

Reasons for participation in and needs for continuing professional education among health workers in Ghana

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Abstract

The reasons for participation in continuing professional education (CPE) programs among health workers importantly determine the level of post-CPE application in daily servicing practice and finally the quality of health services. To categorize and distinguish type of reasons in an evidence-based manner, background factors associated with reasons were identified through conducting a census targeting the health workers in three regions of Ghana ($N = 6696$). The total number of subjects where health workers found CPE needs produced significantly positive odds ratios ($OR > 1$) with three reasons ('to maintain and improve professional knowledge and skills', 'to interact and exchange views with colleagues', and 'to obtain a higher job status') of four employed for this study. That implies that health workers with those reasons have more quantities of CPE needs. Conversely, the total number of subjects where health workers found CPE needs produced significantly negative odds ratio with 'to gain relief from routine' indicating it is an extrinsic reason. Therefore, whether 'to gain relief from routine' is chosen as a reason for participation could be criterion of differentiating between the types of reason.

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1. Introduction and background

Continuing professional education (CPE) for health workers is widely recognized as an effective means

for the improvement of health status among local populations, through equipping them with updated technical knowledge and skills [1] and improving morale and attitudes towards work [2]. There has been, however, an increased skepticism concerning the effectiveness of CPE [3]. Traditionally, health administrators do not believe that CPE dramatically improves the health workers' performance [4] because there is no assurance that the desired changes in professional

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competency or performance will occur [5]. Despite this critical argument, CPE issues have been insufficiently addressed and analyzed in academic research [6], especially within a developing country context. Nevertheless, a tremendous amount of funds have been invested in educating health workers in developing countries by governmental development agencies and non-governmental organizations (NGOs) for decades without clearly analyzing the total CPE situation in those countries. One of the reasons for little research concerning healthcare human resources such as CPE is the lack of recognition and understanding of human resources as an authentic area of research, despite its equal importance, for example, to biomedical research [2]. It is necessary to conduct research to more precisely describe and analyze CPE in order for the effective utilization of financial resources since human resources account for 60–80% of recurrent cost in health service delivery [7–9].

Health workers' reasons for participation in CPE are critical in determining the extent to which new knowledge and skills are applied to daily practice [10]. In particular, the analyses on reasons for participation and self-perceived needs among health workers play a key role in maximizing effectiveness of CPE because they reflect health workers' psychology and motivation towards CPE. The reasons for participation were addressed and analyzed in several earlier studies in developed countries. The major reasons for participation in CPE in those studies include: (i) 'to maintain and improve professional knowledge, and skills'; (ii) 'to interact and exchange views with colleagues'; (iii) 'to obtain a higher job status'; (iv) 'to gain relief from routine'; (v) 'to comply with employer's and authority's requirements' [10–12]. In addition, multiplicity and complexity were confirmed in health workers' way of selecting these reasons [13]. 'Compliance with employer's and authority's requirements' as a reason has been discussed exclusively in the studies in developed countries where mandatory CPE participation is required for renewal of professional licenses [11,14]. However, the reasons for participation in CPE among health workers in developing countries, where generally there is no mandatory CPE requirement for renewing licenses, have been rarely addressed.

Past studies on the linkage between the reasons for participation and post-CPE application revealed that extrinsic reasons are negatively correlated with

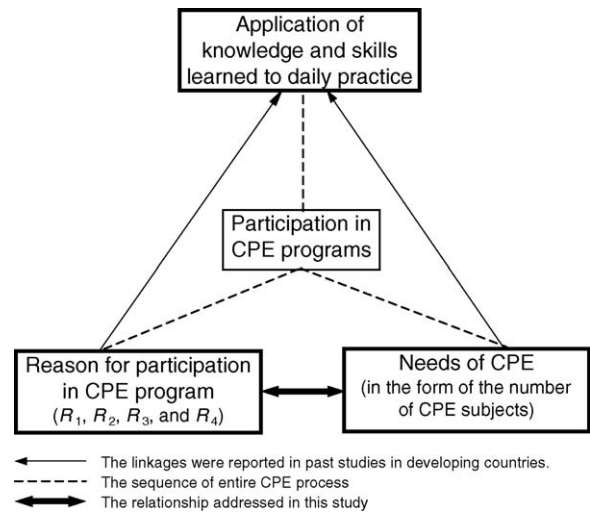


Fig. 1. CPE process framework.

the level of application in daily practice [10,12,15]. In contrast, intrinsic reasons brought about more proactive application [16]. A certain relationship exists between the type of reasons and needs that health workers identify because CPE programs are often successful when the reasons are more intrinsic and the needs are also met [17,18]. A study in the United States indicated that the reasons for participation vary significantly according to the type of profession, career stage, professional experience, and personal characteristics [10]. Another study indicated that nurses' self-perceived CPE needs might be one of the determinants of participation [19]. However, the relationship between health workers' individual CPE needs and the reasons for participation has been rarely analyzed in an evidence-based manner (Fig. 1).

Health status of the populations in Ghana has significantly improved since 1982 and is generally better in terms of major health indicators than other West African countries [20]. Infant mortality rate and under-five mortality rate dropped respectively from 77 and 148 per 1000 livebirths in 1988 to 57 and 107 in 1998 [21]. It is being ravaged by both newly emerging infectious diseases such as HIV/AIDS and reemerging infectious diseases such as malaria, tuberculosis and cholera. The incidence of non-communicable diseases also continues to rise sharply, particularly in urban areas [22]. There is also a remarkable discrepancy in health status between northern and southern parts of

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