figure 2).

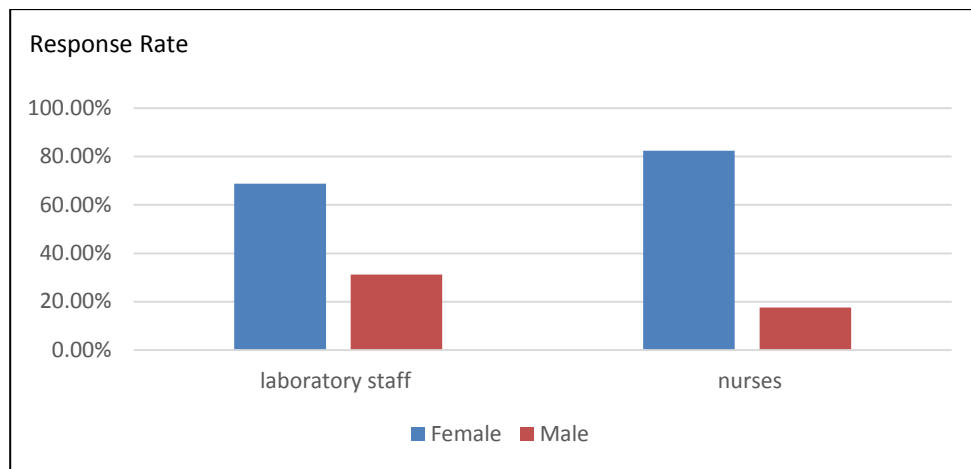


Figure 1. Gender distribution



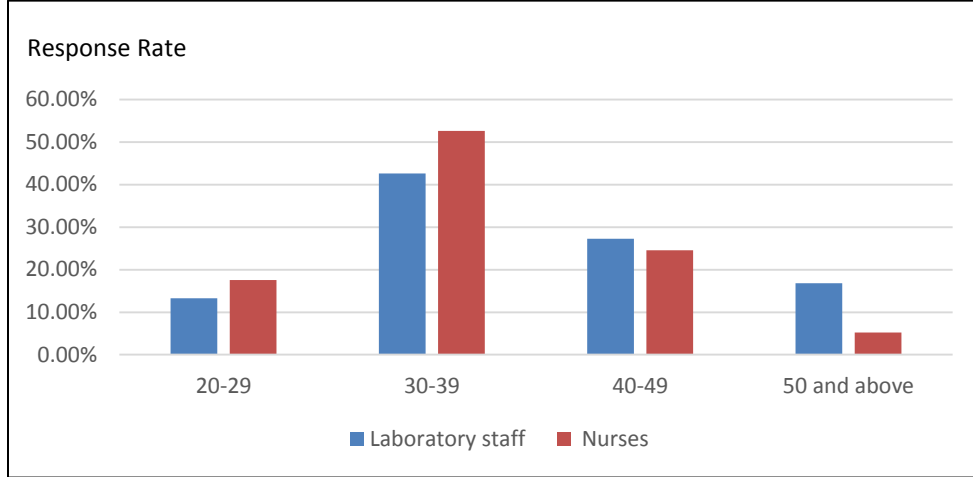


Figure 2. Comparison of age groups between laboratory staffs and nurses

### 3.1.2 Highest qualification and Length of time practicing in Qatar

The highest qualification for both laboratory staffs and nurses was mainly BSc with a percentage of 67.84% for laboratory staffs and 61.41% for nurses (Figure 3). The percentage of laboratory staffs who obtained their highest degree in Qatar were much lower compared to those who obtained it from outside Qatar by almost 30 %. Percentage values for those who obtained their highest degree from outside Qatar were (69.01%) for laboratory staffs and (75.43%) for nurses. On the other hand, Qatar graduates had values of (30.99%) for the laboratory staffs and (24.56%) for nurses (Figure 4). Most of the participants in this study were practicing their profession in Qatar for long periods. The period of (6-10) years had the highest percentage of 22.22% for laboratory staffs and 35.85% for the nurses. It's followed by the period of (11-15) years that had a similar percentage for both groups (20.83%-20.75%), (Table 1).

