Continuing Professional Development on the Core Competence of Nurses in a Department of Health Retained Hospital

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ABSTRACT

Continuous professional development (CPD) is essential in ensuring that nurses maintain the competencies required to deliver safe, effective, and evidence-based patient care in rapidly evolving healthcare environments. Despite its recognized importance, limited local evidence exists on how CPD relates to nurses' core competencies in Department of Health (DOH)-retained hospitals. This study determined the relationship between Continuing Professional Development and the core competencies of nurses in a DOH-retained hospital. A quantitative descriptive-correlational research design was employed involving 51 nurses selected through complete enumeration. Data were collected using the Questionnaire on Professional Development of Nurses (Q-PDN) by Brekelmans et al. (2014) and the Core Competency Scale based on the International Council of Nurses framework. Descriptive statistics, Chi-square test, Cramer's V, and Pearson Product-Moment Correlation were used to analyze the data. Findings revealed that nurses demonstrated very high motivation, highly favorable conditions, high perceived importance, and high engagement in continuing professional development activities. The respondents likewise exhibited very high core competence across all competency domains. No significant relationship was found between nurses' profile and either continuing professional development or core competence. However, a significant positive relationship was identified between continuing professional development and core competence, indicating that greater engagement in professional development was associated with higher competency levels. The study concludes that strengthening structured continuing professional development programs is essential for sustaining and enhancing nurses' professional competence. A Professional Development Plan was proposed to support competency enhancement and lifelong learning among nurses.

Keywords: Continuing Professional Development; Core Competence; Nurses; Professional Development Plan; Department of Health-Retained Hospital; Nursing Competence

INTRODUCTION

Continuing Professional Development (CPD) has become an essential component of nursing practice, enabling nurses to maintain and enhance their professional competence in response to the increasing complexity of healthcare. More than a regulatory requirement, CPD promotes lifelong, reflective, and evidence-based learning that strengthens nurses' ability to provide safe, high-quality, and person-centered care (Mlambo et al., 2021; King et al., 2021). Its significance is further reinforced by the United Nations Sustainable Development Goals, particularly SDG 3 (Good Health and Well-Being), SDG 4 (Quality Education), and SDG 8 (Decent Work and Economic Growth), recognizing continuous professional learning as a key strategy for improving healthcare quality, workforce capability, and sustainable health systems.

In the Philippines, Republic Act No. 10912 institutionalized CPD as a requirement for professional license renewal, emphasizing lifelong learning as a professional obligation. Despite this mandate, nurses continue to encounter barriers to meaningful CPD participation, including financial limitations, heavy workloads, limited

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organizational support, and restricted access to relevant training opportunities, particularly in government hospitals where staffing shortages and increasing patient demands constrain professional development (Lim-Saco & Guino-o, 2024; Palma et al., 2020). At the same time, core nursing competence encompassing clinical expertise, communication, ethical practice, leadership, health education, and research is recognized as fundamental to patient safety and quality care, with higher competence consistently associated with better patient outcomes and organizational performance (Ramah et al., 2023; Al-Mutairi et al., 2024).

Although CPD is widely recognized as a mechanism for strengthening nursing competence, limited evidence has examined its relationship with the core competence of nurses in DOH-retained hospitals in the Philippine setting. Existing studies largely focus on general nursing populations and provide limited insight into how CPD dimensions including motives, conditions, perceived importance, and participation in professional development activities contribute to competence development within government healthcare institutions. Preliminary observations further suggest inconsistencies in the availability and institutional support of CPD programs due to workload and scheduling constraints. Addressing these gaps, the present study examines the relationship between continuing professional development and the core competence of nurses in a DOH-retained hospital, providing evidence for the development of a Core Competence Professional Development Plan that supports structured, relevant, and sustainable learning aligned with institutional priorities and national professional standards.

Research Questions

This study was to assess the interrelationship among the profile, the continuing professional development and core competence of nurses in a DOH-retained hospital for the first quarter of 2026.

The study specifically answered the following queries:

1. What was the profile of the nurses in terms of:

1.1 age;

1.2 sex;

1.3 marital status;

1.4 highest educational attainment;

1.5 religion;

1.6 years of service; and

1.7 area of assignment?

2. What was the continuing professional development of the nurses in terms of :

2.1 motives;

2.2 condition;

2.3 importance; and

2.4 activities undertaken?

3. Whas was the core competence of nurses in terms of :

3.1 collaboration and interpersonal communication skills and legal knowledge

3.2 specialist knowledge and skills;

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3.3 emergency and problem-solving skills;

3.4 teaching and research capacity; and

3.5 management capacity and basic skills?

4. Was there a significant relationship between:

4.1 profile and the continuing professional development;

4.2 profile and core competence; and

4.3 continuing professional development and core competence?

5. What professional development plan was proposed based on the findings of the study?

Statement of Null Hypothesis

H_{o1}: There was no significant relationship between the profile and continuing professional development.

H_{o2}: There was no significant relationship between the profile and core competence of nurses.

H_{o3}: There was no significant relationship between the continuing professional development and core competence of nurses.

REVIEW OF RELATED LITERATURE AND STUDIES

Continuing Professional Development in Nursing. Continuing Professional Development (CPD) is widely recognized as a lifelong learning process that enables nurses to maintain, update, and expand their professional competence throughout their careers. Contemporary literature emphasizes that CPD extends beyond fulfilling regulatory requirements and instead promotes reflective, practice-based, and transformative learning that strengthens clinical decision-making, evidence-based practice, leadership, and person-centered care. As healthcare systems continue to evolve with technological advances, changing disease patterns, and increasing patient complexity, nurses are expected to continuously enhance their knowledge and skills to provide safe and high-quality healthcare services. Consequently, CPD has become an essential component of professional nursing practice, ensuring that nurses remain competent, adaptable, and responsive to emerging healthcare needs (Mlambo et al., 2021; King et al., 2021).

