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DEVELOPMENT OF GUIDELINES AND CONTINUING PROFESSIONAL DEVELOPMENT (CPD) PROGRAM FOR NURSING

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ABSTRACT
Professional development of nurses plays a crucial role in improving the quality of nursing services. The implementation of continuing competency development programs has not been optimal due to the absence of structured guidelines and programs at Hospital This lack of structure results in low consistency and uniformity in program implementation across nursing units. This study aims to develop a structured and sustainable professional development guideline and program for nurses that can serve as a reference for systematic and targeted implementation within the hospital environment. The study was conducted through a nursing management residency program held from May 27 to June 30, 2025. Data were collected through interviews, observations, and questionnaires distributed to nursing staff and nursing leadership. The questionnaire used the Q-PDN to measure various aspects of Continuing Professional Development (CPD) among nurses, with a Cronbach's alpha reliability value of 0.89. Data analysis involved the Ishikawa diagram approach, SWOT analysis, and problem prioritization using the USG method. The analysis identified the absence of CPD guidelines and programs as the main problem, with the highest priority score. A draft guideline and CPD program were developed, covering staffing standards, facilities, implementation procedures, quality control, reporting, and follow-up mechanisms. Initial evaluation showed that 91% of stakeholders had a strong understanding of the document and provided positive feedback on its usefulness. The development of CPD guidelines and programs is a strategic step to strengthen the implementation of continuous professional development for nurses.

Keywords: competency development; implementation strategy; nursing guidelines; nursing service quality; program evaluation

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INTRODUCTION

Nursing services are an essential part of the healthcare system that must ensure quality and patient safety. Competent and professional nurses who are able to keep up with the advancement of science and technology in healthcare are highly needed to guarantee the quality of nursing services. Hulu et al. (2023) stated that efforts to improve the quality of nursing services can be achieved through the provision of professional development programs. Mlambo et al. (2021) emphasized that professional development for nurses in supporting their careers and professional practice is a crucial aspect. This competency development can enhance professional status, clinical abilities, and career competitiveness. Ali Ahmed et al. (2023) also reported that education improves nurses' knowledge, thinking systems, and competencies, which in turn significantly influence quality and patient safety. Continuous competency improvement for nurses is a strategic effort to enhance the quality of nursing services, which can be achieved through Continuing Professional Development (CPD) programs (Hariyati et al., 2017). CPD is part of the career ladder system that significantly affects nurses' competence and supports the improvement of nursing service quality in hospitals (Herawati et al., 2017). Continuing Professional Development (CPD) has a positive impact on nursing

practice, helping nurses improve the knowledge, skills, and abilities needed in clinical care settings (Amir et al., 2024).
Continuous Professional Development (CPD) is an important component in improving nurses' competencies and the quality of nursing services; however, its implementation across countries still faces significant challenges. Wehabe et al. (2024) reported that nurses' participation in CPD programs in the African region remains relatively low. This lack of participation contributes to suboptimal healthcare service quality, especially in developing countries. Although the survey response rate in that study reached 96.7%, only 34.4% of nurses reported active participation in CPD activities during the data collection period. This fact reflects substantial barriers in implementing structured and sustainable CPD programs.

Structured and flexible CPD implementation requires support from a comprehensive framework and guidelines as the foundation for proper execution. Al-Omary et al. (2024) stated that optimizing CPD program implementation requires the use of frameworks, models, or implementation theories to guide planning, execution, and evaluation. This ensures that every learning process is integrated into high-quality, relevant clinical practice with real impact on healthcare services. Merry et al. (2023) also highlighted that many healthcare facilities in low- and middle-income countries still lack well-structured CPD systems due to weak policy support, absence of strong regulations, and lack of integrated monitoring systems. Without clear regulatory frameworks, CPD implementation tends to be unsustainable and shows variability among healthcare institutions. One of the major challenges in implementing CPD is the absence of standardized and consistent documentation and evaluation systems. Some nurses also reported that their CPD participation was often administrative in nature, without truly supporting professional competency development.

