

ORIGINAL ARTICLE

How Do Healthcare Professionals Perceive Continuous Professional Development? A Cross-Sectional National Study from Jordan

Nidal A Younes¹, Anas Ababneh^{*2,3}, Hussam Alshraideh^{4,5}, Raeda AbuAlRub^{6,7}, Omar Qanno¹, Montaha Gharaibeh⁶

¹Department of Surgery, Faculty of Medicine, University of Jordan, Amman, Jordan

²Faculty of Nursing, Yarmouk University, Irbid, Jordan

³Applied Science Research Center, Applied Science Private University, Amman, Jordan

⁴Faculty of Engineering, Jordan University of Science and Technology, Irbid, Jordan

⁵Industrial Engineering Department, American University of Sharjah, Sharjah, UAE

⁶Faculty of Nursing, Jordan University of Science and Technology, Irbid, Jordan

⁷College of Nursing, Sultan Qaboos University, Muscat, Oman

***Corresponding author:**
anas.ababneh@yu.edu.jo, or
anasnawwaf@yahoo.com

Received: June 26, 2023

Accepted: August 8, 2024

DOI:

<https://doi.org/10.35516/jmj.v60i1.1333>

Abstract

Background: Continuous professional development is essential to enhance the knowledge and competency of healthcare professionals. However, no previous research from Jordan assessed the perception of healthcare professionals about continuous professional development.

Objective: This research aimed to investigate the perception of healthcare professionals about continuous professional development in Jordan.

Methods: A cross-sectional study was conducted in the period between December 2017 till April 2018 in multiple healthcare settings in Jordan. The perception of 2,204 healthcare professionals including physicians, dentists, pharmacists, nurses, and allied healthcare professionals was investigated using a structured self-reported questionnaire. Assessment of perception included the perceived preferences and expected benefits of continuous professional development activities.

Results: The most preferred continuous professional development activity was journal/internet reading activity, while research-based activity was the least preferred. Journal/internet reading activity was significantly preferred activity in the private sector ($p=0.04$). There was a significant difference in all the studied preferred continuous professional development activities between different HCPs (all $p<0.05$). The most perceived expected benefit of continuous professional development was enhanced knowledge while satisfying learning ambitions was the least. There was a significant difference in the expected benefits among health sectors and this included improving patients' outcomes, improving personal skills, and enhancing personal knowledge (all $p<0.05$). There was also a significant difference in the expected benefits among healthcare professionals and this included improving the satisfaction of patients and their families, improving the clinical outcomes of patients, changing the current clinical practice, improving personal skills, and enhancing personal knowledge (all $p<0.05$).

Conclusions: The perception of continuous professional development is varied between different HCPs and health sectors in Jordan. Future measures to design an effective continuous professional development for Jordanian HCPs should consider this variation.

Keywords: Continuous medical education; continuous nursing education; continuing professional development; healthcare professionals; Jordanians; re-license

INTRODUCTION

The provision of high-quality and safe healthcare services is at the forefront of policy agendas in health and social care. The factors that influence the delivery of high-quality and safe care are complex and multi-dimensional. Healthcare organizations need to ensure that healthcare professionals (HCPs) are competent and accountable for the delivery of high-quality and safe care. If employers need staff who possess the right skills and knowledge to provide high-quality and safe care, then they must create workplace conditions that encourage them to take part in continuous professional development (CPD) activities [1, 2].

Recently, important steps have been taken to revise the regulatory structures (legislations, regulations, and procedures) of the healthcare system and improve the quality of healthcare services in Jordan. One of these important pieces of legislation was the Renewal of Health Personnel Licensing Law No. (46) of 2018, which mandates that all health professionals in the Kingdom, Jordanians and non-Jordanians, are required to renew their licenses every 5 years after meeting the licensing requirements and requirements for development or CPD for each occupation. This suggests that further understanding of the perception of the Jordanian HCPs about CPD is needed.

Continuous professional development has been available in Jordan through different activities such as annual conferences and training courses in different health sectors. However, to our knowledge, not all HCPs in Jordan have access to these conferences or training, and there are no structured and well-organized CPD activities that suites all HCPs in Jordan. In this context, the Human Resources for Health in 2030 (HRH2030) Activity in Jordan, in partnership with the

High Health Council (HCC) and the Jordan Medical Council (JMC), conducted a nationwide study on the factors influencing CPD effectiveness and practices in the healthcare sector in Jordan, which led to the development of a CPD roadmap to help align stakeholders under a shared vision: a fully functional CPD system by the year 2023 [3]. Evidence-based methods to restore, develop, maintain, and continuously improve core competencies of HCPs are considered a strategic necessity by policymakers and national stakeholders to achieve the expected national goals of Jordan Vision 2025 and its developmental program 2016–2019, the governmental action plan, and the national health strategy (2016–2020) in Jordan [4, 5].