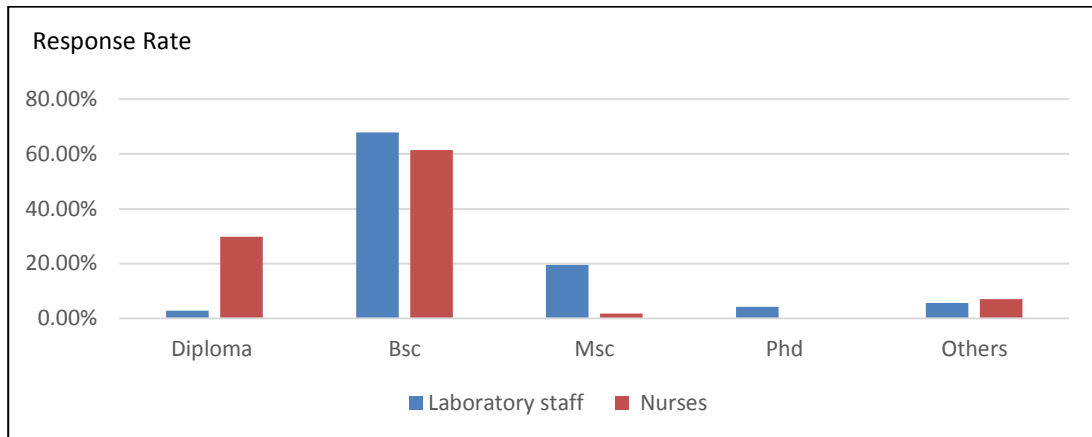


Figure 3. Highest qualification of laboratory staffs and nurses

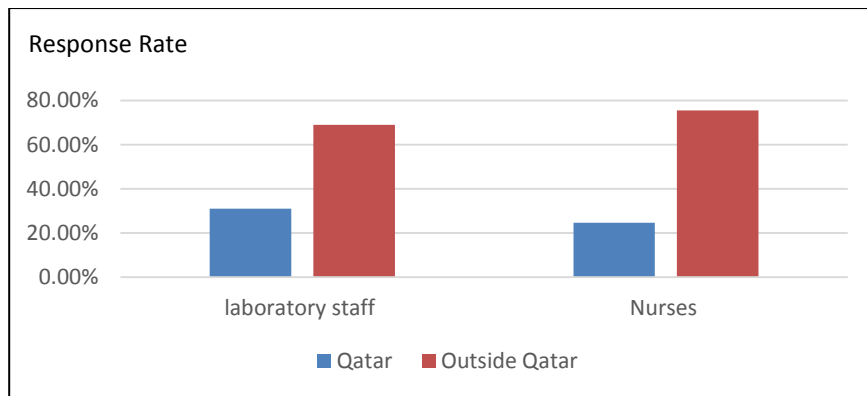


Figure 4. Country where highest degree obtained for laboratory staffs and nurses

### 3.1.3. Job grade and Job specialty

When it comes to “job grade” most of the nurses were sensitive towards revealing their job grade and didn’t answer the question. Response count for the nurses was 26 out of the 57 participants which is considered quite low. Some of them were worried that their job grades will be known to the other staffs even though it was explained clearly that their

information will be kept confidential. On the other hand, most of the laboratory staffs participating in this study had answered the question with a response count of 138 out of 144 participants. Majority of the laboratory staffs has a job grade of 110 (39.86 %). However, 30% of the nurses' staff who responded to the question had a job grade of 106. As for the job specialty the majority of both groups chose the option of (Nurse/Technical/Clinical) for their job specialty. 61.54% of Laboratory staffs chose the (Nurse/Technical/Clinical) option compared to the nurses who had a higher percentage of 94.74%. The reason for the lower percentage with the laboratory staffs is because some of them have both the technical and managerial responsibilities which is counted for 32.87%. This is a higher percentage number than the nurses who had only 5.26% in this category.