The effectiveness of CPD, however, depends not only on nurses' motivation to engage in lifelong learning but also on the availability of organizational support and learning opportunities. Studies consistently report that barriers such as heavy workloads, staffing shortages, financial constraints, and limited access to continuing education restrict nurses' participation, particularly in government healthcare institutions. Despite these challenges, evidence demonstrates that nurses who actively participate in structured CPD programs exhibit higher levels of clinical competence, stronger adherence to evidence-based practice, improved patient safety, and better quality of care. In the Philippine setting, although Republic Act No. 10912 institutionalizes CPD as a professional requirement, meaningful participation continues to depend on supportive institutional policies, accessible learning opportunities, and workplace environments that promote continuous professional growth (Lim-Saco & Guino-o, 2024; Ramah et al., 2023; Al-Mutairi et al., 2024).

Core Competence of Nurses. Core competence represents the integration of the knowledge, clinical skills, professional values, and ethical behaviors that enable nurses to provide safe, effective, and patient-centered care across diverse healthcare settings. International competency frameworks identify essential domains of nursing competence, including clinical expertise, communication and collaboration, leadership and management, ethical and legal practice, health education, research utilization, and quality improvement. These competencies are fundamental to professional accountability because they enable nurses to respond effectively to increasingly complex patient needs while maintaining high standards of care. As healthcare systems

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continue to evolve, competence is no longer viewed as a static achievement but as a dynamic capability that requires continuous development through education, clinical experience, and lifelong learning (International Council of Nurses [ICN], as cited in the literature; Ramah et al., 2023).

Recent evidence consistently demonstrates that higher levels of nursing competence are associated with improved patient outcomes, reduced clinical errors, enhanced patient satisfaction, stronger interprofessional collaboration, and better organizational performance. Competent nurses are more capable of applying evidence-based interventions, making sound clinical judgments, managing complex healthcare situations, and adapting to rapidly changing clinical environments. The continuous advancement of healthcare technologies, evolving treatment protocols, and increasing patient acuity further emphasize the need for nurses to strengthen and sustain their competencies throughout their professional careers. Consequently, healthcare institutions are encouraged to invest in competency development through structured continuing professional development programs, supportive leadership, mentorship, and ongoing competency assessments to ensure that nurses remain clinically proficient and responsive to contemporary healthcare demands (Al-Mutairi et al., 2024; Ramah et al., 2023; King et al., 2021).

Relationship Between Profile and Continuing Professional Development. Personal The relationship between nurses' profile characteristics and Continuing Professional Development (CPD) has been widely examined to determine whether personal and professional factors influence participation in lifelong learning activities. Variables such as age, sex, educational attainment, years of clinical experience, employment status, and area of assignment have been identified as potential determinants of nurses' motivation, access, and engagement in CPD programs. While some studies suggest that nurses with higher educational qualifications or longer professional experience are more likely to participate in continuing education, other investigations report that organizational support, availability of learning opportunities, and institutional policies exert a greater influence than demographic characteristics alone. These findings suggest that participation in CPD is a multidimensional process shaped by both individual and workplace factors rather than by personal characteristics in isolation (Lim-Saco & Guino-o, 2024; King et al., 2021).

Recent literature further emphasizes that supportive organizational environments play a critical role in promoting equitable access to professional development regardless of nurses' demographic profiles. Healthcare institutions that provide accessible training programs, protected learning time, financial assistance, and managerial support encourage greater participation in CPD among nurses across different age groups, educational backgrounds, and years of service. Consequently, current evidence suggests that demographic characteristics alone may not consistently predict CPD participation when organizations actively foster a culture of lifelong learning and professional development. These findings highlight the importance of institutional commitment in ensuring that all nurses have equal opportunities to strengthen their competencies and maintain professional excellence throughout their careers (Mlambo et al., 2021; Al-Mutairi et al., 2024; Ramah et al., 2023).

Relationship Between Profile and Core Competence. The relationship between nurses' profile characteristics and core competence has been extensively explored to determine whether demographic and professional factors influence clinical performance and professional capability. Variables such as age, sex, educational attainment, years of experience, and area of assignment have frequently been associated with differences in nursing competence, although findings remain inconsistent across studies. Some investigations suggest that advanced education and longer clinical experience contribute to higher levels of competence by providing greater opportunities to develop clinical judgment, leadership, and specialized skills. However, contemporary evidence also emphasizes that competence is shaped not only by personal characteristics but also by continuous professional learning, organizational support, and exposure to diverse clinical experiences (Ramah et al., 2023; Al-Mutairi et al., 2024).

Recent studies further highlight that healthcare organizations play a significant role in developing and sustaining nurses' competencies regardless of demographic background. Structured competency development programs, supportive leadership, mentoring, continuing professional development, and regular competency assessments help ensure that nurses achieve and maintain high standards of practice throughout their careers. Consequently, current literature suggests that while individual characteristics may contribute to competence

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development, institutional support and lifelong learning opportunities have a more consistent influence on strengthening nurses' clinical, professional, and leadership competencies. These findings reinforce the importance of creating supportive workplace environments that provide equitable opportunities for competency enhancement across all nursing personnel (King et al., 2021; Mlambo et al., 2021; Al-Mutairi et al., 2024.

Relationship Between Continuing Professional Development and Core Competence. Continuing Professional Development (CPD) is consistently recognized as one of the most important strategies for strengthening nurses' core competence. Contemporary literature emphasizes that participation in structured CPD activities enables nurses to continuously update their clinical knowledge, refine technical skills, strengthen critical thinking, and improve evidence-based decision-making. Through lifelong learning, nurses become better equipped to respond to advances in healthcare technology, evolving clinical guidelines, and increasingly complex patient needs while maintaining safe, effective, and patient-centered care. As healthcare systems continue to evolve, CPD remains essential in ensuring that nurses sustain the competencies required for high-quality professional practice (King et al., 2021; Mlambo et al., 2021).

