



The Influence of Implementing Continuing Professional Development (CPD) on Knowledge and Skills in Providing Nursing Care

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Abstract

Background: In Indonesia, the number of Patient Safety Incidents (PSIs) reached 7,465 cases in 2019, comprising 171 deaths, 80 severe injuries, 372 moderate injuries, 1,183 minor injuries, and 5,659 cases with no injuries. **Objective:** This study aims to determine the effect of Continuing Professional Development (CPD) on improving nurses' knowledge and skills in providing quality nursing care at RSUD Aji Muhammad Parikesit. **Methods:** This research employed a quasi-experimental, two-group pre-test-post-test control group design. A proportional probability sampling technique was used, with 102 respondents divided into two groups: 51 in the intervention group and 51 in the control group at RSUD Aji Muhammad Parikesit. Data were analyzed using the Paired T-Test with a significance level of $p\text{-value} \leq 0.05$ at a 95% confidence level. **Results:** The analysis of nurses' knowledge using the Paired T-Test showed a $p\text{-value}$ of $0.000 < \alpha = 0.05$ in the intervention group, while the control group had a $p\text{-value}$ of $0.307 > \alpha = 0.05$. For nurses' skills, the intervention group had a $p\text{-value}$ of $0.000 < \alpha = 0.05$, while the control group showed a $p\text{-value}$ of $0.083 > \alpha = 0.05$. **Conclusion:** CPD plays a crucial role in the professional development of nurses and can serve as a strategy to improve the quality of healthcare services in hospitals. Future studies are recommended to control for confounding variables to achieve more accurate results and to extend the duration and coverage of CPD to sustain its long-term impact.

Keywords: Continuing Professional Development, CPD, Knowledge, Nurses, Nursing Care, Skills.

1. INTRODUCTION

Hospitals as service facilities, play an important role in providing comprehensive health services to the community while upholding professional ethics and legal responsibilities (Navisa, 2020). The quality of services and facilities offered by hospitals significantly impacts patient satisfaction, with research showing that the quality of services and facilities has a positive effect on inpatient satisfaction (Ansyori et al., 2024). Efforts to improve health services in hospitals involve setting long-term goals, improving infrastructure, and ensuring efficiency, fairness, and reliability in service delivery (Palenewen & Mulyanti, 2023; McCray et al., 2018).

A nurse's ability to provide care really depends on the competence they have, where the components that form competence are knowledge, skills and attitude. As stated above, nursing human resources are the largest number of human resources in a hospital organization, of course they have an important role in the patient service process. If a nurse does not have sufficient knowledge and skills in providing care, it will certainly impact the service and be dangerous for patient safety.

Research conducted by Tandi et al., (2020) Stating that the ability of nurses in hospitals is still low in providing good nursing care, therefore, to improve the quality of

documentation of nursing care, it is necessary to train nurses on documenting nursing care, developing awareness, direction and control, continuous control. Nursing services are part of the health service system in hospitals which have the function of maintaining the quality of services, often used as a barometer by the public in assessing the quality of hospitals, thus demanding professionalism of nurses in their work as shown by the results of the performance of nurses, both implementing nurses and managers in provide nursing care to clients (Fajarnita et al., 2023).

Based on a preliminary study conducted at the hospital. X In 15 inpatients, the results of 11 low levels of satisfaction are obtained, and 4 good satisfaction, while the studies in 12 nurses found that 8 nurses still have errors when doing 5 stages in nursing care and among them still have not implemented nursing care based on IDX, SLKI and SIKI. Conditions like this have an impact on the ability to provide services and handle problems faced when there are obstacles in providing services. Data from the evaluation of the implementation of nursing care in the last year with an average of 68-77.45 regarding compliance with documentation of nursing care in accordance with the SDKI, SLKI and SIKI. This can occur due to the nurse's lack of understanding of the care process that must be carried out and the ability to recognize patient problems that must be given action according to their needs. In a short interview with the nurse, it was found that the process of documenting care had been given guidance but did not yet know whether there were special regulations regarding the process of documenting nursing care.