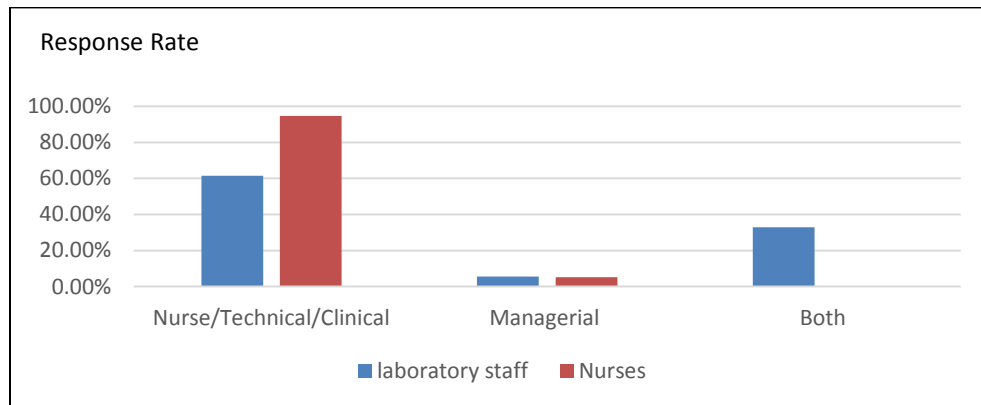


Figure 5. Job specialty of both laboratory staffs and nurses

*Table 1*

*Demographics*

**3.2. Current practice**

	<b>Percentage (%) of laboratory staffs' responses</b>	<b>Percentage (%) of nurses' responses</b>
<b>Gender</b>	<b>Response count 144</b>	<b>Response count 57</b>
Female	68.75%	82.46%
Male	31.25%	17.54%
<b>Age group</b>	<b>Response count 143</b>	<b>Response count 57</b>
20-29	13.29%	17.54%
30-39	42.66%	52.63%
40-49	27.27%	24.56%
50 and above	16.78%	5.26%
<b>Highest Qualification</b>	<b>Response count 143</b>	<b>Response count 57</b>
Diploma	2.80%	29.82%
BSc	67.84%	61.41%
MSc	19.58%	1.75%
PhD	4.20%	0 %
Others	5.59%	7.01 %
<b>Country where highest degree obtained</b>	<b>Response count 142</b>	<b>Response count 57</b>
Qatar	30.99%	24.56%
Outside Qatar	69.01%	75.43%
<b>Length of time practicing in Qatar</b>	<b>Response count 144</b>	<b>Response count 53</b>
< 2 year	8.33%	7.55%
2-5 years	26.39%	24.53%
6-10 years	22.22%	35.85%
11-15 years	20.83%	20.75%
>15 years	22.22%	11.32%
<b>Job grade</b>	<b>Response count 138</b>	<b>Response count 26</b>
106	0%	30.77%
107	9.42%	7.69%
108	0.00%	15.38%
110	39.86%	11.54%
111	21.01%	15.38%
112	11.59%	15.38%
113	10.14%	0%
114	0.72%	0%
115	3.62%	3.85%
116	3.62%	0%
<b>Job specialty</b>	<b>Response count 143</b>	<b>Response count 57</b>
Nurse/Technical/Clinical	61.54%	94.74%
Managerial	5.59%	5.26%
Both	32.87%	0%

All of the nurses were familiar with the different categories of CPD activities required by QCHP. On the other hand, almost half of the laboratory staffs were aware of the different categories (55.56%), whereas (44.37%) didn't have knowledge about the different categories. Similarly, nurses had knowledge about the specific requirements and the numbers of CPD credit hours required from each category (87.50%), while laboratory staffs scored a lower percentage in that field too (44.37%). When the total number of CPD credit hours per person from all the laboratory responses were counted, it was relatively low and unexpected. It is estimated as 1 credit hours per person within the past 12 months. Nevertheless, nurses who had a lower number of participants in the study scored a higher count of CPD credit hours per person estimated as 38 credit hours (Table 2).