Empirical evidence consistently demonstrates a positive relationship between CPD participation and nurses' core competence across multiple domains, including clinical practice, communication, leadership, ethical decision-making, health education, and quality improvement. Nurses who actively engage in continuing education, professional training, workshops, and competency enhancement programs generally demonstrate greater confidence, improved clinical performance, stronger professional accountability, and higher-quality patient outcomes than those with limited CPD participation. Recent studies further emphasize that healthcare institutions should promote accessible and relevant CPD opportunities through supportive organizational policies, protected learning time, and competency-based educational programs to sustain professional excellence and workforce development. These findings reinforce the role of CPD as a critical mechanism for maintaining and advancing nurses' core competence throughout their professional careers (Ramah et al., 2023; Al-Mutairi et al., 2024; Lim-Saco & Guino-o, 2024).

RESEARCH METHODOLOGY

Design. The study employed a quantitative descriptive–correlational design to examine the relationship between Continuing Professional Development (CPD) and the core competence of nurses in a DOH-retained hospital. The descriptive component was used to determine the nurses' demographic profile and assess their level of CPD in terms of motives, conditions, perceived importance, and activities undertaken, as well as their level of core competence across the International Council of Nurses (ICN) competency domains. The correlational component examined the relationships between the nurses' profile and CPD, and between CPD and core competence without manipulating the study variables, making it appropriate for describing existing conditions and determining naturally occurring associations (Stangor, 2014).

Environment. This study was conducted in a DOH-retained Level II government hospital.

Respondents. The respondents consisted of 200 staff nurses employed in the DOH-retained hospital, selected from a total population of 399 nurses. The sample size was determined using Slovin's formula with a 5% margin of error.

Sampling Design. Proportionate sampling was first used to allocate respondents across clinical wards, special care areas, and the outpatient department, followed by quota sampling to ensure adequate representation from each unit.

Inclusion Criteria and Exclusion Criteria. Eligible participants were Nurse I–III personnel who had been employed in the hospital for at least three months and voluntarily provided informed consent. Nurses occupying supervisory or managerial positions, as well as those who had resigned, retired, or were awaiting separation from service, were excluded from the study.

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Instrument. This made use of a three-part instrument. Part I is the demographic information, including age, sex, marital status, educational attainment, religion, years of service, and area of assignment. Part II is the Continuing Professional Development was measured using the Questionnaire on Continuing Professional Development of Nurses (Q-PDN) developed by Brekelmans et al. (2014), which assesses four dimensions: motives, conditions, perceived importance, and activities undertaken. The instrument demonstrated acceptable to high reliability, with Cronbach's alpha coefficients ranging from 0.70 to 0.89. Part III is the Core competence was measured using the Core Competency Scale for Operating Room Nurses (CCS-ORN) developed by Mei et al. (2022), which evaluates five competency domains. The CCS-ORN demonstrated excellent psychometric properties, with an overall Cronbach's alpha of 0.97, indicating excellent internal consistency.

Data Gathering Procedures. Following institutional and ethical approvals, permission to conduct the study was obtained from the hospital administration and nursing department. Eligible nurses were informed about the objectives of the study, voluntary participation, confidentiality, and their right to withdraw at any time before providing written informed consent. Questionnaires were distributed personally or through hospital-approved electronic platforms, depending on respondents' availability and convenience, and were completed during schedules that did not interfere with clinical duties. Retrieved questionnaires were checked for completeness, coded to ensure anonymity, encoded for statistical analysis, and securely stored in accordance with ethical research standards.

Statistical Treatment of Data. The statistical data were analyzed. Descriptive statistics, including frequency, percentage, mean, and standard deviation, were used to describe the respondents' profile and determine the levels of Continuing Professional Development and core competence. The Chi-square test and Cramér's V were employed to determine the significance and strength of the relationships between nurses' profile variables and both CPD and core competence. The Pearson Product–Moment Correlation Coefficient (Pearson r) was used to determine the relationship between Continuing Professional Development and nurses' core competences.

Ethical Considerations. Ethical approval was obtained from both the university and hospital ethics committees prior to data collection. Participation was voluntary, and written informed consent was obtained from all respondents after explaining the study's purpose, procedures, potential risks, and benefits. Confidentiality, anonymity, privacy, and the right to withdraw without penalty were strictly observed throughout the study. All data were used solely for research purposes, securely stored, and handled in accordance with established ethical research guidelines.

Presentation, Analysis, And Interpretation Of Data

Table 1 Profile of the Respondents

Indicator	**Category**	***f***	***p***
Age	20-24	38	19.00
	25-29	49	24.50
	30-34	22	11.00
	35-39	51	25.50
	40-44	22	11.00
	45-49	9	4.50
	50-54	8	4.00

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	55-59	1	0.50
Sex	Female	155	77.50
	Male	45	22.50
Civil Status	Married	80	40.00
	Single	120	60.00
Educational Attainment	Bachelor's Degree	154	77.00
	With Master's Units	25	12.50
	Master's Degree	20	10.00
	With Doctoral Units	1	0.50
Religion	Born Again	9	4.50
	Church of Christ	3	1.50
	Iglesia Filipina Independiente	7	3.50
	Iglesia ni Cristo	7	3.50
	Roman Catholic	167	83.50
	Others	7	3.50
Years of Service	Less than 1 year	16	8.00
	1 to 2 years	85	42.50
	3 to 5 years	39	19.50
	6 to 10 years	27	13.50
	11 to 15 years	21	10.50
	16 to 20 years	7	3.50
	More than 20 years	5	2.50
Area of Assignment	Clinical Wards		
	Medical Ward	62	31.00
	Surgery Ward	10	5.00
	OB	13	6.50
	Gyne	5	2.50
	Pediatric	13	6.50

