

The Role Of CPD And Organizational Performance: An Opinion Survey Of Physicians In Bangladesh

Farzana Nazera^{1*}, Professor Dr.Valliappan Raju²

¹PhD Aspirant, Limkokwing University of Creative Technology, Cyberjaya, Malaysia

²Professor, Limkokwing University of Creative Technology, Cyberjaya, Malaysia

*Corresponding Author: - Farzana Nazera

¹PhD Aspirant, Limkokwing University of Creative Technology, Cyberjaya, Malaysia

DOI: 10.47750/pnr.2022.13.S02.11

Abstract

Purpose: This study explores the contribution of continuing Professional Development (CPD) to the organizational Performance of physicians in Bangladesh. CPD updates thus enhance physicians' Knowledge, Performance, and Quality which can improve organizational Performance.

Method: A 12-item structured questionnaire was sent to 100 randomly selected physicians in Bangladesh private hospitals. The questionnaire examined the effectiveness of physicians' work performance, their Knowledge, and the Quality of work through CPD to achieve an organizational performance goal.

Result: The findings present a moderate positive correlation between physicians' Performance, Knowledge, and Quality gained through CPD to contribute an organizational performance in Bangladesh's healthcare sector.

Conclusion: This study shows that the importance of CPD has wide acceptance by physicians in Bangladesh. In addition, CPD activities are highly correlated to gaining organizational Performance.

Keywords: CPD, Performance, Knowledge, Quality, Organizational Performance.

INTRODUCTION

Following graduation from medical school, all physicians must engage in ongoing training activities to maintain, update, or develop their knowledge, skills, and attitudes toward their professional practice. The process of lifelong learning in practice is known as Continuing Professional Development (CPD) (Anshu & Singh, 2017). It assists medical professionals in staying current to meet the needs of patients and health care services and improve their knowledge, skills, and attitude. Various sectors widely accept the importance of CPD. Among them, healthcare is the most important. (Islam et al., 2018).

According to Agency for Health Consumers (EACH), CPD is "*systematic maintenance, improvement and continuous acquisition and reinforcement of the life-long knowledge, skills, and competencies of health professionals. It is pivotal to meeting patient, health service delivery, and individual professional learning needs. The term acknowledges the wideranging competencies needed to practice high-quality care delivery and the multidisciplinary context of patient care.*" (EACH, 2013)

In most countries, the terms Continuing Medical Education (CME) and Continuing Professional Development (CPD) are used differently. CPD can be interpreted in various ways, and the term CME differs from CPD (Jayarathne et al., 2016). CPD is defined in the WHO regional guidelines on the CPD paper. "CPD goes beyond clinical updates and includes a wide range of competencies, such as research and scientific writing, multidisciplinary patient care context, professionalism, and ethical practice. Also, in communication, leadership, management, and behavioral skills, team building, information technology, audit, and appropriate attitudinal change to ensure improved patient service and research outcomes and the highest level of satisfaction by decision makers" (Jayarathne et al., 2016). The program's ultimate goals are to confirm to patients and the general public that doctors remain competent, confident, and compassionate throughout their careers and to improve patient care outcomes. And satisfaction by establishing standards for an excellent medical practice may also help achieve organizational Performance (World Health Organization. Regional Office for South-East Asia, 2010).

CPD covers a broad range of skills needed for medical practice. Many countries have developed and revised rules and regulations governing the practice of medicine. Revalidation is the process by which licensed doctors must demonstrate that they are up to date and fit to practice regularly. It proves to patients and the general public that their doctors are

routinely audited by the governing body (Jayarathne et al., 2016). In the Bangladesh scenario, CPD is not entirely required as mandatory for physicians. Only a few health institutions make the policy of doing this compulsory for physicians. According to reports, CPD is needed in most countries due to social and political pressure (D. Davis, 1998; D. A. Davis et al., 1995; Jayarathne et al., 2016). Davis (1992) stated that implementing a mandatory CPD system could improve healthcare outcomes. As a result, compulsory CPD activities are essential for improving health care outcomes (D. A. Davis et al., 1992).