The previous research on CPD among HCPs in Jordan is limited. Although one study offers useful data concerning the experiences of CPD among nurses in private hospitals [6], a gap remains regarding the perceptions of other HCPs including other health care settings about CPD. Therefore, this national study aimed to fill this gap by assessing the perceptions of HCPs about CPD in different health sectors in Jordan. This study was part of a larger project that was initiated and funded by the US Agency for International Development (USAID, 2017).

MATERIALS AND METHODS

Study design and settings

This study was a cross-sectional study that was conducted in the period between December 2017 till April 2018. The study was conducted in multiple health care settings in Jordan including the Ministry of Health (MOH), Royal Medical Services (RMS), educational hospitals (Jordan University Hospital [JUH] and King Abdullah II University Hospital [KAUH]), hospitals in the private sector, the United

Nations for Relief and Works Agency (UNRWA). These research settings present three governorates including Irbid, Amman, and Al-Karak that cover the geographic distribution of healthcare facilities in the north, central, and south of Jordan, respectively. Ethical approval was obtained from the Institutional Ethical Committee Boards of the research settings.

Sample size and participants

A large and convenient sample size of 2,204 HCPs was targeted to handle the aim of this study. The study sample was stratified and clustered that represents healthcare professions including licensed physicians, dentists, pharmacists, nurses, and allied HCPs. Participants were stratified based on their profession and health care provider sector. Based on statistics of the Ministry of Health (MOH) in Jordan for the number of currently practicing HCPs employed in each of the healthcare sectors (2016), participants from all healthcare provider sectors based on their business share proportion were included.

Data collection

The data were collected using a structured self-reported questionnaire that was adapted from previous studies [7-10]. The questionnaire included self-reporting of multiple demographic data such as gender (male or female), marital status (single, married, or divorced/widowed), education (diploma, bachelor (BA), master, or PhD), and country of the perceived education (Jordan, or countries from Arabic region, eastern Europe, western Europe, USA, or other countries). The questionnaire also assessed the main outcome of this study, which is the perception of Jordanian HCPs about CPD, and it presents two main attributes of CPD and included: (i) the perceived preference of HCPs about CPD activities such as journal/internet reading activity, small group interactive setting,

lectures in a large group setting, interactive computer programs, international conferences, national conferences, and research-based activities. The perceived preference of each CPD activity was assessed using a five-point Likert item (1=very low to 5=very high) in which participants reported their willingness to participate in CPD activities; (ii) the expected benefits of CPD such as satisfying learning ambition, improving relationships with colleagues, improving the satisfaction of patients and their families, changing attitude, improving the patient's clinical outcomes, changing the current clinical practice, improving personal skills, and enhancing personal knowledge. Each expected benefit was also assessed using a five-point Likert item (1=strongly disagree to 5=strongly agree) in which participants reported their agreement about each expected benefit of CPD.

Procedure

The study was advertised in research settings to facilitate the process of data collection. Eligible participants signed a consent form after reading an information sheet which briefly outlined the project and included contact information of the research team. Participants were then advised to fill in the study questionnaire and they were advised to ask for clarification if needed. Privacy and confidentiality of data were strictly maintained throughout all stages of the research. The anonymity of participants was assured by the removal of personal details and the use of identifier codes. Participants were ensured that results would be reported in aggregates and data would be discarded appropriately once data analysis was complete.

Statistical analysis

R statistical computing software (R Core Team, 2019) was used for the analysis of the

data. Chi-squared test was used to test differences in proportions between categorical variables, while an independent sample *t*-test and one-way ANOVA were used to test differences in means or variations between continuous variables. A *p*-value of <0.05 was the cut-off point of statistical significance.

RESULTS

This study included a total of 2,204 participants. Of those, 1,115 (51%) were males, 1,072 (49%) were females, and 17 (0.8%) did not report their gender. The mean

age of study participants was 32.9 years (standard deviation (SD) 9.3 years) and of those, 572 (30%) were from MOH, 1108 (50.3%) from the private sector, 201 (9.1%) were from teaching hospitals, 323 (14.7%) from the RMS. Table 1 presents the sociodemographic characteristics of the study participants by health sector. Furthermore, of the study participants, 457 (20.7%) were physicians, 400 (18.1%) dentists, 462 (21%) nurses, and 452 (20.5%) allied HCPs. Table 2 presents the sociodemographic characteristics of the study participants by profession.

Table 1: Participants' socio-demographic characteristics by health sector (n=2204).

