Continuing Professional Development Activities on Behavior Change and Autonomy among Nurses in a Level II Government Hospital

Maribeth P. Belocura, RN[1], Joan P. Bacarisas, DM, MAN, RN[2]

Graduate School of Allied Health Sciences, University of the Visayas

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ABSTRACT

This study examines how Continuing Professional Development (CPD) activities influence professional behavior change and nursing autonomy among 205 staff nurses in a Level II government hospital in Surigao City, Philippines. Utilizing a descriptive-correlational design, the research assessed levels of engagement in lifelong learning and its relationship to clinical independence and professional conduct. Findings revealed that nurses demonstrate a very high level of engagement in CPD, largely driven by a strong internal motivation to improve patient care rather than mere regulatory compliance. Correspondingly, the respondents exhibited a very high extent of professional behavior change particularly in accountability and ethical practice and reported high levels of clinical autonomy. Statistical analysis identified a significant positive relationship between CPD participation and professional autonomy, suggesting that as nurses update their clinical knowledge, they gain the confidence necessary to make independent, evidence-based decisions. While overall professionalism was high, communication was noted as a relative area for development. Based on these findings, a Professional Behavior and Autonomy Enhancement Plan was proposed to institutionalize specialized training and nurse-led case presentations. Ultimately, the study concludes that consistent investment in CPD is vital for empowering an accountable and autonomous nursing workforce in resource-constrained government settings.

Keywords: Continuing Professional Development (CPD), professional behavior change, nursing autonomy, government hospital, nurse empowerment, clinical decision-making.

INTRODUCTION

The nursing profession remains central to healthcare delivery, particularly in government hospitals where nurses perform multifaceted roles amid increasing service demands, workforce shortages, and resource limitations. In contemporary healthcare systems, nurses are expected not only to demonstrate technical competence but also accountable professional behavior and sound clinical judgment. Within this context, Continuing Professional Development (CPD) has emerged as a critical mechanism that enables nurses to sustain competence, foster professional behavior change, and strengthen autonomy in practice (Mlambo et al., 2021). CPD refers to structured and self-directed learning activities undertaken after initial licensure to maintain and enhance professional competence through seminars, workshops, conferences, online learning modules, and hospital-based in-service trainings. In the Philippines, CPD is governed by Republic Act No. 10912 or the CPD Act of 2016 and its Implementing Rules and Regulations, emphasizing lifelong learning to protect public welfare and ensure quality professional services (Professional Regulation Commission, 2021). Beyond regulatory compliance, CPD promotes accountability, ethical practice, collaboration, initiative, and continuous self-improvement by exposing nurses to updated standards, reflective practice, and evidence-based approaches that improve adherence to clinical protocols, communication, and professional commitment (Mlambo et al., 2021; González-García et al., 2019).

Closely linked to professional behavior change is professional autonomy, which refers to nurses' ability to make independent clinical judgments, initiate appropriate interventions, and contribute to patient care decisions. CPD strengthens autonomy by equipping nurses with updated clinical knowledge, decision-making frameworks, and professional legitimacy within multidisciplinary teams. Nurses who regularly participate in CPD are more likely to assert clinical judgment, advocate for patients, and participate proactively in care planning and quality

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improvement initiatives (Flinkman et al., 2017; Labrague et al., 2018). In Level II government hospitals, these relationships become particularly significant due to high patient volumes, limited manpower, financial constraints, staffing shortages, and restricted access to advanced training opportunities. Observations suggest that while some nurses demonstrate positive behavioral changes, improved documentation practices, and confidence in initiating nursing interventions, others remain task-oriented and hesitant to exercise independent judgment. These situationers indicate that CPD engagement may influence not only learning outcomes but also nurses' professional behavior and autonomy in daily clinical practice.

Despite the recognized importance of CPD, significant gaps remain in the literature. Local empirical evidence examining CPD as a simultaneous driver of professional behavior change and autonomy among nurses in Philippine government hospitals is limited. Existing studies often treat behavior change and autonomy as separate outcomes and rely mainly on descriptive assessments of CPD participation without empirically analyzing its influence on professional outcomes in resource-constrained hospital settings. Anchored on these gaps, the study aims to examine how CPD activities influence professional behavior change and autonomy among nurses in a Level II government hospital. The study supports 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), by promoting competent, empowered, and continuously developing healthcare workers. Findings from the study may guide nurse managers and hospital administrators in developing CPD programs that strengthen accountability, clinical decision-making, workforce empowerment, and organizational performance within government hospital settings.