Bangladesh's healthcare system has seen changes in the structures of primary healthcare practice, such as expanding practice networks, inter-professional healthcare teams, and technology to support patient management processes. There is an acknowledged gap between what research shows for optimal care and what healthcare professionals and healthcare systems genuinely provide (Grol, 2001; Mangione-Smith et al., 2007). A variety of factors causes these gaps (Grimshaw et al., 2004; Straus et al., 2013). For example, physicians frequently report that they know what to do clinically. Still, system-related issues such as time constraints, access to community referral resources, or diagnostic testing create barriers to applying their clinical Knowledge. Physicians' needs for continuing professional development are changing (Gutkin, 2007) as their roles expand beyond clinical skills and Knowledge to include teamwork, administration, and the use of digital records to manage better health of patients. That includes maintaining appropriate disease screening schedules and delivering evidence-based chronic disease management recommendations (Lindsay et al., 2016). Introducing new Knowledge through education has become the focus of continuing professional development services (CPD) (Sargeant et al., 2011).

Currently, CPD programs frequently contain a curriculum on subjects like inter-professional patient care and follow-up methods to increase patient adherence to treatment plans (Ho et al., 2008; Krueger et al., 2003; Sequist et al., 2009). If a physician is updated can also provide a better quality output to patients and the organization. In such a way, organizational Performance will be excellent too.

CONCEPTUAL FRAMEWORK AND HYPOTHESIS

The research aims to survey Bangladeshi physicians' about the importance of continuing professional Development (CPD) to achieve organizational Performance. The proposed model shows the interconnection between CPD (includes Performance, Knowledge, and Quality) and organizational Performance.

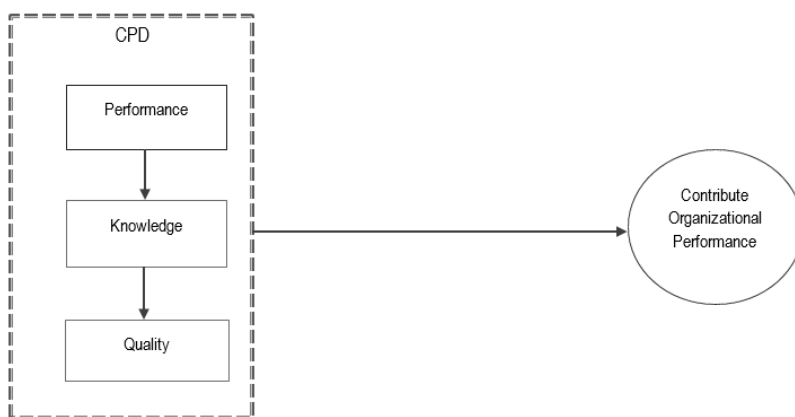


Figure 1: Conceptual Framework (Self-created by author)

Hypotheses :

- H1: There is a significant relationship between Performance (gain by CPD) and Contribute Organizational Performance
- H2: There is a significant relationship between Knowledge (gained by CPD) and Contribute Organizational Performance
- H3: There is a significant relationship between Quality (gain by CPD) and Contribute Organizational Performance

METHOD

This study was conducted a cross-sectional survey. Following a quantitative method and using the purposive sampling technique. Purposive sampling is a non-probability sampling method in which elements for the sample are chosen based on the researcher's judgment. Furthermore, researchers will believe that purposeful sampling can save time and money (K. Black, 2019). For this study, a quick short survey was conducted, and the researcher finally, after filter researcher chose 100 physicians as this study sample. The data for this study were gathered from various private hospital industries in Dhaka, Bangladesh's capital city. The researcher prepared a 12-item (English only) questionnaire for this survey. There are three demographic questions, and the rest of the 12 questions include 5 points Likert scale (1=Strongly Disagree, 2=Disagree, 3= Neutral, 4= Agree, 5= Strongly Agree).

