

**RELATIONSHIP BETWEEN PARTICIPATION IN FORMAL CONTINUOUS
PROFESSIONAL DEVELOPMENT, JOB SATISFACTION AND ATTITUDE
TOWARDS PATIENT CARE AMONG NURSES IN EMBU COUNTY**

MARTHA JEREMIAH

C50/8647/2017

**A RESEARCH PROJECT SUBMITTED TO THE COLLEGE OF HUMANITIES AND
SOCIAL SCIENCES, UNIVERSITY OF NAIROBI, IN FULFILMENT FOR THE
REQUIREMENTS FOR THE DEGREE OF MASTER OF PSYCHOLOGY
(INDUSTRIAL PSYCHOLOGY)**

NOVEMBER, 2019

DECLARATION

This project is my original work and has not been conferred for any award in any other university.

Sign..... Date.....

MARTHA JEREMIAH
REG. NO. C50/8647/2017

This research project has been submitted for examination with my approval as university supervisor.

Sign..... Date.....

DR. LUKE ODIEMO
DEPARTMENT OF PSYCHOLOGY
UNIVERSITY OF NAIROBI

DEDICATION

I dedicate this project to my family, my husband Dr. Joseph Murithi and my two wonderful children Elena and Jeremy who have been a source of encouragement both morally and financially throughout my study period.

ACKNOWLEDGEMENT

I am indebted to the following whose assistance was indispensable in successful completion of this project

I take delight in recognizing my supervisor Dr. Luke Odiemo for his immense intellectual guidance which helped me to finish my research project.

Finally, I would like to acknowledge entire department of psychology fraternity for their support and intellectual guidance through my study period.

God favor you all.

TABLE OF CONTENT

DECLARATION	ii
DEDICATION	iii
ACKNOWLEDGEMENT	iv
TABLE OF CONTENT	v
LIST OF TABLES	viii
LIST OF FIGURES	ix
ABBREVIATIONS AND ACRONYMS	x
ABSTRACT	xi
CHAPTER ONE: INTRODUCTION	1
1.0. Introduction.....	1
1.1. Background.....	1
1.2 Statement of the Problem.....	6
1.3 Purpose of the Study.....	8
1.4 Specific Objectives	8
1.5 Research Question	8
1.6 Hypothesis.....	9
1.7 Justification of the Study	9
1.8 Significance of the Study.....	10
1.9 The Scope of the Study.....	11
1.10 Limitation of the Study.....	11
1.11 Assumption of the Study.....	12
1.12 Definition of Significant Terms	13
CHAPTER TWO:LITERATURE REVIEW	14
2.0 Introduction.....	14
2.1 Overview of Nurses in Kenya.....	14
2.1.1 Training of Nurses in Kenya	14
2.1.2 Registration, Licensing and Practice of Nurses	15
2.1.3 Nurses Formal CPD Framework	16
2.2 Participation in Formal continuous professional development training and job satisfaction. 17	
2.2.1 Participation in formal CPD and Pay as an aspect of job satisfaction	18

2.2.2 Participation in Formal CPD and Promotion as an aspect of job satisfaction.....	21
2.2.3 Participation in Formal CPD and Supervision as an aspect of job satisfaction	24
2.2.4 Participation in Formal CPD and Co-worker as an aspect of job satisfaction.	26
2.2.5. Participation in Formal CPD and Working Condition as aspect of job satisfaction	26
2.3 Relationship between Participation in Formal Continuous Professional Development	
Training and Attitudes towards Patient Care	28
2.3.1. Effect of Age and Gender on attitudes towards Patient Care.....	28
2.3.2. Effect of Education level on attitudes towards Patient Care.....	30
2.4 Association between Job Satisfaction and Attitude towards Patient Care.....	31
2.5 Theoretical Framework.....	32
2.5.1. Herzberg Two -Factor theory	32
2.5.2. Theory of Planned Behavior/ Theory of Reasoned Action	34
2.6 Conceptual Framework.....	35
CHAPTER THREE:RESEARCH METHODOLOGY	36
3.0. Introduction.....	36
3.1. Study Area	36
3.2. Research Design.....	36
3.3 Target Population.....	37
3.4 Sample Size.....	37
3.5 Sampling Procedure	38
3.6 Research Instrument.....	39
3.7 Data Collection Procedures.....	39
3.8 Data Analysis	40
3.8.1. Quantitative Data.....	40
3.8.2. Qualitative Data.....	40
3.9 Pilot of the study	40
3.9.1 Validity.....	40
3.9.2 Reliability.....	41
3.10 Ethical Consideration.....	41

CHAPTER FOUR:DATA ANALYSIS AND RESULTS.....	42
4.1 Introduction.....	42
4.2 Summary Statistics.....	42
4.3 Analysis of Objective One	53
4.4 Analysis of Objective Two	56
4.5 Analysis of Objective Three	58
CHAPTER FIVE: SUMMARRY, CONCLUSION AND RECOMMENDATION	61
5.1 Introduction.....	61
5.2 Internal Validity	61
5.3 External Validity.....	62
5.4 Summary of the Findings.....	62
5.5 Discussions of the Findings	66
5.5.1 Participation in formal professional development and job satisfaction	66
5.5.2 Participation in formal continuous professional development and attitude towards patient care.....	70
5.5.3 Association between job satisfaction and attitude towards patient care	71
5.6 Conclusion	72
5.7 Recommendation	72
REFERENCES.....	74
APPENDICES	81
Appendix I: Questionnaire	81
Appendix II: Key Informant Interview Guide	87
Appendix III: Research Permit	88
Appendix IV: Authorization letter	89
Appendix v: Introduction letter.....	90

LIST OF TABLES

Table 3.1 The distribution of nurses in Embu County	37
Table 3.2: Sample Size per Cluster.....	38
Table 4.1: Summary Statistics	42
Table 4.2: Summary Statistics	43
Table 4.3: Variation between formal CPD, Age as a confounding variable, job satisfaction and attitude.....	44
Table 4.4: Variation between formal CPD, Gender as a confounding variable, job satisfaction and attitude.....	47
Table 4.5: Variation between formal CPD, Education as a confounding variable, job satisfaction and attitude.....	49
Table 4.6: Variation between formal CPD, Tenure as a confounding variable, job satisfaction and attitude.....	51
Table 4.7: Multinomial Logistic Regression Results.....	53
Table 4.8: Multinomial Logistic Regression	55
Table 4.9: Test for difference between job satisfaction and formal CPD.....	56
Table 4.10: LPM Regression results.....	57
Table 4.11: T-test for the difference in the means of formal CPD and attitude	58
Table 4.12: Chi-Square test for the association between job satisfaction and attitude.....	59
Table 4.13: T-test for difference in the means of job satisfaction and attitude	59

LIST OF FIGURES

Figure 2.1 Organogram of Nurses in Embu County	17
Figure 2.2 Conceptual framework	35

ABBREVIATIONS AND ACRONYMS

CPD	- Continuous Professional Development
KMTC	- Kenya Medical Training College
ICU	- Intensive Care Unit
NACOSTI	- National Commission for Science Technology and Innovation
NCK	- Nursing Council of Kenya
KNWR	- Kenya Nursing Workforce Report
KHRSR	- Health Sector Human Resource Strategic Report
K-MOH	- Kenya Ministry of Health KNBS- Kenya National Bureau of Statistics
KHWR	- Kenya Health Workforce Report
SCPHN	- Sub-county Public Health Nurse,
LPM	- Linear Probability Model

ABSTRACT

In Kenya, nurses form a largest part of multi-disciplinary health care team. They are the backbones of healthcare and frontline service providers providing direct patient care in all health care facilities. Therefore, to offer safe, timely and quality health care, they must become life-long learners through participation in continuous professional development. Participation in CPD should not only improve knowledge, skills and performance of workers but also their productivity in terms of job satisfaction and attitude. The objective of this research was hence, to determine influence of participation in CPD on job satisfaction and attitude towards patient care among nurses in Embu County. Empirical literature was reviewed in regard to job satisfaction with its different attributes: pay, supervision, promotion, working condition and coworker relationship. Also examined was empirical literature on attitude. The target population was 532 nurses employed in public health facilities in Embu County. Stratified random sampling was utilized to acquire a sample of 385 nurses dispersed in four sub-counties. Self-administered questionnaire was utilized for collection of data. To analyze collected data, both inferential and descriptive statistics were utilized. The study findings were as follows: Multinomial logistic regression outcomes specified that formal CPD had positive effect on job satisfaction ($\beta=0.4863$, $t=0.99$, $p=0.323$). LPM regression results indicated that individuals who had attended formal CPD training were found to have positive attitude compared to those who had not had the training ($\beta=0.0138508$, $t=0.17$, $p=0.868$). Chi-Square test for correlation between job satisfaction and attitude indicated that job satisfaction and attitude are interrelated ($\chi^2=0.7563$, $p=0.944$, $\Phi=0.0665$). T-test results for the difference in means of job satisfaction and formal CPD, indicated that there is analytically notable difference in means of the two samples ($t=20.1141$, $p=0.0000$). T-test results for the difference in means between formal CPD and attitude designated that there is statistically insignificant variance in means of the two samples ($t=-0.8829$, $p=0.3786$). T-test results for the difference in means of job satisfaction and attitude showed statistically crucial distinction in reference of the two specimens ($t=1.9532$, $p=0.0000$). The study concluded that participation in continuous professional development influences the level of nurse's job satisfaction. Nurses who had participated in continuous professional development had positive attitude than those who did not participate. Also, there is a noteworthy relation amid job satisfaction and attitude towards patient care among nurses in Embu County. The study therefore recommends that nurses and other healthcare professionals should be motivated to take part in formal CPD.

CHAPTER ONE

1.0. INTRODUCTION

1.1. Background

Participation in formal Continuous Professional Development (CPD) are recognized globally to improve productivity among workers (Momanyi, 2016, Gitonga & Muriuki, 2016). One of the key components of productivity targeted by this intervention is job satisfaction (Gachie, 2016, Schmidt, 2017, Waruingi, 2018, Adesola, Oyeniyi & Adeyemi, 2013). Simply put job satisfaction is an attitudinal variable describing how individuals perceive their job as good or bad either entirely (global approach) or with its different aspect (facets approach) (Spector P.E,1997). concept job satisfaction though defined differently by different authors has three components which are cognitive (evaluative aspect towards one's job as demanding or challenging, emotional (feeling of happiness or, sadness towards their job, and behavioral component (employees action towards their job, for example absenteeism, errors, conflict with colleagues, inability to meet deadlines (Luthan 1999, Locke 1976, Bernstein & Nash, 2008).

The above practice is theoretically supported by Herzberg two factor theory (1959), motivator and hygiene factor, on the assumption that, motivator factors increases workers job satisfaction level while absence of hygiene factor leads to employee's dissatisfaction at workplace. According to this theory, to reduce dissatisfaction and improve productivity among workers, Herzberg is of the view that motivator factor on which hygiene factor is based on must be followed by provision and maintenance of hygiene factors which in turn increases workers job satisfaction. (Herzberg,1969).Golshan, Kaswuri, Agashahi & Ismail (2011:12) supported the above assumptions that to create likelihoods for "personal improvement, enhancement and recognition" amongst workers, they ought to be provided with other relevant hygiene factors for example, promotional opportunity, salary increment, good working condition, continuous supervision among other factors after finishing particular phases of their profession progression.

Being one of the labour intensive industry, health sector is not exceptional when it comes to the above practice (Waruingi, 2018). Among other healthcare providers, nursing profession being the single largest healthcare professional group globally has adopted this practice (NCK, 2012). In Kenya, nurses form a largest part of multi-disciplinary health care team (Ministry of Health

MOH, 2012); KNWR-Report, 2012). Nurses are referred to as a backbone of healthcare and frontline service providers of health care facilities and their presence are recognized as crucial element in offering quality care to their patients, therefore, their clinical competency, behavior and attitudes are of importance as it can affect the quality of services they offer (Ministry of Health MOH, 2012).

Embu County is among the 47 counties in Kenya formed under the Constitution of Kenya 2010. Health care is among the services that the county offers to its residents. Population and housing census 2009 registered an estimated population of 516212 people in Embu County, with population growth rate of 1.5% per annum (Kenya National Bureau of Statistics {KNBS}, 2009, Embu County Annual Development Plan, 2015/2018).

Embu County nurse-patient ratio is at 1:2700 against world health organization recommendation of 1:20 (Embu County Health Strategic plan. 2013, Department of Health Embu County, Office of Nursing Manager, 2019). With this statistic, it is clear that nurses have got an enormous task at hand to deliver the health mandate which in turn postulates to the need to have a well-motivated and satisfied nurse who can deliver safe and timely health care to the people. Therefore, it is paramount to acknowledge and consider nurse's competency, attitude, and their degree of job satisfaction because it has an influence on the standard of services they offer to the people.

The imbalance ratio renders nurses overburdened hence causes dissatisfaction, this may also result in nurses displacing their anger and frustration on hopeless patients in regard to patient care (Health Sector -HRSR, 2014-2018, KHWF Report 2017, Kenya Ministry of Health, K-MOH 2015). According to the report, in several government institution the nurse working environment is quite deplorable. For example, a certified nurse in a hospital setting should only handle six patients at a given time, but in various government hospitals nurses can serve up to eight times that number, because in some instances three patients share a single bed (Chankova, Muchiri & Kombe, 2009). Similarly, a nurse may have the know-how, expertise, and motivation, but lack necessary equipment's and conducive surroundings. Therefore, this demotivates their spirits hence low productivity which is evidenced by increased frequency of Nurses' strikes in

Kenya where most complains include overstretching, poor working condition, staff shortage unpaid allowances, and delayed promotion to name a few (Mbindyo, 2009).

Moreover, in recent past, the context of work in nursing profession has undergone numerous changes due to advancement or introduction of new treatment technologies for example advanced equipment used in trauma and emergency, equipment for specialty area such as renal unit and critical care units, emergence of new knowledge, demographic changes characterized by ageing populations due to increased life expectancy, growing burden of non-communicable diseases ranging from cancer, cardiovascular disease, diabetes and increase in RTAs, new government policy for example free maternity services in government hospitals which increases service demand ,changing demand by the society for better and sophisticated services, which in turn brought along numerous challenges (World Health Organization ,2010, Health Sector - HRSR,2014-2018).

Coupled with the staff shortage which has been perennial issues in Kenya's health facilities, this has overstretched nurses beyond what they can handle and in turn lead to burnout, absenteeism and increased staff turnover (WHO, 2010, Wakaba et al., 2014).

Owing to the above, Report of public Inquiry into violation of sexual and procreative well-being right in Kenya (2018) revealed existence of widespread avoidable negligence, medical error and malpractice among nurse- midwives which interferes with the quality of care received by patients. Among the complaints are long waiting period when attending health facilities, doctors and nurses on call refusing to come when summoned to attend to emergency cases, wrong identification of patients for surgery, negligence in management of labor resulting in mentally handicapped children, still birth and maternal death (Okech, Daily nation March/29/2018). The above malpractices and negligence have mainly been attributed to staff shortage, burnout, workload and negative attitude among other factors.

Previous studies carried out in Kenya indicated dissatisfaction among nurses. Staff shortage, inadequate resources, poor remuneration, lack of promotional opportunities and remuneration, long working hours are reported to be some of the main contributing factors (Ongwayo, 2008,

Odhiambo, 2009, Kahiga, 2017, Mbindyo, Gilson, Lucy, 2009). The above has been witnessed by increase of frequent industrial unrest among nurses, negligence and medical malpractices which has been in the news headlines in different health facilities in Kenya. To address the above issues, the government only offer monetary incentives which is always short-lived (Mbindyo, Gilson, English, 2009, Onyango, 2016, Sarah, 2016). But the only thing that they have not given prominence is continuous professional development in terms of its influence on employee job satisfaction (Waruingi, 2018; Momanyi, et.al, 2016).

Continuous professional development training can be defined as a lifelong process of learning, outside formal under graduate and post graduate training that permits individual health professionals to uphold and advance criteria of medical exercise through development, updating of knowledge, expertise, attitudes, and conduct. Lifelong learning is acquired through formal and informal education, formal education happens at school setting such as accredited university studies. Activities that foster formal training are conferences, research publications and lectures which is professionally structured and therefore account for continuous professional development. Nevertheless, informal education happens wherever and at any time, examples include: work life practices, on job training, guidance from coworkers and through professional reading (Gitonga, 2016).

Coile (2001); as cited by Lashonda (2004) noted that the key issue in connection to job satisfaction is not normally financial gain. Many healthcare organizations have only offered temporary incentives such as salary raises and allowances, employing more nurses to attract and retain nurses. He added that hospitals which offered certain services like a mission of caring, and educational opportunities were likely to have productive workers. Training can result to superior retaining of both fresh and experienced nurses, improved employment gratification and enhanced patient services. Gitonga (2012) indicated that nurse's participation in continuous professional development increases job satisfaction, updated skills and decreased burnout.

Gachie (2016) in his study noted that training is cardinal in achieving job satisfaction. He further indicated that training and developing employees not only helps organization to create pool of experienced and qualified employees but also increasing proficiency and job satisfaction since

through constant trainings they will be able to understand aspect of their job and in confidence able to work even in ever changing job environment. Schmidt (2007), Bakare (2012), Mohammad (2012), Adesola, et.al (2013) supported the connection exercise has on employment fulfilment where they concurred with the views of the above researchers that there is strong connection linking training and job contentment.

In health care particularly among nursing profession who are at the front line of healthcare system and important cadre and who provide direct patient care, continuous professional development is paramount when determining the productivity of nurses in terms of job satisfaction hence provision of quality care. According to (Spector, 1997, Smith 1969), luthan, 1998), the most prominent job characteristics eliciting an affective response from a worker include: job itself, pay, opportunity for promotion, support from supervisors and co-worker relationship. In view of the above this study examines job satisfaction in relation to five facets, these includes: promotion, supervision, working conditions, pay and co-worker relations.

In Kenya previous studies have examined quality of services, job satisfaction, performance, retention, shortages and roles among nurses (Gitonga & Muriuki, 2014, Owaka, 2014, Mbindyo, et.al, 2009, Mbindyo, 2012, Onyango, 2016, Sarah, 2016, Waruingi, 2018). Their attitude towards patient care and how this attitudes and job satisfaction interact with previous participation in formal continuous development has not been given much attention.

Few studies have been carried out to test possibility that organizations implement training intervention in order to affect employees' attitude (Truit, 2011, Sahinidis & Bouris, 2008). Hanskin (2014) noted that nurses as the intimate cadre in patient recovery process should exhibit traits of respect, kindness, understanding, thoughtfulness and care. Positive attitude in regard to patient and patient care is a key requirement for nurses. Nurse's attitudes impact behavior, standard of care and overall health results (Dias et al., 2012. Nyirenda & Mukwato (2016) further explained that the psychological, physical and emotional help that patients receive and their state of ill health is largely determined by the attitude that a nurse holds towards them.