Developing countries in improving the quality of nursing services in health facilities are currently implementing continuing professional development (CPD) standards to ensure that nurses maintain ongoing competency and continue to follow existing guidelines to meet public health needs (Navisa, 2020). Continuing Professional Development (CPD) enables nurses to maintain and develop the skills needed to provide high quality, safe and effective care in all roles and settings and helps nurses maintain professional development so they can provide better nursing care to patients (Kasine et al., 2018; Nilasari et al., 2021).

According to Bernadetta et al., (2023) The research found a significant relationship between Continuing Professionalism Development (CPD) and nurse competency, with a p value of 0.000, indicating a strong correlation. nurses who are actively involved in CPD tend to have better clinical skills, are more confident in providing nursing care, and are able to adapt quickly to changes in clinical practice. In addition, CPD also contributes to improving patient safety, because trained and up-to-date nurses are better able to recognize and respond appropriately to patient health problems.

By observing the phenomena in the preliminary study, research can be conducted to analyze in more depth the influence of CPD activities on increasing knowledge, skills and documentation of nursing care in hospitals professional care for patients. Based on the background description above, it is important to carry out research on "The effect of CPD on increasing the knowledge and skills of nurses in providing quality nursing care at Hospital professional to patients.

2. LITERATURE REVIEW

Continuing Professional Development (CPD)

Continuing Professional Development (CPD) is an ongoing learning process used by professionals to update, improve and expand their knowledge, skills and abilities throughout their careers. CPD aims to ensure professionals remain competent in their roles and able to meet the changing demands of their field of work.

A. Benefit of CPD

- a. Improving Professional Competence: CPD helps professionals to remain competent and relevant in their field, enabling them to provide better services (Kennedy, 2005).
- b. Career Progression: Through CPD, professionals can develop new skills that open up opportunities for promotion or new roles (Boud & Hager, 2012).
- c. Adaptation to Change: CPD enables professionals to stay up-to-date with the latest developments in their industry, including new technology and regulatory changes (Tusting & Barton, 2003)
- d. Increased Job Satisfaction: By continuously learning and developing, professionals often feel more satisfied and motivated in their work (Evans, 2008).

B. Model CPD

- a. Reflective Cycle Model: This model emphasizes reflection as part of the CPD process. Professionals are expected to reflect on their experiences, identify lessons learned, and plan next actions (Friedman, 2015; A. Friedman & Phillips, 2004).
- b. Competency Model: Focuses on developing specific competencies required in a professional role. This involves measuring and assessing existing competencies and identifying gaps to be addressed through CPD (Friedman, 2015; A. Friedman & Phillips, 2004).
- c. Output Based Model: Emphasizes the results achieved from CPD activities. Professionals are expected to demonstrate how their CPD activities have improved their performance or work outcomes (Kennedy, 2005).

C. Implementation Strategy CPD

- a. Individual Development Plan: Each professional creates a personal development plan that includes their CPD goals, the methods they will use to achieve them, and ways to measure their success (Guskey, 2002).
- b. Mentoring and Coaching: Using guidance from a more experienced mentor or coach to help develop skills and knowledge (Megginson & Whitaker, 2007).
- c. E-learning and Technology: Leverages technology to provide access to flexible online learning materials, webinars and virtual courses (Tusting & Barton, 2003).

Knowledge

Knowledge is the result of "knowing" and this occurs after people sense certain objects. Occurs through the five senses, namely the senses of sight, hearing, smell, taste and touch (Notoatmodjo, 2018).

Knowledge measurement can be done by interviews or questionnaires that ask about the content of the material to be measured from research subjects or respondents into the knowledge that wants to be measured and adjusted to their level. The types of questions that can be used to measure knowledge are generally divided into 2 types (Arikunto, 2014).

1) Subjective question

The use of subjective questions with essay type questions is used with assessments that involve subjective factors from the assessor, so that the value results will differ from time to time for each assessor..

2) Objective question

Types of objective questions such as multiple choice, true and false and matching questions can be assessed with certainty by the assessor.