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	Special Care Areas		0.00
	Delivery Room	7	3.50
	Emergency Room	19	9.50
	Hemodialysis	6	3.00
	Intensive Coronary Care Unit	10	5.00
	Neonatal Intensive Care Unit	8	4.00
	Operating Room	22	11.00
	Operation Center	7	3.50

Note. *n=200.*

As shown in Table 1, the respondents were mostly young to middle-aged, female, single, and early-career nurses, reflecting the typical composition of the nursing workforce. This demographic suggests a workforce with strong potential for professional growth, career advancement, and participation in continuing professional development (CPD). Younger and mid-career nurses are generally more receptive to lifelong learning and competency enhancement, while single nurses may have greater flexibility to engage in professional development activities. The predominance of female nurses is likewise consistent with the global nursing workforce, although previous studies have emphasized the need for organizational support that promotes work–life balance, employee well-being, and workforce retention (Yu et al., 2022; Al-Mutairi et al., 2024; Pekson, 2025).

Most respondents possessed the minimum educational qualification for professional nursing practice and were assigned across diverse clinical units, providing broad exposure to various patient care situations. Although relatively few had pursued graduate education, evidence suggests that advanced education, continuing professional development, mentorship, and structured competency-building programs contribute to stronger clinical competence, leadership, and evidence-based practice (Li & Wang, 2024; Al-Mutairi et al., 2024; Yanto & Kustriyani, 2024). The findings therefore highlight the importance of sustaining organizational initiatives that support lifelong learning, graduate education, equitable workload distribution, and competency development to strengthen nursing practice, improve job satisfaction, and enhance patient care outcomes.

Table 2 Continuing Professional Development of the Nurses

Dimensions	Mean score	SD	Interpretation
Motives			
Personal and Professional Development			
1. I undertake CPD activities because further professional development is important to me	4.38	0.848	Strongly Agree
2. I undertake CPD activities to improve my current qualifications	4.41	0.827	Strongly Agree
3. I undertake CPD Activities to carry out my work better	4.41	0.834	Strongly Agree
4. I undertake CPD activities to increase the quality of healthcare	4.47	0.807	Strongly Agree

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5. I undertake CPD activities to make a positive contribution to nursing practice	4.46	0.825	Strongly Agree
Factor Mean	4.43	0.828	Strongly Agree
Requirements			
6. I undertake CPD activities to meet the requirements of the organization where I work	4.28	0.851	Strongly Agree
7. I undertake CPD activities to prove to my employer that I am professionally competent	4.33	0.840	Strongly Agree
8. I undertake CPD activities because this is considered highly important in my professional environment	4.35	0.855	Strongly Agree
Factor Mean	4.32	0.848	Strongly Agree
Career Opportunities			
9. I undertake CPD activities to increase promotion opportunities	4.23	0.826	Strongly Agree
10. I undertake CPD activities to achieve a higher level of training	4.35	0.830	Strongly Agree
11. I undertake CPD activities to support my career	4.35	0.867	Strongly Agree
12. I undertake CPD activities to improve my leadership abilities	4.33	0.840	Strongly Agree
Factor mean	4.32	0.840	Strongly Agree
Grand mean	4.36	0.069	Very High Motivation
II. Conditions			
Intangible Conditions			
13. I undertake CPD activities if I receive career guidance	4.08	0.825	Important
14. I undertake CPD activities if I receive annual appraisal	3.94	0.913	Important
15.I undertake CPD activities if my colleagues coach me	3.92	0.879	Important
16. I undertake CPD activities if taking part in CPD activities allows me to have a say in ward/team policy	4.01	0.877	Important
17. I undertake CPD activities if I gain more independence	4.02	0.865	Important
18. I undertake CPD activities if the CPD activities have a clear career perspective	4.13	0.841	Important
19.I undertake CPD activities if my immediate supervisor coaches me.	3.98	0.925	Important

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20.I undertake CPD activities if other positions are offered within my organization.	3.99	0.928	Important
21.I undertake CPD activities if I receive support from my supervisor.	4.09	0.848	Important
Factor Mean	4.02	0.878	Important
Material Conditions			
22.I undertake CPD activities if the expenses are fully reimbursed by the employer. designated mentor provided mentoring	4.18	0.76	Important
23.I undertake CPD activities if suitable supplementary training courses are offered by my immediate supervisor.	4.12	0.78	Important
24.I undertake CPD activities if my supervisor provides me with the necessary time.	4.08	0.80	Important
Factor Mean	4.10	0.862	Important
Grand Mean	4.09	0.848	High favorable conditions
III. Importance			
Participation in research			
25.I undertake CPD activities by attending training courses related to research.	4.19	0.841	Agree
26.I undertake CPD activities by reviewing medical literature with regard to best practices.	4.20	0.882	Strongly Agree
27.I undertake CPD activities by carrying out research.	4.17	0.910	Agree
28.I undertake CPD activities by writing articles for professional journals.	4.01	0.902	Agree
29.I undertake CPD activities by serving on the editorial board of a professional journal.	4.04	0.893	Agree
Factor Mean	4.12	0.885	Agree
Clinical Practice Development			
30.I undertake CPD activities by following short courses (duration 2–8 hours).	41.2	0.768	Agree
31.I undertake CPD activities by informing my supervisor if I notice any developments at work that could have an adverse effect on professional practice.	4.16	0.798	Agree
32.I undertake CPD activities by informing my supervisor if I	4.22	0.785	Strongly Agree