Though the researcher failed to locate objective empirical proof in backing the connection between training and attitudes, it is acknowledged that attitudes affect the outcome of quality care delivered to the client (Nyirienda & Mukwato, 2016).

Nineteen investigations done in Malawi conveyed that adverse attitudes amongst nurses are exhibited by impoliteness and scolding of patients. These behaviors have been attributed to job dissatisfaction among nurses (Nyirenda & Mukwato, 2016). From the study it was proven that ideal and sympathetic nursing care is influenced by employee shortage, overstretching, poor pay, inadequate support and respect from executives, poor employee relationship among other issues which are the determinant of job satisfaction which in turn predisposed nurses to negative attitudes and unprofessional conduct and as result compromise provision of safe, quality, and compassionate care.

It is against this background that the researcher sought to establish relationship between participation in formal continuous development, job satisfaction and attitudes towards patient care and also determine whether there is a connection amid job satisfaction and attitudes towards patient care as a result of participating in formal (CPD) activities among nurses in Embu County.

1.2 Statement of the Problem

Theoretically, intervention to improve workers job satisfaction should not only improve, their knowledge, skills and performance (Ndege, 2006), but both hygiene and motivational aspects of the job (Wariungi, 2018, Kofi & Baah., 2011, Adesola, Oyeniyi & Adeyemi, 2013). Herzberg's motivator-hygiene theory propose that Motivating factors like opportunity for development necessity to be met to increase employee's job contentment. On the other hand, warns that absence of 'hygiene' elements such as workplace state, promotional framework, pay, secure employment, socializing with workmates and standard of administration, leads to employee dissatisfaction with their jobs (Herzberg 1969), thus to advance and maintain employee job fulfilment employers need to ensure that they look after the motivational factors while providing for the hygiene factors as both factors complement each other (Gachie, 2016, Schmidt, 2007, Waruingi, 2018, Adesola, 2013, Momanyi et al., 2016). Moreover, the same intervention has been reported to improve worker's attitude towards their job (Truit, 2011, Sahinidis & Bouris, 2008).

The attitude a nurse holds (positive or negative) towards patient care determines extent of emotional, psychological and physical help that the patient receives which in turn hasten or slow patient recovery process which has been reported to be determined by provision of both hygiene and motivator factors (Nyirenda & Mukwato, 2016).

This however is not the case, because participation in formal (CPD) among healthcare workers has rarely been accompanied by a full package of both hygiene and motivational factors. This can be explained by previous studies carried out in Kenya which indicated dissatisfaction among nurses. Staff shortage, inadequate resources, poor working conditions, poor pay and remuneration, and lack of promotion, to be some of the main contributing factors (Ongwayo, 2008, Odhiambo, 2009, Wakonyo, 2017, Mbidyo, 2009). Poised by various authors' dissatisfaction among highly skilled and trained nurses is live (Gachie, 2016, Imhoff & Matheur, 2006), this means after the training, health workers specialty or accrued knowledge and skills are not recognized or rewarded hence low productivity and poor attitude. (Waruingi, 2018). This state of affairs has been witnessed by increase of frequent industrial unrest among health workers (Jemimah & Angela, Daily Nation Sept/18/2018).

Without taking into account both hygiene and motivational factors, the quality of productivity among healthcare workers is likely to remain poor where workers sometimes displacing their anger and frustrations on hopeless patients (Murumba, 2017). This can be witnessed by reported cases of malpractice among nurses and nurse -midwives that compromises the standard of care given to the patients which has been in the news headlines in different health facilities in Kenya. Among the reported complaints are, fatal administration of wrong medication to the patient, long waiting period when attending health facilities, doctors and nurses on call refusing to come when summoned to attend to emergency cases, wrong identification of patients for surgery (Elizabeth, Daily Nation, March/1/2018), negligence in management of labor resulting in mentally handicapped children, still birth and maternal death among many unreported cases which has been attributed to job dissatisfaction and poor attitude among health workers (Report of public Inquiry into violation of sexual and reproductive health right in Kenya 2018, Murumba, Daily Nation 5/11/2017, Elizabeth, Daily Nation March/29/2018).

Similar findings have reported the above state of affairs in studies conducted among health care workers in urban centers in Kenya, and Malawi (Waruingi, 2018; Nyirenda & Mukwato, 2016). Thus, the present study, sought to determine the impact of involvement in formal continuous professional development, job satisfaction and attitude towards patient care amongst nurses in Embu County.

1.3 Purpose of the Study

This study sought to determine the influence of participation in formal continuous professional development on job satisfaction and attitudes towards patient care among nurses in Embu County.

1.4 Specific Objectives

- i. To find out extent to which participation in formal CPD influences level of job satisfaction among nurses in Embu County.
- ii. To establish whether there is a relationship between participation in formal continuous professional development and attitudes towards patient care among nurses in Embu County.
- iii. To determine whether there is association between job satisfaction and attitude towards patient care as a result of having participated in formal continuous professional development among nurses in Embu County.

1.5 Research Question

- i. Does participation in formal continuous professional development influence the degree of satisfaction with different facets of job satisfaction among nurses in Embu County?
- ii. What is the connection between participation in formal CPD and attitude towards patient care among nurses in Embu County?
- iii. What is the association between job satisfactions an attitude towards patient care as a result of prior -participation in formal continuous professional development among nurses in Embu County?

1.6 Hypothesis

H1: Participation in formal CPD has an influence on the level of job satisfaction among nurses in Embu County.

H1: There is association between participation in formal CPD and attitudes towards patient care among nurses in Embu County.

H1: There is a link between job satisfaction and attitude towards patient care as result of participating in formal CPD among nurses in Embu County

1.7 Justification of the Study

The study drew on the work of Fredrick Herzberg's two factor theory (Herzberg, 1959), who argued that, presence of motivators increases the degree of workers job satisfaction which includes amongst other factors opportunity for growth, while absence of hygiene factors leads to dissatisfaction which include monetary incentives, supervisions, collegiality at workplace, promotional opportunities and working condition. Therefore, according to the author, to reduce dissatisfaction and improve productivity among workers Herzberg is of the view that motivator factor on which hygiene factor is based on must be followed by provision and maintenance of hygiene factors which in turn increases workers job satisfaction (Herzberg, 1969).

In relation to this study nurse's participation in CPD enhances their competencies, confidence, skills and attitudes, through self-development, hence increased satisfaction which results to provision of excellence services and improved patient care, on the other hand, there would be reduced dissatisfaction as a result of better pay and frequent supervision, good working conditions and opportunity for promotion on the account of participating in continuous professional development training.

Moreover, on the account of CPD, licensure has been given more prominence as outlined in nursing council of Kenya CPD guidelines (NCK, 2010). Similarly, prior research has also mainly focused on the output of CPD activities, in terms of job performance, and patient satisfaction, (Ndege, 2006, Khan et al ,2011), overlooking service providers(nurses) satisfaction in terms

offering hygiene factors that comes with the training (Herzberg 1969) and its impact on their attitudes towards patient care (Truit, 2011). Simply put without satisfaction and positive attitudes of the caregivers towards their work achieving quality healthcare services would always remain elusive owing to poor job performance and patient dissatisfaction. Therefore, it would be important to determine whether prior participation of nurses in CPD influences their degree of work fulfilment and attitude concerning patient care. Few prior investigators have inspected impact of CPD on work fulfilment, but in distinct context and on different professionals (Gachie, 2016, Waruingi, 2018), therefore there is need to replicate the same on nursing profession. Thus, this investigation therefore sought to demonstrate the connection between participation in formal CPD training, employment fulfilment and attitudes towards patient care amongst caregivers.

1.8 Significance of the Study

The results of the study would be of great importance to various entities such as: nurses, health managers and policy makers within the health docket.

The findings would enable nurses to understand the importance of participating in CPD activities not only for licensure but as a tool that enhances their motivation and attitude towards their work. It would also empower nurse leadership and educators to plan and implement actions to improve the mechanism of CPD in the hospitals so that it has positive outcome for individual nurse.

Also, the findings would inform nursing council of Kenya and other policy makers in health sector to put in place or amend its existing policies on CPD to clearly indicate its role in job satisfaction and attitude of care givers towards their patient.

In light of devolution of health services the study would provide an insight to the health managers on critical role of employees career development in terms of CPD as it determines their satisfaction or dissatisfaction, this can solve the increased industrial unrest among nurses which has become rampant since the health services are devolved of which all their grievances were always solved by monetary incentives, which is a short-term solution, instead, this findings

would enable the management to realize the importance of these factors that are intrinsic in nature which has been always found to be critical when finding for long term solution.

1.9 The Scope of the Study

This study aimed to confirm the outcomes of nurses' participation in formal continuous professional development on their degree of job satisfaction and attitude in regard to patient care. There are two dependent variables which was measured or examined in relation to prior participation in formal CPD.

The first one being job satisfaction, which in this study shall mean nurses satisfaction with five different facets or traits of work contentment such as: promotion, payment, management, co-worker relation and working conditions as opposed to general or overall employment contentment as a result of prior participation in CPD training.

The second dependent variable is attitude of nurses towards patient and patient care; it could be positive or negative, favorable or unfavorable towards patient care as a result of participating in formal CPD training. In this case, is nurse's general feelings, thoughts and behavior towards the care they provide to the patients? Their attitude is crucial because it decides the standard and degree of sentimental, psychological and physical help and care that patient endure.

Nurses' job satisfaction and their attitude regarding patient care were addressed in this investigation. Only those nurses and midwives who are registered with NCK, served for not less than 3years and work in public health facility in Embu County accounted for target population this is because the population had similar exposure and characteristics in terms of same employer, HRM policies and environment. However, this affected generalization of the findings to nurses in private hospitals and faith- based institutions.

1.10 Limitation of the Study

The challenges encountered were that due to nurse's nature of work shift and staff shortage in the facilities majority felt that questionnaires had many items, hence have not filled the questionnaire

attentively and honestly, some returned them half-filled while others did not return at all thus affected the final score.

The latent nature of attitude makes it difficult to be measured and therefore must be inferred from one's expression of feeling, thoughts and behavior which may give subjective rather than objective outcome.

Respondent might give a score or response that may reflect on them positively. Likert scale questionnaire was used with statements which expresses a particular attribute of attitude for respondent to agree or disagree in a continuum. However, Likert scale has been reported to be prone to social desirability bias by respondent. Key informant interviews were carried out to build on or validate the information obtain from self-report questionnaire. Due to the cost and time limit the study entirely used questionnaire to collect data though one on one personal interview would be the best method of data collection.

1.11 Assumption of the Study

This research was founded on these presumptions:

- That participation in formal (CPD) has an influence on the degree of nurse's employment contentment. (CPD) enhances their knowledge and competencies hence prepares them for more rewarding responsibilities that comes with enhanced hygiene factors from pay rise, promotion, better working condition among other benefits which increases their level of job satisfaction and reduce dissatisfaction.
- Another assumption is that participation in formal continuous professional development training has an influence on nurse's attitude towards patient care. Nurses who have participated in formal (CPD) has positive attitude towards patient care than those who have not, because (CPD) increases their competence, skill, knowledge and confidence, thus enable nurses to understand and handle aspect of their job better even in ever changing environment hence reduced frustrations. The attitude a nurse holds (positive or negative) towards patient care determines extent of emotional. Psychological and physical help that the patient receives which in turn hasten or slow patient recovery process.

- Staff shortage, heavy workload, poor pay, inadequate backing and appreciation from executives, poor employee relationship among other issues that are the determinant of work contentment are reported to have predisposed nurses to negative attitudes and unprofessional conduct, and as result compromise provision of safe, quality, and compassionate care (Mukwato 2016. Based on the above assertion it is assumed that there is interconnection between job satisfaction and attitude of nurses towards patient care.

1.12 Definition of Significant Terms

Continuous professional development training-lifelong process of learning, outside formal university education, that permits individual health professionals to maintain and improve criterions of medical practice through development, updating of knowledge, skill, attitude, and behavior.

Job satisfaction- it is an attitudinal variable describing how individual feel regarding their job either entirely (global approach) or with its different aspect (facets approach). But in this study, it means nurses job satisfaction with its different facets: pay, promotion, supervision, working condition and co-worker relation as opposed to overall job satisfaction.

Attitude- It is an assessment outlook; a trend to agnate or distaste, act positively or negatively, favorably or unfavorably concerning particular person or object, which may have an effect on the manner a person performs, feel or act concerning that individual or entity. In this study, it means the attitude nurses hold whether positive or negative towards the care they provide to their patient.

CHAPTER TWO

LITERATURE REVIEW

2.0 Introduction

The chapter has three sections. Section one presents the overview of nurses in Kenyan context and where they are placed in Embu County organogram. Section two provides previous work done on areas of continuous professional development training, job satisfaction and general attitude towards work and also present the gap established in the investigation. The third section presents the theoretical grounding of job satisfaction and attitude, and conceptual framework applied to this study.

2.1 Overview of Nurses in Kenya

The section highlighted an overview of nurses training, professional regulation, their formal CPD framework and where they are placed in the Embu County Health Sector organogram.

2.1.1 Training of Nurses in Kenya

Nurses are the single largest cadre employed in Kenya's health care system. They are the backbone of healthcare and frontline service providers offering health care services (KNWR.2012). The training of nurses is at three levels: Enrolled nurses at certificate level which takes two and a half years, Registered Nurses at diploma level three and a half years and Degree Exercise Bachelors of Science in Nursing also takes 2 and a half years, as evidence of experience acquired they spend most of their training period in the clinical areas than in classroom with log books under supervision of senior nursing officers except for BSN whose curriculum allow them to undergo internship in public health facilities for one year before they are posted to work in various health facilities. Up on successful completion of their training graduates must pass the NCK licensure exam and record with nursing council of Kenya to be eligible to exercise (NCK 2012, K.H W R 2016-The Status of Healthcare Professionals in Kenya, 2015).

Training in nursing enables them to work independently or under supervision of senior nursing officer especially those working at level II-III health facilities. Their responsibilities among others are: helping physicians develop a healthcare strategy, transmit out that healthcare strategy

with prescription and therapy management, assessing and observing patients. They do problem-solving assessments, take pulse rate and deduce the outcomes. Patient training on making healthy choices. The nurse assists the patient and caregiver apprehend their disease and study how to deal with it. Nurses handle the discharge directions, assisting patients comprehend what to do following the discharge. Documentation of nursing care process, comprising when prescriptions are taken and the extents (Nurses revised scheme of service 2016)

In level V and VI (Referral hospitals) nurses work in specialized areas or departments these are: critical care, oncology, nephrology, dental, ophthalmology, sign language, psychiatric, midwifery, theatre, anesthesia, pediatric, emergency and accidents, palliative care and cardiac care clinics this is after undergoing two to three years of additional training in respective area of specialization of which in Kenya only few can get opportunity to advance due to staff shortage and financial constraints (Nurses Revised Scheme of Service, 2014).

Kenya Medical Training College (KMTC) was the only and reliable institution that provides training for nurses and mid-wives in Kenya. But recently there has been various institution ranging from government, private and even faith -based accredited to offer the training of nurses. As of mid-2016, the NCK has approved 87 training institutions including public, private and faith based .programs offered at these institution ranges from Training institutions certificate, diploma and undergraduate level and are dispersed in 35 of Kenya's 47 counties (NCK 2016).to maintain competence of the grandaunts from the above institutions before awarding certificates, diploma or degree in nursing they are needed to sought consent from the Nursing Council of Kenya (KNHWR.2016).

2.1.2 Registration, Licensing and Practice of Nurses

Exercise, recording and permitting of nurses in Kenya is regulated by NCK, each nurse after successful Council's national licensing examination, successful applicants are needed to succumb a submission for registering and certifying inside 30 days after the discharge of the outcomes. Once recording and permitting is gone, nurses will be given with a recording certificate and a nurse working license (NCK 2010). To protect, well-being and health safety of the Kenyan citizens the Nursing Council of Kenya prescribed the code of behavior in exercise and practice

amongst nurses and midwives of which each nurse must adhere to them. These code of conduct among others are maintaining professionalism, confidentiality of patient's information, treating both patient who are alive and dying with respect and dignity and provision of clear information to patient and their family on the prognosis and diagnosis.

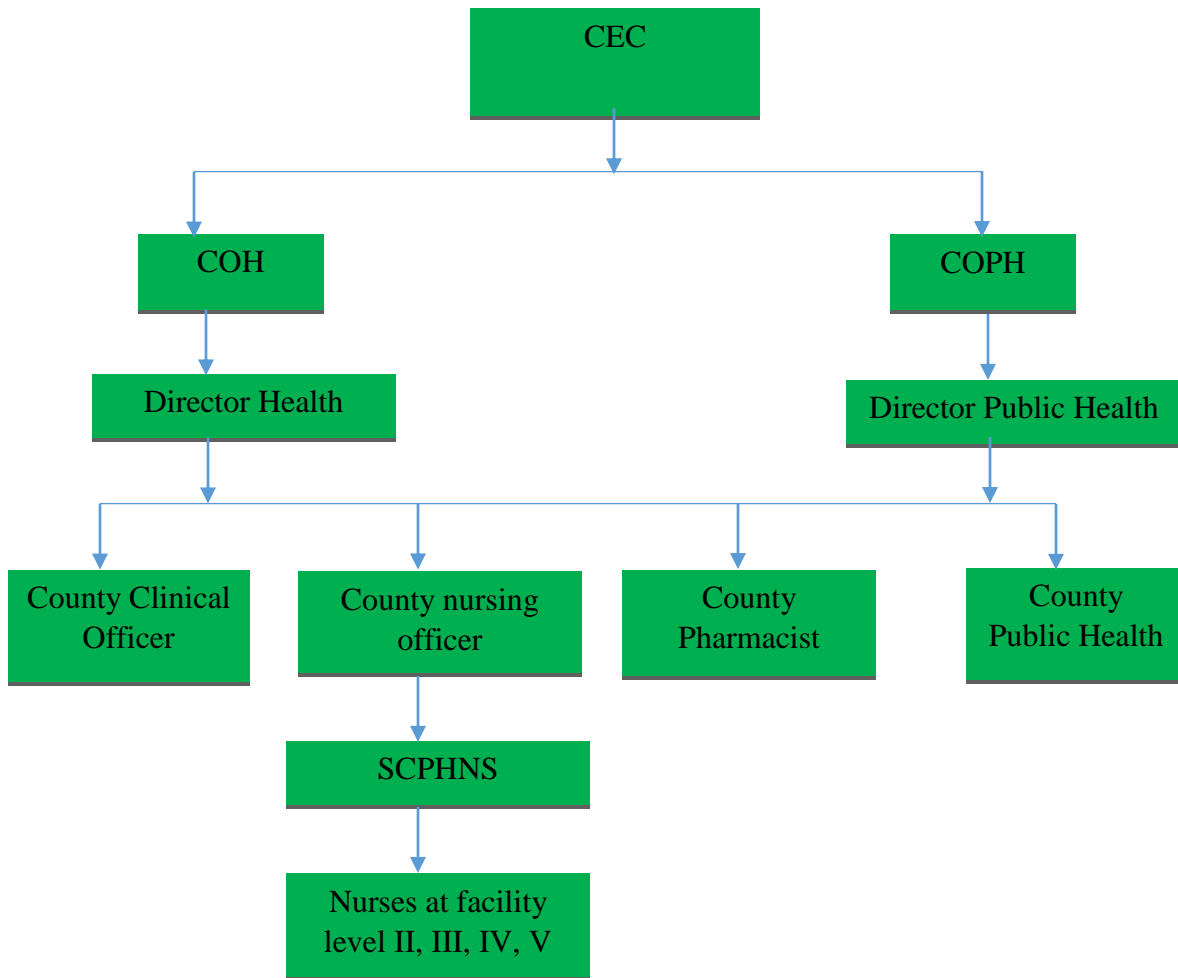
Similarly, (NCK) handles Corrective actions and ways for nursing and midwifery preparation and exercise, nurses who can be found guilty of gross misconduct regarding the professional code of conduct can be deregistered from council register and their license of practiced withdrawn (NCK, 2016).