Skills

Skill comes from the word skilled which means capable, capable and dexterous. Iverson (2001) said that skills require training and the basic abilities that each person has can help produce something more valuable more quickly. Robbins (2000) in (Megantoro 2015) says skills are divided into 4 categories, namely:

- 1) Basic Literacy Skills: Basic skills that everyone must have, such as reading, writing, arithmetic and listening.
- 2) Technical Skills: Technical skills obtained through learning in the technical field such as operating computers and other digital tools.
- 3) Interpersonal Skills: Everyone's skills in communicating with each other, such as listening to someone, giving opinions and working as a team.

4) Problem Solving: A person's skill in solving problems using logic or feelings.

Engelke, Marshburn & Swanson (2009) describes nursing skills consisting of interpersonal, technical and critical thinking skills (Nursalam, 2001). Nursing skills are something that is seen as a whole by a nurse in providing professional services to clients, including the knowledge and consideration required in practice situations. Skills do not only concern the field of science and methodological knowledge, but no less important are attitudes and beliefs about the values of a good and attractive nurse. Professional skills standards are more oriented towards the quality of work performance so that they will describe what kind of performance is expected and can be carried out by someone who has these skills. Nursing technical skills are special skills possessed by nurses, where the more often a nursing action is carried out, the more skilled the nurse will be in that action (Nursalam, 2008).

Nursing Care

a. Assessment

Nursing assessment is the rationale for providing nursing care according to client needs. A complete and systematic assessment according to the facts or conditions existing in the client is very important for formulating a nursing diagnosis and providing nursing care according to the individual's response (Olfah & Ghofur, 2016).

b. Nursing Diagnose

A nursing diagnosis is a clinical assessment of a client's response to the health problems or life processes they are experiencing, both actual and potential. Nursing diagnosis aims to identify the client's response to situations related to health (Tim Pokja SDKI DPP PPNI, 2016).

c. Intervention

According to PPNI (2018) Nursing intervention is all treatment carried out by nurses which is based on knowledge and clinical assessment to achieve the outcomes expected by PPNI.

d. Implementation

Nursing implementation is a series of activities carried out by nurses to help clients from the health status problems they face to a better health status that describes the expected outcome criteria (Gordon, 1994, dalam Potter & Perry, 2011).

e. Evaluation

Nursing evaluation measures the success of the planning and implementation of nursing actions taken in meeting client needs. Assessment is the stage that determines

whether the goal is achieved. Evaluation is always related to objectives, namely cognitive, affective, psychomotor components, changes in function and specific signs and symptoms (Olfah & Ghofur, 2016).

3. METHODS

The research design used in this research is a two-group pre test-post test control group design, which is a type of quasi-experimental research design involving two groups of intervention subjects and a control group which is measured twice: once before the intervention or treatment is given (pretest) and once after the intervention or treatment is given (posttest). This research will be carried out at Aji Muhammad Parikesit Regional Hospital, and this research will be carried out after ethical approval has been issued. The nurse knowledge questionnaire is a questionnaire adopted from research Hikmayani (2016) which consists of 11 questions using a Likert scale with the criteria of Strongly agree, agree, disagree and disagree. The nurse skills questionnaire contains information about the performance of implementing nurses based on nursing care. The questionnaire is a questionnaire in Nursalam (2021) which was also adapted from previous research by Desi (2018). The questionnaire consists of 30 statement items which include assessment, diagnosis, planning, implementation, evaluation and documentation. The results of the validity and reliability test of this questionnaire obtained a Cronbach's Alpha value of 0.951, which means that this questionnaire was declared valid and reliable for use in this research.

The target population in this study was 440 nurses who worked at Aji Muhammad Parikesit Regional Hospital. Sampling was carried out using the Probability Proportional size technique. The sample count obtained was 82 respondents, and to anticipate dropouts during the research process, 25% = 20 people were added, which means the number of respondents in the study was 102, divided into 2 groups, namely 51 intervention groups and 51 control groups.