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identify opportunities that could improve professional practice.			
33.I undertake CPD activities by reflecting critically on practical situations.	4.22	0.802	Strongly Agree
34.I undertake CPD activities by determining whether I performed well and whether I could perform better next time.	4.21	0.807	Strongly Agree
Factor Mean	4.19	0.89	Agree
Participation in Organization Development			
35.I undertake CPD activities by participating in policy development.	4.21	0.773	Strongly Agree
36.I undertake CPD activities by making sure that I keep up to date with policy developments.	4.20	0.784	Strongly Agree
37.I undertake CPD activities by participating in recruitment and selection interviews with new members of staff.	3.97	0.931	Agree
38.I undertake CPD activities by participating in reflection and/or intercollegial consultation meetings.	4.07	0.923	Agree
39. I undertake CPD activities by participating in internal projects.	4.03	0.942	Agree
Factor mean	4.10	0.870	Agree
Grand mean	4.13	0.087	High Perceived Importance of CPD Activities
IV. Activities Undertaken			
Participation in Research			
40.I participate in training courses.	4.01	0.894	Often
41. I review medical literature with regard to best practices.	3.94	0.980	Often
42.I carry out research.	3.69	1.167	Often
43.I write articles for professional journals.	3.42	1.332	Often
44.I serve on the editorial board of a professional journal.	3.42	1.381	Often
Factor Mean	3.70	1.150	Often
Clinical Practice Development			
45.I follow short courses (duration 2–8 hours).	3.83	0.998	Often
46.I inform my supervisor if I notice any developments at work that could have an adverse effect on professional practice.	3.94	0.972	Often

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47.I make sure that I keep up to date with professional developments.	4.08	0.873	Often
48.I reflect critically on practical situations.	4.05	0.840	Often
49.I determine whether I performed well and whether I could perform better next time.	4.09	0.866	Often
Factor Mean	4.00	0.909	Often
Participation in Organization Development			
50.I participate in policy development.	3.87	1.049	Often
51.I make sure that I keep up to date with policy developments.	3.95	0.981	Often
52.I participate in recruitment and selection interviews with new members of staff.	3.64	1.263	Often
53. participate in reflection and/or intercollegial consultation meetings.	3.68	1.151	Often
54.I participate in internal projects.	3.70	1.214	Often
Factor Mean	3.77	1.131	Often
Grand Mean	4.08	0.235	High frequency of engagement in CPD Activities

Note. *n=200.*

Legend: For the Motives and Conditions dimensions, a mean score of 1.00–1.80 indicates a very low level of Continuing Professional Development (CPD) (Strongly Disagree), 1.81–2.60 indicates a low level (Disagree), 2.61–3.40 indicates a moderate level (Neither Agree nor Disagree), 3.41–4.20 indicates a high level (Agree), and 4.21–5.00 indicates a very high level (Strongly Agree).

For the Importance dimension, a mean score of 1.00–1.80 indicates a very low perceived importance of CPD activities (Not Important), 1.81–2.60 indicates low perceived importance (Slightly Important), 2.61–3.40 indicates moderate perceived importance (Moderately Important), 3.41–4.20 indicates high perceived importance (Important), and 4.21–5.00 indicates very high perceived importance (Very Important).

For the Activities Undertaken dimension, a mean score of 1.00–1.80 indicates a very low frequency of engagement in CPD activities (Never), 1.81–2.60 indicates a low frequency (Rarely), 2.61–3.40 indicates a moderate frequency (Sometimes), 3.41–4.20 indicates a high frequency (Often), and 4.21–5.00 indicates a very high frequency (Very Often).

A score of 1.00 to 1.80 indicates a very low level of onboarding practices (Strongly Disagree), 1.81 to 2.60 indicates a low level of onboarding practices (Disagree), 2.61 to 3.40 indicates a moderate level of onboarding practices (Neither Agree nor Disagree), 3.41 to 4.20 indicates a high level of onboarding practices (Agree), and 4.21 to 5.00 indicates a very high level of onboarding practices (Strongly Agree).

The findings demonstrate that nurses had a high level of Continuing Professional Development (CPD), reflecting a strong commitment to lifelong learning and professional growth. Respondents highly valued CPD as an important strategy for improving their clinical competence, maintaining professional standards, and

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delivering safe, evidence-based patient care. Motivation for CPD was particularly strong across the domains of personal and professional development, organizational expectations, and career advancement, indicating that nurses perceived continuing education not merely as a regulatory requirement but as an opportunity to strengthen their knowledge, skills, and future career prospects. This finding suggests that nurses recognize the importance of continuously updating their competencies in response to the rapidly evolving demands of healthcare practice. It also supports previous evidence that CPD plays a vital role in sustaining professional competence, improving clinical performance, and enhancing the quality of nursing care (Mlambo et al., 2021; Al-Omary et al., 2024; Shiri et al., 2023).

Despite the generally favorable results, the findings also identified important areas requiring further organizational support. While nurses expressed strong motivation to participate in CPD, engagement in research, scholarly publication, and organizational development activities remained relatively lower than participation in clinically focused learning activities. Similarly, conditions that facilitate CPD, including coaching, career guidance, protected learning time, financial support, and accessible training opportunities, were viewed as important but may not always be consistently available. These findings suggest that nurses value professional development but require stronger institutional support to translate motivation into sustained engagement in advanced learning and scholarly activities. Nursing management should therefore strengthen structured CPD programs by expanding mentorship, research capability-building initiatives, protected learning time, financial assistance, and shared governance opportunities that encourage active participation in professional development, ultimately promoting higher levels of competence, career advancement, and quality patient care (King et al., 2021; Hakvoort et al., 2022; Wehabe et al., 2024; Al-Omary et al., 2024).