2.1.3 Nurses Formal CPD Framework

The aim of CPD is to enable the professional nurse to obtain competency in knowledge, skills, attitudes, and ethical values. CPD embraces the gaining of knowledge regarding new techniques, new evidence, and new health trends (NCK, 2010). Nursing as a profession, needs to subscribe to the philosophy of lifelong learning, which is CPD. In Kenya Nursing profession requires by law to register and renew their license every three year with NCK to allow them to practice. They must acquire 60 CPD points as a prerequisite for renew (NCK 2010). These means that it is mandatory for each individual nurse to undergo continuous professional development training.

The premise is that, Participation in formal CPD will increase the standard of nursing care to clients as well as to promote job satisfaction of the professional nurse and midwife (Tomey, 2016).

Figure 2.1 Organogram of Nurses in Embu County



Source: (Human Resource Management Department. County health, 2019)

2.2 Participation in Formal continuous professional development training and job satisfaction.

Bloom (2010) & Locke (1976) conceptualized job satisfaction based on five facets, promotion, pay, co-worker relationship, supervision and working conditions. Premised on this the researcher ought to review previous work done on continuous professional development training and job satisfaction with its five facets: promotion, pay, supervision, co-worker relation and working conditions.

For healthcare workers to continue offering safe, effective, timely services and legally within their evolving scope of practice they must continuously develop professional knowledge, skills and attitudes (Ndege, 2006, Giri, et.al, 2012, Ngeny, 2014, Waruingi, 2018). Training has been documented by different scholars to have an impact on employment contentment and attitude (Gachie, 2016, Khan, 2011, Schmidt, 2007). Most of the above authors however focused mainly on overall job satisfaction as opposed to its different aspects. Thus, pose a challenge while reviewing previous literature for this study. Although exist one such study done on training and job satisfaction with its different facets (Waruingi, 2018), the study focused on other healthcare providers in urban settlement unlike this current study that aim to focus on nursing profession in rural settlement (Embu County).

In addition to the above, demographic characteristics has been acknowledged to have a great influence on employment fulfilment (Thakur, 2015, George, 2010). These authors defined demographic characteristic as personal characteristics such as age, education level, gender, job tenure among others, which in this study the researcher stated as confounding variables.

2.2.1 Participation in formal CPD and Pay as an aspect of job satisfaction

Pay is a salary or wage given to a worker for regular work. Pay has been documented to be primary factor for job satisfaction of salaried employees because it is through paid employment that one can meet his or her basic needs (Judge, 2010, Gachie, 2016). However, in developing countries like Kenya salaries for its workers is below required minimum wage especially those in government employment this in turn influence workers level of job satisfaction and force most of them to migrate to other sectors or to other countries that offer them much attractive pay (WHO 2010). In health sector in Kenya low pay and remuneration of healthcare workers has been the most grievances aired by health workers which has been witnessed by frequent industrial unrest (strikes) in the recent past (Waruingi, 2018, Murumba, Daily Nation, 3/5/2017).

Herzberg in his Two-factor theory contends hygiene factor must be provided in order to reduce dissatisfaction among the workers (Herzberg, 1969). Consequently, Sharma & Bajpai (2011) tried to discover the connection amid remuneration contentment and employment fulfilment, Salary as a precursor of job contentment. The target population was 125 employees who were

invited to specify on a range of five Likert scale how the pay impacts the work fulfillment amongst staffs in their firm. Using qualitative survey design, the study discovered that workers in public division (where the pay was higher) have larger level of remuneration gratification linked to private division staff. They also stated that work fulfillment increased or decreased with rise or decline in salary gratification. This research revealed that staffs would have positive impact about their job or career if they are paid well.

This investigation has focused on how pay affect satisfaction among the employees. However, it has some limitations. First the study has not explained how the researcher arrived at a population who took part in the study and also did not investigate how other factors like opportunity for training affect satisfaction with pay, also the study did not elaborate on what pay level employees should reach for them to execute their duties appropriately. Surprisingly Judge (2010) forwarded a different view about pay. He argued that remuneration had little to do with job satisfaction. His study findings exhibited that employees who earns higher salary are not as highly satisfied as expected when compared with low income earners. To the author other factors such as working condition and leadership should be considered.

The question as to whether there is connection amid demographic features and fulfillment with pay though with conflicting findings has been catered for by different authors .Ireoegbu (2015) carried out an investigation on the influence of age and gender on employment fulfilment amongst workers working in government employment of Nigeria, the study population was 3000 workers selected using simple random sampling procedure of yes and no where all those who chose yes were designated in the sample. Minnesota satisfaction questionnaire MSQ with 20 items was administered on a 5point Likert scale (very satisfied- very dissatisfied). The study utilized factorial design. (ANOVA) was utilized for data assessment while F.TEST was applied in analysis of result. The results of this investigation in connection to gender have revealed that females felt higher work fulfilment with pay than the males. The reason according to the author was the fact that male gender is regarded as the provider of their families by society, many financial duties are bestowed on their shoulders thus increase their expectation from their job than females, and the failure of employer to reach their expectation in terms of better remuneration /pay resulted to reduced job fulfillment.

Finding of this investigation in association to age have presented that older employees skilled a greater work contentment. The reason given was that older workers have met the formation phase in their profession and would require status quo, in fear of losing their retirement benefit. Additionally, senior employees due to their job tenure inhabit delicate and executive position therefore enjoy better pay and allowances therefore high job satisfaction (Ireoegbu, 2015).

The researcher concurs with above view in that junior workers are in the experimental phase of their career; others are in critical stage of life like establishing family therefore more responsibilities thus force them to jump from one organization to another for better remunerations as compared to older and experienced employees.

However, from the view of the researcher, the findings reflect biasness on other types of families where the breadwinner is female and they have the same responsibility as their male counterparts. The study also fails to state actual age of those termed as younger and older.

In contrast with the above findings on age and gender was the Study by Lucy (2010) on the connection between employee demographic attributes and work fulfilment of teachers in technical training institute in Nairobi. Survey design was used, population was 305 tutors from three technical institutions, and stratified sample methods was applied to select a sample size 50 % (153 participants). Questionnaire utilized for data collection; chi-square was applied to assess the differenced across the attributes on job satisfaction. SPSS was utilized in data examination. The study found out that there was no statistical distinction in teacher's employment fulfilment across, age, and gender, experience or ranks. This result is sharp contrast to the scholars suggesting that there are variances in work contentment stages across various groups. This study is in line with study by (Shanim, 2014), Bangladesh, (Al-Ajmi. Rashid, 2006) Kuwait.

Concerning Tenure, fundamental presumption seems to be that unfulfilled worker resigns while fulfilled ones remain with company (Oshgbemi, 2000). According to this author in his study on the result of tenure on employment fulfilment level of university lecturers in Malaysia indicated that there was indeed positive and noteworthy connection between tenure and overall employment fulfilment.

Consequently, Frances (2015) support the above view that Job tenure can be utilized to describe the degree of job contentment among the employees, and basically determined by the year of service, the longer one stays in his or her work the higher the degree of fulfilment. According to him the longer the period the higher the autonomy, perks that comes from maintaining long profession, comprising remunerations, better benefit and achievement in the work environment such as occupying sensitive and managerial positions that comes with better benefits as opposed to the newly employed workers.

On variable education level and satisfaction with pay, Wright & Davis (2003) found that level of education increases or decreases employee job satisfaction. Similarly, Nyagaya (2015) in his study on issues manipulating teachers' degree of employment fulfilment in public primary schools in Kayole Nairobi County, indicated affirmative noteworthy connection amid educational level and contentment with job contentment. The study suggested that with higher standards of education employee will have better opportunity to obtain better position which are associated with higher salary and good working condition.

Similarly, the result of the study carried out among clinical officers in Nairobi by Waruingi (2018) on relationship between CPD and job satisfaction, indicated clinical officers' educational level as a major forecaster of employment contentment. In determining influence of demographic variables on level of job satisfaction with its five facets in her ANOVA analysis, educational level was reported to be the major predictor of satisfaction with pay. The explanation given was that with advancement in education or specialization there are higher expectation of increased salary or remuneration.

2.2.2 Participation in Formal CPD and Promotion as an aspect of job satisfaction

Promotion is an incentive tool used to increase workers job satisfaction. In formal employment promotion can be defined as the procedure in which the organization elevate employees from their current position to the higher position of service (Gachie, 2016). Promotion is significant instance of career development, simply means training and development opportunities to be availed in order for employees to advance (Wamalwa, 2017).

In Kenya's health sector as any other public servants' nurses Scheme of Service position out the least credentials and/or understanding necessary for improvement from one rank to the other. It is nonetheless stressed, that these are the least qualification permitting a person to be appraised for selection to the subsequent rank. Additionally, improvement from one rank to another will rely on approval of the PSC or the CPSB as the situation may be (Nurses Revised Scheme of Service 2016). Owing to the above the researcher seeks to establish whether participation in formal CPD has any relationship with opportunity for promotion.

One such study done on promotion and job satisfaction is by Mustapha & Zakaria (2013) to establish how promotion opportunities influenced the degree of employment fulfilment in Malaysian public universities. The study measured job satisfaction among full time lecturers. Systematic sampling was utilized to choose sample. Data was gathered from 320 participants. Self-administered questionnaire was utilized in data gathering and Pearson product moment correlation co-efficient aided in data analysis. The outcomes of the investigation reported noteworthy affirmative connection amid promotion opportunities and the degree of job fulfilment. However, the research fails to determine the connection amid training and contentment with promotion. Another weakness of the study is that the researcher did not explain the target population from which the selected sample were withdrawn.

Similar study by Wahjono & Basir (2014) supported the above research on the effectiveness of exercise on employment fulfilment, the research was implemented at agronomic agencies in Pakistan. The research population was 1,597. the study used 222 samples selected from the target population. Data collected through standardized questionnaire. SPSS was utilized to inspect gathered data. The results of the investigation disclosed strong positive connection amid training and employment fulfilment.

However, some of the limitation of this investigation is that the research did not show the sampling procedure utilized to choose specimen of 222 from the target people. Similarly, the study investigated training in relation to overall job satisfaction as opposed to satisfaction with different attributes of job satisfaction therefore makes it difficult for a reader to point out which aspect of the job that the training impacted on.

Garcia, et.al (2013) in their investigation on employment contentment amongst healthcare employees: the role of age. Examine the contribution of age in employment fulfilment among health employees. The study population was 1194 health workers with a sample of 546. Job satisfaction was evaluated with three aspect of job: management personnel, job stability and promotional opportunity. The result of the study showed that respondent aged between 20-30 years and over 51 years of age reported the highest level of satisfaction than middle level aged (40 - 50) in- relation to promotional opportunity and job stability and management.

Regarding gender Okpora (2004) carried out a study on the perceived gender difference in pay and promotion of bank managers in Nigeria. The study used sample of 512 managers selected from a population of 800. The outcomes designated that there is gender variance in fulfillment with promotion and no gender difference in satisfaction with pay. Fatima (2015) in her study on effect of gender on satisfaction with pay and promotion among employees working in NGO and public sector schools in Punjab, Pakistan. Reported that males are more contented with salary and advancement since they have upper hands in their family as well as organization, therefore have superior power and thus better chance for advancement.

On tenure and satisfaction with promotion, Mensah (2015) were of the view that employee with greater tenure experience greater opportunity for promotion and power. In contrast with the above finding on tenure, is the study by Lucy (2015) on the connection between tenure and employment contentment amongst teachers in technical training institutes in Nairobi. Her finding concluded negative correlation between tenure and satisfaction with overall employment contentment. However, the research failed to explain the aspect of employment fulfilment as conceptualized in the current investigation.

Regarding education level and satisfaction with promotion, Gurbuz (2012) in his study on valuation on the influence of learning level on work fulfillment, where he divided data in to two groups: those graduated from university against those completed secondary educations. The findings showed that those with university degree are more satisfied than those completed secondary education. However, the study failed to establish the specific aspect of job satisfaction that these two group were examined against. However, some researchers disagreed that

employees who have higher education level hardly gain job satisfaction (Young, 2014, Waruingi, 2018). The reason given was that those who have been considered to be expertise have higher expectation on themselves and organization and therefore may not always be satisfied than who are averagely educated.

2.2.3 Participation in Formal CPD and Supervision as an aspect of job satisfaction

Supervisor support is where employees were guided by the supervisor to determine the skill, awareness and attitude composed from the teaching procedure in their work place (Purity & Eilish, 2016). Hassami (2008) contends that employee wants supervisor who uphold positive interpersonal relationship, trust and understand them. He further noted that with the abusive supervisor the employees were left with no choice but to be discontented with their work. Williams (2004) supported and forwarded that mostly “employee leave their bosses not their job”. In nursing profession clinical supervision must be on regular basis and adequate to ensure safe patient care (Skill for Care, 2007).

Manongi, Marchant, & Bygbjerg (2006) conducted an investigation on influence of motivation to work and employment fulfilment amid health specialists in public healthcare in Tanzania. The study utilized descriptive study design. The target audience was 64 respondents who were derived from three districts of northern Tanzania. Primary facts were composed by the application of focused group discussion where all the 64 participants took part. Data was evaluated over the usage of content assessment. The discoveries of the investigation specified that despite monetary incentives contribution to job satisfaction, they are not adequate in worker’s motivation. Employees prefer presence of supervision which will increase their growth and practical knowledge hence provides them with opportunity for promotion to higher job level (Manongi et.al 2006).

The study has only focused on relationship between motivation to work and employment commitment amongst healthcare professionals in public healthcare facilities. However, the study has not expressed the relation it has with formal continuous professional development.

Question on whether age, gender, tenure, and educational level had an Influence on supervision are catered for by the following Studies.

Social role theory as cited by Gemma (2009) depicts that females are probable to rate an equally helpful association with their manager than males because ladies incline to cherish assistance and sympathy therefore, will react more confidently to apparent loyalty from managers than males. Murray (2002) also observed ladies are good in following guidelines and instructions than males who are aggressive and disobedient. In contrast with the above assertion study by Biako & Afraine (2011) as cited by Thakur (2015) reported negative association between gender difference and satisfaction with supervision. The same was concluded in a study by (Shanim, 2014) which disclosed that distinct factors such as age and gender didn't considerably impact staff contentment with supervision.

Consequently, Green. J. et.al (2005) carried out an investigation to assess the influence of age and gender difference on relationship between HR professionals and their supervisor. The data was collected from 277 HR professionals. The result indicated no significant association between age and gender difference in relationship between HR professionals and their supervisors.

Gurbuz (2007) in the investigation on the connection between education level and employment fulfilment amongst workers of 30 four- and five-star hotels, where job satisfaction was measured by some criteria which are linked to management, working environment and co-worker relations. The study sample was 600 employees. Questionnaire was used in data collection the report from the results deduced that a noteworthy connection exists amid level of education and employee fulfilment connected to supervision, working condition and coworker.

The above study is supported by the findings of Waruingi (2018) in her study among clinical officers in Nairobi. The report indicated strong association between clinical officer's educational level and satisfaction with supervision. Where those officers with high specialized education are reported to be dissatisfied with supervisor support, the reasons were that supervisors reported lack of specialized skill required and administrative workloads as blocking block for lack of supervision (Waruingi, 2018).

From the above findings the researcher is of the view that the question as to whether confounding variables influence level of satisfaction with supervision is conflicting and inconclusive therefore need for further study to fill this gap.

2.2.4 Participation in Formal CPD and Co-worker as an aspect of job satisfaction.

The capacity to build a workplace environment a pleasure or an undesirable location to spend, depends on coworker support. Hodson (1997) convincingly argued that collegiality at working area might create may make a crucial input to worker's employment fulfilment, efficiency and welfare, as it is co-workers that employees are always in contact with on a day to day basis. Healthcare environment that lack collaborative relationship jeopardizes the open exchange of healthcare information putting patient at risk for negative health outcome.

Regarding gender, age, tenure and educational level on its influence on co-worker relation has been documented though with scanty findings. Study by Waruingi (2018) reported the following findings. That there is no association between clinical officer's age and gender difference and satisfaction with relation with colleague. However clinical officer, s educational level has been found to have significant association with satisfaction with co-worker relation (Waruingi, 2018). In contrast, in another study Burke (1998) found out that female gender perceives higher level of coworker support more than male do since they interact and talk more to their colleagues in case of any query or problems.

Iqbal (2010) in his study on assessment of demographic aspects and work fulfilment established that fulfillment with coworker is usually stronger among long term stay employees than with new employees. Due to inconclusive results and lack of enough empirical study on influence of age, gender, educational level and contract on coworker relation further research is required to examine the same.

2.2.5. Participation in Formal CPD and Working Condition as aspect of job satisfaction

Working environment from which health workers operate from can have a connection with job satisfaction depending on the duty assignment of the worker (Wamalwa, 2017). Working environment can be conceptualized to include: buildings with good ventilation, drainage

systems, availability equipment's, safe floor and friendly stair cases, medical supplies among others. In many public health facilities running out of stock i.e. drugs, insufficient bed capacity referrals of patients to other private facilities due to lack of specialized equipment are some of the factors that reflects state of working conditions in various government health facilities (Wamalwa, 2017).