Research Questions

This study was to assess the relationship among continuing professional development activities, professional behavior change, and autonomy among nurses in a government hospital in Surigao City, Philippines for the fourth quarter of 2025.

The study specifically answered the following queries:

1. What were the Continuing Professional Development (CPD) activities among nurses in terms of:

1.1 participation;

1.2 motivation;

1.3 perceived impact;

1.4 institutional activities; and

1.5 barriers?

2. What was the level of professional behavior change among nurses in terms of:

2.1 accountability and responsibility;
2.2 professional growth and learning;
2.3 ethical practice and advocacy; and
2.4 collaboration and communication?
3. What was the level of professional autonomy among staff nurses in terms of:

3.1 clinical decision-making;

3.2 professional independence; and

3.3 organizational influence?

4. Was there a significant relationship between:

4.1 continuing professional development activities and the level of professional behavior change among nurses; and

4.2 continuing professional development activities and the level of professional autonomy among nurses?

5. What professional behavior and autonomy sustainability plan was proposed based on the findings of the study?

Statement of Null Hypothesis

H_{o1}: There was no significant relationship between continuing professional development activities and the level of professional behavior change among nurses.

H_{o2}: There was no significant relationship between continuing professional development activities and the level of professional nursing autonomy among nurses.

REVIEW OF RELATED LITERATURE AND STUDIES

CPD Activities. Continuing Professional Development (CPD) is widely recognized as a cornerstone of professional nursing practice that enables nurses to maintain competence, adapt to evolving healthcare demands, and sustain professional accountability amid increasingly complex healthcare environments (Vázquez-Calatayud et al., 2021). Recent studies emphasized that CPD strengthens clinical knowledge, technical skills, critical thinking, adaptability, reflective practice, problem-solving abilities, and confidence in nursing practice, which are essential for safe and quality patient care (Mlambo et al., 2021; Samuel et al., 2021). International literature consistently identified CPD as a strategic approach for strengthening nursing competence, readiness to implement evidence-based interventions, professional accountability, ethical sensitivity, and workforce effectiveness across healthcare systems (Vázquez-Calatayud et al., 2021; King et al., 2021). Studies further highlighted that CPD programs aligned with workplace realities, reflective learning, and skills-based activities produce stronger behavioral improvements, initiative, and professional maturity among nurses (Al-Mutairi et al., 2024). In African healthcare settings, CPD was also associated with improved professional conduct and accountability, particularly when linked to performance evaluation and feedback systems, although effectiveness decreased when participation was driven mainly by compliance requirements rather than intrinsic professional development (Nyelisani et al., 2023).

Local and regional studies showed that while Filipino nurses recognize the importance of CPD, participation is often limited by workload, staffing shortages, financial constraints, time limitations, and unequal institutional support, particularly in Level II government hospitals where CPD opportunities are less frequent and more dependent on external providers (Yu et al., 2022; Hakvoort et al., 2022). Recent literature also identified flexible CPD delivery modalities such as online, blended, and face-to-face learning as important strategies for increasing participation and supporting mentorship, reflective practice, peer learning, and sustained knowledge application (Walter & Terry, 2021; King et al., 2021; Samuel et al., 2021). Leadership and nursing management were likewise emphasized as key determinants of CPD effectiveness, with transformational and participative leadership styles encouraging greater CPD engagement, motivation, and application of learning outcomes in clinical practice (King et al., 2021). In the Philippines, CPD is institutionalized through Republic Act No. 10912 or the Continuing Professional Development Act of 2016, which mandates CPD for professional license renewal and highlights its role in enhancing competence, ethical practice, professional growth, and service quality (PRC, 2021). Despite this mandate, CPD participation remains uneven because of persistent systemic and organizational barriers within healthcare institutions (Yu et al., 2022).

Professional Behavior Change. Professional behavior change in nursing encompasses improvements in accountability, ethical practice, initiative, adherence to standards, and commitment to lifelong learning, with Continuing Professional Development (CPD) recognized as a primary mechanism that facilitates these changes. Studies emphasized that CPD supports the internalization of professional values and standards, leading to observable improvements in clinical practice and alignment of nurses' actions with established standards (Mlambo et al., 2021). Participation in CPD also promotes reflective practice, enabling nurses to critically

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evaluate their actions, demonstrate higher compliance with clinical guidelines, improve documentation practices, and strengthen ethical sensitivity and accountability, particularly when supported by leadership and feedback mechanisms (Samuel et al., 2021; Nyelisani et al., 2023). Organizational culture was also identified as a significant factor influencing the extent to which CPD translates into professional behavior change, as learning-oriented environments that promote innovation and continuous improvement encourage nurses to apply newly acquired knowledge in practice (King et al., 2021). Professional behavior change further varies across career stages, with newly licensed nurses relying on CPD to build competence, confidence, and professional identity, while experienced nurses utilize CPD to strengthen leadership skills, maintain competence, and adapt to advanced roles (Hakvoort et al., 2022). However, barriers such as workload pressures, lack of recognition, and limited institutional support continue to limit the impact of CPD on professional behavior change among nurses (Nyelisani et al., 2023.