500 questionnaires hardcopy were distributed at random to private hospital physicians in July 2022. Questionnaires were distributed to the HR department to target physicians, who are especially difficult to get. Respondents returned 258 questionnaires after two weeks. However, 123 of the 258 surveys were rejected due to incomplete responses. 35 were

eliminated due to straight-line or dubious responses. Because this study requires a minimum of 10 years of expertise, 19 were eliminated because respondents had less than ten years of experience. This study's response rate was 51.6%, which is in line with the condition given by (W. Black & Babin, 2019), who specified that the minimum response rate for a survey should be 50%.

ANALYSIS AND RESULTS

The researcher chose SPSS software(26 versions) to analyze this study. Descriptive statistics analyzed the demographic part to check the details of participants. The hypothesis test was done by correlation analysis.

Table 1: Analysis of the study

No	Analysis Test	Threshold	Reference
1	Descriptive Statistics		
2	Correlation Analysis (2 - tailed)	**< 0.05 ***< 0.01	(Hair Jr et al., 2021)

Total 100 respondents were involved in this study. Respondent's demographic descriptive statistics of frequency and valid percentages were summarized in Table2. The table shows that 51% and 49% were male and female participants here. Among them, 81% were aged between 41 to 50 years, and only 19% were 51 and above years old. And also, 55%, 31%, and 14% were 11 to 15, 16-20, and 21 and more years of working experience.

Table 2: Demographic Information

Demographic Information	Categories	Frequency	Valid %
Gender	Male	51	51%
	Female	49	49%
Age	30 and less	-	-
	31-40	-	-
	41-50	81	81%
	51 and above	19	19%
Working Experience	10 years and less	-	-
	11-15	55	55%
	16-20	31	31%
	21 and above	14	14%

H1: There is a significant relationship between Performance (gain by CPD) and Contribute Organizational Performance

The Pearson correlation of Performance and Contribute Organizational Performance was found to be moderately positive and statistically significant ($r = .600$, $p < .000$). Hence H1 was supported. Therefore, the results show a significant relationship between Performance (gain by CPD) and Contribute Organizational Performance.

H2: There is a significant relationship between Knowledge (gained by CPD) and Contribute Organizational Performance

The Pearson correlation of Knowledge and Contribute Organizational Performance was found to be moderately positive and statistically significant ($r = .579$, $p < .000$). Hence H2 was supported. Therefore, the results show a significant relationship between Knowledge (gained by CPD) and Contribute to Organizational Performance.

Table 3: Correlation Analysis

	COP	Performance	Knowledge	Quality
COP	1			
Performance	.600**	1		
Knowledge	.579**	.391**	1	
Quality	.482**	.200*	.571**	1

** . Correlation is significant at the 0.01 level (2-tailed).

* . Correlation is significant at the 0.05 level (2-tailed).

H3: There is a significant relationship between Quality (gain by CPD) and Contribute Organizational Performance

The Pearson correlation of Quality and Contribute Organizational Performance was found to be low positive and statistically significant ($r = .482$, $p < .000$). Hence H2 was supported. Therefore, the results show a significant relationship between Quality (gain by CPD) and Contribute Organizational Performance.

Table 4: Summary of Hypothesis Test

	Relation	Outcome
H1	P → COP	Supported
H2	K → COP	Supported
H3	Q → COP	Supported

DISCUSSION

Many literature reviews found that developed and developing countries follow the CPD mandatory requirements for all physicians (Gutkin, 2007). Many countries have adopted and changed healthcare rules and regulations. Revalidation is the procedure through which licensed doctors must demonstrate that they are up to date and fit to practice, and it should be done regularly (Jayarathne et al., 2016). One of the most common methods of verifying CPD activities is the CPD credit system. The awarding of CPD credits for various CPD activities appears to differ among countries. Furthermore, the number of CPD credits required for relicensing and the repercussions of noncompliance vary by country (Jayarathne et al., 2016).