**Table 2:**

*Current Practice*

	<b>Percentage (%) of laboratory staffs' responses</b>	<b>Percentage (%) of nurses' responses</b>
<b>Familiar with the different categories for the CPD activities</b>	Response count 142	Response count 49
Yes	55.63%	100%
No	44.37%	0%
<b>Familiar with the specific requirements for each category</b>	Response count 142	Response count 48
Yes	55.63%	87.50%
No	44.37%	12.50%
<b>No. of CPD credit hours within the past 12 months per person</b>	1hr	38hr
No. of CPD credit hours in		
Category 1 (Group learning activities)	47.48%	95.45%
Category 2 (Self - directed learning activities)		93.18%
Category 3 (Assessment Activities)	40.58%	47.73%

This number is relatively close to the 40 CPD credit hours required per year. Viewing the number of CPD credit hours in each category, laboratory staffs had 47.48% of their CPD credit hours in category 1 and 40.58% distributed in both category 2 and 3. While nurses had 95.45% of their CPD credit hours in category 1, 93.18% in category 2 and 47.73 in category 3 (see Table 2).

### 3.3. CPD Future Preferences

Most of the laboratory staffs and nurses preferred for the frequency of CPD activities to be on a monthly bases and they both had a percentage of 44. 79 and 43.14% receptively. The second most common option was twice per month, that had a close percentage in both groups 25.52% for the laboratory staffs and 23.53% for the nurses (Figure 6).

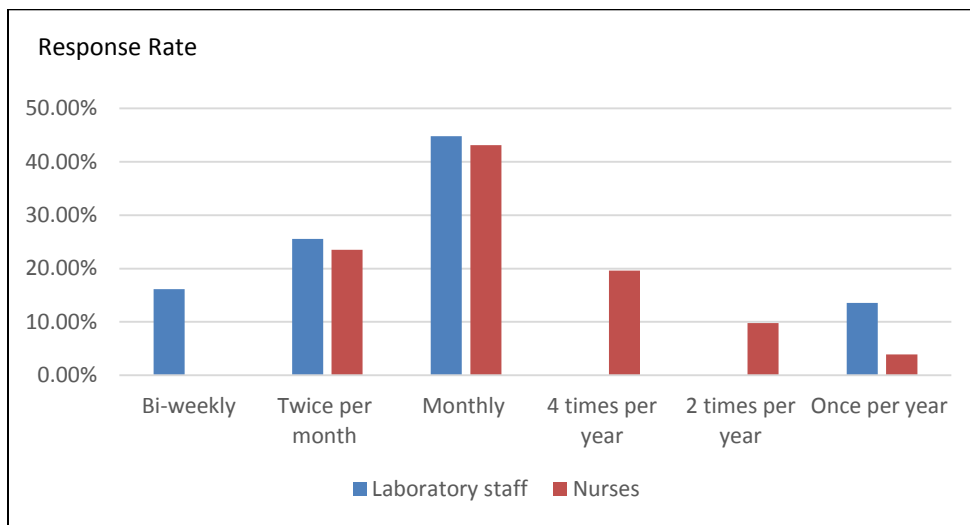


Figure 6. Preference for the frequency of CPD activities

The ideal time for CPD activities was in the mornings with a percentage of 65.92% for the laboratory staffs and a percentage of 75.5% for the nurses (Figure 7). Unexpectedly, the ideal days were weekdays and had a closer percentage to the ideal time in the previous question. Laboratory staffs recorded a percentage of 61.58% and nurses recorded a percentage of 80.39%. While weekends had a response percentage of 34.42% for laboratory staffs and 19.61% for the nurses (Figure 8). The preferred length of CPD activities for almost half of the participants from each group was 2 hours (laboratory staff 55% - nurses 68%) (Figure 9).