Khan & Aleem (2014) did a research on the environmental elements impacting employment fulfilment amongst health care employees from autonomous Medical Institutions of Pakistan. 200 health care professionals took part in the study including doctors, nurses, administrative and accounts staff. Out of total 200 Questionnaires distributed only 181 were collected and utilized for evaluation. For data evaluation/findings the SPSS 20.0 was utilized. The study established that availability of diagnostic kits, supply of pharmaceutical and non-pharmaceutical commodities, referral and linkage plays a key role for a clinician patient management outcomes and satisfaction. This thus depicts that the availability of appropriate environment will lead to adequate employment contentment amongst the workers in the organization.

This study however concentrated on the connection between workplace environment empowerment and nurses' employment contentment. The study had not clearly stated how the actual hospital environment impacts on how nurses are satisfied with their job and also fails to investigate other factors like opportunity for training and demographic characteristics as a antecedent of employment contentment thus creating a knowledge gap.

Mbogo (2015) studied on the impact of work environment on employment fulfilment amongst primary school tutors in Embu County. The investigation population was 229 teachers. Stratified random sampling was applied to select choose 140 samples. Questionnaire was utilized to gather data. Study utilized SPSS in analysis of data collected. The study concluded that work environment like physical facilities involvement of teachers in curriculum design are the main contributing factor of teacher's job satisfaction. However, this study failed to investigate whether other factors like career progression has any impact on employee fulfilment midst primary school tutors. In addition, the research is done on education sector and cannot be generalized to employees in health sector.

On age, gender, learning level and work tenure and contentment with working condition, Okparo, et.al (2005) in his research amongst campus lecturers in United States. He acknowledged that female faculty reported high level of satisfaction with their working condition while their male counterparts with promotion and pay. The above findings are in sharp contrast with the findings of Waruingi (2018) & Lucy (2010) who failed to establish positive relationship between age, gender, education level and tenure and satisfaction with working condition.

2.3 Relationship between Participation in Formal Continuous Professional Development Training and Attitudes towards Patient Care

Attitude is a set of beliefs, behavior and emotions concerning somebody or something, which may have an effect on the manner somebody acts towards that individual or thing. Or event. Nurses as the intimate cadre in patient recovery process must exhibit traits of respect, empathy, knowledge, sensitivity and care. Nurses require to have an optimistic attitude regarding patients and their health (Haskins, Phakathi, & Horwood, 2014). Nyirenda & Mukwato (2016) further explained that the standard and level of the psychic, physical, and mental assistance that patients get strongly depends on attitude that a nurse grasps in regard with patients and their state of illness. One such study on nurses' attitude in regard to administering care to the patients was conducted by Haskins et al (2014.) In one rural district hospital in Kwazulu, South Africa. Target population were both nurses and patients. The study employed qualitative design and FGD in data collection. The results of the investigation reported that majority of caregivers disliked nursing, hence poor attitudes towards their job and patients. The reason was attributed to staff shortage, poor interpersonal communication, high patient load and absenteeism.

On the account of participation in formal continuous professional development training the researcher fail to locate previous empirical study that objectively and directly link training and its effect on attitude, hence the need for the current study to establish the link.

2.3.1. Effect of Age and Gender on attitudes towards Patient Care

Age differences towards patient care has been observed to be greater compared to those associated with other factors like gender, income, education or ethnic background. In the early years of employment, one is young, energetic and the assumption would be that as they are still

new in the profession, they are able to care for the patients (Kimball & O'Neil, 2002). Focus groups of nurses have revealed though planned to stay in the field longer, due to heavy physical demand of their job they will be unable to do so due to age factor. Provision of Ergonomic patient and staff equipment and work gears will need to decrease the risk of injuries to patient's and nurses' as well which were unavailable in many healthcare facilities. This therefore affect their attitude towards providing quality patient care (Curtin, 2002).

Caring has been traditionally and determinedly related to females and femininity, which is strengthened by sustained low number of males in nursing (Maraldo, 1991). Male gender with ambition to provide for their family, have been customarily presumed to having no the ability to care for other people.

This notion was predominantly reinforced by female activists, like Gilligan & Chodorow (2001) who linked compassionate with female gender, to male gender. Male nurses repeatedly deliberate the learning practice of caring as uncooperative. An investigation on male nurses has reported that the figure for male nurses' who resigned from the occupation was almost four times as recurrent as female nurses', particularly four years after graduation. This drift might have been instigated by the fact that men nurses' find it hard to work in a career subjugated by ladies. Furthermore, social stigma renders the men nurses' in a defenseless state when giving close care to female patients.

Paterson, et al (2002) conducted study on gender and attitude towards patient care. The research was qualitative. The target population were the student undertaking the nursing course. Questionnaire which comprised of both open and close ended items was utilized in data collection process. SPSS was employed for data assessment. According to the study findings the respondents observed compassionate by male learners as more refrained than compassionate shown via female learners. The study has not clearly stated how the actual gender influences how patient care is offered in the hospitals.

2.3.2. Effect of Education level on attitudes towards Patient Care

High value of attention and patient care are often related to health care professionals' skills and knowledge. Most frequently, these are the non-technical expertise demarcated as the intellectual and interactive expertise connected to conveyance of safe patient care and comprise discussion, team-working, state alertness, policymaking and problem-solving. Non-technical expertise is regularly denoted to associate with human aspects. Though, research is scarce concerning the patient welfare expertise of healthcare specialists, and based on preceding works it was noted that further investigation is desirable to understand how non-technical expertise learning can advance patient wellbeing (Gordon et al., 2012).

Alshammari (2015) did a study on the knowledge level and patient care in the administering pharmacovigilance. The study used descriptive study design. The target population were nurses derived from various health institutions. SPSS version 20.0 was utilized in evaluation of data. The study findings established that both doctors and nurses had a deprived knowledge of pharmacovigilance. Therefore, the significance of effective pharmacological know how for nurse's is vital for several motives. Nurses' are the major healthcare certified group who primarily administer drugs. In a distinctive infirmary, thousands of medicine prescriptions can be administered daily, yet therapeutic administrations are continuously shifting, medical corporations' issue new and correspondingly named medicines, and variations in patient populations suggest gradually old patient people with co-morbidities that entail more than one drug.

In the study of Durani, et.al (2013) on healthcare specialists know how and attitudes concerning patient welfare and expertise for safe patient care. The research was qualitative in nature and the target audience was junior doctors in health units in Finland. Data was gathered utilizing focus group dialogue. Content analysis was used to assess the figures. According to the study findings junior physicians assessed their understanding about patient well-being perceptions as high, but then more than two thirds of participants had a less awareness of high trustworthiness organizations and the ideas of active disappointments and latent circumstances. The answer to how healthcare specialists' know-how concerning patient care may be developed lies in exercise courses.

The two studies got their limitations. The studies have been conducted in foreign countries and lack a glimpse of developing countries where patient care has not been sufficiently offered.

2.4 Association between Job Satisfaction and Attitude towards Patient Care

Previous studies have reported that job discontent leads nurses to have undesirable attitudes in regard to their work, which destructively influences the value of care they deliver.¹⁹ Studies conducted in Malawi reported rudeness and scolding of patients as a manifestation of negative attitudes among nurses. Such behaviors have been attributed to job dissatisfaction (Nyirenda, 2016). Compassionate nursing care reported to have undesirably affected by critical staff shortage, heavy load, poor pay, absence of support and admiration from supervisors, collegiality poor staff relationship, and poor working conditions which are job satisfaction determinant (Nyirenda, 2016). Similarly, study done on Slovak nurses in their investigation on job satisfaction and emotional welfare of nurses reported positive association amid job satisfaction and nurses' emotions with the explanation that high level of emotion and stress resulted from job dissatisfaction negatively affects nurses' attitude hence patient care. Luthans (2005) contends that if employees are treated fairly, they work hard but if they receive less reward or pay for the work done, they tend to have undesirable attitude towards work, supervisors and co-workers.

Maloni & Patricia (2016) studied on job contentment and attitude towards patient care among nurse's working at Mzuzu hospital in Malawi. The research applied descriptive correlation design. The research audience was all nurses employed at the Mzuzu hospital. Simple random specimen employed in selecting sample size of 70 nurses. Data collected using self-administered questionnaire. Attitudes was assessed utilizing attitude scale for nursing profession (ASNP) while McCloskey/Mueller contentment scale used to measure job fulfillment. Data was examined utilizing Pearson's product moment correlation. The finding of the study showed the strong connotation amongst job contentment and attitudes towards patient care.

However, the study has some demerits. The research failed to link the above association between attitude and job satisfaction with participation in continuous professional development. Self-reporting questionnaire employed by the study introduced some level of biasness especially

when it comes to variable attitude. Instead the study could have employed mixed methods like FGD. Population of the study from which sample was withdrawn was also not stated.

On demographic attributes, the findings of the study by Maloni (2016) in Malawi, showed that there is difference in attitude between nurse's who have worked below four years and those who have in service for a longer period. The study on nurse's professionalism in Ethiopia by Ayele, et.al (2012) supported the above finding that there exist positive significant association between attitude and nurses' experience or length of stay. The reason given was that newly employed nurses are still adjusting to their working environment thus negatively affect their attitudes than the experienced nurses.

Based on the above established link between job satisfaction and attitude. The researcher sought to further examine this established association in relation to continuous professional development training.

2.5 Theoretical Framework

This study adopted Herzberg Two- Factor theory and Planned Behavior theory/Theory of Reasoned Action

2.5.1. Herzberg Two -Factor theory

The Theory was propounded by American psychologist (Fredrick Herzberg 1959). In 1959, Herzberg steered a study with 200 engineers and accountants on the subject. They were requested to reminisce their skills and emotional state (optimistic or adverse) they had at job and the reason behind the way they felt. Based on their response from the study Herzberg proposed a Two -Factor approach. Motivator factor and hygiene factor (Sarah.2012, Bateman& Snell 2009). He assumed that presence of motivators' increases employee's satisfaction but in itself does not dissatisfy them. Similarly, he assumed that when hygiene factor is absent the workers feel discontented, but its presence does not satisfy them (Gibson, 2000). He defined motivators as job content, fundamental to the work itself these includes: accomplishment, appreciation advancement and progress, employment itself and responsibilities. Nevertheless, he conceptualized hygiene elements which he also referred to as job context or maintenance factor

that surrounds the job these includes: pay/ salary, technical supervision, coworker relationship, working conditions and company policy (Simon & Schuster, 2005).

Herzberg two factor theory has been applied and utilized in previous studies for examining job related factors. Khalamei & Colleagues (2015) in their study in Nigeria on factors affecting nurses job satisfaction, Waruingi (2018) in her study on relationship between CPD and job characteristics among clinical officers in Kenya, Khan (2011) on result of promotional opportunity on employment fulfilment among public university lecturers and finally study carried out in Ghana by Kofi & Baah (2011) on administration of Herzberg two factor theory in evaluating and comprehending worker incentive among others.

Relevance of the theory to this study is that nurses as every other employee in public sector requires the two factors stated by this theory, motivators and hygiene factors which are important in increasing productivity hence their performance in their delivery of service. In terms of hygiene factors nurses as every other employee are faced by “bread” as well as “butter” concerns further since of the economic condition and great rate of living in Kenya. This state of affairs is witnessed by recent frequent industrial unrest where nurses among other healthcare workers down their tools as result of wage issues, poor working conditions, heavy workloads and staff shortage among others. One cannot therefore be wrong in suggesting that hygiene factors are big issue in the labor front therefore there is need for or the government to maximize or enhance those factors in order to reduce dissatisfaction among workers.

Similarly, in terms of motivators as mention by the theorist to build strong level of motivation and satisfaction among employees, employers must maximize an ensure policies on employee opportunity for advancement and growth and job security among other a fore mention motivator are in place since it has intrinsic value which if enhanced lead to higher job satisfaction hence high productivity (Kofi & Baah. K, 2011).

However, Fredrick Herzberg stated that it does not only take motivator factor to satisfy personnel neither for hygiene factors to reduce or eradicate discontent, it is therefore sensible for employer to have the balance amid the two aspects (Herzberg et.al, 1969). These means that when

participation of nurses on CPD training is not accompanied by full package of both factors their productivity in terms of job fulfillment and attitude to patient's care will remain poor.

2.5.2. Theory of Planned Behavior/ Theory of Reasoned Action

Reason action theory and theory of planned behavior which was addition of the former was developed by (Ajzen, 1975, 1989, 2001). Theory of Reasoned Action holds that the purpose (motivation) to accomplish a particular behavior is reliant on whether person assess behavior as favorable beneficial to them and if they judge others as needing them to perform (Glanze, et.al. 2015).

Theory on planned behavior TPB as extension of TRA is based on the linking between attitude and behavior. According to TBP, there kinds of beliefs guided behavior: Belief about expected behavior outcomes, Normative belief, about what others expects and wish of the individual to track those prospects (subjective norms) and Control belief, belief about factors that either block or advance performance of the behavior (Fishban,1975; Ajeze, 2012). Together the three determines the behavior intention or motivation. Meaning the more positive the attitude towards behavior the more desirable the subjective norms and the greater the perceived control to perform behavior increases in strength (Ajeze, 2012).

Theory on planned behavior has been accepted and used widely in the subject of behavioral and psychological study. In health facilities government employs a key concept of TPB in studying and foreseeing human behavior on issues such as: Illness prevention, birth control and Drug use among youths. One such study is by Susan, Hopwood, Lule, et.al (2014), on empirical test of the TPB on contraceptive use in Uganda.

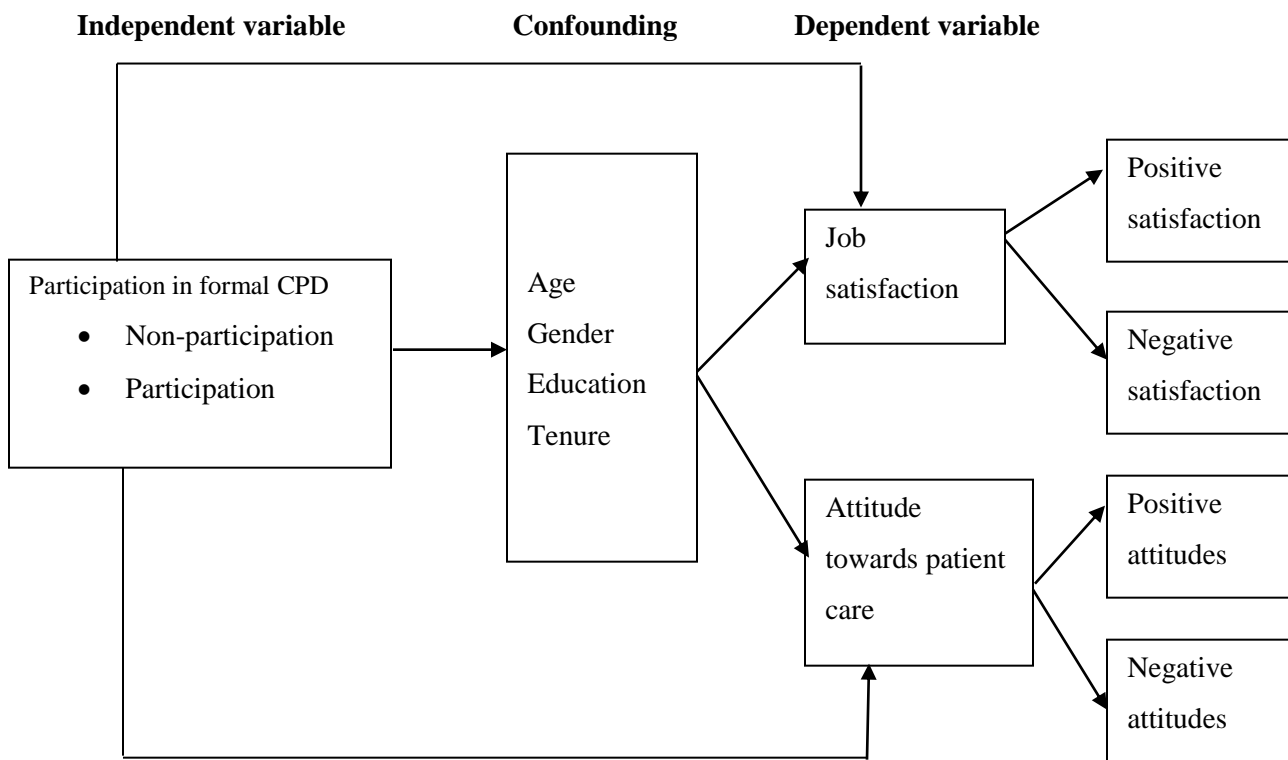
The relevance of this theory is that nurses always have intention to provide quality care to their patients (behavior outcome), besides it is the requirement from the employer and community at large that each individual nurse provide such services (subjective norm). In order to provide safe, up to date and quality patient care they need to update their knowledge and expertise by participating in formal CPD which theoretically should be accompanied by both motivator and hygiene factors (Herzberg, 1969) so as to improve nurse's attitude towards patient care.

Consequently, if these factors of motivation are not provided then the attitude of nurses will be poor hence poor patient care.

2.6 Conceptual Framework

The model below showed the relationship between variables that guided this study. The study assumed that participation in formal continuous professional development has as an influence on the level of job satisfaction and attitudes regarding patient care among nurses in Embu County.

Figure 2.2 Conceptual framework



CHAPTER THREE

RESEARCH METHODOLOGY

3.0. Introduction

This segment contains description of study methods that the researcher utilized to realize the objectives of the study. The methods include the study design, study area, the target population, the sample size and sampling technique, data collection procedure, data analysis procedure and ethical consideration in the study.

3.1. Study Area

The study was carried out among nurses working in public health services in Embu County. The county has 4 sub-counties that is: Manyatta, Runyenjes, Mbeere-North and Mbeere-South. The County is economically productive because of its location at the foot of Mt. Kenya. Population and housing census 2009 registered an estimated population of 516212 people in Embu County, through a high population growth rate of 1.5% per annum. (Kenya National Bureau of Statistics {KNBS} 2009, Embu County Annual Development Plan 2015/2018). This according to the report is attributed to high number of immigrants from other counties looking for better opportunities. In addition, the county has high volume level V hospital with various specialized facilities such as Renal unit and high-volume capacity ICU after Kenyatta and MTRH. (Embu county, health service, 2019 & county nursing officer). All these social –demographic factors have led to increased demand on the health facilities beyond what they were designed to handle. For the last 12 months the county health reported 296,569 workloads among which 96000 cases are referrals from other counties (Embu county health records, 2019). Embu county nurse-patient ratio is at 1:2700 against world health organization recommendation of 1:20. (Embu County Health Strategic plan. 2013, Department of Health Embu County, Office of Nursing Manager).