4. RESULTS

Table 1. Respondent Characteristics

Variabel	Intervention		Control	
	n	%	n	%
Sex				
Man	17	33.3	13	25.5
Woman	34	66.7	38	74.5
Age				
19 - 29 years old	20	39.2	25	49.0
30 - 44 years old	31	60.8	26	51.0
Study				
Nursing diploma	30	58.8	23	45.1
Ners	21	41.2	28	54.9
Length of work				
<2 years	9	17.6	22	43.1
>2 years	42	82.4	29	56.9
Employment Status				
THL	20	39.2	17	33.3
P3K	12	23.5	12	23.5
PNS	11	21.6	14	27.5
BLUD	8	15.7	8	15.7
Room				
Enggang 1 class	4	7.8	4	7.8
Enggang 2	5	9.8	5	9.8
Punai 2	10	19.6	11	21.6
Punai 1 VIP	8	15.7	8	15.7
Punai 3	8	15.7	7	13.7
Enggang 3	5	9.8	5	9.8
Enggang 1 VIP	4	7.8	4	7.8
Intermediate	7	13.7	7	13.7

Based on the data in Table 1 above, it is known that the largest gender of respondents was female at 66.7%. The highest age level is aged 30-44 years as much as 60.8%. The highest education level is D3 Nursing at 58.8. The highest length of work is that respondents worked >2 years as much as 82.4%. The highest employment status is THL status at 39.2%. And the largest distribution of nurses from the Punai 2 room was 19.6%.

Data from the control group based on gender is mostly female 74.5%, age distribution 30-44 years is 51%, highest level of education is nurse profession 54.9%, length of work distribution is >2 years 56.9%, highest employment status is THL 33.3%, with the largest room distribution is Punai 2 21.6%.

Table 2. Description of Research Variables

Intervention Group	N	Min	Max	Mean	SD
Knowledge					
Pretest	51	11	31	20,90	5.368
Posttest	51	25	44	36,18	4.260
Skills					
Pretest	51	33	76	46,65	7,326
Posttest	51	114	136	125.86	5,448
Control Group	n	Min	Max	Mean	SD
Knowledge					
Pretest	51	11	31	20.98	5.353
Posttest	51	12	31	21.76	4.819
Skills					
Pretest	51	33	55	44.55	5.088
Posttest	51	35	55	45.75	4.736

Based on the data in Table 2, the description of the knowledge variable before being given the intervention had a mean value of 20.90 with a minimum value of 11 and a maximum value of 31, whereas after being given the intervention the mean value changed to 36.18 with a minimum value of 25 and a maximum value of 44. The mean value of respondents' skills before given the CPD intervention was 46.65 with a minimum value of 33 and a maximum value of 76, the mean skill value changed after being given to 125.86 with a minimum value of 114 and a maximum value of 136. In the control group the description of the knowledge variable before being given the intervention had a mean value of 20, 98 with a minimum score of 11 and a maximum score of 31, whereas after being given the intervention the mean score changed to 21.76 with a minimum score of 12 and a maximum score of 31. The mean value of respondents' skills before being given the CPD intervention was 44.55 with a minimum score of 33 and a maximum score 55, the mean skill value changed after being given the intervention to 45.75 with a minimum value of 35 and a maximum value of 55.

Table 3. Analysis of the Effect of Implementing CPD
on Knowledge in Providing Nursing Care

On Knowledge in Providing Nursing Care					
Knowledge	N	Mean	SD	SE	P Value
Intervention					
Pretest	51	20,36	5.444	0,407	0,000
Posttest	51	36,16	5.654		
Control					
Pretest	51	20.21	5.378	0,508	0,307
Posttest	51	21.15	5.033		

Based on the data in table 3 above, the mean value of knowledge before the intervention was given had a mean value of 20.36, whereas after the intervention was given the mean value changed to 36.16, and the results of the analysis using the Paired T Test

showed a p value of $0.000 < \alpha = 0.005$. Meanwhile, the results of the analysis in the control group showed that the mean value of knowledge before the intervention was given was 20.21 and after treatment there was no significant change with a mean value of 21.15, the P value was $0.307 > \alpha = 0.005$.

Table 4. Analysis of the Effect of Implementing CPD on Skills in Providing Nursing Care

Skills	N	Mean	SD	SE	P Value
Intervention					
Pretest	51	46,65	7,326	0,616	0,000
Posttest	51	125.25	5.684		
Control					
Pretest	51	44.13	5.614	0,342	0,083
Posttest	51	44.74	5.519		

Based on the data in table 4 above, it was found that the mean skill value of respondents before being given the CPD intervention was 46.65 and the mean skill value changed after being given it to 125.25, and the results of the analysis using the Paired T Test showed that the p value was $0.000 < \alpha = 0.005$. Meanwhile, the results of the analysis in the control group showed that the mean skill value before the intervention was given was 44.13 and after the treatment there was no significant change with a mean value of 44.74, the P value was $0.083 > \alpha = 0.005$.