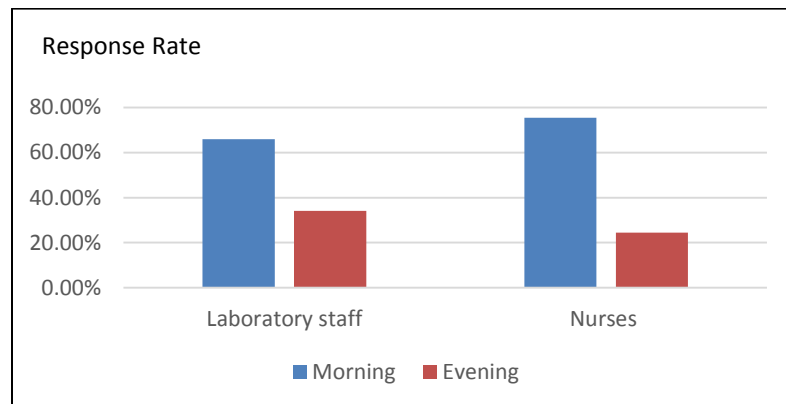


Figure 7. Ideal time for CPD activities



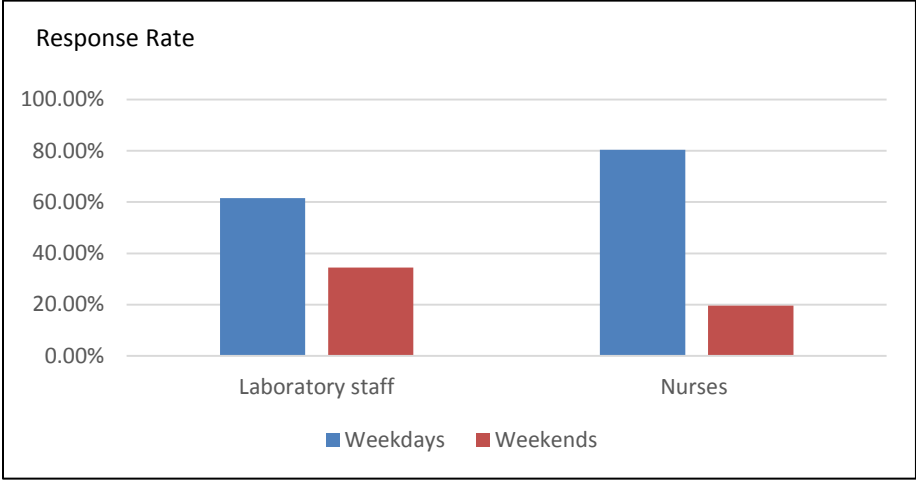


Figure 8. Ideal days for CPD activities

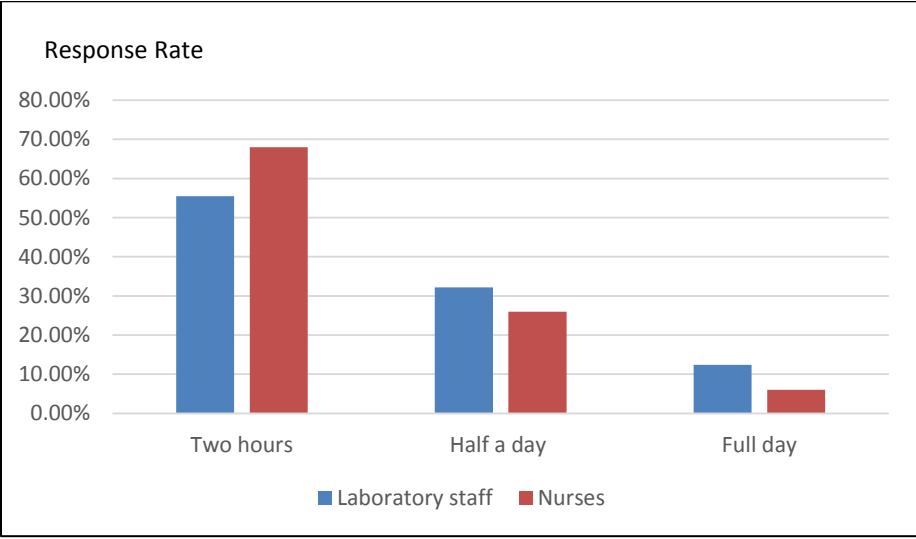


Figure 9. Ideal length of CPD activities

**Table 3***CPD Future preferences*

	<b>Percentage (%) of laboratory staffs' responses</b>	<b>Percentage (%) of nurses' responses</b>
<b>Preference for the frequency of CPD activities</b>	<b>Response count 143</b>	<b>Response count 51</b>
Biweekly	16.15%	0.00%
Twice per month	25.52%	23.53%
Monthly	44.79%	43.14%
4 times per year	0%	19.61%
2 times per year	0%	9.80%
Once per year	13.54%	3.92%
<b>Ideal time for CPD activities</b>	<b>Response count 143</b>	<b>Response count 49</b>
Morning	65.92%	75.51%
Evening	34.08%	24.49%
<b>Ideal days for CPD activities</b>	<b>Response count 141</b>	<b>Response count 51</b>
Weekdays	61.58%	80.39%
Weekends	34.42%	19.61%
<b>Ideal length of CPD activities</b>	<b>Response count 142</b>	<b>Response count 50</b>
Two hours	55.45%	68%
Half a day	32.18%	26%
Full day	12.38%	6%
<b>Preferred group learning activities</b>	<b>Response count 144</b>	<b>Response count 51</b>
Conferences	34.59%	35.29%
Workshops	33.96%	23.53%
Journal clubs	9.12%	7.84%
Online and blended learning activities	22.33%	25.49%
<b>Preferred self - directed learning activities</b>	<b>Response count 143</b>	<b>Response count 49</b>
Educational and training	47.13%	42.86%
Clinical practice	29.12%	46.94%
Research and Quality improvements	23.75%	6.12%
<b>Preferred assessment activities</b>	<b>Response count 142</b>	<b>Response count 49</b>
Direct observation of performance in practice	34.77%	42.86%
Knowledge assessment programs	28.81%	28.57%
Feedback on annual performance review	20.86%	18.37%
Feedback on teaching activities	15.56%	6.12%

When it comes to the different categories of CPD activities and the staff preferences, laboratory staffs preferred frequently to attend conferences (34.59%) and workshops (33.96%) followed by online and blended learning activities (22.33%) from the group learning activities (category 1). Similarly, nurses had a closer response percentage for their preferences from category 1. Their choices were conferences (35.29%), workshops (23.53%), online and blended learning activities (25.49%) (Figure 10), (see Table 3). For self-directed learning activities (category 2) laboratory staffs preferred frequently educational and learning activities (47.13%), followed by clinical practice (29.12%) and research and quality improvement activities (23.75%). However, most of the nurses' choices were exclusive to educational and learning activities (43.86%) and clinical practice (46.94%) (Figure 11). Laboratory staffs had different percentages for their preferred assessment activities (category 3) recorded as (34.77%) for direct observation, (28.81%) for knowledge assessment, (20.86%) for feedback on annual performance and (15.56 %) for feedback on teaching activities. On the other hand, recorded nurses' preferences from category 3 were (42.86%) for direct observation, (28.57%) for knowledge assessment, (18.37%) for feedback on annual performance and (6.12 %) for feedback on teaching activities (Figure 12).