Table 3 Core Competencies of Nurses

Dimensions	Mean score	SD	Interpretation
Collaboration, Interpersonal Communication Skills, and Legal Knowledge			
1. Ensures confidentiality and security of written and verbal information acquired in medical and nursing practices. professional development is important to me	3.52	0628	Very Competent
2. Carries out nursing practices according to legal requirements and organizational policy	3.60	0.551	Very Competent
3. Respects the patient's right to privacy and autonomy and protects the patient's welfare.	3.67	0.491	Very Competent
4. Accepts and utilizes constructive criticism and opinions.	3.60	0.531	Very Competent
5. Knows own learning needs.	3.54	0.558	Very Competent
6. Identifies illegal and immoral behaviors and reports perceived medical malpractice to responsible authorities.	3.56	0.592	Very Competent
7. Promotes cooperation and trust among colleagues and recognizes the contributions and achievements of others.	3.59	0.543	Very Competent
8. Has relevant professional knowledge, such as legal knowledge and nursing psychology.	3.46	0.602	Very Competent
9. Has a sense of responsibility, emotional stability, self-supervision, service consciousness, and stress-coping capacity.	3.56	0.565	Very Competent

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10. Shows willingness to share workload when others are needed.	3.58	0.545	Very Competent
11. Cooperates with others to ensure operational safety and manages relationships among doctors, nurses, and patients.	3.58	0.553	Very Competent
12. Expresses ideas and different views.	3.51	0.603	Very Competent
Factor Mean	3.56	0.444	Very Competent
Specialist Knowledge and Skills			
13. Ensures the integrity of surgical instruments and provides required items in surgery in a timely manner.	3.42	0.580	Very Competent
14. Standardizes the contents of nursing records; written expression is clear and precise.	3.51	0.550	Very Competent
15. Carries out standard procedures correctly to control nosocomial infection and performs disinfection and isolation appropriately.	3.52	0.568	Very Competent
16. Improves own professional technological skills actively.	3.45	0.618	Very Competent
17. Maintains the patient in the proper position to ensure smooth operation and patient safety.	3.49	0.550	Very Competent
18. Understands new developments in specialized surgery and takes opportunities to improve professional competence.	3.42	0.632	Very Competent
19. Conducts effective preoperative visits, evaluates patient conditions, and provides multicultural nursing care.	3.36	0.692	Very Competent
Factor Mean	3.45	0.501	Very Competent
Emergency and Problem-Solving Skills			
20. Performs emergency procedures accurately, quickly, and efficiently.	3.37	0.648	Very Competent
21. Demonstrates rapid and accurate emergency response skills in handling emergency situations.	3.34	0.663	Very Competent
22. Operates surgical instruments skillfully and resolves common instrument malfunctions.	3.18	0.795	Competent
23. Handles large numbers of injured patients and works effectively with critically ill patients.	3.23	0.747	Very Competent
24. Organizes emergency personnel appropriately, carries out emergency treatment effectively, and identifies potential safety hazards.	3.38	.672	Very Competent
25. Observes changes in patients' vital signs closely.	3.47	0.611	Very Competent
26. Supports and assists internship nurses in solving clinical problems and applying them in practice.	3.42	0.671	Very Competent
27. Uses advanced facilities and equipment appropriately to improve nursing	3.37	0.798	Very Competent

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practice during operations.			
Factor mean	3.35	0.566	Very Competent
Teaching and Research Capacity			
28. Searches for research findings comprehensively and applies them to nursing practice.	3.27	0.798	Very Competent
29. Performs literature retrieval, research topic selection, data collection, analysis, implementation, and research paper writing.	3.23	0.879	Very Competent
30. Supports new nurses in adapting to the environment and coaches junior nurses in professional development.	3.39	0.712	Very Competent
31. Cooperates effectively in difficult, complex, or unfamiliar situations while sharing professional knowledge.	3.39	0.780	Very Competent
32. Builds a teamwork atmosphere and resolves conflicts positively.	3.48	0.660	Very Competent
Factor Mean	3.35	0.676	Very Competent
Management Capacity and Basic Skills			
33. Participates accurately in nursing quality control activities within the department.	3.43	0.709	Very Competent
34. Evaluates the effectiveness of nursing management and implements appropriate improvement measures.	3.49	0.668	Very Competent
35. Identifies potential risks and takes timely preventive action.	3.50	0.660	Very Competent
36 Participates actively in environmental management and safety improvement activities.	3.52	0.683	Very Competent
Factor Mean	3.49	0.641	Very Competent
Grand Mean	3.44	0.566	Very Competent

Note. *n=200.*

Legend: A mean score of 1.00–1.75 indicates Not Competent, 1.76–2.50 indicates Somewhat Competent, 2.51–3.25 indicates Competent, and 3.26–4.00 indicates Very Competent.

The nurses demonstrated a very high level of core competence across all competency domains, reflecting their ability to perform professional nursing responsibilities safely, effectively, and in accordance with expected standards of practice. Their competence suggests a workforce equipped with the knowledge, technical skills, and professional behaviors necessary to provide quality patient care in a DOH-retained hospital. The strongest performance was observed in collaboration, interpersonal communication, and legal knowledge, highlighting the nurses' ability to work effectively with multidisciplinary teams, communicate with patients and colleagues, protect patient confidentiality, and uphold ethical and legal responsibilities. These competencies are fundamental to safe nursing practice and are continuously strengthened through clinical experience, teamwork, and continuing professional development (Nursing Council of New Zealand, 2020; Mlambo et al., 2021).

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Similarly, the respondents were very competent in specialist knowledge and skills, emergency and problem-solving skills, teaching and research capacity, and management capacity with basic skills, demonstrating strong competence in both clinical practice and organizational responsibilities. Nevertheless, comparatively lower ratings were observed in areas requiring advanced clinical specialization, emergency equipment troubleshooting, research utilization, and scholarly activities. These findings suggest that while nurses are highly capable of delivering routine and specialized patient care, greater exposure to advanced training, simulation exercises, research mentoring, and evidence-based practice initiatives would further strengthen these competencies. Previous studies likewise emphasize that simulation-based education, competency-focused continuing professional development, and structured learning opportunities enhance clinical judgment, emergency preparedness, research capability, and overall nursing competence (King et al., 2021; Chow et al., 2023; Kavakli et al., 2024).