5. DISCUSSION

A. The Effect of Implementing CPD on Knowledge in Providing Nursing Care for Nurses at Aji Muhammad Parikesit Hospital

Based on the results of this research, it is known that the mean value of knowledge before being given the intervention had a mean value of 20.36, whereas after being given the intervention the mean value changed to 36.16, and the results of the analysis using the Paired T Test showed a p value of $0.000 < \alpha = 0.005$. Meanwhile, the results of the analysis in the control group showed that the mean value of knowledge before the intervention was given was 20.21 and after treatment there was no significant change with a mean value of 21.15, the P value was $0.307 > \alpha = 0.005$, which means that there was an influence of the implementation of CPD on internal knowledge. providing nursing care to nurses at Aji Muhammad Parikesit Regional Hospital.

CPD has been shown to improve nurses' knowledge, skills, and job retention, ultimately improving patient safety and quality of care (Amir et al., 2024; Vázquez-Calatayud et al., 2021). A mixed methods study confirmed that a CPD program designed

specifically for caring nursing practice effectively supports and enhances nursing competency (Naylor, 2022). The increase in nurses' knowledge after participating in CPD is clearly visible in their ability to apply nursing theory more appropriately and in accordance with clinical practice. This is in line with research conducted by Kyaw et al., (2019), which shows that well-designed CPD can increase health practitioners' knowledge and improve their clinical competence in the workplace. In addition, research by Eraut (2004) also emphasizes the importance of continuous learning in a professional environment to ensure that nurses' competence continues to increase (Flodgren et al., 2019).

B. The Effect of Implementing CPD on Skills in Providing Nursing Care for Nurses at RSUD Aji Muhammad Parikesit

Based on the results of this research, it was found that the mean skill value of respondents before being given the CPD intervention was 46.65 and the mean skill value changed after being given the intervention to 125.25, and the results of the analysis using the Paired T Test showed a p value of $0.000 < \alpha = 0.005$. Meanwhile, the results of the analysis in the control group showed that the mean value of skills before the intervention was given was 44.13 and after treatment there was no significant change with a mean value of 44.74, the P value was $0.083 > \alpha = 0.005$, which means that there is an influence of CPD implementation on skills. in providing nursing care to nurses at Aji Muhammad Parikesit Regional Hospital. Clinical skills are an important element in quality health services. This improvement in skills not only supports the accuracy of nursing actions, but also ensures patient safety and conformity of procedures with applicable standards.

The improvement in nurses' skills after implementing CPD can be attributed to the application of practice-based learning methods and clinical simulations, which enable nurses to hone their practical skills directly. This is in accordance with research conducted by (Hartono & Afriza, 2019), which states that simulation-based CPD can significantly improve nurses' technical skills, especially in emergency situations or complex cases. According to Redwood et al., (2024) CPD programs help nurses maintain updated skills, essential for safe and competent patient care. Workshops that focus on evidence-based nursing practice have been shown to increase nurses' knowledge and application of research in clinical settings (Mu'afiro et al., 2023).

6. CONCLUSION

After participating in CPD, there was a significant increase in their level of knowledge, especially in the application of nursing care, patient safety procedures, and ability to deal with complex clinical situations. This shows that the CPD program is effective in increasing nurse competency and strengthening the quality of nursing services in hospitals.

Through the CPD program, nurses experience improvements in technical skills and practical abilities, especially in nursing procedures that require special precision and expertise. This effect can be seen from increasing nurses' confidence in carrying out nursing tasks as well as reducing procedural errors. Thus, the implementation of CPD has proven to be effective in improving the quality of clinical skills, which in turn can improve the quality of health services in hospitals.

The implementation of CPD has a positive and effective impact in increasing the competency of nurses, both in terms of theoretical understanding and practical skills, so that it can strengthen the quality of nursing services in hospitals.