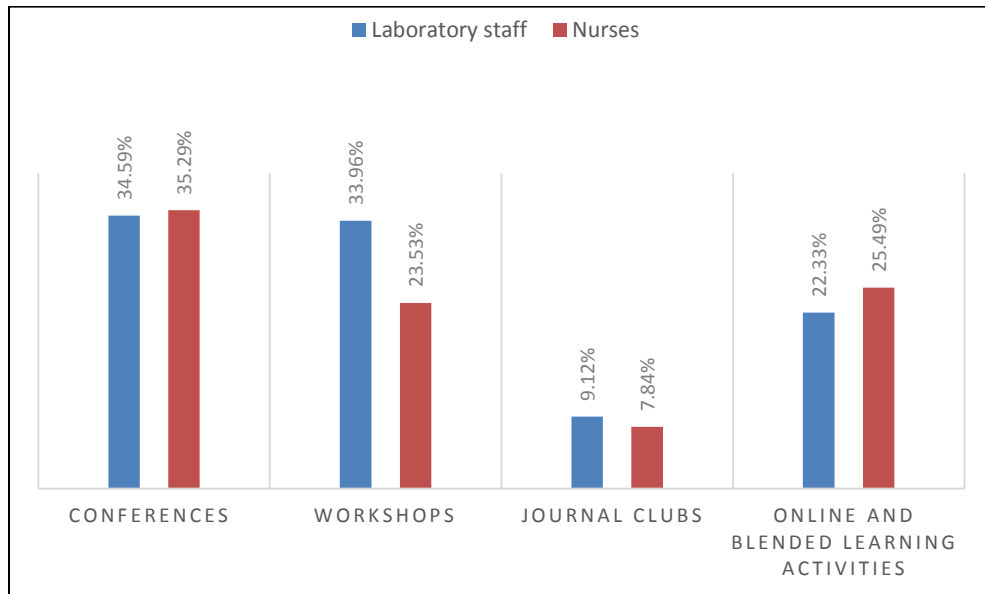


Figure 10. Preferred group learning activities

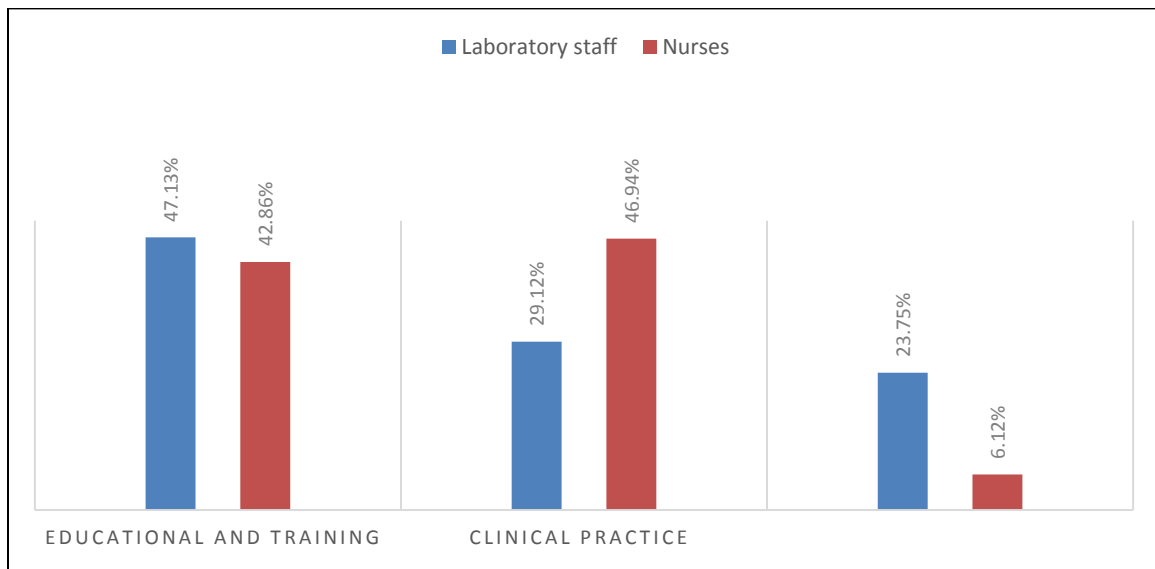


Figure 11. Preferred self - directed learning activities

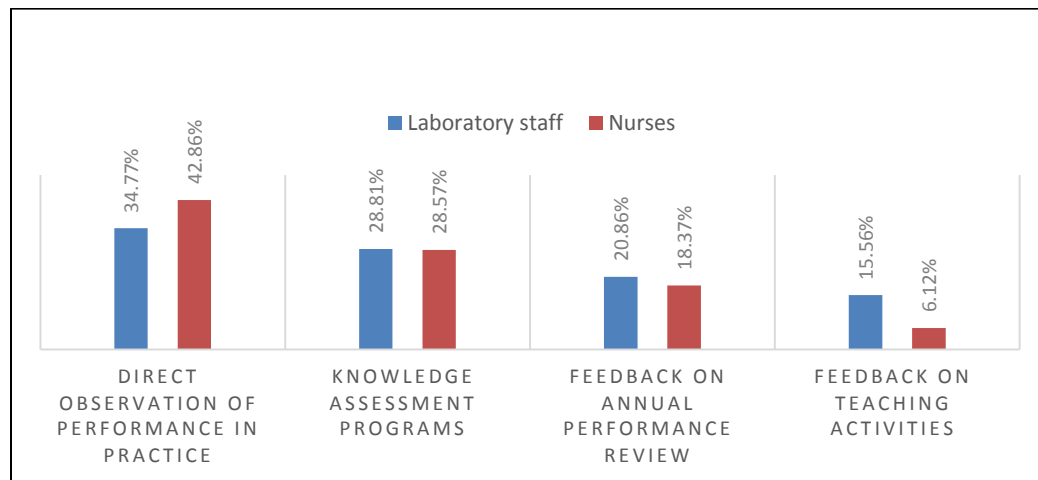


Figure 12. Preferred assessment activities

### 3.4. Factors affecting motivation towards CPD

In regards to the CPD opportunities provided in HMC and whether they were meeting the health practitioners' needs, 62.93% of laboratory staffs and 82% of nurses were agreeing with this statement. Nevertheless, 37.06 % of laboratory staffs and 18% of nurses disagreed with this statement of having enough opportunities. When laboratory staffs were asked whether the workload and shortage of time prevented them from achieving their CPD goals 86.62% agreed to that statement, whereas 13% disagreed to it. Similarly nurses had a percentage of 80% that were agreeing to the workload effect on achieving CPD goals and 75.51% agreed to that the shortage of time had an equivalent effect (see Table 4). On other hand 20 % of the nurses disagreed with the workload effect and 24.49 % disagreed with the shortage of time and its effect on achieving CPD goals. In order to understand the effect of group learning activities and whether colleagues motivate each other to achieve CPD goals both groups were surveyed for their opinions and whether they agree with the statement or not. Majority of laboratory staff (89.46%)

and nurses (85.42%) agreed to this statement showing their preferences for group learning activities were they can attend with their colleagues. As it was expected, getting sufficient time off from work for both laboratory staffs and nurses was considered important with recorded responses of 92.91% and 86% respectively (Figure 13). In regards to getting cash incentives to achieve CPD goals and whether it is important or not, (76.23%) of laboratory staffs agreed to the importance of cash incentives and (23.78%) considered it not important. On the other hand, nurses staff showed different opinion 44% considered it important whereas 56 % surprisingly considered it not important (Figure 14).