Professional Autonomy. Professional nursing autonomy refers to the nurse's capacity to exercise independent clinical judgment and assume accountability within professional practice, and it is recognized as a fundamental attribute of modern nursing in complex healthcare environments where timely and evidence-based decisions are required (Pursio et al., 2021). Studies have shown that higher levels of autonomy are associated with improved job satisfaction, professional commitment, confidence in clinical decision-making, stronger engagement in professional roles, and enhanced quality of care (Asl et al., 2022). Autonomy enables nurses to respond effectively to patient needs, initiate appropriate interventions, and collaborate meaningfully with other healthcare professionals, particularly in hospital settings requiring timely clinical decisions. Organizational culture and leadership practices also significantly influence autonomy, as supportive leadership, shared governance, and participation in decision-making strengthen nurses' ability to exercise autonomy responsibly, while rigid hierarchical systems and limited managerial support may restrict nurses' independence despite adequate competence (King et al., 2021; Nyelisani et al., 2023). Professional autonomy further develops progressively through experience and continuous learning, with newly licensed nurses initially demonstrating limited autonomy because of reduced confidence and clinical exposure, while experienced nurses become more confident in exercising independent judgment and leadership through professional development and sustained learning (Hakvoort et al., 2022; Al-Mutairi et al., 2024). Recent studies also linked professional autonomy with psychological well-being and retention, indicating that nurses with higher autonomy experience greater job satisfaction, lower burnout, stronger motivation, resilience, and increased intention to remain in the profession (Faridi et al., 2025).

CPD Activities and Professional Behavior Change. Continuing Professional Development (CPD) plays a central role in facilitating professional behavior change among nurses by enhancing knowledge, skills, professional attitudes, accountability, adherence to standards, and commitment to continuous improvement (Mlambo et al., 2021). Through participation in CPD, nurses are exposed to updated clinical guidelines, ethical standards, and best practices that influence their behavior in clinical settings, allowing knowledge to be translated into professional action. Studies showed that CPD participation is associated with improved clinical performance, better documentation practices, increased compliance with established standards, reflective thinking, ethical sensitivity, and professional responsibility, particularly when supported by feedback and supervision (Samuel et al., 2021; Nyelisani et al., 2023). The effectiveness of CPD in promoting behavior change is also influenced by organizational factors such as leadership support, workplace culture, and relevance of learning programs, with learning-oriented environments encouraging nurses to apply newly acquired knowledge and sustain improvements in practice (King et al., 2021). However, barriers including heavy workload, staffing shortages, and limited institutional support may reduce the extent to which CPD leads to meaningful behavior change (Haji Mustapa et al., 2021). CPD further contributes to professional growth across career stages, as newly licensed nurses utilize CPD to build confidence and professional identity, while experienced nurses rely on CPD to strengthen leadership and decision-making skills (Hakvoort et al., 2022). Overall, CPD functions as a critical driver of professional behavior change when effectively implemented and supported within the healthcare environment.

CPD Activities and Professional Autonomy. Continuing Professional Development (CPD) is a significant factor in strengthening professional autonomy among nurses by enhancing competence, confidence, decision-making ability, reflective practice, and self-directed learning, which are essential components of autonomous professional behavior (Vázquez-Calatayud et al., 2021). Through continuous learning, nurses acquire updated

knowledge and skills that enable them to exercise independent clinical judgment and develop greater confidence and authority in clinical decision-making. Studies showed that nurses who actively participate in CPD demonstrate higher levels of autonomy, professional independence, decision-making confidence, and professional maturity, allowing them to function more independently in clinical settings (Al-Mutairi et al., 2024). Supportive leadership, shared governance, workplace culture, and access to CPD opportunities were also identified as important factors encouraging nurses to apply their knowledge in practice and exercise autonomy responsibly (King et al., 2021). However, barriers such as workload pressures, staffing shortages, and limited managerial support may restrict CPD participation and limit the development of autonomy among nurses (Haji Mustapa et al., 2021; Nyelisani et al., 2023). CPD further supports autonomy across career stages, as newly licensed nurses utilize CPD for role transition and confidence-building, while experienced nurses rely on CPD to strengthen leadership capacity and influence in clinical and organizational decision-making (Hakvoort et al., 2022). Overall, CPD functions as a key mechanism in empowering nurses to practice independently within their professional scope.