3.2. Research Design

The research embraced mixed method design. Both quantitative and qualitative approaches were utilized in the investigation to gain a further all-inclusive understanding of the study problem. Combined they yielded more complete analysis and complemented each other. Quantitative because it allowed the researcher to establish statistical relationship between participation in

formal CPD, Job satisfaction and Attitude towards patient care among nurses and also measure and quantify nurses level of job satisfaction and their attitude between those who have participated in formal CPD and those who have not. While Qualitative explained factors underlying the broad relationships and allowed the researcher to gain new emerging trends, difference in individual perspective and experience concerning the variables under study and therefore provide a researcher with a further course of action. Quantitative statistics was gathered by utilization of standardized questionnaire while qualitative figures by utilization of key informant discussion guide. Cluster and stratified sampling procedure were used for measureable data sample while for qualitative data sample purposive specimen was utilized.

3.3 Target Population

The county has 4 sub-counties which include: Manyatta, which has 23 public health facilities (level II & III) and one Level V, Runyenjes 23 (level II&III), Mbeere-North 16 (Level II only) and Mbeere –South 28 (level II & III) health facilities respectively. The target population was 532 permanently employed nurses from the above facilities dispersed in all the 4 sub-counties. (Embu County health records, 2019, MOH, 2019).

Table 3.1 The distribution of nurses in Embu County

Sub county/cluster	Number of facilities	No of nurses
Manyatta	23	297
Runyenjes	23	115
Mbeere –north	16	85
Mbeere –south	28	35
Total	90	532

Source: Embu County health records (2019)

3.4 Sample Size

The sample was calculated using proportional sampling method. The technique was applied because population was composed of different clusters that are diverse in numbers. The number of participants from each cluster were determined by their number relative to entire. This was finite population since it was possible to tell the total number of nurses in Embu County.

(Cochran, 1963) formula was utilized in sample size determination.

$$n = \frac{z^2 P(1 - P)}{e^2}$$

n= sample size (where population is less than 10000)

z=normal aberration at the anticipated assurance intermission, in this situation 95% level of confidence, Z value at 95% is (1,96).

e=margin of error (0.05)

p=proportion to be estimated, recommends that if proportion of an attribute in the population is not known then 50% (0.5) is assumed

$$n = \frac{1.96^2 0.5(1 - 0.5)}{0.05^2}$$

n=384.6363=385 respondents are needed

This therefore justified 385 sample which was in this study. To ensure that all strata are recognized, proportion was selected based on percentages of representation and a sample drawn from.

Table 3.2: Sample Size per Cluster

Sub- county/clusters	Target population	Percentage	Sample
Manyatta	297	56	215
Runyenjes	115	22	80
Mbeere North	85	16	62
Mbeere South	35	7	27
Total	532	100	385

Source: Embu County health records (2019)

3.5 Sampling Procedure

This study applied multi-stage sampling to select a sample. Being a mixed method design for quantitative data sample, to begin with, the sample was clustered into 4 health administrative sub-counties and 90 level II, III and V which have different number of nurses and are dispersed

in the 4 clustered sub-counties. Secondly from each cluster, health facilities were selected using probability sampling proportionate to the size of the population, meaning the facility with highest number of nurses had highest opportunity of being picked in to the sample. Every nurse from selected facilities had equal chance to be selected. This notion provides each respondent in the county the same and sovereign opportunity of being picked in to the sample. Sampling of the respondent was minus renewal and every participant was only chosen once. For qualitative analysis, purposive sampling was utilized to choose main informant which in this case comprised of county nursing officer, sub county public health nurse in charges, (SCPHNs), formerly (DPHNs) and health administrators from each sub-county.

3.6 Research Instrument

Standardized questionnaire was applied to collect quantitative data. The questionnaire was alienated into Four Segments. Segment A displayed demographic data of the participants, segment B captured data on CPD with a set of 15 questions and responses were in Likert scale of 1-5, (1) strongly disagree – (5) strongly agree. Section C evaluated five aspect of job satisfaction with a set of 36 questions and responses was in Likert scale of 1-5, (1) disagree very strongly – (6) agree very strongly. Pay was assessed using 12 questions (1,4,5,10,13,14,19,22,23,28,29,32), promotion (2,11,20,33), supervision (3,9,12,18,21,26 ,30,36), co-worker relationship (7,16,25,34) and finally working condition with 8 questions (6,8,15,17,24,27,31,35).

Section D assessed attitude of nurses towards patient care with 18 items/questions which was in Likert scale of 1-5, 1 strongly disagree and 5 strongly agree. For qualitative data, key informant interview guide was applied to gather information. The key informants were sub- county nurse in charges drawn from each sub counties and overall county nursing officer.

3.7 Data Collection Procedures

Data collection process started after the researcher was issued with approval letter from the university, afterwards a license to conduct the investigation was obtained (NACOSTI). Thereafter the researcher informed Embu county chief officer of health and county nursing officer about the study. Three research assistance were trained on how to administer the questionnaire. The research assistants delivered the questionnaire to the respondents using drop

and pick method. For qualitative data the researcher interviewed the key informants which in this case are sub county nurse in- charges to get in-depth understanding of variables under study.

3.8 Data Analysis

This section highlighted procedures that was utilized to analyze and present both qualitative and quantitative data which are discussed in subsequent sections:

3.8.1. Quantitative Data

Descriptive statistics such as measures of central tendencies, rate distribution tables and dispersion were used to summarize the data. Consequently, inferential statistics was also utilized to infer sample result to entire population. These include multiple logistic regression, Linear Probability Model, t-test, Chi-Square, and Cramer's. Multiple logistic regression was applied to analyze the relation amid CPD and job satisfaction. Linear Probability Model (LPM) regression was used to analyze relationship between participation in CPD and Attitude towards patient care. T-test was utilized to examine the difference in means between those who participated in formal CPD and those who had not in regard to (objective I, II, III). While Chi-Square and Cramer's V was used to analyze the association and strength between job satisfaction and attitude towards patient care (objective III).

3.8.2. Qualitative Data

Qualitative data was examined in regard to the themes that emerged from the quantitative data regarding job gratification and attitude to patient care amongst nurses. This data was used mainly to compliment quantifiable data.

3.9 Pilot of the study

According to (Schndler, 2006) the purpose of pretest is to identify weakness in study design and to offer a proxy for data collection of likelihood sample.

3.9.1 Validity

To address issues of validity of the research instrument, piloting was conducted where questionnaires was pre- tried towards a chosen test like the real sample which was used in this

study. The guiding was done on 20 nurses who were selected using purposive sampling in level V hospital which serves as referral hospital to Embu County and its surroundings and has the highest number of nurses (215). Those who participated in piloting exercise were not included in actual study. The finding from the pilot exercise informed the researcher whether the respondents answered the research question correctly or not answered at all. Therefore, modification of questionnaires by either adding or dropping some was informed by the finding of trial test.

3.9.2 Reliability

To address issues of reliability the questionnaire was pilot tested, by measuring the instrument mathematically via use of Cronbach's Alfa method. The statistics is between 0-1, the closer the Cronbach, s Alfa is to 1, the better the questionnaire dependability (Field, 2009) as cited by (Gathondu, 2018). Therefore, the Cronbach's coefficient Alfa obtained from the pilot was 0.724. The implication is that reliability was achieved.

3.10 Ethical Consideration

This research followed to suitable investigation measures and all sources of data was recognized. Before the extraction tool was used, permission was requested from the supervisor and respondents. The study ensured respondents of confidentiality of the response and also guaranteed respondents that the research was for academic purpose only. The source of data and other information for literature review was recognized.

CHAPTER FOUR

DATA ANALYSIS AND RESULTS

4.1 Introduction

This section exhibits data analysis and empirical results. Specifically, summary statistics, multinomial regression, LPM regression, Chi-Square, Cramer’s V, and t-test results are documented.

4.2 Summary Statistics

Table 4.1: Summary Statistics

Variable	Observations	Minimum	Maximum
Age	176	1	5
Gender	177	1	2
Education level	178	1	4
Job tenure	179	1	5
Job group	172	1	8
Formal CPD	176	1	2
Job satisfaction	177	1	5
Attitude	174	1	2

Table 4.1 represents summary statistics for the key variables used in carrying out the analysis. There were total of 8 variables which are Age, Gender, Education, Job tenure, Job group, Formal CPD, Job Fulfillment, and Attitude. Age had 176 observation and 5 categories which are represented by “1”, “2”, “3”, “4”, and “5” representing respondents with the age brackets of “>25 years”, “26-35 years”, “36-45 years”, “46-55 years”, and beyond “55 years” respectively. For gender, “1” and “2” were used to represent “males” and “females” respectively. For education level, “1”, “2”, “3”, and “4” were used to represent “certificate”, “diploma”, “undergraduate”, and “masters” respectively. For job tenure, “1”, “2”, “3”, “4”, and “5” were used to represent those respondents with work experiences of “0-3 years”, “4-7 years”, “8-11 years”, “12-15 years”, and “over 15 years” respectively. Formal CPD had “1”, and “2” representing those who “did not participate” and “2” representing those who “participated” in

formal CPD respectively. Job satisfaction had “1”, “2”, “3”, “4”, and “5” representing “supervision”, “working condition”, “relationship with co-workers”, “promotion”, and “pay” respectively. Attitude had “1” and “2” representing “negative” and “positive” respectively.

Table 4.2: Summary Statistics

Job Satisfaction		Observations	Total
	Supervision	19(10.73%)	177 (100%)
	Working conditions	15(8.47%)	
	Relationship with co-workers	34(19.21%)	
	Promotion	79 (44.63%)	
	Pay	30(16.95%)	
Attitude			174(100.00%)
	Negative	79 (45.40%)	
	Positive	95 (54.60%)	
Formal CPD			
	Not Participated	71(40.34%)	176 (100.00%)
	Participated	105(59.66%)	

Table 4.3: Variation between formal CPD, Age as a confounding variable, job satisfaction and attitude

Formal CPD (IV)	Confounding variable	Job Satisfaction (DV)					Attitude (DV)	
Not Participated	Age (years)	Supervision	Working condition	Relationship with co-workers	Promotion	Pay	Negative	Positive
	<25 years	0.00%	22.22%	12.50%	10.00%	13.33%	12.50 %	10.81%
	26-35 years	50.00%	22.22%	37.50%	23.33%	20.00%	28.13%	27.03%
	36-45 years	25.00%	11.11%	25.00%	23.33%	20.00%	9.38%	29.73%
	46-55 years	12.50%	22.22%	12.50%	30.00%	26.67%	28.13%	21.62%
	>55 years	12.50%	22.22%	12.50%	13.33%	20.00%	21.88%	10.81%
Total responses		8	9	8	30	15	32	37
Total (%)		100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
Participated	<25 years	11.11%	20.00%	0.00%	8.33%	7.69%	6.98%	5.56%
	26-35 years	55.56%	60.00%	48.00%	31.25%	30.77%	44.19%	35.19%
	36-45 years	22.22%	0.00%	20.00%	27.08%	46.15%	20.93%	31.48%
	46-55 years	0.0%	20.00%	32.00%	27.08%	15.38%	23.26%	24.07%
	>55 years	11.11%	0.00%	0.00%	6.25%	0.00%	4.65%	3.70%
Total responses		9	5	25	48	13	43	54
Total (%)		100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%

From table 4.3 above, respondents who participated in formal continuous professional development training and were aged 26-35 years, derived job satisfaction mainly from working conditions which is shown by 60%, the second most determinant aspect on job satisfaction was relationship with coworkers at 55.56%, pay 31.25% and promotion was the least job satisfaction determinant with 30.77%. The attitude of this category of observation to patient care was more negative than positive as shown by 28.13% and 27.03% respectively.

In the same age bracket those who did not participate in continuous professional development were influenced mainly by supervision at 50% and relationship with coworkers at 37.5%, the least job satisfaction determinant was pay at 20.0%. The attitude of the respondents in this category towards patient care was more negative than positive as shown by 44.19% and 35.19% respectively.

Those respondents who participated and were age <25 years, job satisfaction was mainly affected by working conditions at 20%, supervision at 11.11% and was least affected by relationship with coworkers which is shown by 0.0%. Their attitude towards patient care was 6.98% negative compared to 5.56% positive.

Those of the same age bracket who did not participate in formal CPD training, job satisfaction was determined by working conditions at 22.22% and least affected by supervision at 0.0%. Patient care attitude of this category was 12.5% negative and 10.81% positive.

Job satisfaction for observations aged 36-45 years and participated in formal CPD training was mainly pay at 46.15% and least affected by the working condition at 0.0%. This category of respondents had a high positive attitude to patient care of 31.48% compared to 20.93% negative attitude towards the same.

Those of the same age bracket and who did not participate in CPD training, their job satisfaction was mainly determined by supervision and relationship to coworkers both at 25.00% and least affected by working condition showed by 11.11%. Their attitude towards patient care was 29.73% positive and 9.38% negative.

Those aged 46-55 and participated in CPD trainings were mainly affected by relationship with coworkers' at 32.0% and least affected by supervision at 0.0%. This category had 24.07% positive attitude towards patient care compared to 23.26% negative attitude towards patient care. Those of the same age bracket and who did not participate in formal CPD training had mainly promotion at 30% as the main job satisfaction determinant and supervision and affiliation with core workers as the least job fulfillment determinant which is showed by 12.5%. The altitude of this category of respondents was 28.13% negative and 21.62% positive.

Those aged >55 years and participated in CPD training, their job satisfaction was mainly determined by supervision at 11.11% and least determined by working condition and relationship with coworkers both at 0.0%. The respondents of same age bracket who did not participate in CPD training, their job satisfaction was mainly determined by working condition at 22.22% and least affected by supervision and relationship with coworkers both at 12.5%.

Table 4.4: Variation between formal CPD, Gender as a confounding variable, job satisfaction and attitude

Formal CPD (IV)	Confounding variable	Job Satisfaction (DV)					Attitude (DV)	
Not Participated	Gender	Supervision	Working condition	Relationship with co-workers	Promotion	Pay	Negative	Positive
	Male	12.50%	11.11%	37.50%	40.00%	33.33%	34.38%	32.43%
	Female	87.50%	88.89%	62.50%	60.00%	66.67%	65.63%	67.57%
Total responses		8	9	8	30	15	32	37
Total (%)		100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
Participated	Male	22.22%	0.00%	24.00%	36.73%	14.29%	29.55%	25.93%
	Female	77.78%	100.00%	76.00 %	63.27%	85.71%	70.45%	74.07%
Total responses		9	4	25	49	14	44	54
Total (%)		100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%

From table 4.4 above, the male respondents who participated in formal CPD training, their job satisfaction was mainly determined by promotion at 36.73%, relationship with coworkers at 24.00% and least factor is working condition which is showed by 0.00%. The altitude of this category towards patient care is 29.55% negative and 25.93% positive. Those of the same gender and who did not participate in formal CPD training had promotion factor as their main job satisfaction determinant at 40.0% and working condition as the least factor determinant of job satisfaction at 11.11%. The altitude of this category is 34.38% negative and 32.43% positive.

The female respondents who participated in formal CPD training had working condition as the main factor determining job satisfaction at 100.0% and promotion as the least factor of job satisfaction at 63.27%. The altitude of this category of observation was more positive than negative at 74.07% and 70.45% respectively. The females who did not participate in formal CPD training also had working condition as the main factor of job satisfaction at 88.89% and promotion as the least aspect of determining job satisfaction which is showed by 60.0%. The altitude of this category towards patient care is also highly positive than negative at 67.57% and 65.63% respectively.

Table 4.5: Variation between formal CPD, Education as a confounding variable, job satisfaction and attitude

Formal CPD (IV)	Confounding variable	Job Satisfaction (DV)					Attitude (DV)	
Not Participated	Education	Supervision	Working condition	Relationship with co-workers	Promotion	Pay	Negative	Positive
	Certificate	12.50%	77.78 %	0.00%	30.00%	20.00%	25.00%	13.51%
	Diploma	62.50%	11.11 %	87.50%	46.67%	73.33%	59.38%	67.57%
	Undergraduate	25.00%	11.11 %	12.50%	23.33%	6.67%	15.63%	18.92%
	Masters	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
Total responses		8	9	8	30	15	32	37
Total (%)		100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
Participated	Certificate	11.11%	0.00%	12.00%	20.83%	7.14 %	15.56%	12.96%
	Diploma	66.67%	80.00%	76.00%	58.33%	78.57%	68.89%	66.67%
	Undergraduate	22.22%	20.00%	8.00%	14.58%	14.29%	11.11%	14.81%
	Masters	0.00%	0.00%	4.00%	6.25%	0.00%	4.44%	5.56%
Total responses		9	8	25	48	14	45	54
Total (%)		100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%

The respondents with certificate as the highest level of education and participated in formal CPD training considered promotion as the main factor of job satisfaction which is showed by 20.83% and the least job satisfaction determinant factor is working condition at 0.0%. Their attitude towards patient care is 15.56% negative and 12.96% positive. Those with same level of education and did not participate in formal CPD training had working condition as the main job satisfaction determinant at 77.78% and relationship with coworkers as the least factor of consideration which is showed by 0.0%. The attitude of this category to patient care is 25.05% negative and 13.51% positive.

Those at diploma level of education and participated in formal CPD training stated working condition as the main job satisfaction determinant which is indicated by 80.0% and promotion as the least at 58.33%. Their altitude is 68.89% negative and 66.67% positive. Respondents at diploma level who did not participate in formal CPD training considered relationship with coworkers the main job satisfaction determinant which is showed by 87.50% and working condition the least determinant factor at 11.11%. Their attitude towards patient care was 59.38% and 67.57% negative and positive respectively.

Observation made from undergraduate level respondents who participated in formal CPD training show supervision as the main job satisfaction measure at 22.22% and relationship with coworker as the least at 8.0%. The attitude of the respondents under this category is 14.81% positive and 11.11% negative. Those of the same education level and did not participate in CPD training also had supervision as the main job satisfaction determinant and pay as the least both at 25.0% and 6.67%. Their attitude is 15.63% negative and 18.92% positive.

Those at masters level of education and participated in formal CPD training choose promotion as the main job satisfaction determinant at 6.25% and supervision, working condition and pay as the least factors all at 0.0%. Their attitude towards patient care was 4.44% negative and 5.56% positive. According to those of the same education level and did not participate in formal CPD training, there was no factor among those given would determine job satisfaction, which is shown by 0.0%. Their attitude towards patient care was 0.0%.