7. LIMITATION

Limitations in this research may be due to several factors, one of which is the active involvement of participants in the CPD program which can influence the effectiveness of CPD implementation in increasing knowledge. Training approaches that are more interactive and based on real clinical cases may be more effective in strengthening knowledge transfer from CPD into daily nursing practice. Another factor to consider is hospital management support. Management that provides full support in terms of providing time and facilities for CPD plays an important role in ensuring the effectiveness of the program.

Another limitation is that there are several challenges that may affect the effectiveness of CPD in improving skills. One of them is the lack of active involvement of nurses in the program. Another influencing factor is the quality of the instructor who provides the training. In addition, institutional support also plays a key role in the success of CPD. Support that includes the provision of adequate training facilities, sufficient time for nurses to take part in CPD, and the availability of practical tools is very important in improving nurses' clinical skills.

BIBLIOGRAPHY

- Amir, H., Hariyati, T.S., Novieastari, E. (2024). Continuing Professional Development (CPD) Impact to Clinical and Nursing Practice: A Systematic Literature Review. *Asia Pacific Journal of Health Management*, 19, 1–9. <https://doi.org/10.24083/apjhm.v19i2.2451>
- Ansyori, M., Soleh, A., Febliansyah, M.R. (2024). The Effect of Service Quality and Facilities on Hospitalization Patient Satisfaction Hasanuddin Damrah Manna Hospital. *Ekombis Review: Jurnal Ilmiah Ekonomi Dan Bisnis*, 12(1), 1261–1274. <https://doi.org/10.37676/ekombis.v12i1.4421>
- Bernadetta, Y., Hariyati, R.T.S., Pujasari, H. (2023). Continuing Professional Development (CPD) Melalui Webinar dan Kompetensi Perawat. *Jurnal Keperawatan Silampari*, 6(2), 2083–2090. <https://doi.org/10.31539/jks.v6i2.4390>
- Boud, D., Hager, P. (2012). Re-Thinking Continuing Professional Development Through Changing Metaphors and Location in Professional Practices. *Studies in Continuing Education*, 34(1), 17–30. <https://doi.org/10.1080/0158037x.2011.608656>
- Desi, A. (2018). *Hubungan Quality of Nursing Work Life Dengan Kinerja Perawat di RSUD Syarifah Ambami Rato Ebu Kabupaten Bangkala*. Universitas Airlangga.
- Eraut, M. (2004). Informal Learning in the Workplace. *Studies in Continuing Education*, 26(2), 247–273. <https://doi.org/10.1080/158037042000225245>
- Evans, L. (2008). Professionalism, Professionality and the Development of Education Professionals. *British Journal of Educational Studies*, 56(1), 20–38. <https://doi.org/10.1111/j.1467-8527.2007.00392.x>
- Fajarnita, A., Julianti, R., Aceh, P.K. (2023). Terhadap Pelaksanaan Praktik Pendidikan Kesehatan. *Jurnal Imliah Ilmu Kesehatan*, 1(2), 107–116.
- Flodgren, G., O'brien, M.A., Parmelli, E., Grimshaw, J.M. (2019). Local Opinion Leaders: Effects on Professional Practice and Healthcare Outcomes. *Cochrane Database of Systematic Reviews*, 2019(6). <https://doi.org/10.1002/14651858.cd000125.pub5>
- Friedman, A. L. (2015). Continuing Professional Development. In *Soins Aides - Soignantes* 12(65). <https://doi.org/10.1016/j.sasoi.2015.06.009>
- Friedman, A., Phillips, M. (2004). Continuing Professional Development: Developing A Vision. *Journal of Education and Work*, 17(3), 361–376. <https://doi.org/10.1080/1363908042000267432>
- Guskey, T.R. (2002). Professional Development and Teacher Change. *Teachers and Teaching*, 8(3), 381–391. <https://doi.org/10.1080/135406002100000512>
- Hartono, B., Afriza, N. (2019). Dampak Program Pengembangan Pelatihan Terhadap Kinerja Perawat RSIJ Cempaka Putih Dengan Model Pendekatan System Dynamics. *Sustainability (Switzerland)*, 11(1), 1–14. <http://sciotea.caf.com/bitstream/handle/123456789/1091/red2017-eng-8ene.pdf?sequence=12&isallowed=y%0a>
<http://dx.doi.org/10.1016/j.regsciurbeco.2008.06.005%0a>

https://www.researchgate.net/publication/305320484_sistem_pembetulan_terpusat_strategi_melestari