RESEARCH METHODOLOGY

Design. This study employed a quantitative approach using a descriptive-correlational research design. In application to this study, the descriptive component was utilized to determine the nurses' personal characteristics, level of participation in Continuing Professional Development (CPD) activities, professional behavior change, and professional nursing autonomy. The correlational component was applied to determine the relationship of CPD activities to professional behavior change and professional nursing autonomy among nurses in a government hospital in Surigao City.

Environment. This study was conducted in a Leve 2 hospital located in Surigao City, a major urban center in the northeastern part of Mindanao, Philippines.

Respondents. The respondents of this study were the 205 staff nurses in the hospital.

Sampling Design. This study employed simple random sampling as the sampling technique.

Inclusion Criteria and Exclusion Criteria. The study included registered nurses currently employed in the Level II government hospital in the Caraga Region regardless of employment status, including permanent, contractual, or job order nurses. To ensure familiarity with institutional policies, clinical routines, and professional development activities, only nurses with at least three months of continuous service and those actively engaged in clinical or clinically supportive functions such as direct patient care, documentation, and participation in hospital CPD programs were included. Nurses who did not meet the inclusion criteria were excluded, including float or reliever nurses temporarily assigned to units for less than two consecutive weeks, nurses on official leave during the data collection period, and those who declined participation or submitted incomplete questionnaires after one courteous reminder for completion.

Instrument. The study utilized a three-part adopted questionnaire to measure the relationship between continuing professional development (CPD) activities, professional behavior change, and professional autonomy among nurses in a Level II government hospital in the Caraga Region. Part I measured nurses' participation in CPD activities using an instrument adapted from Pool et al. (2016) and Barriball et al. (1992), consisting of 20 items rated on a five-point Likert scale and covering participation and engagement, relevance and application, and institutional support and barriers. Mean scores were interpreted as low, moderate, or high CPD engagement, with higher scores indicating stronger participation and perceived benefits from CPD activities. The instrument demonstrated high reliability with a Cronbach's alpha coefficient of 0.91. Part II assessed professional behavior change using an adopted tool from the Nursing Professional Behavior Inventory (NPBI) by Miller et al. (1988) and the Professionalism Scale by Hall (1968), consisting of 20 items under the domains of accountability and responsibility, professional growth and learning, ethical practice and advocacy, and collaboration and communication. Items were rated using a five-point scale from Never to Always, with higher mean scores indicating stronger professional conduct and positive behavioral outcomes associated with CPD participation. The NPBI reported internal consistency coefficients of 0.88 (Miller et al., 1988). Part III measured professional autonomy using adopted instruments from the Schutzenhofer Professional Nursing Autonomy Scale (PNAS) (Schutzenhofer, 1987) and the Dempster Practice Behaviors Scale (DPBS) (Dempster, 1990), consisting of 15

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items covering clinical decision-making autonomy, professional independence, and organizational influence and control. Items were rated on a five-point Likert scale, with higher scores indicating greater perceived independence and decision-making authority among nurses. The PNAS demonstrated high reliability with Cronbach's alpha values ranging from 0.83 to 0.92.

Data Gathering Procedures. The data gathering procedure followed three phases: pre-data gathering, actual data gathering, and post-data gathering. During the pre-data gathering phase, the researcher secured approval of the research title, defended the research proposal before the Graduate Research Committee, obtained permission from the Dean of the College of Allied Health Sciences and the Chief of Hospital, and secured ethical clearance from the University's Institutional Review Board and the hospital's Research Ethics Committee to ensure adherence to ethical principles such as voluntary participation, confidentiality, beneficence, non-maleficence, and respect for persons. Coordination was also conducted with the Nursing Service Office and unit heads to schedule data collection without disrupting hospital operations. In the actual data gathering phase, the researcher coordinated with the Human Resource Office and Nursing Service Office to obtain the list of eligible nurses and selected respondents through simple random sampling. Printed questionnaires were personally distributed to qualified nurses after explaining the objectives, significance, and voluntary nature of the study and obtaining informed consent. Data collection was conducted before duty hours, after shifts, or during break periods in private and comfortable settings, with questionnaires coded to maintain anonymity and confidentiality. Completed questionnaires were checked for completeness and validity before inclusion in the analysis. In the post-data gathering phase, responses were organized, coded, encoded into statistical software, cleaned, verified, and submitted to a statistician for descriptive and inferential statistical analysis. Results were presented through tables, charts, and narrative interpretations, while all physical questionnaires were securely stored and later destroyed, and electronic files were password-protected and deleted after the retention period to ensure confidentiality and data protection.