| | | Health sector | | | | |
|--------------------------|------------------|----------------|-------------------------------|----------------------------------|----------------|-------------------|
| Characteristic | | MOH (n=572) | Private sector (n=1108) | Teaching hospitals (n=201) | RMS (n=323) | Total (n=2204) |
| Gender | Male | 301 (27%) | 584 (52.4%) | 114 (10.2%) | 116 (10.4%) | 1115 (51%) |
| | Female | 265 (24.7%) | 522 (48.7%) | 86 (8%) | 199 (18.6%) | 1072 (49%) |
| Marital status | Single | 143 (17.3%) | 535 (64.6%) | 56 (6.8%) | 94 (11.4%) | 828 (38.2%) |
| | Married | 411 (31.4%) | 540 (41.3%) | 142 (10.8%) | 216 (16.5%) | 1309 (60.4%) |
| | Divorced/widowed | 7 (21.9%) | 16 (50%) | 2 (6.2%) | 7 (21.9%) | 32 (1.5%) |
| Education | Diploma | 143 (41.7%) | 123 (35.9%) | 22 (6.4%) | 55 (16%) | 343 (15.7%) |
| | BA | 334 (22.6%) | 814 (55.1%) | 111 (7.5%) | 217 (14.7%) | 1476 (67.5%) |
| | Master | 52 (20.4%) | 124 (48.6%) | 54 (21.2%) | 25 (9.8%) | 255 (11.7%) |
| | PhD | 39 (34.5%) | 40 (35.4%) | 14 (12.4%) | 20 (17.7%) | 113 (5.2%) |
| Country of graduation | Jordan | 429 (24.6%) | 845 (48.4%) | 178 (10.2%) | 293 (16.8%) | 1745 (79.4%) |
| | Arab country | 42 (19.7%) | 146 (68.5%) | 12 (5.6%) | 13 (6.1%) | 213 (9.7%) |
| | Eastern Europe | 88 (56.1%) | 57 (36.3%) | 4 (2.5%) | 8 (5.1%) | 157 (7.1%) |
| | Western Europe | 5 (11.1%) | 34 (75.6%) | 3 (6.7%) | 3 (6.7%) | 45 (2%) |
| | USA | 1 (20%) | 2 (40%) | 2 (40%) | 0 (0%) | 5 (0.2%) |
| | Other | 4 (12.5%) | 22 (68.8%) | 2 (6.2%) | 4 (12.5%) | 32 (1.5%) |

Table 2: Participants' socio-demographics characteristics by profession (n=2204).

| | | Profession | | | | | |
|------------------------------|-------------------|-------------------|-----------------|---------------------|---------------|--------------------|----------------|
| Factor | Category | Physician (n=457) | Dentist (n=400) | Pharmacists (n=433) | Nurse (n=462) | Allied HCP (n=452) | Total (n=2204) |
| Gender | Male | 375 (33.6%) | 210 (18.8%) | 193 (17.3%) | 185 (16.6%) | 152 (13.6%) | 1115 (51%) |
| | Female | 79 (7.4%) | 184 (17.2%) | 240 (22.4%) | 273 (25.5%) | 296 (27.6%) | 1072 (49%) |
| Marital status | Single | 187 (22.6%) | 134 (16.2%) | 232 (28%) | 135 (16.3%) | 140 (16.9%) | 828 (38.2%) |
| | Married | 254 (19.4%) | 251 (19.2%) | 190 (14.5%) | 316 (24.1%) | 298 (22.8%) | 1309 (60.4%) |
| | Divorced/ widowed | 8 (25%) | 5 (15.6%) | 6 (18.8%) | 6 (18.8%) | 7 (21.9%) | 32 (1.5%) |
| Education | Diploma | 1 (0.3%) | 11 (3.2%) | 54 (15.7%) | 111 (32.4%) | 166 (48.4%) | 343 (15.7%) |
| | BA | 296 (20.1%) | 263 (17.8%) | 344 (23.3%) | 320 (21.7%) | 253 (17.1%) | 1476 (67.5%) |
| | Master | 68 (26.7%) | 104 (40.8%) | 30 (11.8%) | 22 (8.6%) | 31 (12.2%) | 255 (11.7%) |
| | PhD | 85 (75.2%) | 22 (19.5%) | 3 (2.7%) | 1 (0.9%) | 2 (1.8%) | 113 (5.2%) |
| Country of graduation | Jordan | 213 (12.2%) | 240 (13.8%) | 404 (23.2%) | 450 (25.8%) | 438 (25.1%) | 1745 (79.4%) |
| | Arab country | 96 (45.1%) | 87 (40.8%) | 15 (7%) | 10 (4.7%) | 5 (2.3%) | 213 (9.7%) |
| | Eastern Europe | 110 (70.1%) | 38 (24.2%) | 5 (3.2%) | 1 (0.6%) | 3 (1.9%) | 157 (7.1%) |
| | Western Europe | 15 (33.3%) | 20 (44.4%) | 7 (15.6%) | 0 (0%) | 3 (6.7%) | 45 (2%) |
| | USA | 3 (60%) | 0 (0%) | 0 (0%) | 0 (0%) | 2 (40%) | 5 (0.2%) |
| | Other | 17 (53.1%) | 13 (40.6%) | 2 (6.2%) | 0 (0%) | 0 (0%) | 32 (1.5%) |

The reported perceived preference of CPD activities by study participants demonstrated that journal or internet reading activity was the most preferred CPD activity with a mean preference score of 3.87 out of 5, while research-based activity was the least preferred with a mean preference score of 3.47 out of 5 (Figure 1). There was no significant difference in the perceived

preference of CPD activities between health sectors except the activity of journal or internet reading activity which was significantly preferred in the private sector (mean= 3.92 out of 5, $p=0.04$) (Table 3). However, there was a significant difference in the perceived preference of all the studied CPD activities between HCPs (Table 4).