Table 4.6: Variation between formal CPD, Tenure as a confounding variable, job satisfaction and attitude

Formal CPD (IV)	Confounding variable	Job Satisfaction (DV)					Attitude (DV)	
Not Participated	Experience/Tenure	Supervision	Working condition	Relationship with co-workers	Promotion	Pay	Negative	Positive
	0-4 years	0.00%	22.22%	12.50%	10.00%	20.00%	12.50%	16.22%
	4-7 years	37.50%	11.11%	12.50%	6.67%	6.67%	12.50%	8.11%
	8-11 years	25.00%	22.22 %	37.50%	16.67%	6.67%	15.63%	21.62%
	12-15 years	0.00%	0.00%	0.00%	16.67%	6.67%	3.13%	13.51%
	>15 years	37.50%	44.44%	37.50%	50.00%	60.00%	56.25%	40.54%
Total responses		8	9	8	30	15	32	37
Total (%)		100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
Participated	0-4 years	11.11%	0.00%	12.00%	10.20%	14.29%	15.56%	9.09%
	4-7 years	22.22%	80.00%	28.00%	30.61%	0.00%	22.22%	29.09%
	8-11 years	22.22%	0.00%	16.00%	12.24%	28.57%	11.11%	18.18%
	12-15 years	22.22%	0.00%	16.00%	8.16%	14.29%	11.11%	14.55%
	>15 years	22.22%	20.00%	28.00 %	38.78%	42.86%	40.00%	29.09%
Total responses		9	5	25	49	14	45	55
Total (%)		100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%

Table 4.6 above shows that, the respondents with most years of experience (>15) and participated in formal CPD training had pay as the main factor determining job satisfaction at 42.86% and working condition as the least factor at 20.00%. Their attitude was 40.00% negative towards patient care and 29.09% positive towards the same. Those with the same tenure and did not participate in the formal CPD training had the same factor of job satisfaction, that is pay at 60% and least determinant as supervision and relationship to coworkers at 37.50% . Their attitude towards patient care is 56.25% negative and 40.54% positive.

Those with least years of experience (0-4) and participated in formal CPD training choose relationship with coworkers as the main job satisfaction determinant which is showed by 12.00% and working condition as the least determinant factor at 0.00%. Their attitude towards patient care is 15.56% negative and 9.09% positive. Respondents with same years of experience and who did not participate in CPD training showed work condition as the main factor of job satisfaction at 22.22% and supervision as the least factor with 0.00%. Their attitude toward patient care is 12.50% negative and 16.22% positive.

Observation made from respondents with tenure of 4-7 years and who participated in formal CPD training showed that, working condition was the main determining factor of job satisfaction at 80.00% while pay was the least factor at 0.00%. The attitude of this category is 22.22% negative and 29.09% positive toward patient care. Respondents of the experience level category who did not participate in CPD training choose supervision as the main factor of job satisfaction determinant at 37.50% and pay and promotion as the least indicated by 6.67% in the table above. The attitude towards patient care for this category of respondents was 12.50% negative and 8.11% positive.

Respondents with 8-11 years of experience and who participated in the training choose pay as the main factor determining job satisfaction with 28.57% and working condition as the least with 0.00%. Their attitude toward patient care is 11.11% negative and 18.18% positive. Those of 8-11 years tenure who did not participate in the CPD training had relationship with coworkers as the main factor of job satisfaction at 37.50% and pay as the least at 6.67%. This category had 15.63% negative and 21.62% positive attitude towards patient care.

The respondents with tenure 12-15 and who participated in the mentioned training choose supervision at 22.22% as the main factor and working condition (0.00%) as the least factor of job satisfaction determinant. The attitude is 11.11% negative and 14.55% positive. Those with same tenure and who did not participate in the training choose promotion (16.67%) as the main factor and supervision (0.00%), work condition (0.00%) and relationship with coworkers (0.00%) as the least factors of job satisfaction determinant. The attitude of this category of respondents is 3.13% negative and 13.51% positive.

4.3 Analysis of Objective One

Objective one pursued to find out the scope to which participation in formal CPD training influences the level of job satisfaction among nurses in Embu County. Since job fulfillment as the dependent variable had five categories, the objective was analyzed using multinomial logistic regression and t-test. The outcomes are conferred in Table 7 below.

Table 4.7: Multinomial Logistic Regression Results

Job satisfaction	β	$SE \beta$	<i>t</i> -statistic	<i>P</i> -Value	95% <i>CI</i>
Constant	-3.762464	1.56973	-2.40	0.017	[-6.839079, -.6858497]
CPD	.4862702	.4925203	0.99	0.323	[-.4790518, 1.451592]
EDUCATION					
Diploma	1.068571	.6973544	1.53	0.125	[-.2982188, 2.43536]
Undergraduate	.0133335	.9240488	0.01	0.988	[-1.797769, 1.824436]
Masters	.4325472	1.351561	0.32	0.749	[-2.216464, 3.081559]
Gender	.2983337	.4809433	0.62	0.535	[-.6442979, 1.240965]
AGE					
26-35	1.223091	1.149604	1.06	0.287	[-1.030091, 3.476272]
36-45	.6778038	1.19101	0.57	0.569	[-1.656534, 3.012141]
46-55	.8809302	1.167132	0.75	0.450	[-1.406606, 3.168467]
>55	.0492119	1.561382	0.03	0.975	[-3.01104, 3.109464]
R^2	0.1059				
No. of observation	168				

Table 4.7 presents multinomial logistic results on the impact of formal CPD on job satisfaction. Specifically, the R^2 for the model was 0.1059 meaning 10.59% of variation in job fulfillment was

clarified by the independent variables. Since the data used was cross-sectional, it is common to have small values of R². The results showed that formal CPD had positive outcome on job satisfaction ($\beta=.4863$, $t= 0.99$, $p= 0.323$). However, the outcome of formal CPD on job fulfillment was not statistically significant as indicated by the p-value that is higher than the 5% degree of relevance. Specifically, respondents who undertaken formal CPD training were more likely to have positive relationship with their workmates.

Gender had significant effect on job satisfaction ($\beta=.2983$, $t=0.62$, $p=0.535$). The effect was however, statistically insignificant. Specifically, females were found to be more probable to relate well with their co-workers likened to males.

Persons with diploma level of education were found to be more likely to relate well with co-workers compared to those who had certificate level of education ($\beta=1.068571$, $t=.1.53$, $p=.125$). Individuals with undergraduate level of education were found to be more likely to relate well with co-workers compared to those with certificate level of education ($\beta=.01333$, $t=.0.01$, $p=.988$). The effect was however, statistically insignificant because the p-value was greater than the 5% degree of relevance. Individuals with Masters Level of education were found to be more likely to relate well with their co-workers compared to those who had the certificate level of education ($\beta=.4325$, $t=0.32$, $p=.749$). The effect was however, statistically insignificant because the p-value was greater than the 5% degree of relevance.

Individuals aged between 26-35 years were found to more likely to relate well with co-workers compared to those who were aged less than 25 years ($\beta=.1.2231$, $t=01.06$, $p=0.287$). The effect was however, statistically insignificant as the p-value was greater than the 5% degree of relevance. Individuals aged between 36-45 years were found to be more likely to relate well with their co-workers compared to those aged less than 25 years ($\beta=.67780$, $t=0.57$, $p=0.569$). The effect was however, not statistically noteworthy since the p-value was higher than the 5% degree of relevance.

Individuals aged between 46-55 years were found to be more likely to relate well with co-workers compared to those who were aged less than 25 years ($\beta=.88093$, $t=0.75$, $p=0.450$). The

effect was however, statistically inconsequential because the p-value was higher than the 5% degree of relevance.

Individuals aged over 55 years were found to be more likely to relate well with co-workers compared to those who were aged less than 25 years ($\beta=.0492$, $t=0.03$, $p=.975$). The effect was however, statistically insignificant because the p-value was higher than the 5% degree of relevance.

Table 4.8: Multinomial Logistic Regression

Job satisfaction	β	$SE \beta$	t -statistic	P -Value	95% CI
SUPERVISION					
CPD	-.3728399	.5383796	-0.69	0.489	[-1.4280, .6824]
Constant	-.948916	.8745585	-1.09	0.278	[-2.6630, .7652]
WORKING CONDITIONS					
CPD	-1.07841	.6040303	-1.79	0.074	[-2.2623, .1055]
Constant	-.1255632	.8934125	-0.14	0.888	[-1.8766, 1.6255]
RELATION WITH CO-WORKERS					
CPD	.6880321	.4660505	1.48	0.140	[-.2254, 1.6015]
Constant	-2.009788	.8319874	-2.42	0.016	[-3.6405, -.3791]
PAY					
CPD	-.5596158	.4379917	-1.28	0.201	[-1.4181, .2988]
Constant	-.1335314	.7013107	-0.19	0.849	[-1.5081, 1.2410]
R^2	.0196				
No. of observation	173				

Table 4.8 displays the outcomes of multinomial logistic regression with job fulfillment as the dependent variable and promotion as the base category. The model had an R^2 of .0196 meaning that the formal CPD explains 1.96% of variation in job satisfaction.

Participation in formal CPD had negative effect on supervision ($\beta=-.3728$, $t=-.69$, $p=.489$). The effect was however, statistically insignificant as indicated by the p-value of .489 is greater than the 5% degree of relevance.

Participation in formal CPD had negative effect on working conditions ($\beta=-1.0784$, $t=-1.79$, $p=.074$). The effect was statistically substantial at the 10% degree of relevance as designated by the p-value of .074.

Participation in formal CPD had positive effect on relationship with co-workers ($\beta=.6880$, $t=1.48$, $p=.140$). The effect was, however, statistically insignificant as indicated via the p-value of .140 which is greater than the 5% degree of relevance.

Participation in formal CPD had negative effect on pay ($\beta=-.5596$, $t=-1.28$, $p=.240$). The effect was, however, statistically insignificant as indicated by the p-value of .201 which is greater than the 5% degree of relevance.

Table 4.9: Test for difference between job satisfaction and formal CPD

Observations	Degrees of freedom	Mean difference	T-statistic	P-value
177	172	1.919075	20.1141	0.0000

Table 4.9 presents the t-test fallouts for the difference in means of job satisfaction and formal CPD. The findings indicated there is statistically crucial distinction in reference of the two samples ($t=20.1141$, $p=.0000$). The implication is that formal CPD training influences job satisfaction.

4.4 Analysis of Objective Two

Table 10 presents the LPM regression results. The R^2 for the model was 0.0432 indicating only 4.32% of variation in attitude was explained by the explanatory variables. It is however, common to have small R^2 values for data that is cross-sectional in nature. Specifically, individuals who had attended formal CPD training were found to have positive attitude compared to those who had not had the training ($\beta=.0138508$, $t=0.17$, $p= 0.868$). Specifically, individuals who had attended formal CPD training were found to be 1.39% more likely to have positive attitude likened to those who had not had the formal CPD training.

Nevertheless, gender had positive impact on attitude ($\beta=.0337803$, $t=0.39$, $p=0.700$). The effect was however, not statistically significant. Specifically, females were found to be 3.38% more likely to have positive attitude than males.

Table 4.10: LPM Regression results

Attitude	β	$SE \beta$	t -statistic	P -Value	95% CI
Constant	1.373556	.2375905	5.78	0.000	[.90417, 1.84294]
CPD	.0138508	.0831252	0.17	0.868	[-.17807, .150371]
EDUCATION					
Diploma	.086175	.1161358	0.74	0.459	[-.14326, .31561]
Undergraduate	.1405672	.1524111	0.92	0.358	[-.16053, .44167]
Masters	.1802668	.27732	0.65	0.517	[-.36760, .72814]
Gender	.0337803	.0874012	0.39	0.700	[-.13889, .20645]
AGE					
26-35	.007376	.1526972	0.05	0.962	[-.29429, .30904]
36-45	.211795	.1611758	1.31	0.191	[-.10662, .53021]
46-55	.0236681	.1593013	0.15	0.882	[-.29105, .33838]
>55	-.0627763	.1972292	-0.32	0.751	[-.45242, .32687]
R^2	0.0432				
No. of observation	163				

Education was found to have positive effect on attitude. Specifically, respondents with diploma level of education were found to be 8.62% more probable to have positive attitude linked to those who had certificate level of education ($\beta=.086175$, $t=.74$, $p=.459$).

Individuals with undergraduate level of education were found to be 14.06% more possible to have positive attitude compared to those with certificate level of education ($\beta=.1406$, $t=.92$, $p=.358$). The effect was however, not statistically relevant since the p-value was higher than the 5% degree of relevance. Individuals with masters level of education were found to be 18.03% more probable to have optimistic attitude likened to those who had the certificate level of education ($\beta=.1803$, $t=0.65$, $p=.962$). The effect was however, not statistically relevant since the p-value was higher than the 5% degree of relevance.

Individuals aged between 26-35 years were found to be 0.74% more probable to have positive attitude linked to those who were aged less than 25 years ($\beta=.007376$, $t=0.05$, $p=0.962$). The effect was however, not statistically relevant since the p-value was higher than the 5% degree of relevance. Individuals aged between 36-45 years were found to be 21.18% more probable to have positive attitude compared to those aged less than 25 years ($\beta=.211795$, $t=1.31$, $p=0.191$). The effect was however, not statistically relevant since the p-value was higher than the 5% degree of relevance. Individuals aged between 46-55 years were found to be 2.37% more probable to have positive attitude compared to those who were aged less than 25 years ($\beta=.0237$, $t=0.15$, $p=0.741$). The effect was however, statistically insignificant because the p-value was greater than the 5% degree of relevance. Individuals aged over 55 years were however, found to be 6.28% less probable to have positive attitude compared to those who were aged less than 25 years ($\beta=-.0628$, $t=-.32$, $p=.751$). The effect was however, not statistically relevant since the p-value was higher than the 5% degree of relevance.

Table 4.11: T-test for the difference in the means of formal CPD and attitude

Observations	Degrees of freedom	Mean difference	T-statistic	P-value
170	169	-.0470588	-0.8829	0.3786

Table 4.11 presents the t-test results for the distinction in means of attitude and formal CPD. The findings indicated there is statistically insignificant difference in means of the two samples ($t=-0.8829$, $p=.3786$). The implication is that formal CPD training does not have significant influence on attitude.

4.5 Analysis of Objective Three

The third objective sought to determine the association amongst job fulfillment and attitude towards patient care as a result of having participated in formal CPD training among nurses in Embu County. The Chi-Square test for association between samples was used to carry out the analysis of this objective. The Cramer's V value was utilized to realize the robustness of the connotation between job fulfilment and attitude. The t-test for difference in means of two samples was also carried out.

Table 4.12: Chi-Square test for the association between job satisfaction and attitude

Job satisfaction	<i>Attitude</i>			
	<i>Degrees of Freedom (DF)</i>	<i>Chi-Square Statistic (χ^2)</i>	<i>P-value</i>	<i>Cramer's V</i>
	4	0.7563	0.944	0.0665

Table 4.12 presents the results for Chi-square test for relationship amongst job fulfillment and attitude. The findings designate that there is significant connection amongst job fulfillment and attitude ($\chi^2=.7563$, $p=.944$, $\Phi=.0665$). The association was however, found to be statistically insignificant as indicated by the p-value that is larger than the 5% level of relevance. The association was also weak as indicated by the Cramer's value of .0665.

Table 4.13: T-test for difference in the means of job satisfaction and attitude

Observations	Degrees of freedom	Mean difference	T-statistic	P-value
171	170	1.953216	19.7743	0.0000

Table 4.13 presents the t-test results for the variance in means of job fulfillment and attitude. The findings indicated there is statistically crucial distinction in reference of the two samples ($t=1.9532$, $p=.0000$).

Thematic analysis of qualitative data extracted from key informant

Thematic areas were as follows: Participation in CPD, job satisfaction and attitude of nurses towards patient care.

Interviewed participant had to say the following: “nurses have opportunity to participate in CPD but some could not regularly participate because of time factor due to shortage of nurses in the facilities, conflicting duties and general attitude of individual nurse”. “Participation in CPD has strong influence on level of nurses’ job satisfaction, nurse with updated knowledge and skill are competent in their work, hence able to provide quality patient care required”.

On general factors that affect nurses' attitude towards patient care the interviewee has to say these. "in my view the major factor is nurse's personality traits. Nurses whose personality is naturally negative automatically form negative attitude towards the care they provide hence poor patient care". Also, some go for nursing profession as job not as a vocation therefore, not able to care for patient as required of them".

Does participation in CPD trainings have any impact on attitude of nurses? "regular participation in CPD has influence on nurses' attitude, when a nurse has knowledge on his or her area of expertise, that nurse will be confident, competent and understand his or her work hence very high self- esteem the result would be positive attitude towards their work".

CHAPTER FIVE

SUMMARY, CONCLUSION AND RECOMMENDATION

5.1 Introduction

This section highlights the synopsis of the crucial results, conclusions and recommendations of the study. The research has examined the influence of participation in formal continuous professional development on job fulfillment and attitude toward patients care amongst nurses in Embu County. The precise objectives were; To find out the extent to which participation in formal CPD influences level of job fulfillment amongst nurses in Embu County, To establish the affiliation between participation in formal CPD and attitude towards patient care among nurses in Embu County and finally To determine the association between job fulfillment and attitude toward patients care as result of participating in formal CPD among nurses in Embu County. The data from 179 respondents was analyzed to determine individual responses.

5.2 Internal Validity

There was one independent variable classified in to two categories these are: participated in formal CPD and not participated in formal CPD. Two dependent variables which include: job satisfaction with its five facets; pay, promotion, supervision, working condition and co-worker relationship and the second dependent variable was Attitude towards patient care classified in two categories (negative and positive). Factor analysis was used to determine the confounding variables that are the most relevant using the Eigen value and contribution criterion. Four factors were identified as the most relevant for the study which include: Age, Gender, Education level and Tenure.

The identified challenges were that nurses nature of work shift made it difficult for the researcher to reach the targeted population thus led to low response rate .Also due to shortage of staffs and heavy workload, nurses felt that the questionnaire had many items hence majority may not have filled the questionnaire attentively and honestly while some returned them half-filled hence affected comprehensive result. Out of 385 questionnaires administered only 179 were obtained.

5.3 External Validity

The study targeted only nurses in public facilities in Embu County. Therefore, the result of the present study cannot be generalizable to nurses working in private and faith-based facilities. To address issues of reliability the research instrument was pilot tested, by measuring the instrument mathematically by use of Cronbach's Alfa method. The statistics is between 0-1, the closer the Cronchban, s Alfa is to 1, the better the questionnaire reliability. Therefore, the Cronbach's coefficient Alfa obtained from the pilot was 0.724. The implication is that reliability was achieved.

5.4 Summary of the Findings

- i. A total of 8 variable were used in the analysis, these include age, gender, education level, job group, job tenure, Participation in formal CPD, job satisfaction and attitude towards patient care.
- ii. Those who participated in CPD being majority were 105(59.66%) while 71(40.34%) had not participated in CPD. On job satisfaction with its different attributes, promotion had response rate of 79(44.63%), followed by co-worker relationship 34(19.21%), pay 30(16.95%), supervision19 (10.73%) and finally working condition had 15 (8.47%). those who had negative and positive attitude towards patient care were 79(45.40%) and 95(54.60%) respectively.
- iii. Variation between formal CPD, age as cofounding variable, job satisfaction and attitude showed that Respondents who participated in formal CPD and were aged 26-35years, derived job satisfaction mainly from working conditions which is showed by 60% response rate. The attitude of this category to patient care was more negative than positive as showed by 28.13% and 27.03% respectively. In the same age bracket those who did not participate in continuous professional development were influenced mainly by supervision at 50%. The attitude of the respondents in this category towards patient care was more negative than positive as showed by 44.19% and 35.19% respectively.