Hospital X, located in Depok City, has organized various CPD activities for nurses, such as training, seminars, case reflection discussions, and journal reading. However, to date, no official guideline exists as a standard reference for implementing CPD programs in the hospital. Interviews with the Head of Nursing, the Nursing Committee, and Ward Heads revealed that despite good awareness and understanding regarding the importance of CPD (77.95%), the absence of guidelines has resulted in CPD implementation being inconsistent and less structured. Furthermore, training materials have not been fully adapted to nurses' competency levels, and activities such as case reflection discussions have not been carried out regularly.

Observations also showed that although nursing staff data has been digitized, CPD-related data has not been fully documented. Evidence of CPD activities in service units has also not been consistently recorded, making it difficult to evaluate and plan comprehensive competency development. This phenomenon was identified by the researchers during a residency program conducted for approximately one month, from May 27 to June 30, 2024. The problem identification process was carried out using three methods: interviews, observations, and questionnaires. Based on this background, the authors developed a strategy to design structured CPD guidelines and programs for nursing at Hospital.. This study aims to develop a structured and sustainable professional development guideline and program for nurses that can serve as a reference for systematic and targeted implementation within the hospital environment.

METHOD

This study was a pilot study. Data collection was conducted during the Master of Nursing residency program, which took place from May 27 to June 30, 2025. Data were collected using three main methods: interviews, direct observation, and questionnaire distribution. Interviews were conducted with three categories of key informants, namely the Head of the Nursing Division, the Nursing Committee, and the Ward Heads. Observations were carried out in service areas to directly assess the implementation of activities and actual conditions in the field. Meanwhile, questionnaires were

distributed online via Google Forms and were addressed to all ward heads, team leaders, and staff nurses as respondents. The questionnaire used the Q-PDN to measure various aspects of Continuing Professional Development (CPD) among nurses, with a Cronbach's alpha reliability value of 0.89. The data obtained from these three methods were then analyzed using the Ishikawa diagram (fishbone diagram) approach, which is a commonly used root cause analysis method. This diagram maps the causes of problems based on six main categories (5M + 1E), namely man (human resources), money, method (work methods), machine (equipment), material, and environment (work environment) (Haryati, 2018). The results of the Ishikawa diagram analysis are presented in Figure 1 below.