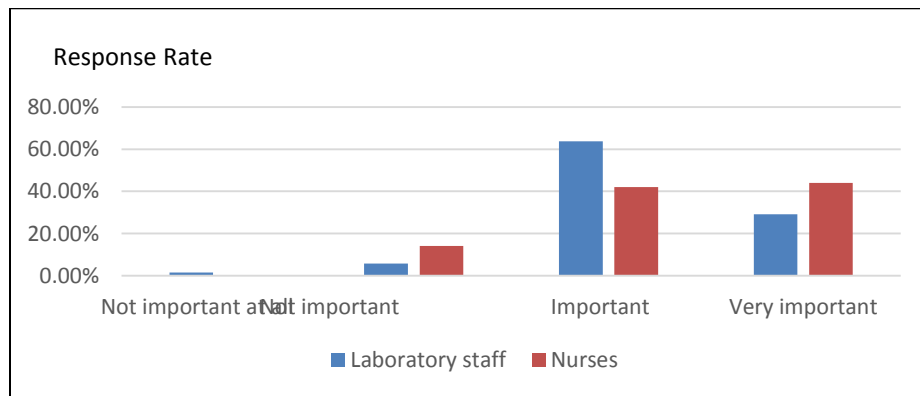
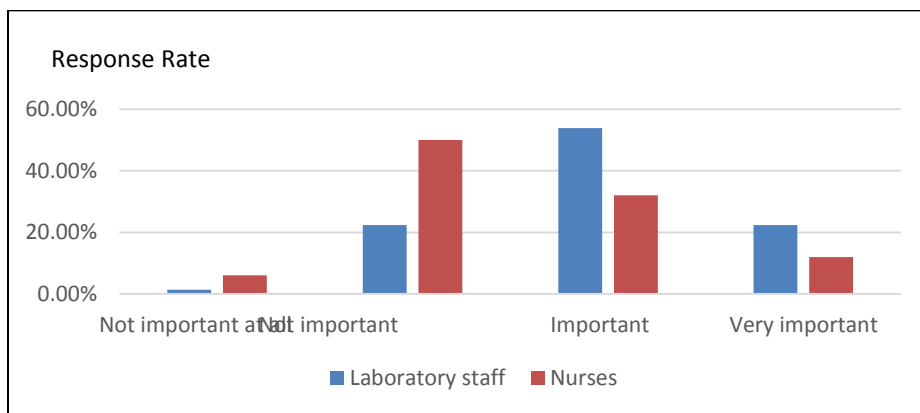


Figure 13. Important of “Getting sufficient time off from work” to achieve CPD goals



*Figure 14.* Importance of “Getting cash incentives” to achieve CPD goals

**Table 4***Factors Affecting Motivation Towards CPD*

	<b>Percentage (%) of laboratory staffs' responses</b>	<b>Percentage (%) of nurses' responses</b>
The current CPD opportunities meet my CPD needs	Response count 143	Response count 50
Strongly agree	6.99%	14%
Agree	55.94%	68%
Disagree	30.77%	16%
Strongly disagree	6.29%	2%
High workload prevents me from achieving my CPD goals	Response count 142	Response count 50
Strongly agree	41.55%	32%
Agree	45.07%	48%
Disagree	13.38%	20%
Strongly disagree	0%	0%
Shortage of time prevents me from achieving my CPD goals	Response count 142	Response count 49
Strongly agree	41.55%	18.37%
Agree	45.07%	57.14%
Disagree	13.38%	24.49%
Strongly disagree	0%	0%
Colleagues motivate me to attend and achieve my CPD goals	Response count 141	Response count 48
Strongly agree	16.31%	10.42%
Agree	73.05%	75%
Disagree	8.51%	12.50%
Strongly disagree	2.13%	2.08%
How important is "Getting sufficient time off from work" to achieve CPD goals	Response count 141	Response count 50
Not important at all	1.42%	0%
Not important	5.67%	14%
Important	63.83%	42%
Very important	29.08%	44%
How important is "Getting cash incentives" to achieve CPD goals	Response count 143	Response count 50
Not important at all	1.40%	6%
Not important	22.38%	50%
Important	53.85%	32%
Very important	22.38%	12%