- iv. Variation between formal CPD, Gender as a confounding variable, job satisfaction and attitude showed that gender specifically females preferred working condition followed by pay and supervision as their main job satisfaction determining factor. Male respondents who had either participated or not participated in formal CPD favored promotion as their main job satisfaction determinant and working condition as the least. Female gender reported more positive attitude than male gender.
- v. Variation between formal CPD, Education as a confounding variable, job satisfaction and attitude yielded that education level had greater effect on working condition and pay as aspect of job satisfaction and supervision the least factor. Those at diploma level and are majority had more positive attitude than those at other levels of education analyzed.
- vi. Variation between formal CPD, Tenure as a confounding variable, job satisfaction and attitude yielded that respondents with tenure of 4-7 years and had participated in formal CPD training showed working condition as the main determining factor of job satisfaction at 80.00% while pay was the least factor at 0.00%. The attitude of this category was more positive than negative toward patient care. those with most years of experience >15 and either participated or not participated in formal CPD had pay as their main determining factor of job satisfaction and working condition as the least factor and their attitude is more negative than positive.
- vii. Multinomial logistic regression results indicated that formal CPD had positive effect on job satisfaction ($\beta=.4863$, $t= 0.99$, $p= 0.323$). Specifically, Participation in formal CPD had positive effect on relationship with co-workers ($\beta=.6880$, $t=1.48$, $p=.140$). The effect was, however, statistically insignificant as indicated by the p-value of .140 which is greater than the 5% level of significance. Gender, ($\beta=.2983$, $t=0.62$, $p=0.535$). Specifically, females were found to be more likely to relate well with their co-workers ($\beta=.6880$, $t=1.48$, $p=.140$) compared to males. However, the effect was not statistically significant because the p-value was greater than the 5% level of significance

- a. Nurses with diploma, undergraduate and masters level of education ($\beta=1.068571$, $t=1.53$ $p=.125$), ($\beta=.01333$, $t=.001$, $p=.988$), ($\beta=.4325$, $t=0.32$, $p=.749$), were found to be more likely to relate well with co-workers ($\beta=.6880$, $t=1.48$, $p=.140$) compared to those who had certificate level of education. However, the effect was not statistically significant because the p-value was greater than the 5% level of significance
 - b. Nurses aged between 26-35, 36-45, 46-55 and above 55 years ($\beta=.12231$, $t=0.106$, $p=0.287$) ($\beta=.67780$, $t=0.57$, $p=0.569$), ($\beta=.88093$, $t=0.75$, $p=0.450$), ($\beta=.0492$, $t=0.03$, $p=.975$) were found to be more likely to relate well with co-workers ($\beta=.6880$, $t=1.48$, $p=.140$) compared to those who were aged less than 25 years. However, the effect was not statistically significant because the p-value was greater than the 5% level of significance.
 - c. Participation in formal CPD had negative effect on supervision ($\beta=-.3728$, $t=-.69$, $p=.489$). The effect was however, statistically insignificant as indicated by the p-value of .489 which is greater than the 5% level of significance.
 - d. Participation in formal CPD had negative effect on working conditions ($\beta=-1.0784$, $t=-1.79$, $p=.074$). The effect was statistically significant at the 10% level of significance as indicated by the p-value of .074.
 - e. Participation in formal CPD had negative effect on pay ($\beta=-.5596$, $t=-1.28$, $p=.240$). The effect was, however, statistically insignificant as indicated by the p-value of .201 which is greater than the 5% level of significance.
- viii. T-test results for the difference in means of job satisfaction and formal CPD, indicated that there is statistically significant difference in means of the two samples ($t=20.1141$, $p=.0000$). The implication is that formal CPD training influences job satisfaction.
- ix. LPM regression results, showed that Specifically, individuals who had attended formal CPD training were found to have positive attitude at 1.39% compared to those who had not had the training ($\beta=.0138508$, $t=0.17$, $p=0.868$).
- a. Gender and education level were found to have positive effect on attitude ($\beta=.0337803$, $t=0.39$, $p=0.700$) and ($\beta=.086175$, $t=.74$, $p=.459$) respectively

where females were found to be 3.38% more likely to have positive attitude than males.

- b. Individuals with diploma, undergraduate and masters level of education were found to be 8.62%, 14.06%,18.03% more likely to have positive attitude respectively compared to those with certificate level of education ($\beta=.086175$, $t=.74$, $p=.459$), ($\beta=.1406$, $t=.92$, $p=.358$), ($\beta=.1803$, $t=0.65$, $p=.962$). The effect was however, not statistically significant because the p-value was greater than the 5% level of significance.
 - c. Individuals aged between 26-35,36-45 and 46-55, respectively were found to be 0.74%,21.18%,2.37% more likely to have positive attitude compared to those who were aged less than 25 years ($\beta=0.07376$, $t=0.05$, $p=0.962$),($\beta=.211795$, $t=1.31$, $p=0.191$),($\beta=.0237$, $t=0.15$, $p=0.741$).). The effect was however, not statistically significant because the p-value was greater than the 5% level of significance. Only Individuals aged over 55 years were however, found to be 6.28% less likely to have positive attitude compared to those who were aged less than 25 years ($\beta=-.0628$, $t=-.32$, $p=.751$). The effect was however, not statistically significant because the p-value was greater than the 5% level of significance.
- x. T-test results for the difference in means of attitude and formal CPD indicated that there is statistically insignificant difference in means of the two samples ($t=-0.8829$, $p=.3786$). The implication is that formal CPD training does not have significant influence on attitude.
 - xi. Chi-Square test for association between job satisfaction and attitude results indicated positive association between job satisfaction and attitude ($\chi^2=.7563$, $p=.944$, $\Phi=.0665$). The association was however, found to be statistically insignificant as indicated by the p-value that is larger than the 5% level of significance. The association was also weak as indicated by the Cramer's value of .0665.

- xii. T-test results for the difference in means of job satisfaction and attitude. The findings indicated statistically significant difference in means of the two samples ($t=1.9532$, $p=.0000$). The implication is that there is association between job satisfaction and attitude towards patient care.

5.5 Discussions of the Findings

The purpose of the present study was to find out extent to which participation in formal CPD influences job satisfaction and attitude towards patient care among nurses in Embu County.

5.5.1 Participation in formal professional development and job satisfaction

The first objective sought to probe the extent to which participation in continuous professional development influences the level of job satisfaction with its different attribute among nurses in Embu County. Multinomial logistic regression results indicated that on the influence of participation in CPD on job satisfaction only 10.59% of formal CPD account for job satisfaction ($\beta=.4863$, $t= 0.99$, $p= 0.323$). Specifically, satisfaction with co-worker relationship ($\beta=.6880$, $t=1.48$, $p=.140$) as an aspect of job satisfaction. The implication is that nurses who had participated in formal CPD enjoyed working with their colleagues than who had not. Participation in formal CPD and satisfaction with co- worker relationship has not being given prominence by previous studies which posed difficulties to this study. However, relationship with co-worker has been documented as a major determinant of job satisfaction as evident by different scholars. Hudson (1997) convincingly highlighted that social relation at workplace may make a key contribution to employee's job satisfaction. Ndege (2006) noted in his review that the major focus of any professional training is enhancement of communication skill and with this skill there would be effective interpersonal relationship among employees. In contrast with the above findings, the findings of Waruingi (2018) on CPD and satisfaction with co-worker yielded different result that there was no association between participation in CPD and co-worker relationship as an aspect of job satisfaction.

To determine the influence of other factors, the result indicated that Gender had positive effect on co-worker relationship ($\beta=.6880$, $t=1.48$, $p=.140$). Specifically, female who had either participated in CPD or not were found to be more likely to relate well with their co-workers

compared to males. The result was similar to Burke (1999) who in his study concluded that female gender perceives higher level of co-worker satisfaction and support more than male since they interact and talk more to their colleagues in case of any challenges. However, the findings were inconsistent with the findings of Waruingi (2018) whose study yielded negative association between gender and satisfaction with coworker relationship. Nurses with diploma, undergraduate and masters level of education ($\beta=1.068571$, $t=1.53$ $p=.125$), ($\beta=.01333$, $t=-0.01$, $p=.988$), ($\beta=.4325$, $t=0.32$, $p=.749$), were found to be more likely to relate well with co-workers compared to those who had certificate level of education. The reason was that nurses who regularly participate in training acquire specialized or advanced knowledge and have better understanding of their work and therefore confident to share and exchange the same with their colleagues. The finding is consistent with the findings of Waruingi (2018) where it was reported that educational level had significant association with satisfaction with relation with co-workers. On age and satisfaction with coworker relationship the study found out that age had positive effect on nurse's satisfaction with coworker relationship. But only Nurses aged between 26-35 ($\beta=.1.2231$, $t=0.06$, $p=0.287$) were found to be more likely to relate well with co-workers.

Participation in formal CPD had been found to have negative effect on supervision ($\beta=-.3728$, $t=-.69$, $p=.489$) though in health care supervisor support cannot be ignored the study implies that participation in CPD has no effect on satisfaction with supervision among nurses. However previous studies have found positive relationship between CPD and supervision as an aspect of job satisfaction. Such studies are by Waruingi (2018), Manogi, Marchant, Bygbjerg (2006), the findings of these studies indicated that despite financial incentives contribution to job satisfaction, they are not adequate. Employees prefer presence of supervisor who help them grow and be promoted to higher level. In nursing profession clinical supervision must be on regular basis and adequate to ensure safe patient care (Skill for Care, 2007).

Instead, gender has been reported to have greater influence on satisfaction with supervision. Specifically, females were found to have greater satisfaction with supervision at (77.78%) and (87.50%) both for those who had participated in CPD and who did not respectively. This is consistent with Social Role Theory as cited by Gemma (2009) that women naturally value a mutually supportive relationship with their supervisors than men. The reason was women tend to

nurture help and sympathy and therefore respond more positively to perceived loyalty from supervisors than men. However other previous studies Biako & Afraine as cited by Thakur (2015) reported negative relationship between gender and satisfaction with supervision. The same was concluded in a study by Shanim (2014) which showed that individual factor such as gender did not significantly influence employee satisfaction with supervision.

Education level had been found to have some variation in satisfaction with supervision. Those nurses who participated in CPD and had highest level of education (66.67%) preferred supervision as their most job satisfaction determinant. This is similar to the findings of Gurbuz (2007) & Waruingi (2018) in their study which concluded strong association between education level and satisfaction with supervision. Where those with highest level of education reported dissatisfaction with the supervisor support. The reason given were that most supervisors have no required specialized skill and also blamed other administrative workloads as the red tape towards providing support supervision.

On participation in formal CPD and pay as an aspect of job satisfaction. The result indicated negative effect between CPD and satisfaction with pay ($\beta=-.5596$, $t=-1.28$, $p=.240$). The result was similar to the findings of Waruingi (2018) which confirmed negative correlation between training and satisfaction with pay. The implication is that nurse's participation in CPD does not affect their satisfaction with pay. Judge (2010) also forwarded the same view that pay had little to do with job satisfaction rather other factors such as working condition should be considered. However, pay has been considered by previous authors as major determinant of job satisfaction. Fredrick Herzberg (1969) in his Two-factor theory contends that hygiene factors among them pay must be provided to reduce dissatisfactions among workers. Consequently, Sharma & Bajpai (2011) in their study reported that job satisfaction increases or decreases with increase or decrease in pay.

Also, other factors such as gender, tenure and educational level had been found to have greater effect on nurse's satisfaction with pay. In relation to gender and pay, female nurses reported to have greater satisfaction with pay than male nurses. This is similar with the finding of Ireogbu (2015) in his study among employee working in public service in Nigeria. Which concluded that

female gender experience higher job satisfaction with pay than male gender. The reason given was that male gender is regarded as breadwinner of the family and a lot of financial responsibilities are bestowed on their shoulders thus increase their expectation from their job and in ability of employers to meet their expectation in terms of better remuneration led to reduced satisfaction.

However other previous studies reported a sharp contrast in relation to gender and pay (Lucy, 2010, Shanim, 2014 & Al-Ajmi, 2006).

On tenure and satisfaction with pay as an aspect of job satisfaction, the study yielded that tenure had positive relationship with satisfaction with pay. The finding was similar to Oshgbemi (2000) & Frances (2015) who contends that the longer the period the higher the perks that comes from maintaining long career, such as occupying sensitive and managerial positions that comes with better benefit like salary as opposed to newly employed workers.

The study also found a positive relationship in relation to nurses' level of education and satisfaction with pay. This is consistent with the findings of Wrights & Davis (2003) & Nyagaya (2015) which suggested that with higher level education employees will have better opportunities to obtain better position which are associated with higher salary and better allowances or rather higher expectation of increased remuneration.

Though previous studies Khan & Aleem (2014), Mbogo (2015,) indicated working condition as a strong predictor of job satisfaction. Especially in health care conducive environment and availability of working equipment are the crucial factors when it comes to provision of quality healthcare services (Matheuer & Imhoff, 2006). Mbindyo (2009) similarly echoed that a nurse may have the know-how, expertise, and motivation, but lack necessary equipment's and conducive surroundings.

Therefore, this demotivates their spirits hence low productivity which is evidenced by increased frequency of Nurses' strikes in Kenya where most complains include overstretching, poor working condition, staff shortage unpaid allowances, and delayed promotion to name a few. However, participation in CPD and satisfaction with working condition as an aspect of job satisfaction in the present study yielded negative correlation ($\beta = -1.0784$, $t = -1.79$, $p = .074$). This

implies that participation in CPD does not account for nurse's satisfaction with their working conditions. Instead other factors such as age, gender, education level and tenure has been found to have been a strong predictor of satisfaction with working condition. Okpara, et.al (2005) supported the above findings in the study among university lecturers. However, Waruingi (2018) & Lucy (2010) in their studies failed to establish positive relationship between age, tenure, education level and tenure.

In conclusion though participation in continuous professional development had been indicated to have positive effect on job satisfaction ($\beta=.4863$, $t= 0.99$, $p= 0.323$.), specifically coworker relationship ($\beta=.6880$, $t=1.48$, $p=.140$) as an aspect of job satisfaction, the relationship was however not statistically significant.

5.5.2 Participation in formal continuous professional development and attitude towards patient care

The second objectives sought to find out the relationship between participation in CPD and attitude towards patient care among nurses in Embu County. From LPM regression results, the findings showed Specifically that, individuals who had attended formal CPD training were found to have positive attitude at 1.39% compared to those who had not had the training ($\beta=.0138508$, $t=0.17$, $p= 0.868$). However, the relationship was not statistically significant because the p value was greater than 5% level of confidence. On the account whether participation in CPD had an influence on attitude had not been given eminence by previous studies thus posed challenges to this study. However, attitude among health workers had been documented to either have positive or negative effect on patient care. Hanskin, et.al (2014) in the study carried among healthcare providers in South Africa supported the above assertion in that health workers attitudes specifically nurses attitude affects quality of care and health outcome come since they are the largest and also intimate cadre who provides direct patient care in the health care facilities.

On the account that participation in CPD accounted 1.39% of variation in attitude, other factors had also been indicated to have contributed to nurses' attitude towards patient care. Gender and education level were found to have positive effect on attitude ($\beta=.0337803$, $t=0.39$, $p=0.700$) and ($\beta=.086175$, $t=.74$, $p=.459$) respectively where females were found to be 3.38% more likely to

have positive attitude than males. This is similar with the review of feminists Gilligan & Chodorow (2001) whose findings indicated that men were only motivated to enter nursing profession not to provide care but most likely for financial gain.

Individuals with diploma, undergraduate and master's level of education were found to have positive attitude than those with certificate level of education ($\beta=.086175$, $t=.74$, $p=.459$), ($\beta=.1406$, $t=.92$, $p=.358$), ($\beta=.1803$, $t=0.65$, $p=.962$). The effect was however, not statistically significant because the p-value was greater than the 5% level of significance. These is in consistent with the findings of Alshammari et.al (2015) whose findings indicated that healthcare professionals with highest level of education have required knowledge and specialization and therefore more confident with high self-esteem and positive attitude when providing care to their patients than those with lowest level of education.

Individuals aged between 26-35,36-45 and 46-55, had reported to have positive attitude compared to those who were aged less than 25 years ($\beta=0.07376$, $t=0.05$, $p=0.962$), ($\beta=.211795$, $t=1.31$, $p=0.191$), ($\beta=.0237$, $t=0.15$, $p=0.741$.) Only Individuals aged over 55 years were however, found to be 6.28% less likely to have positive attitude compared to those who were aged less than 25 years ($\beta=-.0628$, $t=-.32$, $p=.751$). The effect was however, not statistically significant because the p-value was greater than the 5% level of significance. The findings were similar to the findings of Curtin (2002) & Paterson, et.al (2002) who indicated that Patient care requires lifting, turning or providing weight-bearing support to patients. As nurses become older, they were faced by multiple challenges and responsibilities. The agility and loss of strength that accompanies aging affect the manner in which nurses perform patient care activities hence contribute to negative attitude towards patient care among older nurses.

5.5.3 Association between job satisfaction and attitude towards patient care

The third objective sought to determine the association between job satisfaction and attitude towards patient care as result of participating in continuous professional development among nurses in Embu County

The result of Chi-square test for association between job satisfaction and attitude indicated positive association between job satisfaction and attitude ($\chi^2=.7563$, $p=.944$, $\Phi=.0665$). this finding is similar to the findings from the 19 studies carried out in Malawi which reported that rudeness and scolding of patients as a manifestation of negative attitude among nurses were attributed to heavy workload, staff shortage, poor staff relationship, lack of support and poor working conditions which are attribute of job dissatisfaction. Maloni & Patricia (2016). Further study done on Slovakia nurses also supported the above findings that job dissatisfaction negatively affect s nurses' attitude hence patient care. Similarly, Luthans (2005) contended that if employees are treated fairly, they work hard but if they receive less rewards or pay for the work done, they tend to have negative attitude towards work.

Generally, the association was found to be statistically insignificant as indicated by the p-value that is larger than the 5% level of significance. The association was also weak as indicated by the Cramer's value of. 0665. The finding from t-test result for the difference in means of job satisfaction and attitude indicated statistically significant difference in means of the two samples ($t=1.9532$, $p=.0000$). The implication is that there is association between job satisfaction and attitude towards patient care.

5.6 Conclusion

The study concludes that participation in continuous professional development influences job satisfaction. Specifically, participation in CPD had positive effect on coworker relationship among nurses in Embu County.

The other conclusion is that nurses who had participated in continuous professional development had positive attitude than those who did not participate.