- Hikmayani. (2016). *The Influence of Nurse's Knowledge and Attitude to Nursing Documentation of Nursing Care* (Vol.30). Universitas Esa Unggul
- Kasine, Y., Babenko-Mould, Y., Regan, S. (2018). Translating Continuing Professional Development Education to Nursing Practice in Rwanda: Enhancing Maternal and Newborn Health. *International Journal of Africa Nursing Sciences*, 8, 75–81. <https://doi.org/10.1016/j.ijans.2018.03.001>
- Kennedy, A. (2005). Models of Continuing Professional Development: A Framework for Analysis. *Journal of In-Service Education*, 31(2), 235–250. <https://doi.org/10.1080/13674580500200277>
- Kyaw, B.M., et al. (2019). Virtual Reality for Health Professions Education: Systematic Review and Meta-Analysis By The Digital Health Education Collaboration. *J Med Internet Res*, 21(1), E12959. <https://doi.org/10.2196/12959>
- Mccray, S., Maunder, K., Barsha, L., Mackenzie-Shalders, K. (2018). Room Service in a Public Hospital Improves Nutritional Intake and Increases Patient Satisfaction While Decreasing Food Waste and Cost. *Journal Of Human Nutrition And Dietetics*, 31(6), 734–741. <https://doi.org/10.1111/jhn.12580>
- Megginson, D., & Whitaker, V. (2007). *Continuing Professional Development. Chartered Institute Of Personnel And Development*.
- Mu'afiro, A., et al. (2023). Improving the Professional Ability of Nurses in Nursing Interventions in Hospitals Through Evidence-Based Nursing Practice Workshop. *Frontiers in Community Service and Empowerment*, 2(1), 9–14. <https://doi.org/10.35882/ficse.v2i1.21>
- Navisa, F.D. (2020). Perlindungan Hukum Terhadap Keluarga Jenazah Yang Terkena Dampak Covid-19 Atas Penolakan Pemakaman. *Yurispruden*, 3(2), 137. <https://doi.org/10.33474/yur.v3i2.6745>
- Naylor, T. (2022). Development of a CPD Program on Caring Nursing Practice for Hospital Nurses: A Mixed-Methods Study. *Journal Of Nursing Education And Practice*, 13(3), 11. <https://doi.org/10.5430/jnep.v13n3p11>
- Nilasari, P., et al. (2021). Upaya Pengembangan Sumber Daya Keperawatan Melalui CPD (Continuing Professional Development). *Jurnal Kepemimpinan dan Manajemen Keperawatan*, 4(1). <https://doi.org/10.32584/jkmk.v4i1.936>
- Nursalam. (2021). *Metodelogi Penelitian* (1st Ed.). Gramedia.
- Redwood, T., et al. (2024). Continued Professional Development (CPD) Provision for Nurses: a Qualitative Exploration. *Heliyon*, 10(12). <https://doi.org/10.1016/j.heliyon.2024.e32582>
- Tandi, D., Syahrul, S., Erika, K.A. (2020). Kualitas Pendokumentasian Asuhan Keperawatan di Rumah Sakit: Literature Review (Quality of Nursing Care Documentation in

Hospital : A Literature Review). *Jurnal Ilmu Kesehatan*, 9(1), 12–20.

Tusting, K., Barton, D. (2003). Models Of Adult Learning: A Literature Review - Models From Psychology pt 2. *Lancaster University*, December.
<http://www.nrdc.org.uk/?p=311>

Vázquez-Calatayud, M., Errasti-Ibarrondo, B., Choperena, A. (2021). Nurses' Continuing Professional Development: A Systematic Literature Review. *Nurse Education in Practice*, 50, 102963. <https://doi.org/10.1016/j.nepr.2020.102963>