The Bangladesh Association of Physicians organizes frequent CME sessions for their professionals in Bangladesh. However, CME is not required to practice healthcare in Bangladesh (admin, 2021). And The terms Continuing Medical Education (CME) and Continuing Professional Development (CPD) are not the same. CME only updates clinical Knowledge. As a result, CME is a component of CPD, and CPD encompasses a wide variety of skills essential for the healthcare profession.

From an organizational perspective, CPD is essential. Without CPD, professional bodies and organizations face numerous challenges. Employers must provide frequent training for CPD to maintain Quality. That can help to all build individuals up to date. And increase self-efficacy and confidence (Bhatnagar & Srivastava, 2012; Mulvey, 2013). Practitioners maintain their CPD to improve employability and to maintain genuine job self-esteem and happiness. Employers, on the other side, invest in practitioners' CPD with the hope that care would be delivered with excellent Performance to the organization. However, evaluating training quality is rarely examined with returns on investment in training activities (Bhatnagar & Srivastava, 2012; Moss et al., 2016). CPD activity can transform a physician's professional practice (Manley et al., 2018) can transform a workplace culture (Manley et al., 2018), and can transform physicians' skills and knowledge (Manley et al., 2018). All of these contribute to gaining organizational Performance.

This study focuses on physicians' CPD activities, specifically inclusive areas of Performance, and knowledge and quality, which regular practitioners of CPD can only adopt. However, the survey proved that the physicians of Bangladesh need that practice to develop the professional level and achieve successful organizational goals. CPD can be a great contributor to organizational Performance. In this study, all hypotheses indicate positive results. This proved that, physicians agreed that they need CPD for their own improvement and to contribute to organizational Performance. In Bangladesh, only a few organizations practice CPD, but no boundaries exist for mandatory practice (Khan, 2010). Hence the regulatory bodies should take steps to make new rules for regular basis mandatory CPD practice.

LIMITATIONS

There are some limitations to this study. Firstly, the main limitation was getting the physicians as the physicians of Bangladesh are occupied with their workload. Due to time and resource limitations, this survey used the referral to complete the survey.

CONCLUSION

The findings of this study suggest that CPD should be considered one of the mandatory training for all healthcare forces. A healthcare sector or a hospital industry depends on physicians. Educated on uneducated, both groups of general people trust physicians and believe they will get well services from physicians. If physicians updated their Performance, Knowledge, and work Quality only, then they can serve better. In addition, a well-knowledgeable physician can also contribute to increasing organizational Performance. The regulatory body should focus on this issue, and CPD should be a mandatory field for healthcare professionals. Physicians must be lifelong learners to provide the best care for their patients. The ever-changing and evolving nature of the medical practice, the exponential expansion of medical Knowledge, and changing patient expectations will drive a shift toward mandatory CPD. Although many developed countries have amended laws to ensure and improve physician professional development, the current position in Bangladesh is that once qualified and registered; a physician is licensed to practice for life. Thus, mandated CPD for physicians is yet to be implemented, and higher authorities of Bangladesh should take the lead in implementing the required CPD to improve Bangladesh's health care outcomes.

CONTRIBUTION OF CO-AUTHOR

Dr. Valliappan Raju: Overall Review of the manuscript, including academic guidance, proofreading, and conceptual framework of the study.

ETHICAL CONSIDERATIONS

There is no conflict of interest.

FUNDING

This study got no specific funding from any official, commercial, or non-profit organization.