Statistical Treatment of Data. Mean score and standard deviation were used to determine the levels of Continuing Professional Development (CPD) activities, professional behavior change, and professional nursing autonomy among the respondents. Pearson r was utilized to assess whether Continuing Professional Development (CPD) activities were significantly correlated with professional behavior change and professional nursing autonomy among the respondents.

Ethical Considerations. Ethical considerations are an essential component of any research study. The study was submitted to the ethics committee of both the university and the hospital. Ethical approval was sought prior to the start of data gathering to ensure that the welfare of the respondents was protected.

Presentation, Analysis, and Interpretation of Data

Table 1 Continuing Professional Development (CPD) activities among Nurses

Dimensions	Mean score	SD	Interpretation
Participation			
1. I regularly attend seminars, workshops, or conferences relevant to my nursing practice.	4.98	0.155	Strongly agree
2. I participate in online CPD courses or webinars to update my knowledge.	4.95	0.226	Strongly agree
4. I have attended CPD activities within the last 6 months.	5.00	0.000	Strongly agree
5. I seek out CPD opportunities even if they are not mandatory.	5.00	0.000	Strongly agree
Factor mean	4.98	0.072	High engagement
Motivation			
1. I attend CPD activities to enhance my competence as a nurse.	5.00	0.000	Strongly agree
2. I participate in CPD activities to fulfill licensure or accreditation requirements.	5.00	0.000	Strongly agree
3. I am motivated to engage in CPD to improve patient care.	5.00	0.000	Strongly agree
4. My motivation to participate in CPD is mostly self-directed.	5.00	0.000	Strongly agree
Factor mean	5.00	0.000	High engagement

Perceived Impact			
1. CPD activities help me feel more confident in my professional role.	5.00	0.000	Strongly agree
2. CPD activities have contributed to my clinical decision-making skills.	5.00	0.000	Strongly agree
3. CPD activities have led to positive changes in my work behavior.	5.00	0.000	Strongly agree
4. CPD activities improve my ability to collaborate with the healthcare team.	5.00	0.000	Strongly agree
5. I apply what I learn from CPD activities in my daily practice.	5.00	0.000	Strongly agree
6. CPD activities enhance my leadership potential.	5.00	0.000	Strongly agree
Factor mean	5.00	0.000	Highly engagement
Institutional Activities and Support			
1. My workplace provides opportunities for CPD participation.	5.00	0.000	Strongly agree
2. My supervisor encourages participation in CPD activities.	5.00	0.000	Strongly agree
3. There are sufficient CPD opportunities available in the hospital.	4.96	0.194	Strongly agree
4. The scheduling of CPD sessions is convenient for me.	4.87	0.339	Strongly agree
Factor mean	4.96	0.097	High engagement
Barriers			
1. Lack of time prevents me from attending CPD sessions.	5.00	0.000	Strongly agree
2. Financial constraints are a barrier to my CPD participation.	5.00	0.000	Strongly agree
Factor mean	5.00	0.000	High engagement
Grand mean	4.99	0.028	High engagement

Note. *n=205.*

The findings revealed a remarkably high level of engagement in Continuing Professional Development (CPD) activities among nurses across participation, motivation, and perceived impact dimensions, indicating that nurses are deeply invested in lifelong learning and view professional development as part of their professional identity. High motivation suggests that nurses recognize the value of CPD in strengthening confidence, resilience, and adaptability in demanding hospital environments (Kim & Kim, 2021). The high engagement in online courses also reflects adaptability to digital learning, allowing continuous access to knowledge despite tight work schedules, which is particularly important in government healthcare settings (Guillaume et al., 2022). Although the study utilized a self-rating instrument that may have contributed to self-report bias and inflated ratings, the findings still indicate that nurses perceive CPD activities as highly beneficial to their professional growth and clinical practice. The results further suggest a strong culture of excellence and proactive learning among nurses, where participation in CPD extends beyond compliance and contributes to improved patient care outcomes and clinical safety (Mlambo et al., 2021).