## CHAPTER 4: DISSCUSION

This study represents the first assessment of the newly launched CPD program in the State of Qatar. Results of the study have shown the current practice and future preferences of CPD activities for both laboratory staffs and nurses working at HMC. Overall, the characteristics of the laboratory staffs and nurses seen in the demographic section were quite similar in regards to gender distribution, age group, highest qualification and length of time practicing in Qatar. The majority of current laboratory staffs and nurses in Qatar has studied abroad and few of them had their highest degree in Qatar. The question concerning job grade was controversial. Nurses were cautious in answering this question compared to the laboratory staffs and most of them left it empty. Also, some of them shared their concerns of whether they have to answer the question or not. This could be due to the connection between the job grade and the basic salary of the staff making it in some way a sensitive topic. The second part of the survey covered the current CPD practice. Results of this section presented that the majority of nurses almost completed the required annual hours to comply with the new regulations. However, laboratory staffs where seen falling behind and having insufficient numbers of CPD credit hours. All nurses appeared to understand the different categories of CPD activities required by QCHP and majority of them understood the specific requirements that meant to reflect on their learning. On the other hand, 44.37% of the laboratory staffs were unaware of the different categories of CPD activities and specific requirements. One possibility of the unevenness of the awareness between the laboratory staffs and the

nurses, is that the time the survey was circulated among the laboratory staffs (May, 2016) was closer to the lunching time of the CPD program (March., 2016). Whereas, the survey for the nurses was done in the month of Nov. of the same year. Another possibility extracted from an interview with a member of the DLMP educational committee, is that the nurses at HMC had been having a regular learning activities and continuous medical education (CME) sessions even before the mandatory requirements by the QCHP. These CME/CPD credit hours were part of the annual performance evaluation and compliance was obligatory. On the other hand, that wasn't the case with laboratory staffs, learning activities were carried out internally within the concerned sections and there were no official CPD credit hours tracked for each staff by the committee. Also CPD credit hours weren't formally required for the annual performance evaluation as it was for the nurses leaving it as an optional matter. Additionally, there could be some sort of uncertainty that still exists regarding CPD hours required by the new regulations that caused the apparent incompliance among the laboratory staffs. This could be solved mainly by enhancing staff awareness of QCHP guidelines and have explicit in-house discussions. It was also evident that the ideal time for CPD activities was in the mornings and the ideal days were weekdays for both laboratory staffs and nurses. It can be interpreted as the preference of having CPD activities is during the working hours. This is understandable given the difficulties of shift work that can be a limitation for the staff to be involved in CPD activities (7). In addition, the majority of the study population are females who have family obligations and usually they postpone them to the weekends making it difficult to attend offered CPD activities in these days. When it comes to the different categories of CPD activities, laboratory staffs and nurses had a similar preference in group learning

activities category 1. They were mostly interested to attend conferences and workshops, followed by online and blended learning activities. Responses are consistent with themes documented for pharmacists from elsewhere worldwide (10,11). For the self-directed learning activities in category 2, laboratory staffs and nurses preferred educational and learning activities followed by clinical practice. 23.75% of laboratory staff were interested in research and quality improvement activities, whereas the nurses were not that attentive. As for the assessment activities (category 3) direct observation and knowledge assessment were the common choice for both groups. To ensure staffs' engagement in variety of CPD activities, employer provision of consistent access to training and study time is inevitable (9). In return it will result in the completion of the mandatory number of hours and overall job satisfaction (3). According to the survey responses, the provided CPD opportunities in HMC were meeting the needs of laboratory staffs and nurses. Nevertheless, some staffs from both groups responded by disagreeing to this statement of having enough opportunities. In regards to workload and shortage of time that prevents staffs from both group to achieve their CPD goals. Most of them were in agree that both are barriers to enroll in CPD learning activities and achieve CPD goals. Based on the survey responses, staffs from both groups felt motivated when attending educational sessions with their colleges and getting sufficient time off from work was an important factor as long as it is still within the working hours. In regards to getting cash incentives to achieve CPD goals opinions varied between the two groups. Laboratory staffs considered it an important factor and motivational, whereas surprisingly 56 % of nurses considered it as not important. The reason for their responses could be because of

their preference of having CPD activities during working hours so the extra payment is considered somehow unnecessarily.

## LIMITATIONS

The absence of a formal national registry for healthcare practitioners limited the access to a larger number of HMC staffs. Sample size was less than what was intended in the beginning of the study. Fewer numbers of laboratory staffs and nurses were willing to answer the survey. Reasons for that were basically due to their busy schedules and their workload. Some nurses were also hesitant to fill out the survey because of their concern towards the anonymity of the information they provide. Nevertheless, the number of those who answered the survey was sufficient to provide a glimpse of the newly launched CPD program. Another limitation is that the focus was only in HMC and it didn't cover private hospitals and clinics all over Qatar. This is due to the shortage of time and resources to achieve that. Also other healthcare practitioners were not involved in this study which would have given us possible variations of the survey outcomes in regards to the compliance with CPD program requirements.

## FUTURE DIRECTIONS

CPD activities for laboratory staffs and nurses are associated with technical and specific practice-based content. Therefore, efforts are directed to attain appropriate and practice-based learning activities. Further investigation would involve examining larger number of

healthcare practitioners. Assess the knowledge and skills gained of how relevant they are to the current practice and future development of staffs. In addition, evaluate CPD activities providers, contents of their CPD activities, diversity of contents and method of delivery.

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