REFERENCES

1. admin. (2021, April 12). Bangladesh Journal of Medicine Volume-28, Nounber-1, January 2017. *APB*. <https://apbbd.org/bangladesh-journal-of-medicine-volume-28-nounber-1-january-2017/>
2. Anshu, D., & Singh, T. (2017). Continuing professional development of doctors. *National Medical Journal of India*, 30, 89–92.
3. Bhatnagar, K., & Srivastava, K. (2012). Job satisfaction in healthcare organizations. *Industrial Psychiatry Journal*, 21(1), 75–78. <https://doi.org/10.4103/0972-6748.110959>
4. Black, K. (2019). *Business Statistics: For Contemporary Decision Making*. John Wiley & Sons.
5. Black, W., & Babin, B. J. (2019). Multivariate Data Analysis: Its Approach, Evolution, and Impact. In B. J. Babin & M. Sarstedt (Eds.), *The Great Facilitator* (pp. 121–130). Springer International Publishing. https://doi.org/10.1007/978-3-030-06031-2_16
6. Davis, D. (1998). Continuing medical education: Global health, global learning. *Bmj*, 316(7128), 385–389.
7. Davis, D. A., Thomson, M. A., Oxman, A. D., & Haynes, R. B. (1992). Evidence for the effectiveness of CME: A review of 50 randomized controlled trials. *Jama*, 268(9), 1111–1117.
8. Davis, D. A., Thomson, M. A., Oxman, A. D., & Haynes, R. B. (1995). Changing physician performance: A systematic review of the effect of continuing medical education strategies. *Jama*, 274(9), 700–705.
9. EACH. (2013). *Executive Agency for Health and Consumers: Study... - Google Scholar*. https://scholar.google.com/scholar_lookup?title=Study%20concerning%20the%20review%20and%20mapping%20of%20continuous%20professional%20development%20and%20lifelong%20learning%20for%20health%20professionals%20in%20the%20European%20Union.%20European%20Union&publication_year=2013&author=Executive%20Agency%20for%20Health%20Consumers Grimshaw, J., Thomas, R., MacLennan, G., Fraser, C., Ramsay, C., Vale, L., Whitty, P., Eccles, M., Matowe, L., Shirran, L., Wensing, M., Dijkstra, R., & Donaldson, C. (2004). *Effectiveness and efficiency of guideline dissemination and implementation strategies*. 7.
10. Grol, R. (2001). Successes and Failures in the Implementation of Evidence-Based Guidelines for Clinical Practice. *Medical Care*, 39(8), II46–II54. <https://www.jstor.org/stable/3767643>
11. Gutkin, C. (2007). Mandatory continuing professional development: Helping family physicians meet the requirements. *Canadian Family Physician*, 53(8), 1396–1396. <https://www.cfp.ca/content/53/8/1396>
12. Hair Jr, J. F., Hult, G. T. M., Ringle, C. M., Sarstedt, M., Danks, N. P., & Ray, S. (2021). *Partial least squares structural equation modeling (PLS-SEM) using R: A workbook*. Springer Nature.
13. Ho, K., Jarvis-Selinger, S., Borduas, F., Frank, B., Hall, P., Handfield-Jones, R., Hardwick, D. F., Lockyer, J., Sinclair, D., Lauscher, H. N., Ferdinands, L., MacLeod, A., Robitaille, M.-A., & Rouleau, M. (2008). Making Interprofessional Education Work: The Strategic Roles of the Academy. *Academic Medicine*, 83(10), 934–940. <https://doi.org/10.1097/ACM.0b013e3181850a75>
14. Islam, S., Rahman, A., & Al Mahmood, A. K. (2018). Bangladesh pharmaceutical industry: Perspective and the prospects. *Bangladesh Journal of Medical Science*, 17(4), 519–525.
15. Jayarathne, Y., Karunathilake, I. M., & Marambe, K. N. (2016). Are South East Asian countries ready for revalidation process of physicians through mandatory continuing professional development (CPD) activities? *South East Asian Journal of Medical Education*, 10(1).
16. Khan, A. W. (2010). Continuing professional Development (CPD); What should we do? *Bangladesh Journal of Medical Education*, 1(1), 37–44.