Table 2 Professional Behavior Change of the Respondents

Dimensions	Mean score	SD	Interpretation
Accountability and Responsibility			
1. I take responsibility for my actions and decisions in the clinical area.	5.00	0.000	Strongly agree
2. I report errors or near misses without hesitation.	5.00	0.000	Strongly agree
3. I arrive on time and complete assigned tasks reliably.	5.00	0.000	Strongly agree
4. I follow through on tasks even when under pressure.	5.00	0.000	Strongly agree
5. I reflect on feedback and use it to improve my practice.	5.00	0.000	Strongly agree
Factor mean	5.00	0.000	High professional change behavior
Professional Growth and Learning			
6. I regularly seek out new knowledge relevant to my field.	5.00	0.000	Strongly agree
7. I apply evidence-based practice in clinical decision-making.	5.00	0.000	Strongly agree
8. I encourage peers to engage in lifelong learning.	5.00	0.000	Strongly agree
9. I update my skills through continuing education.	5.00	0.000	Strongly agree

10. I implement changes in practice based on newly acquired knowledge.	5.00	0.000	Strongly agree
Factor mean	5.00	0.000	High professional change behavior
Ethical Practice and Advocacy			
11. I advocate for patient rights in care decisions.	5.00	0.000	Strongly agree
12. I maintain patient confidentiality at all times.	5.00	0.000	Strongly agree
13. I act ethically even when it conflicts with convenience.	5.00	0.000	Strongly agree
14. I stand up for safe and quality care even when unpopular.	5.00	0.000	Strongly agree
15. I report unethical behavior or safety issues appropriately.	5.00	0.000	Strongly agree
Factor mean	5.00	0.000	High professional change behavior
Collaboration and Communication			
16. I communicate effectively with team members during handovers.	5.00	0.000	Strongly agree
17. I resolve conflicts professionally and constructively.	5.00	0.000	Strongly agree
18. I support my colleagues in achieving common goals.	5.00	0.000	Strongly agree
19. I actively listen to patients and respond with empathy.	5.00	0.000	Strongly agree
20. I express ideas clearly in both written and spoken communication.	4.92	0.276	Strongly agree
Factor mean	4.98	0.055	High professional change behavior
Grand mean	5.00	0.014	High professional change behavior

Note. n=205.

The results in Table 2 revealed a very high level of Professional Behavior Change among nurses, particularly in accountability and professionalism, indicating that nurses take strong responsibility for their professional growth and consistently adhere to clinical protocols. These results suggest that the hospital has fostered a strong culture of clinical ownership, accountability, and ethical practice, which contributes to maintaining safe patient care and high standards even with minimal supervision (Khademi et al., 2021). In actual hospital practice, this professional behavior is reflected in accurate patient documentation, strict compliance with medication administration protocols, and consistent implementation of bedside safety measures despite heavy workloads in the government hospital setting. Although communication obtained a slightly lower score, it remained at an excellent level, reflecting the challenges brought about by high patient volume and workplace stress, which may affect therapeutic communication practices (Kwame & Petrucka, 2021). Overall, the findings indicate a disciplined and ethically competent nursing workforce capable of maintaining quality care standards and serving as professional role models within the clinical environment (Wiisak et al., 2024).

Table 3 Professional Nursing Autonomy of the Respondents

Dimensions	Mean score	SD	Interpretation
Clinical decision-making autonomy			
1. I am confident in making independent decisions about patient care.	4.91	0.284	Strongly agree
2. I have the authority to prioritize patient needs without waiting for physician orders.	4.91	0.284	Strongly agree
3. I initiate nursing interventions based on my clinical judgment.	5.00	0.000	Strongly agree
4. I can decide when to consult other professionals in the care team.	5.00	0.000	Strongly agree
5. I am allowed to make decisions in urgent or emergency care situations.	5.00	0.000	Strongly agree
Factor mean	4.96	0.088	High autonomy
Professional independence			
6. I function with minimal supervision in my role as a nurse.	5.00	0.000	Strongly agree
7. I take initiative in improving the nursing care plan for my patients.	5.00	0.000	Strongly agree