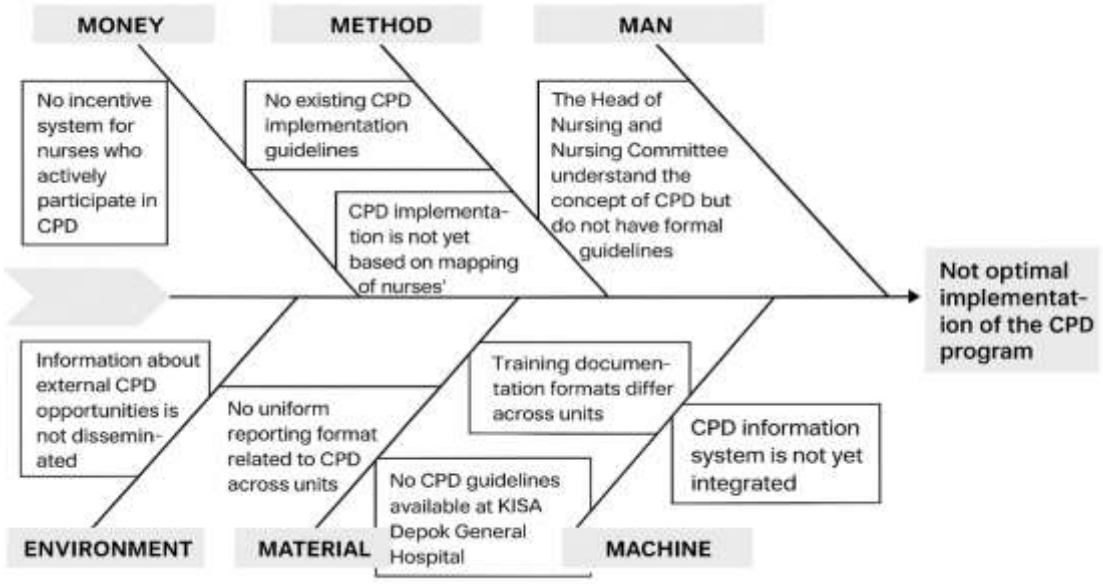

Figure 1. Ishikawa (Fishbone) Diagram 5M + 1E

Based on the man (human resources) aspect, it was found that although the Head of Nursing and the Nursing Committee already understood the importance of implementing a Continuing Professional Development (CPD) program, they did not yet have official guidelines as a foundation for carrying out such activities. Nurses also recognize that CPD is important for their professional development, but this awareness has not been supported through supervision and organizational backing. As a result, CPD implementation in service units remains inconsistent and tends to be carried out without clear direction. From the money (funding) aspect, CPD activities have not yet been included in the hospital's incentive system, resulting in a lack of support in the form of rewards or compensation.
In terms of the method aspect, the implementation of CPD programs has not been based on mapping competency of nurses. In other words, CPD activities remain general and are not tailored to the individual needs of staff.

Regarding the machine (tools/systems) aspect, there are no specific CPD guidelines available at Hospital X. In addition, the CPD information system has not yet been integrated, leading to non-uniform documentation of CPD activities. Each unit uses different reporting formats, which complicates the overall process of evaluation and reporting. The lack of an integrated system remains a major challenge in managing CPD effectively and sustainably. From the material aspect, there are no standardized CPD training modules. This causes variations in the training content and delivery methods, depending on the facilitator. Lastly, from the environmental aspect, information about external training opportunities has not been disseminated evenly to all nurses. Moreover, the absence of a standardized CPD reporting format across units makes it difficult to compile and process data effectively.

Overall, CPD implementation at Hospital X has not been optimal, and without improvements in each of these aspects, CPD programs cannot provide maximum impact in enhancing the quality of nursing services. After problem mapping was carried out, the next step was to conduct a SWOT analysis (Strengths, Weaknesses, Opportunities, and Threats) to identify various internal and external factors affecting the organization. This analysis serves as a strategic planning tool to evaluate potential internal strengths and weaknesses, as well as external opportunities and threats that may influence the success of the program (Ladd et al., 2020). The SWOT analysis regarding the suboptimal implementation of the Continuing Professional Development (CPD) program at Hospital X in Depok City is presented in Table 1 below.

Table 1.
SWOT Analysis

Strengths	*WEAKNESSES*
1. High interest and commitment of nurses to participate in the CPD program. 2. Nursing leadership support for CPD implementation. 3. The training program for nursing staff has been running well. 4. Information technology systems are starting to be implemented.	1. The CPD program guidelines are not yet structured. 2. Data collection on training activities is not yet complete/uniform across service units. 3. The Case Reflection Discussion (CDR) program has been implemented but has not been properly documented. 4. The training program has not been adjusted to the competency level. 5. There are no incentives or formal recognition for CPD participation in relation to career advancement.
OPPORTUNITIES	*THREATS*
1. The existence of National Regulations on CPD (Health Law No. 7 of 2023/PMK No. 40 of 2017). 2. Information Technology Support for CPD Data Collection System. 3. The availability of many digital-based media facilitates the development of professional nursing competencies. 4. Possibility of cross-professional and cross-agency collaboration.	1. Time constraints and workload of Nurses in the Room. 2. Lack of competent internal facilitators or instructors. 3. Changes in regulations from the government.

The next step is to prioritize problems using the USG *(Urgency, Seriousness, and Growth) method* . This method aims to determine the most pressing issues to address based on their level of urgency, severity, and potential for growth. The assessment uses a score between 1 and 5, where the problem that gets the highest score is selected as the main priority.(Kemenkes RI, 2016). Priority assessment based on these three aspects is presented in Table 2.