17. Krueger, K. P., Felkey, B. G., & Berger, B. A. (2003). Improving Adherence Persistence: A Review Assessment of Interventions Description of Steps Toward a National Adherence Initiative. *Journal of the American Pharmacists Association*, 43(6), 668–679. <https://doi.org/10.1331/154434503322642598>
18. Lindsay, E., Wooltorton, E., Hendry, P., Williams, K., & Wells, G. (2016). Family physicians' continuing professional development activities: Current practices and potential for new options. *Canadian Medical Education Journal*, 7(1), e38–e46. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4830372/>
19. Mangione-Smith, R., DeCristofaro, A. H., Setodji, C. M., Keesey, J., Klein, D. J., Adams, J. L., Schuster, M. A., & McGlynn, E. A. (2007). The Quality of Ambulatory Care Delivered to Children in the United States. *New England Journal of Medicine*, 357(15), 1515–1523. <https://doi.org/10.1056/NEJMsa064637>
20. Manley, K., Martin, A., Jackson, C., & Wright, T. (2018). A realist synthesis of effective continuing professional development (CPD): A case study of healthcare practitioners' CPD. *Nurse Education Today*, 69, 134–141. <https://doi.org/10.1016/j.nedt.2018.07.010>
21. Moss, J. D., Brimstin, J. A., Champney, R., DeCostanza, A. H., Fletcher, J. D., & Goodwin, G. (2016). Training Effectiveness and Return on Investment: Perspectives From Military, Training, and Industry Communities. *Proceedings of the Human Factors and Ergonomics Society Annual Meeting*, 60(1), 2005–2008. <https://doi.org/10.1177/1541931213601456>
22. Mulvey, R. (2013). How to be a good professional: Existentialist continuing professional development (CPD). *British Journal of Guidance & Counselling*, 41(3), 267–276.
23. Sargeant, J., Borduas, F., Sales, A., Klein, D., Lynn, B., & Stenerson, H. (2011). CPD and KT: Models Used and Opportunities for Synergy. *Journal of Continuing Education in the Health Professions*, 31(3), 167–173. <https://doi.org/10.1002/chp.20123>
24. Sequist, T. D., Zaslavsky, A. M., Marshall, R., Fletcher, R. H., & Ayanian, J. Z. (2009). Patient and Physician Reminders to Promote Colorectal Cancer Screening: A Randomized Controlled Trial. *Archives of Internal Medicine*, 169(4), 364–371. <https://doi.org/10.1001/archinternmed.2008.564>
25. Straus, S. E., Tetroe, J., & Graham, I. D. (2013). *Knowledge Translation in Health Care: Moving from Evidence to Practice*. John Wiley & Sons.
26. World Health Organization. Regional Office for South-East Asia. (2010). *Regional guidelines for continuing medical education (CME/continuing professional development (CPD) activities (SEA-HSD-334)*. WHO Regional Office for South-East Asia. <https://apps.who.int/iris/handle/10665/205767>



Farzana Nazera's Brief Bio

Farzana Nazera is a native Bangladeshi who will pursue her Ph.D. in Management in October 2020 at Limkokwing University of Creative Technology (LUCT) in Cyberjaya, Malaysia. Prior to that, in 2020, she completed an MBA in Leisure and Tourism Management from the same university with an amazing Gpa of 3.98 out of 4.00. In 2013, she earned another MBA from Daffodil International University in Bangladesh. She finished her undergraduate studies in 2009. (BBA)

She began her professional career in December 2013 as an Admin Officer at Rokomari.com in Dhaka, Bangladesh, and then moved on to The Palace, a Five Star Resort as an HR Executive from January 2014 to January 2015. Her most recent position was with Farzana Shakil's Makeover Salon Ltd. in Dhaka, Bangladesh.

Ms. Nazera is computer literate and well-versed in operating systems (Windows 98, 2000, and XP), application packages (Office 2000, 2004, and 2007), the Internet, and e-mail. She has excellent command of the English language. She understands language.