8. I am able to choose the best method to implement nursing procedures.	5.00	0.000	Strongly agree
9. I take full responsibility for the nursing care I deliver.	5.00	0.000	Strongly agree
10. I feel empowered to advocate for nursing concerns in multidisciplinary meetings.	5.00	0.000	Strongly agree
Factor mean	5.00	0.000	High autonomy
Organizational influence			
11. I participate in decision-making about nursing protocols in my unit.	4.92	0.276	Strongly agree
12. I am involved in developing patient care policies or guidelines.	4.94	0.235	Strongly agree
13. My opinions are considered in planning for patient services.	4.99	0.120	Strongly agree
14. I can propose changes in nursing routines based on patient outcomes.	4.95	0.226	Strongly agree
15. I feel supported by my organization to practice autonomously.	5.00	0.000	Strongly agree
Factor mean	4.96	0.108	High autonomy
Grand mean	4.97	0.056	High autonomy

Note: *n=205.*

The findings in Table 3 revealed a high degree of professional autonomy among nurses, particularly in clinical decision-making, indicating that nurses are actively exercising independent judgment in patient care rather than merely following orders. This suggests that the hospital environment supports empowered nursing practice and trusts nurses' competence in managing clinical situations. Studies emphasized that professional autonomy is associated with improved job satisfaction, reduced burnout, better mental well-being, and stronger staff retention among nurses (Pursio et al., 2021). In actual hospital practice, this autonomy is evident during emergency situations and urgent referrals where nurses initiate life-saving interventions and coordinate effectively with the medical team, reflecting advanced clinical reasoning and confidence in decision-making. Clinical autonomy also contributes to faster interventions and improved patient outcomes in acute care settings (Lockwood & Shobe, 2024). Furthermore, the high level of autonomy suggests a more collaborative hospital environment supported by leadership and organizational structures that encourage independent decision-making and professional growth (Pursio et al., 2021). These findings imply that Continuing Professional Development (CPD) serves as an important mechanism in strengthening nursing empowerment, confidence, and clinical independence.

Table 4 Relationship between CPD Activities and Professional Behavior Change

Variables	r value	*p* value	Decision	Interpretation
CPD activities vs. Professional behavior change	-.007	.918	Failed to reject Ho	Not significant

Legend: Significant if *p* value is $\leq$ .05. Dependent Variable: Professional Behavior Change. Pearson r interpretation: A value greater than .5 is strong (positive), between .3 and .5 is moderate (positive), between 0 and .3 is weak (positive), 0 is none, between 0 and –.3 is weak (negative), between –.3 and –.5 is moderate (negative), and less than –.5 is strong (negative).

Table 4 shows that no significant relationship between Continuing Professional Development (CPD) participation and professional behavior change among nurses (r = -.007, p = .918), leading to the failure to reject the null hypothesis. This suggests that the amount of CPD participation did not statistically correlate with the level of behavior change, possibly due to a ceiling effect where nurses were already performing at a very high professional level, making further improvements less visible in the scores. The findings imply that nurses' professionalism may already be stabilized and driven more by deeply ingrained ethical standards rather than recent training activities alone (Hosseini Choupani et al., 2024). Studies also suggest that workplace culture, peer influence, social learning, and institutional norms strongly shape day-to-day professional behavior among nurses, sometimes exerting greater influence than formal educational activities (Bujang et al., 2024). In actual

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hospital practice, behavioral expectations are often reinforced through peer leadership and established institutional standards that maintain patient safety and professional conduct even among nurses who may not have recently attended formal training. Despite the absence of a significant correlation, CPD remains important as a maintenance mechanism that prevents knowledge decay and sustains long-term professional competence and quality nursing care (Basit et al., 2022).

Table 5 Relationship between CPD Activities and Professional Nurse Autonomy

Variables	r value	*p* value	Decision	Interpretation
CPD activities vs. Professional nurse autonomy	.684	.000	Reject Ho	Significant

Legend: Significant if *p* value is $\leq$ .05. Dependent Variable: Professional Nurse Autonomy. Pearson r interpretation: A value greater than .5 is strong (positive), between .3 and .5 is moderate (positive), between 0 and .3 is weak (positive), 0 is none, between 0 and –.3 is weak (negative), between –.3 and –.5 is moderate (negative), and less than –.5 is strong (negative).

In Table 5 finding shows that a significant and strong positive relationship between Continuing Professional Development (CPD) activities and professional autonomy among nurses (r = .684, p = .000), leading to the rejection of the null hypothesis. This indicates that greater engagement in CPD activities is associated with higher levels of professional autonomy, highlighting that education serves as a foundation for independent clinical practice and decision-making. Studies emphasized that nurses who continuously update their clinical knowledge and skills through CPD become more confident, assertive, and willing to participate actively in collaborative decision-making and leadership roles (Mrayyan et al., 2024). In actual hospital practice, nurses who attend specialized CPD activities often demonstrate greater initiative and leadership in specific clinical areas, using updated knowledge and evidence to support independent actions and patient care decisions. Research further showed that nurses with greater educational exposure experience stronger feelings of empowerment and autonomy in clinical settings (Esmailpour Moalem et al., 2024). These findings suggest that CPD functions as a major mechanism for strengthening nursing empowerment, clinical independence, leadership capacity, and efficient patient care management within the hospital environment (Lu et al., 2025).