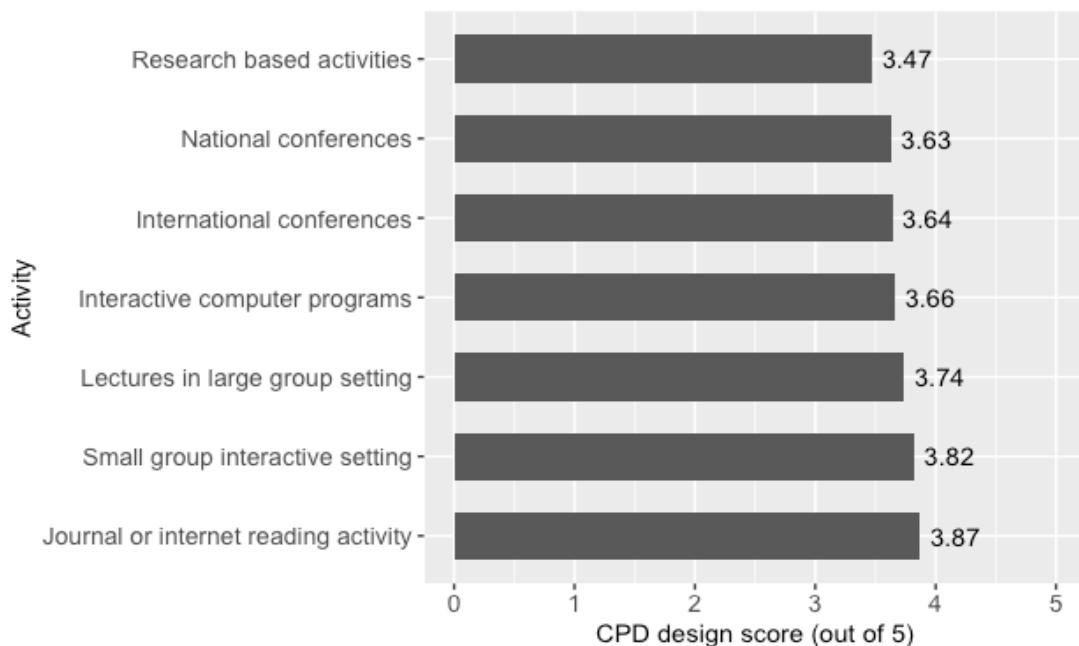


Figure 1: The reported perceived preference of CPD activities among HCPs in Jordan.

Table 3: The perceived preference of CPD activities by health sector

| Item | Health sector | | | | <i>p</i> -value |
|--------------------------------------|---------------|----------------|--------------------|------|-----------------|
| | MOH | Private sector | Teaching hospitals | RMS | |
| Lectures in large group setting | 3.78 | 3.69 | 3.8 | 3.8 | 0.11 |
| Small group interactive setting | 3.91 | 3.8 | 3.8 | 3.74 | 0.06 |
| Interactive computer programs | 3.72 | 3.63 | 3.73 | 3.61 | 0.18 |
| Journal or Internet reading activity | 3.78 | 3.92 | 3.86 | 3.84 | 0.04 |
| National conferences | 3.71 | 3.58 | 3.56 | 3.67 | 0.08 |
| International conferences | 3.69 | 3.63 | 3.72 | 3.54 | 0.26 |
| Research-based activities | 3.51 | 3.42 | 3.52 | 3.52 | 0.38 |

Table 4: The perceived preference of CPD activities by profession.

| Item | Profession | | | | | <i>p</i> -value |
|--------------------------------------|------------|---------|------------|-------|------------|-----------------|
| | Physician | Dentist | Pharmacist | Nurse | Allied HCP | |
| Lectures in large group setting | 3.81 | 3.75 | 3.69 | 3.8 | 3.64 | 0.042 |
| Small group interactive setting | 3.97 | 3.93 | 3.72 | 3.78 | 3.7 | <0.01 |
| Interactive computer programs | 3.8 | 3.5 | 3.68 | 3.63 | 3.66 | <0.01 |
| Journal or Internet reading activity | 4.02 | 3.99 | 3.91 | 3.69 | 3.74 | <0.01 |
| National conferences | 3.87 | 3.87 | 3.43 | 3.45 | 3.53 | <0.01 |
| International conferences | 4.08 | 3.81 | 3.51 | 3.43 | 3.37 | <0.01 |
| Research-based activities | 3.73 | 3.43 | 3.44 | 3.33 | 3.39 | <0.01 |

The reported perceived expected benefits of CPD activities (e.g. percentage of participants who answered strongly agree/agree that CPD activity is beneficial) demonstrated that enhancing knowledge was the most expected benefit (87.2%) while improving relationships with colleagues (72.1%), and satisfying learning ambitions (71.1%) were the lowest expected benefits. There was a significant difference in the perceived expected benefits of CPD activities between health sectors and this included

improving patient outcomes, improving personal skills, and enhancing personal knowledge (all $p<0.05$) (Figure 2). There was also a significant difference in the perceived expected benefits of CPD activities between HCPs and this included improving the satisfaction of patients and their families, improving the clinical outcomes of patients, changing the current clinical practice, improving personal skills, and enhancing personal knowledge (all $p<0.05$) (Figure 3).