Overall, the results demonstrate that the nurses possess a solid foundation of professional competence while identifying specific areas that warrant continuous development. The strongest competencies were those routinely applied in daily clinical practice, whereas competencies requiring specialized experience and formal scholarly engagement were relatively less developed. These findings highlight the need for nursing management to sustain existing strengths while investing in emergency preparedness programs, competency-based training, research capability-building, mentorship, and quality improvement initiatives. Such strategies will further enhance nurses' confidence, professional growth, and readiness to deliver safe, ethical, and high-quality healthcare services (Rahmah et al., 2021; Mlambo et al., 2021).

Table 4 Relationship between Profile and Continuing Professional Development among Nurses

Variables	chi value	*p* value	Cramer's V value	Decision	Interpretation
Age	18.733	.906	-	Failed to Reject Ho	Not Significant
Sex	2.370	.668	-	Failed to Reject Ho	Not Significant
Marital Status	6.392	.603	-	Failed to Reject Ho	Not Significant
Highest Educational Attainment	8.929	.709	-	Failed to Reject Ho	Not Significant
Religion	22.080	1.000	-	Failed to Reject H	Not Significant
Years of Service	19.788	.872	-	Failed to Reject Ho	Not Significant
Area of Assignment	119.970	.974	-	Failed to Reject Ho	Not Significant

Legend: Significant if $p < .05$. The dependent variable is Continuing Professional Development. Cramer's V values are interpreted as follows: > 0.25 = very strong association, > 0.15 = strong association, > 0.10 = moderate association, > 0.05 = weak association, and > 0 = no association.

The results in table 4 revealed that age, sex, marital status, highest educational attainment, religion, years of service, and area of assignment were not significantly related to Continuing Professional Development (CPD). This suggests that nurses demonstrated comparable levels of CPD engagement regardless of their personal or professional characteristics. Participation in CPD appears to be a shared professional responsibility rather than one influenced by demographic or work-related factors. The finding reflects a workplace environment where opportunities for continuing education are generally available to all nurses and where professional development is encouraged across different groups. This supports the view that CPD is an integral component of lifelong learning that should be sustained throughout a nurse's career, regardless of age, experience, or educational background (Mlambo et al., 2021; King et al., 2021).

Although none of the profile variables showed a statistically significant relationship with CPD, the relatively stronger effect size observed for area of assignment suggests that practical differences in CPD participation across clinical units may still exist, even if these differences were insufficient to establish statistical significance. The findings imply that CPD participation is more likely influenced by organizational support, accessibility of learning opportunities, regulatory requirements, and the perceived relevance of training than by demographic characteristics alone. Consequently, nursing management should continue providing equitable access to continuing education, competency enhancement, simulation training, research activities, and leadership development for all nurses while ensuring that workload and scheduling do not limit participation in specific clinical areas. Strengthening a supportive learning culture will help sustain professional competence and promote high-quality nursing practice (King et al., 2021; Al-Omary et al., 2024.

Table 5 Relationship between Profile and Core Competence among Nurses

Variables	chi value	*p* value	Cramer's V value	Decision	Interpretation
Age	15.440	.800	-	Failed to Reject Ho	Not Significant
Sex	1.409	.703	-	Failed to Reject Ho	Not Significant
Marital Status	3.366	.762	-	Failed to Reject Ho	Not Significant
Highest Educational Attainment	7.189	.617	-	Failed to Reject Ho	Not Significant
Religion	32.478	.854	-	Failed to Reject H	Not Significant
Years of Service	18.2618	.632	-	Failed to Reject Ho	Not Significant
Area of Assignment	90.088	.952	-	Failed to Reject Ho	Not Significant

Legend: Significant if $p < .05$. The dependent variable is Core Competence. Cramer's V values are interpreted as follows: > 0.25 = very strong association, > 0.15 = strong association, > 0.10 = moderate association, > 0.05 = weak association, and > 0 = no association.

The results in table 5 showed that age, sex, marital status, highest educational attainment, religion, years of service, and area of assignment were not significantly related to the core competence of nurses. This suggests that nurses demonstrated comparable levels of competence regardless of their personal and professional characteristics. Core competence appears to be a shared professional attribute that is developed through continuous learning, clinical practice, and adherence to institutional standards rather than demographic factors alone. The findings reinforce the concept that nursing competence is sustained through lifelong learning, continuing professional development, and workplace experience rather than age, gender, educational attainment, or years of service alone (Mlambo et al., 2021; Li & Wang, 2024). Although years of service and area of assignment demonstrated relatively stronger effect sizes, these relationships were not statistically significant, indicating that any observed differences were insufficient to conclude that these profile variables influence nurses' competence.

The findings further suggest that nurses working in different clinical areas and at varying career stages are able to achieve similar levels of competence because they are guided by common professional standards, competency requirements, and institutional training programs. This emphasizes that competence is more likely influenced by modifiable organizational factors such as continuing professional development, clinical exposure, mentorship, supportive supervision, competency assessment, and opportunities for practice-based learning rather than fixed personal characteristics. Consequently, nursing management should continue providing equitable access to competency enhancement programs for all nurses while implementing needs-based training in specialized clinical skills, emergency preparedness, research capability, leadership, and quality improvement. Such strategies will help sustain professional competence and ensure the delivery of

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safe, effective, and high-quality nursing care (King et al., 2021; Mlambo et al., 2021; Rahmah et al., 2021.

Table 6 Relationship between Continuing Professional Development and Core Competencies among Nurses

Variables	r value	*p* value	Decision	Interpretation
Continuing Professional Development vs. Core Competence	0.538	< .001	Reject Ho	Significant

Legend: Significant if p < .05. The dependent variable is Core Competence. Pearson *r* interpretation: A value greater than .50 indicates a strong positive relationship, .30 to .50 indicates a moderate positive relationship, 0 to .30 indicates a weak positive relationship, 0 indicates no relationship, 0 to –.30 indicates a weak negative relationship, –.30 to –.50 indicates a moderate negative relationship, and less than –.50 indicates a strong negative relationship.