CONCLUSION AND RECOMMENDATIONS

Conclusion. In conclusion, the results of the study show that nurses have a very high level of engagement in CPD, driven by strong internal motivation to improve patient care. Additionally, the respondents demonstrated a very high extent of professional behavior change and reported high levels of clinical autonomy. While the analysis showed no significant relationship between CPD and behavior change, a significant and strong positive relationship was found between CPD activities and nurse autonomy. This indicates that as nurses engage more in professional development, their capacity for independent clinical decision making significantly increases.

Recommendations. The study recommends the implementation of the CPD Integration and Empowerment Plan in the hospital where the study was conducted to strengthen clinical autonomy, improve specialized decision-making, and address minor gaps in communication behaviors among nurses. Other government and private hospitals may also adopt the plan according to institutional context and applicability to maintain empowered and clinically independent nursing staff. The findings may contribute additional knowledge regarding the relationship between lifelong learning and professional empowerment and may serve as reference material in undergraduate and graduate nursing programs, particularly in Nursing Management, Research Methodology, and quantitative research using Pearson r correlation. Hospital administrators and nursing leaders are encouraged to strengthen institutional policies related to mandatory and voluntary CPD participation in accordance with Republic Act No. 10912 by providing clear career advancement pathways linked to CPD units and ensuring access to diverse learning opportunities such as digital and on-site workshops. Healthcare institutions are also encouraged to integrate autonomy-based metrics into strategic and operational plans to support professional growth and clinical excellence. The study may further be disseminated through publication in peer-reviewed journals, while future studies are encouraged to explore professional development using different methodologies and settings, including digital health interventions, predictors of nursing autonomy, and phenomenological studies on nurses' experiences in translating CPD knowledge into clinical practice.

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Professional Behavior and Autonomy Sustainability Plan

Rationale

Findings of the study revealed that nurses in the Level II government hospital demonstrate high engagement in Continuing Professional Development (CPD), very high professional behavior, and high clinical autonomy. A significant positive relationship was identified between CPD activities and professional autonomy, confirming that education is a primary driver of clinical empowerment. However, communication was identified as a relative area for improvement within professional behaviors. This plan is proposed to bridge this gap and leverage the strong link between lifelong learning and independent practice to sustain an empowered nursing workforce.

General Objective

To institutionalize a framework that translates CPD learning into assertive clinical autonomy and standardized professional communication, ensuring a culture of empowered and accountable nursing practice.

Specific Objectives

Specifically, the plan aims to achieve the following objectives:

a. To leverage the strong correlation between CPD and autonomy to increase bedside independence and clinical decision-making.
b. To address the lower mean score in communication through targeted interpersonal and therapeutic training.
c. To ensure CPD activities are directly relevant to the nurses' specific areas of assignment to maximize professional growth as mandated by RA 10912.
d. To maintain the very high level of accountability and professionalism identified in the study through continuous ethics and policy reviews.

Areas of Concern	**Objectives**	**Key Strategies/Activities**	**Persons Involved**	**Time Frame**	**Performance Indicators**
High Level of CPD Engagement Activities	To sustain specialized and accessible CPD activities.	Conduct unit-specific needs assessment; establish digital learning hub; maintain professional portfolios and peer-sharing sessions.	Hospital Administrators, CPD Committee, Unit Managers, Nurses	Year-round with quarterly review	100% CPD compliance; high staff satisfaction on training relevance
High Level of Professional Behavioral Change	To sustain accountability, ethical practice, and improve communication.	Conduct ethics and accountability forums; implement SBAR+ Empathy workshops; utilize self-reflection logs and peer mentoring.	Nursing Service Office, HR Department, Ethics Committee, Nurses	Monthly forums; bi-annual workshops	Zero major protocol violations; improved communication ratings
High Level of Professional Autonomy	To strengthen leadership and independent clinical decision-making.	Implement nurse-led rounds; provide autonomy coaching; engage nurses in Evidence-Based Practice projects and care plan development.	Chief Nurse, Clinical Instructors, Medical Staff, Nurses	Starting Q3 2026; continuous	Increased confidence in decision-making; increased nurse-led interventions

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