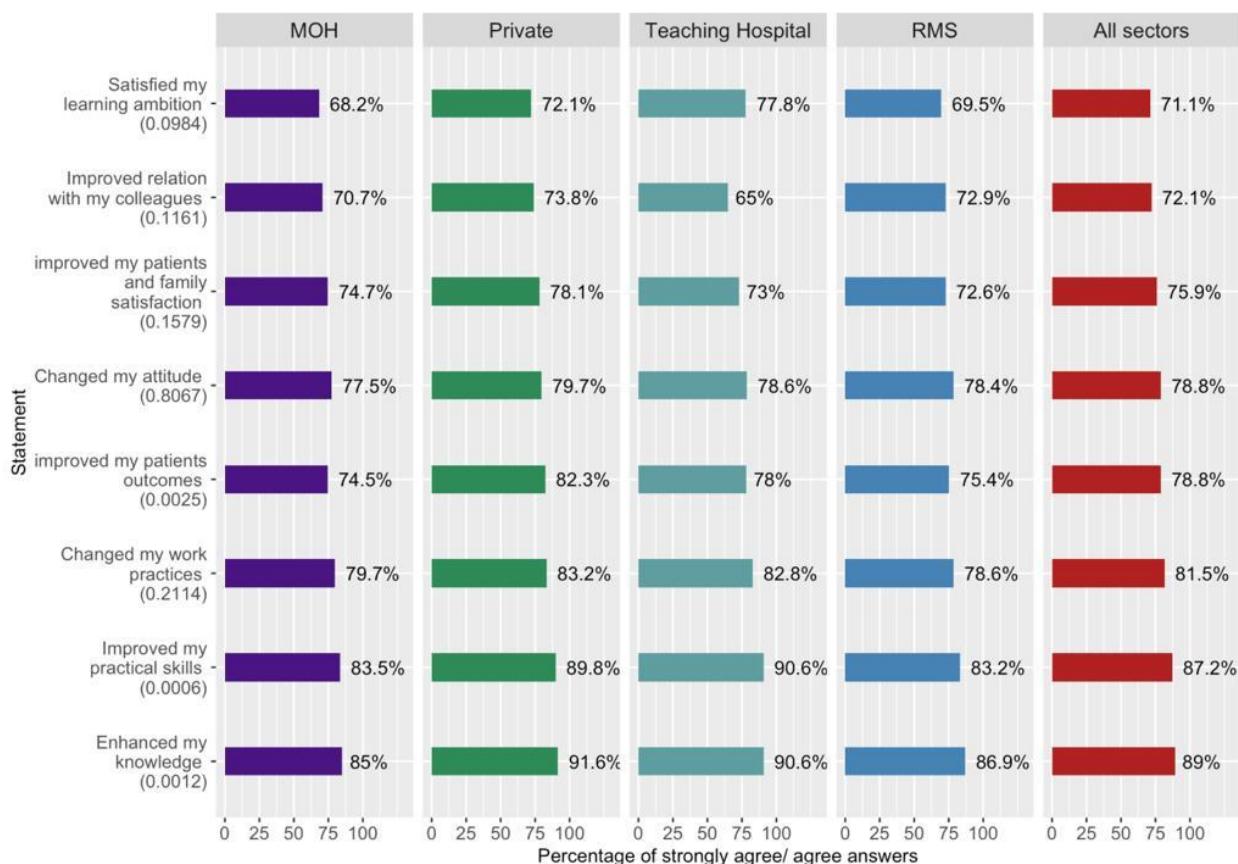


Figure 2: The differences in the reported perceived expected benefits of CPD among health sectors in Jordan.