The findings revealed a significant positive relationship between Continuing Professional Development (CPD) and the core competence of nurses, indicating that greater engagement in CPD was associated with higher levels of professional competence. This suggests that nurses who actively participate in professional learning activities, such as seminars, clinical trainings, workshops, competency updates, and continuing education, are more likely to strengthen their knowledge, clinical skills, decision-making, communication, leadership, and overall nursing performance. The result highlights CPD as an important mechanism for maintaining competence and responding effectively to the evolving demands of healthcare practice. It also supports previous studies emphasizing that lifelong learning and structured professional development enhance nurses' competence, improve clinical performance, and promote safe, evidence-based patient care (Mlambo et al., 2021; King et al., 2021; Al-Omary et al., 2024).

The positive association may be attributed to the dynamic nature of nursing practice in a DOH-retained hospital, where nurses continuously encounter complex patient conditions, updated clinical guidelines, technological advancements, and increasing quality and safety standards. Regular participation in CPD equips nurses with current knowledge and practical skills that can be directly applied in patient care, thereby strengthening professional competence. These findings reinforce the importance of investing in accessible and relevant CPD programs as part of organizational workforce development. Nursing management should therefore sustain competency-based education through regular in-service training, simulation exercises, mentoring, research capability-building, leadership development, and protected learning opportunities to ensure that nurses continue to develop professionally and deliver high-quality healthcare services (Rahmah et al., 2021; King et al., 2021; Mlambo et al., 2021).

CONCLUSION AND RECOMMENDATIONS

Conclusion. The study concludes that Continuing Professional Development is an important component in maintaining and enhancing the core competence of nurses in a Department of Health-retained hospital. Nurses who actively engage in professional development activities are more likely to strengthen their knowledge, clinical skills, communication, leadership, research capability, and other competencies essential for safe, effective, and quality nursing care. The findings also indicate that continuing professional development and core competence are generally consistent among nurses regardless of their demographic and professional characteristics, highlighting that competence development should be viewed as a continuous professional responsibility shared by all nurses. Therefore, healthcare institutions should sustain and strengthen structured continuing professional development programs that support lifelong learning and competency enhancement.

Recommendations. The proposed Professional Development Plan is recommended for implementation by nursing administrators to strengthen continuing professional development and sustain nurses' core competence, particularly in the areas of research participation, teaching and research capacity, emergency and problem-solving skills, organizational development, and specialist knowledge enhancement. Healthcare institutions should continue providing competency-based learning opportunities through simulation training, mentoring, coaching, research capability-building, leadership development, and protected learning time supported by

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equitable access to training and continuing education. Nursing educators may utilize the findings to reinforce competency-based instruction, evidence-based practice, leadership, critical thinking, and lifelong learning in undergraduate and graduate nursing programs. Healthcare organizations are likewise encouraged to strengthen policies that promote continuing professional development, competency assessment, research utilization, and supportive learning environments. Finally, the study may be disseminated through peer-reviewed publications and scientific conferences, while future research should examine other organizational and individual factors influencing nurses' competence and evaluate the long-term effectiveness of professional development interventions using qualitative, longitudinal, or mixed-methods approaches.

Professional Development Plan

Rationale

Continuing Professional Development (CPD) is essential in maintaining nurses' competence and ensuring the delivery of safe, evidence-based, and high-quality patient care. Although the nurses demonstrated high levels of CPD engagement and very high core competence, opportunities remain to strengthen research participation, organizational involvement, emergency preparedness, teaching and research capacity, specialist knowledge, and institutional support for professional learning. Since CPD was significantly associated with nurses' core competence, this Professional Development Plan is proposed to sustain existing strengths while addressing identified competency gaps through structured and organization-supported learning activities.

General Objectives

To strengthen Continuing Professional Development and sustain the core competence of nurses through competency-based and organization-supported professional development activities.

Specific Objectives

a. To improve the relatively lower level of distributive justice among nurses;

b. To maintain and further enhance high procedural and interactional justice;

c. To sustain and strengthen the very high professional identity among nurses; and

d. To address the distinct fairness expectations of nurses with higher educational attainment.

Area of Concern	Objective	Key Activities	Persons Responsible	Time Frame	Success Indicator
Research and Evidence-Based Practice	Increase nurses' participation in research	Conduct research workshops, journal clubs, mentoring, and require unit-based quality improvement projects.	Nursing Education Unit, Research Committee	Quarterly	Increased research and quality improvement projects
Organizational Development	Increase nurses' involvement in hospital improvement activities	Encourage committee participation, shared governance, and quality improvement projects.	Chief Nurse, Nurse Managers	Quarterly	Increased participation in organizational activities
Organizational Support for	Strengthen institutional support for	Provide protected learning time, CPD funding, mentoring, and	Hospital Administration, HR, Nursing	Semi-Annual	Increased CPD participation and

CPD	professional learning	annual development planning.	Education		staff satisfaction
Emergency and Clinical Competence	Enhance emergency response and clinical decision-making	Conduct simulation drills, emergency training, competency validation, and case reviews.	Nursing Education, Emergency Department	Monthly	Improved emergency competency performance
Teaching and Leadership Competence	Strengthen teaching and mentoring skills	Implement preceptor training, mentoring, bedside teaching, and coaching programs.	Nursing Education Unit	Quarterly	Increased number of trained mentors and preceptors
Specialist Knowledge and Competency	Sustain specialty nursing competence	Provide specialty updates, competency assessments, clinical conferences, and refresher courses.	Clinical Specialists, Nursing Education	Quarterly	Improved specialty competency assessment results
CPD and Competency Monitoring	Sustain professional growth and competency	Implement competency-based CPD plans, regular competency evaluation, and recognition of outstanding professional development.	Chief Nurse, HR Department	Every 6 Months	Sustained high CPD participation and competency ratings

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