Table 2.
Assessment of problem priorities using the USG method

No.	PROBLEM	U	S	G	*Grade*
1.	Data collection and documentation of training activities by nurses is incomplete and not uniform.	3	5	3	11
2.	There are no nursing CPD guidelines and programs in hospitals.	5	5	5	15
3.	CPD training materials have not been adapted to the level and competency needs of nurses.	4	4	4	12
4.	There is no incentive mechanism or formal recognition for active participation in CPD.	3	3	3	9
5.	The implementation of Case Reflection Discussion (DRK) activities has not been scheduled regularly.	3	4	3	10

Based on the priority assessment using the USG method (Urgency, Seriousness, Growth) , five main issues were identified regarding the implementation of the Continuing Professional Development (CPD) program at *Hospital* This problem is considered very important because CPD guidelines and programs serve as the main foundation for the implementation of professional development activities. Without clear regulations and structures, CPD implementation risks become

inconsistent, poorly directed, and difficult to evaluate comprehensively. According to Filipe et al. (2014), CPD program delivery requires a planned and systematic approach, in which regulations play a central role in ensuring the success and effectiveness of its implementation in healthcare facilities. The absence of a standardized policy framework may lead to uneven CPD implementation across institutions, poor documentation, and difficulties in monitoring due to the lack of uniform and standardized reporting systems. After problem prioritization was established, a Plan of Action (POA) was developed as a strategic step to address the issue. The next stage includes the implementation of the POA in the field, followed by an evaluation and follow-up process as a form of supervision for the professional development planning undertaken.

RESULT

Interviews with related stakeholders at Hospital These programs include activities such as formal education for nursing staff, training, seminars, community service, and case reflection discussions in clinical units. The interviews also showed that CPD implementation in the hospital has not fully referred to guidelines aligned with national policies. In addition, documentation of competency development activities by nurses in each clinical unit has not been well established. The training materials and topics provided have also not been systematically structured according to nurses' competency levels, as specified in national regulations. Case reflection discussions, although carried out as part of the Clinical Care Management (CCM) program, have not been conducted regularly and sustainably.

Observations in the Nursing Committee office indicated that there were still no structured institutional CPD guidelines and programs in place. Although 15 external training sessions and 7 internal training sessions have been planned for 2025, these activities have not yet been fully aligned with the competency levels and development needs of nurses. On the other hand, observations in service units showed that although personnel data has been digitized, CPD-related data remains incomplete, and in some units, not available at all. Evidence of CPD implementation in clinical units has not been optimally documented. Training documentation formats also vary between units, making reporting and evaluation processes at the hospital level more difficult and less integrated. Meanwhile, data collection through questionnaires was conducted online using Google Forms. From a total population of 236 nurses, calculation using the Slovin formula showed that the minimum required sample size was 71 respondents. In practice, 112 nurses participated and completed the questionnaire, exceeding the minimum required number.
(CPD) at Hospital

Table 2.
Respondent characteristics

Characteristics	Category	f	%
Gender	Man	30	26.8
	Woman	82	73.2
Level of education	D3 Nursing	67	59.8
	Bachelor of Nursing	4	3.6
	Nurses	41	36.6
Position	Head of the room	5	4.5
	Team leader	24	21.4
	implementing nurse	83	74.1
Clinical nurse level (PK)	PK 1	33	29.5
	PK 2	40	35.7
	PK 3	39	34.8
Length of work	≤5 years	50	44.6
	>5 years	62	55.4
Employment status	Civil servant	25	22.3
	PPPK	26	23.2
	Non-civil servant	61	54.5

From the analysis of 54 questionnaire items on CPD, a total score of **77.95%** was obtained. This indicates that, in general, the level of nurses' engagement and perception toward CPD programs is relatively high. These findings reflect that the majority of nurses recognize the importance of professional development in enhancing competence, service quality, and career advancement in nursing practice.