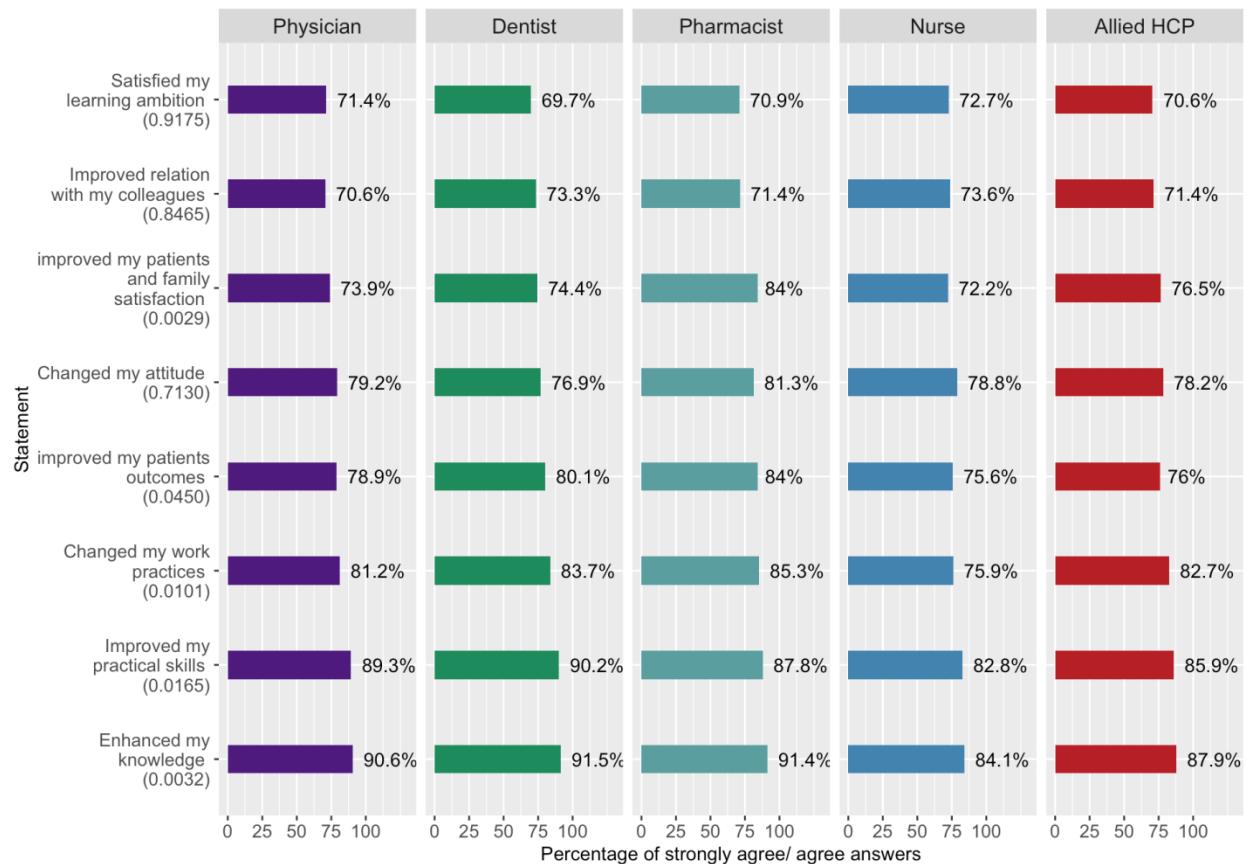


Figure 3: The differences in the reported perceived expected benefits of CPD among HCPs in Jordan.

DISCUSSION

A large sample of HCPs in Jordan from different health professions and health care sectors were surveyed to explore their perception of CPD. Variations were found in their perceptions including preferences and expected benefits of CPD, and this suggests the importance of considering such variation when designing future interventions to develop CPD among HCPs in Jordan.

The current results demonstrated that journal or internet reading activity was the most preferred CPD activity, while research-based activities were the least preferred among overall HCPs. This is almost in line with a previous study that found that e-learning was the preferred CPD method among nurses in the UK [11]. However, a

study from Scotland found that learning from peers was the most preferred CPD activity among clinicians [12]. We also found that physicians, in particular, consider attending international conferences as a major preferred source for their CPD. This was similar to a study by Schostak et al. [13], which revealed that the highest scores for positive CPD experiences were conference attendance, local events, and reading journals. Likewise, a study from India found that attending symposiums was the preferred CPD method among dentists [14]. Overall, online learning activities and conferences seem to be a commonly preferred CPD activity and therefore, professional bodies and policymakers in Jordan need to think now about these activities as an attractive

model to progress CPD among HCPs.

HCPs in Jordan also reported that enhancing knowledge and developing practical skills were the most expected benefits of CPD. Similar results were reported in a study conducted by Schostak et al. [13] from the United Kingdom, which showed that the effectiveness of CPD relates to the impact on knowledge, skills, values, attitudes, behaviours, and changes in practice in the workplace. In the later study, respondents agreed that CPD is essential to effective practice and to an individual's development within the profession, whether or not those results were in career progression. It was also linked to "personal learning needs" that would "result in learning outcomes which are mostly translated into practice", and it was frequently associated with appraisals, through the perspective of "gap filling" in skills, attitudes/behaviors, or knowledge [13]. A study from the US also reported that pharmacists believed that they could develop their knowledge and skills when adopting the CPD approach in their life long professional development [15]. Another study by Davis et al. [16] found that CPD provided an opportunity for HCPs to practice skills that could lead to a change in professional practice and, on occasion, healthcare outcomes. Similarly, a study from Australia reported that nurses found CPD was an opportunity to sustain competence and introduce new skills as required for contemporary practice needs [17]. Overall, the intention of HCPs behind being involved in CPD was mainly for the aim of enhancing knowledge and competency. These expected benefits by HCPs can be a guide for future CPD programs in Jordan and globally in which the aim and content of such programs need to focus on enhancing knowledge and competency of HCPs.

Limitations

Although this study revealed important findings regarding the perceptions of Jordanian HCPs about CPD using a large and representative sample, there were some limitations. Firstly, the study utilized a cross-sectional design, which only captured data at a single point in time. This limits the ability to establish causality or assess changes in perceptions over time. A longitudinal design would provide more robust insights into the trends and changes in perceptions of CPD among healthcare professionals. Secondly, the data collected relied on self-reported responses from the healthcare professionals. This introduces the possibility of response bias, as participants may provide answers which are perceived socially desirable or may not accurately reflect their actual perceptions and preferences. Thirdly, there was no formal validity and reliability testing of the used questionnaire which can be valuable to conduct such testing in future research.

However, the adaptation of the questionnaire included a face validity assessment of the used Likert items by the study co-authors.

Recommendations

- The significant variation in the preferred activities and the expected benefits of CPD among HCPs in Jordan need to be considered when developing future CPD.
- Future CPD programs in Jordan may consider online learning and conferences as an expected preferred CPD activities by Jordanian HCPs.

Future CPD programs must enhance the knowledge and competency of HCPs in Jordan as they expected such benefits.

Source of funding

This research was conducted during the sabbatical leave of the corresponding author

from the University of Jordan, and the research was supported by a US Agency for International Development (USAID) grant. Award number: AID-OAA-A-15-00046.

Conflict of interest

The authors declare that they have no conflict of interest.

Ethical approval

Ethical approval was obtained from the Institutional Ethical Committee Boards from Jordan University of Science and Technology, the Ministry of Health (MOH), Royal Medical Services (RMS), and targeted private hospitals. Date: 11/12/2017, number:

23/111/2017.

Consent

Consent forms were obtained from all participants.

Authors contributions

Concept design: NY, HA, RA, MG; definition of intellectual content, NY, HA, RA, MG; literature search: NY, AA, OQ; acquisition of data: OQ; analysis and interpretation of data: NY, AA, HA. All authors participated in drafting and revising the manuscript and approved its current version. NY is the guarantor of the integrity of the whole work.

REFERENCES

1. O'Sullivan J. Continuing Professional Development—is it beneficial? *Physiotherapy*. 2004;90(4):174-5.
2. van Wijk K. De Service Care Chain: De invloed van service en HRM op de realisering van vraaggerichte dienstverlening door zorgorganisaties2007.
3. Younes NA, AbuAlRub R, Alshraideh H, Abu-Helalah MA, Alhamss S, Qanno' O. Engagement of Jordanian physicians in continuous professional development: current practices, motivation, and barriers. *International Journal of General Medicine*. 2019;475-83.
4. Jordan 2025: A National Vision and Strategy [Available from: <http://inform.gov.jo/Portals/0/Report%20PDFs/0.%20General/jo2025part1.pdf>].
5. Higher Health Council and World Health Organization. The National Strategy for Health Sector in Jordan 2015-2019 [Available from: <http://www.hhc.gov.jo/uploadedimages/The%20National%20Strategy%20for%20Health%20Sector%20in%20Jordan%202015-2019.pdf>].
6. Jaradeh M, Hamdeh HA. Nurses' experiences of continuous professional development. *Jordan medical journal*. 2010;44(3):313-22.
7. Alsharif AI, Al-Khalidi YM. Attitude, practice and needs for continuing medical education among primary health care doctors in Asir region. *Journal of family & community medicine*. 2001;8(3):37.
8. Bower EA, Girard DE, Wessel K, Becker TM, Choi D. Barriers to innovation in continuing medical education. *Journal of Continuing Education in the Health Professions*. 2008;28(3):148-56.
9. Elshami W, Elamrdi A, Alyafie S, Abuzaid M. Continuing professional development in radiography: practice, attitude and barriers. *International journal of medical research & health sciences*. 2016;5(1):68-73.
10. Shah MD, Goyal V, Singh V, Lele J. Preferences and attitudes of physicians in India towards continuing medical education. *Journal of European CME*. 2017;6(1):1332940.
11. Courtenay M, Gordon J. A survey of therapy areas in which nurses prescribe and CPD needs. *Nurse Prescribing*. 2009;7(6):255-62.
12. Cunningham DE, Alexander A, Luty S, Zlotos L. CPD preferences and activities of general practitioners, registered pharmacy staff and general practice nurses in NHS Scotland—a

questionnaire survey. *Education for primary care.* 2019;30(4):220-9.

13. Schostak J, Davis M, Hanson J, Schostak J, Brown T, Driscoll P, et al. 'Effectiveness of continuing professional development' project: a summary of findings. *Medical teacher.* 2010;32(7):586-92.

14. Nayak PP, Prasad K, Jyothi C, Roopa G, Sanga R. Preferences and barriers for continuing professional development among dental practitioners in the twin cities of Hubli-Dharwad, India. *Journal of Indian Association of Public Health Dentistry.* 2015;13(4):429-33.