DISCUSSION

Based on the identification of problems, root cause analysis, and priority setting using the USG method, it was found that the absence of structured CPD guidelines and programs is the main issue that must be immediately addressed. To systematically respond to this challenge, an approach that facilitates comprehensive organizational change is required. One relevant framework in this context is Kurt Lewin's Change Theory , which explains that the change process can be implemented through three stages: unfreezing, moving, and refreezing (Robbins & Judge, 2024). This theory provides a framework to understand the dynamics of change and the necessary steps to ensure that CPD implementation runs effectively and sustainably. At the unfreezing stage, the organization begins to recognize the importance of change by reducing old habits and encouraging individuals to be more open to new practices. This stage emphasizes clear communication and support for those who may feel uncomfortable facing change.

In the moving stage, the organization begins adopting new behaviors, values, and ways of thinking through concrete actions. Leadership plays a crucial role in guiding this process, providing support, encouraging new ideas, and helping overcome anxiety or resistance. The final stage, refreezing , is when the change becomes embedded in the organization's habits and culture, creating a stable condition that supports sustainability. At this stage, the organization must instill a long-term mindset and foster innovation to maintain the change (Cianos, 2025). In the context of this study, the unfreezing stage was reflected through problem identification, root cause analysis, and presentation of findings to nursing management. The key problem identified was the absence of CPD guidelines and programs for nurses in Hospital X. Therefore, appropriate steps were needed to develop structured guidelines and programs for CPD implementation.

The moving stage was carried out using the five management functions: planning, organizing, staffing, actuating, and controlling . Planning included drafting the plan of action and conducting a literature review to gather references and regulations relevant to CPD. The review provided insights into the structure, content, and objectives of CPD, which became the foundation for the initial draft of CPD guidelines and programs. Organizing was done through cross-unit coordination involving the Nursing Committee, Nursing Division, ward heads, Training Unit, and Hospital Health Promotion Unit (PKRS). All stakeholders agreed that CPD had been ongoing but lacked formal guidelines and programs, and expressed support for their development. Staffing involved defining roles: nursing students and the Nursing Committee as primary implementers, the Nursing Division as policy facilitator, ward heads as unit implementers, and the Training Unit and PKRS as regulatory and educational supporters. This collaboration strengthened the structure of CPD implementation.

Actuating included drafting CPD guidelines and programs, covering essential components such as introduction, staffing standards, facility standards, procedures, quality control, reporting, and closing. The CPD program was then developed based on hospital needs and included a yearly calendar of training, seminars, case reflection discussions, and journal readings. Controlling consists of monitoring and evaluating the draft guidelines and programs to ensure alignment with hospital needs and national regulations. Supervisory reviews by academic and clinical advisors provided feedback for improvement.

The refreezing stage involved presenting the draft guidelines and programs to key stakeholders (Nursing Committee and Nursing Division) through focused group discussions, collecting feedback, and refining the document collaboratively. This ensured that the final version was aligned with both national regulations and hospital needs. The next step was evaluation and follow-up planning. Evaluation was conducted via an online questionnaire (25 multiple-choice items) covering all guideline chapters. Results indicated that participants (Nursing Committee and Nursing Division members) had a very good understanding (91%) of CPD components.

CONCLUSION

Between May 27 and June 30, 2025, the nursing management residency program at Hospital X was implemented through several phases, from problem identification, root cause analysis, and SWOT analysis to action plan development, draft preparation, and evaluation. The outcome was a draft of CPD guidelines and programs designed to strengthen sustainable professional competence development among nurses. These guidelines are expected to serve as a strategic foundation for consistent, structured, and evaluable CPD implementation. Beyond fostering a lifelong learning culture, the document also facilitates systematic documentation and reporting of CPD activities. Ultimately, the availability of CPD guidelines and programs is expected to improve nursing professionalism and service quality in the hospital.

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