15. Dopp AL, Moulton JR, Rouse MJ, Trewet CB. A five-state continuing professional development pilot program for practicing pharmacists. *American Journal of Pharmaceutical Education.* 2010;74(2).

16. Davis D, O'Brien MAT, Freemantle N, Wolf FM, Mazmanian P, Taylor-Vaisey A. Impact of formal continuing medical education: do conferences, workshops, rounds, and other traditional continuing education activities change physician behavior or health care outcomes? *Jama.* 1999;282(9):867-74.

17. Ross K, Barr J, Stevens J. Mandatory continuing professional development requirements: what does this mean for Australian nurses. *BMC nursing.* 2013;12(1):1-7.

كيف يرى العاملون في مجال الرعاية الصحية التطوير المهني المستمر؟ دراسة وطنية مقطعة من الأردن

نضال يونس¹، أنس عباينة²، حسام الشريدة³، رائد أبو الرب⁴، عمر قنوع⁵، منتهى عرابية⁶

الملخص

الخلفية والأهداف : يعد التطوير المهني المستمر أمراً ضرورياً لتعزيز المعرفة والكفاءة لدى المتخصصين في الرعاية الصحية، ولكن لا يوجد أبحاث سابقة من الأردن قامت بتقييم تصور المتخصصين في الرعاية الصحية حول التطوير المهني المستمر. ويهدف هذا البحث إلى التحقيق في تصورات المهنيين في مجال الرعاية الصحية في الأردن حول التطوير المهني المستمر.

منهجية الدراسة : أجريت دراسة مقطعة في الفترة ما بين ديسمبر 2017 حتى أبريل 2018 في العديد من مؤسسات الرعاية الصحية في الأردن. تم التحقيق في تصور 2204 من المهنيين في مجال الرعاية الصحية بما في ذلك الأطباء وأطباء الأسنان والصيادلة والممرضات والمهنيين في مجال الرعاية الصحية المختلفة باستخدام استبيان منظم للإبلاغ الذاتي. وشمل تقييم الإدراك التفضيلات المتصورة والفوائد المتوقعة لأنشطة التطوير المهني المستمر.

النتائج: كان نشاط التطوير المهني المستمر الأكثر تفضيلاً هو نشاط قراءة المجلات والإنترنت، في حين كان النشاط القائم على البحث هو الأقل تفضيلاً. وكان نشاط قراءة المجلات والإنترنت هو النشاط المفضل بشكل كبير في القطاع الخاص ($P = 0.04$). كان هناك فرق كبير في جميع أنشطة التطوير المهني المستمر المفضلة المدروسة بين مختلف مقدمي الرعاية الصحية (كلها ص $p < 0.05$). وكانت الفائدة المتوقعة الأكثر إدراكاً للتطوير المهني المستمر هي تعزيز المعرفة بينما كان إرضاء طموحات التعلم هو الأقل. كان هناك فرق كبير في الفوائد المتوقعة بين القطاعات الصحية، وشمل ذلك تحسين نتائج المرضى، وتحسين المهارات الشخصية، وتعزيز المعرفة الشخصية (جميعها قيمة $p < 0.05$). وكان هناك أيضاً فرق كبير في الفوائد المتوقعة بين المتخصصين في الرعاية الصحية، وشمل ذلك تحسين رضا المرضى وأسرهم، وتحسين النتائج السريرية للمرضى، وتغيير الممارسة السريرية الحالية، وتحسين المهارات الشخصية، وتعزيز المعرفة الشخصية (جميعها قيمة $p < 0.05$).

الاستنتاجات: يختلف تصور التطوير المهني المستمر بين مختلف مقدمي الرعاية الصحية والقطاعات الصحية في الأردن. وينبغي للتدابير المستقبلية لتصميم تطوير مهني مستمر فعال لمقدمي الرعاية الصحية الأردنيين أن تأخذ هذا الاختلاف في الاعتبار.

¹قسم الجراحة، كلية الطب، الجامعة الأردنية، عمان، الأردن

²كلية التمريض، جامعة اليرموك، إربد، الأردن؛ مركز ابحاث العلوم التطبيقية، جامعة العلوم التطبيقية الخاصة، عمان، الأردن

³كلية الهندسة، جامعة العلوم والتكنولوجيا الأردنية، إربد، الأردن؛ قسم الهندسة الصناعية، الجامعة الأمريكية في الشارقة

⁴كلية التمريض، جامعة العلوم والتكنولوجيا الأردنية، إربد، الأردن

⁵قسم الجراحة، كلية الطب، الجامعة الأردنية، عمان، الأردن

⁶كلية التمريض، جامعة العلوم والتكنولوجيا الأردنية، إربد، الأردن

Received: June 26, 2023

Accepted: August 8, 2024

DOI:

<https://doi.org/10.35516/jmj.v6i1.1333>

الكلمات الدالة: التعليم الطبي المستمر؛ التعليم التمريضي المستمر؛ التطوير المهني المستمر؛ المتخصصون في الرعاية الصحية؛ الأردنيون؛ إعادة الترخيص