The study also concludes that there is a significant association between job satisfaction and attitude towards patient care among nurses in Embu County

5.7 Recommendation

These recommendations arise directly from the results of the present study, these are:

1. Health managers and policy makers within the health sector both at county and facility level should revise or amend the existing policies that might deter nurse's involvement in

continuous professional development activities to enable every nurse to continue updating their clinical knowledge in order to provide safe and up to date healthcare to the citizens.

2. Every individual nurse should at least endeavor to take up participation in CPD as a personal responsibility not only for licensure requirement but to keep abreast with changing technologies.
3. Employers should ensure that as they endeavor to provide opportunity for career development in terms of participation in CPD they should also provide and improve other motivating factors that determines nurse's productivity in terms of job satisfaction.
4. Nursing Council of Kenya (NCK) should not only regulate CPD for licensure but as a tool for improving self- confidence, self-esteem, interpersonal relationship hence attitude of nurses towards patient care.

Areas of further studies

There is need for future researchers to further investigate the area of continuous professional development and its influence on attitude.

There is need for other researchers to replicate the same study to other counties or advance the same study to other health care professionals.

There is need for future studies to examine demographic characteristics and its influence on job satisfaction and attitude.

REFERENCES

- Adesola, M. A., Oyeniya, K. O., & Adeyemi, M. A. (2013). Empirical Study of the Relationship between Staff Training and Job Satisfaction among Nigerian Banks Employees. *International Journal of Academic Research in Economics and Management Sciences*. <https://doi.org/10.6007/IJAREMS>
- Alshammari, F., Pasay-an, E., Alboliteh, M., Alshammari, M. H., Susanto, T., Villareal, S., ... Gonzales, F. (2019). A survey of hospital healthcare professionals' perceptions toward patient safety culture in Saudi Arabia. *International Journal of Africa Nursing Sciences*. <https://doi.org/10.1016/j.ijans.2019.100149>
- Okech, (Sept/18/2018). <https://www.nation.co.ke/counties/1107872-1950460-ar8wd/index.html>.
- Ajzen, I., & Fishbein, M. (1977). Attitude-behavior relations: A theoretical analysis and review of empirical research. *Psychological Bulletin*, 84, 888–918. CrossRef Google Scholar
- Ajzen, I. (1985). From intentions to action: a theory of planned behavior. In J.Huhl, & J. Beckman (Eds.), *Will; performance; control (psychology); motivation (psychology)* (pp. 11–39). Berlin and New York: Springer-Verlag.
- Ajzen, I. (2011). Job satisfaction, effort, and performance: A reasoned action perspective. *Contemporary Economics*, 5(4), 32–43. <https://doi.org/10.5709/ce.1897-9254.26>
- Attiq, S., Rasool, H., & Iqbal, S. (n.d.). The Impact of Supportive Work Environment, Trust, and Self-Efficacy on Organizational Learning and Its Effectiveness: A Stimulus-Organism Response Approach. <https://doi.org/10.22547/BER/9.2.4>
- Beryl Karimi, N., & of Nairobi, U. (2016). The Relationship Between Employee Training and Organizational Commitment in the Ministry of Energy and Petroleum, Kenya. *Masters Degree Dissertation.*, (November), 1–66.
- Bateman, G. (n.d.). Employee Perceptions of Co-Worker Support and its Effect on Job Satisfaction, Work Stress And Intention To Quit.
- Chaudhary, N. S., & Bhaskar, P. (2016). Training and Development and Job Satisfaction in Education Sector. *International Journal of Business Quantitative Economics and Applied Management Research*, 2(8), 89–99.
- Chirchir, R. (2016). Demographic Factors and Job Satisfaction: A Case of Teachers in Public Primary Schools in Bomet County, Kenya. *Journal of Education and Practice*.

- Digital Scholar Theses, M., & Leigh Bare, L. (2004). Factors that Most Influence Job Satisfaction Among Cardiac Nurses in an Acute Care Setting. Retrieved from <http://mds.marshall.edu/etd>
- Demerouti, E., Bakker, A. B., Nachreiner, F., & Schaufeli, W. B. (2000). A model of burnout and life satisfaction amongst nurses. *Journal of Advanced Nursing*. <https://doi.org/10.1046/j.1365-2648.2000.01496.x>
- Ech, K. O., & Chemeli, M. (2003). the Relationship Between Career Development and Job Satisfaction : a Survey of Managers in Commercial Banks By a Management Research Project Submitted in Partial Fulfilment of the Requirements for the Degree of Master of Business Administration (Mba) Fa. (October).
- Elizabeth.(March/1/2018).<https://www.standardmedia.co.ke/article/2001271660/knh-on-the-spot-after-brain-surgery-is-performed-on-wrong-patient>.
- Gachie, C. (2016). Relationship Between Human Resource Policies And Employees Job Satisfaction In A Local Non-governmental Organization In Kenya: A Case Of Article 19 Kenya. (August). Retrieved from <http://erepository.uonbi.ac.ke/handle/11295/97123>.
- García, C., Ruíz, M., Roche, M. E., & García, C. (2013). Job satisfaction among health care workers: the role of gender and age. *Revista Latino-Americana de Enfermagem*. <https://doi.org/10.1590/0104-1169.3224.2369>
- Gichuru, E. K. (2014). Influence of compensation on job satisfaction among health care workers under the economic stimulus programme and public service commission in Isiolo county, Kenya.
- Gitonga, L., & Samson Muriuki, N. (2014). Perspectives of Continuing Professional Development (CPD) for Kenyan Midwives. *Open Journal of Clinical Diagnostics*. <https://doi.org/10.4236/ojcd.2014.42015>
- Grace, G. (2018). Evaluation of Patient Satisfaction with Nursing Care at Two Public Hospitals in Kenya: An Interventional Study. *Nursing & Healthcare International Journal*, 2(4), 1–8. <https://doi.org/10.23880/nhij-16000151>
- Gürbüz, A. (2007). An Assesment On The Effect Of Education Level On The Job Satisfaction From The Toursim Sector Point Of View Eğitim Seviyesinin İş Tatmini Üzerindeki Etkisinin Turizm Sektörü Açısından Değerlendirilmesi Vocational School of Higher Education (Vol. 8).

- Haskins, J. L. M., Phakathi, S., & Horwood, C. (2014). Attitudes of nurses towards patient care at a rural district hospital in the KwaZulu-Natal province of South Africa. *Africa Journal of Nursing and Midwifery*. <https://doi.org/10.13140/RG.2.1.3801.7684>
- Hassan, A., & Baker, R. (2018). The Effect of Training on Job Satisfaction : A Review Paper. (August).
- Herzberg, F. (1966). *Work and the Nature of Man*. Cleveland: World Publishing.
- Herzberg, F. (1968). One More Time: How Do You Motivate Employees? *Harvard Business Review*, 46(1), 53–62. Retrieved from <https://hbr.org/2003/01/one-more-time-how-do-you-motivate-employees>
- Hodson, R. (1997). Group relations at work: Solidarity, conflict, and relations with management. *Work and Occupations*. <https://doi.org/10.1177/0730888497024004003>
- Iqbal, M. Z., & Khan, R. A. (2011). The growing concept and uses of training needs assessment: A review with proposed model. *Journal of European Industrial Training*. <https://doi.org/10.1108/03090591111138017>.
- James, N. L. (n.d.). The Effect of Perceived in-service Training on Employee Job Satisfaction at International Livestock Research Institute, Kenya.
- Judge, T. A., Piccolo, R. F., Podsakoff, N. P., Shaw, J. C., & Rich, B. L. (2010). The relationship between pay and job satisfaction: A meta-analysis of the literature. *Journal of Vocational Behavior*, 77(2), 157–167. <https://doi.org/10.1016/j.jvb.2010.04.002>
- Kahiga, K. W. (2017). Factors influencing the job satisfaction of nurses working in obstetric units in public hospitals in Kenya. *Journal of Nursing Education and Practice*. <https://doi.org/10.5430/jnep.v8n2p132>
- Kodongo, O., Mokaleli-Mokoteli, T., & Maina, L. (2014). & M.P. R. Munich Personal Repec Archive,(54431).Retrievedfromhttps://mpra.ub.unimuenchen.de/72288/1/MPRA_paper_72288.pdf.
- Khan, A. H., & Aleem, M. (2014). Impact of job satisfaction on employee turnover: an empirical study of autonomous medical institutions of Pakistan. *journal of international studies*. <https://doi.org/10.14254/2071-8330.2014/7-1/11>
- Kenya Medical Training College, Curriculum for the diploma in Kenya registered community health nursing (Nairobi: Kenya Medical Training College, 2005).

- Manongi, R. N., Marchant, T. C., & Bygbjerg, I. C. (2006). Improving motivation among primary health care workers in Tanzania: A health worker perspective. *Human Resources for Health*. <https://doi.org/10.1186/1478-4491-4-6>
- Marasinghe, M. P. L. R., & Wijayaratne, A. (2018). The Impact of Gender Differences on Job Satisfaction of University Library Professionals. *Journal of the University Librarians Association of Sri Lanka*, 21(2), 1. <https://doi.org/10.4038/jula.v21i2.7905>
- Mensah, W. Y. (2015). Teaching, Promotion and Tenure: The Experiences of Sub-Saharan African Professors in a Predominantly White American University. *Journal of Education and Literature*, 3(4), 169–182.
- Ministry of Health. (2015a). Kenya Health Workforce Report. Retrieved from https://www.taskforce.org/wpcontent/uploads/2018/07/KHWF_2017Report_Fullreport_042317-MR-comments.pdf
- Ministry of Health. (2015b). Report of the training needs assessment of kenya's health workforce ministry of health, august 2015. (August).
- Ministry of Health, K., Council of Kenya, N., & University Project, E. (2012). Kenya Nursing Workforce Report The Status of Nursing in Kenya.
- Momanyi, G. O., Adoyo, M. A., Mwangi, E. M., & Mokuu, D. O. (2016). Value of training on motivation among health workers in Narok county, Kenya. *Pan African Medical Journal*. <https://doi.org/10.11604/pamj.2016.23.261.8414>
- Moridiyat, O. A. A. (2017). The role of supportive supervision in enhancing and sustaining health education in home management and prevention of malaria among mothers of under-five children. *International Journal of Nursing and Midwifery*, 9(5), 53–57. <https://doi.org/10.5897/ijnm2017.0260>
- Muniroh Basir, N., & Imam Wahjono, S. (n.d.). The Effectiveness Of Training Towards Job Satisfaction with Job Performance as Mediating Variable at Agricultural Agency at Malaysia.
- Mustapha, N., & Zakaria, Z. C. (2013). The Effect of Promotion Opportunity in Influencing Job Satisfaction among Academics in Higher Public Institutions in Malaysia. *International Journal of Academic Research in Business and Social Sciences*, 3(3). Retrieved from www.hrmars.com/journals.

- National Council for the Professional Development of Nursing and Midwifery. (2004). Report on the continuing professional development of staff nurses and staff midwives Item. National Council for Professional Development of Nursing and Midwifery, (May), 3854. Retrieved from <http://www.lenus.ie/hse/bitstream/10147/44776/1/6346.pdf>
- Ndege, Samson. 2006. Continuing professional development: A southern perspective. International Hospital Federation Reference Book 2005/2006. Nairobi, Kenya: Pathfinder International. http://www.ihf-fih.org/en/content/download/213/1361/file/42-ndege_jh.pdf(accessed July 30, 2012).
- Ngeny, B. C. (2014). Influence of continuous professional development on doctors' performance in Kenya: a case of Nairobi county.
- Nyirenda, M., & Mukwato, P. (2016). Job satisfaction and attitudes towards nursing care among nurses working at Mzuzu Central Hospital in Mzuzu, Malawi. *Malawi Medical Journal : The Journal of Medical Association of Malawi*, 28(4), 159–166. Retrieved from <http://www.ncbi.nlm.nih.gov/pubmed/28321279>
- Odhiambo, J. A. (2009). Factors influencing job satisfaction of nurses in Kenya: case of new Nyanza general hospital, kisumu city.
- Okpara, J. O. (2004). Personal characteristics as predictors of job satisfaction: An exploratory study of IT managers in a developing economy. *Information Technology & People*. <https://doi.org/10.1108/09593840410554247>
- Okpara, J. O. (2006). Gender and the relationship between perceived fairness in pay, promotion, and job satisfaction in a sub-Saharan African economy. *Women in Management Review*. <https://doi.org/10.1108/09649420610657407>
- Onyango, H. (2016). The influence of motivation and work environment on nurse retention : a case of Shalom Hospitals. *The Influence of Motivation and Work Environment on Nurse Retention : A Case of Shalom Hospitals.*, 1–73.
- Owaka, E. D. (2014). The perceived effect of continuing professional development on individual performance of professional nurses in ministry of health owned facilities in Nairobi city county, Kenya. Retrieved from <http://erepository.uonbi.ac.ke/handle/11295/75696>
- Prakash Sharma, J., & Bajpai, N. (2011). Salary Satisfaction as an Antecedent of Job Satisfaction: Development of a Regression Model to Determine the Linearity between Salary Satisfaction and Job Satisfaction in a Public and a Private Organization. In

- European Journal of Social Sciences (Vol. 18).
- Purity, M., Eilish, M., Ogenna, U., Honorati, M., & Henry, M. (n.d.). The Impact of Supportive Supervision on the Implementation of HRM processes; A Mixed-Methods study in Tanzania. <https://doi.org/10.21767/2254-9137.100066>
- Qureshi, M. A., & Abhamid, K. (2017). Impact of Supervisor Support on Job Satisfaction : A Moderating role of Fairness Perception. *International Journal of Academic Research in Business and Social Sciences*, 7(3), 235–242. <https://doi.org/10.6007/IJARBSS/v7-i3/2729>
- Qureshi, M. A., Utara, U., Kamal Bin, M., Hamid, A., Ali, R., Utara, U., ... Shah, M. (2018). Is supervisor support matter in job satisfaction? A moderating role of fairness perception among nurses in pakistan. In *Academy of Strategic Management Journal* (Vol. 17).
- Richard Odhiambo Ojwang. (2010). Factors influencing job satisfaction among public secondary school teachers in Teso north sub county Busia County. 1–39.
- Rowden, R. W., & Conine, C. T. (2005). The impact of workplace learning on job satisfaction in small US commercial banks. *Journal of Workplace Learning*, 17(4), 215–230. <https://doi.org/10.1108/13665620510597176>
- Saari, L. M., & Judge, T. A. (2004). Employee attitudes and job satisfaction. *Human Resource Management*, 43(4), 395–407. <https://doi.org/10.1002/hrm.20032>
- Sahinidis, A. G., & Bouris, J. (2008). Employee perceived training effectiveness relationship to employee attitudes. *Journal of European Industrial Training*, 32(1), 63–76. <https://doi.org/10.1108/03090590810846575>
- Sarah, W., & of Nairobi, U. (2016). Factors Influencing Health Workers' Job Satisfaction In Public Hospitals: A Case Of Kiambu Level Four Hospital In Kiambu County, Kenya Sarah Nyambura Wamunyu A Research Project Report Submitted in Partial Fulfillment of the Requirement for the award of Degree of Master of Arts in Project Planning and Management of the.
- Schmidt, S. W. (2017). The Job Training and Job Satisfaction Survey Technical Manual Job Training and Job Satisfaction Survey Running head : Job Training and Job Satisfaction Survey The Job Training and Job Satisfaction Survey Technical Manual Steven W . Schmidt. (October).

- Shabaya, I. (2012). Relationship Between Employee Demographic Characteristics And Their Attitude Towards Performance Contracting In Kenya Marine And Fisheries Research Institute, Nairobi.
- S. Chankova, S. Muchiri, and G. Kombe, "Health workforce attrition in the public sector in Kenya: A look at the reasons," *Human Health Resource* 7/58 (2009), p. 58.
- Truitt, D. L. (2011). Effect of training and development on employee attitude as it relates to training and work proficiency. *SAGE Open*, 1(3), 1–13. <https://doi.org/10.1177/2158244011433338>.
- Wakaba, M., Mbindyo, P., Ochieng, J., Kiriinya, R., Todd, J., Waudu, A., ... English, M. (2014). The public sector nursing workforce in Kenya: a county-level analysis. *Human Resources for Health*, 12(1), 6. <https://doi.org/10.1186/1478-4491-12-6>.
- Wangaria, W. S., & Okunya, L. O. (2019). Association between Formal Continuous Professional Development and Job Satisfaction Among Clinical Officers In Nairobi County, Kenya. In *International Journal of Education and Social Science Research* (Vol. 2). Retrieved from <http://ijessr.com>.

APPENDICES

Appendix I: Questionnaire

TOPIC: RELATIONSHIP BETWEEN PARTICIPATION IN CONTINUOUS PROFESSIONAL DEVELOPMENT, JOB SATISFACTION AND ATTITUDE TOWARDS PATIENT CARE AMONG NURSES IN EMBU COUNTY

I am a student at the University of Nairobi pursuing a postgraduate degree leading to the award of Master of Arts in psychology. As part of my course, I am needed to do an investigation on the above topic. Nurses in Embu County have been chosen to partake in the research. I kindly appeal you to answer for me the attached questionnaire with sincerity. The data you shall give will be handled with greatest concealment and will be utilized for sole educational intentions.

Kindly avoid including your name anyplace on the questionnaire.

Thank you for assenting to engage in this academic research.

Instructions: please fill the gaps or tick where suitable

SECTION A: DEMOGRAPHIC INFORMATION OF THE PARTICIPANTS

Instructions: Tick where appropriate

A1. State your Age.>25yrs [] 26-35yrs [] 36-45yrs [] 46-55[] < 56 yrs. []

A2. State your gender Male [] Female []

A3. What is your highest completed level of nursing qualification?

Certificate [] Diploma [] Undergraduate [] Master's degree []

Others (Identify) _____

A4. How long have you been practicing nursing?

0-3yrs [] 4-7yrs [] 8-11yrs [] 12-15yrs [] Over 15yrs []

A5. Your current job group

G [] H [] J [] K [] L [] M [] N [] above N []

A6. Your current department/Unit

Outpatient [] Inpatient [] Special clinics [] Specify, Programs [] Specify

SECTION B: PARTICIPATION IN FORMAL CONTINUOUS PROFESSIONAL DEVELOPMENT

Rate the degree to which you approve to each of the subsequent comments concerning participation in formal CPD. 1=Strongly Disagree 2=Disagree 3=Neutral 4=Agree 5=Strongly Agree

	Comments	Strongly Dis- Agree	Dis-Agree	Neutral	Agree	Strongly Agree
1	I regularly participate in CPD training	1	2	3	4	5
2	My employer facilitates for my training	1	2	3	4	5
3	I pay for my training	1	2	3	4	5
4	I have sufficient support, time and resources	1	2	3	4	5
5	Learning is relevant to my area of specialization	1	2	3	4	5
6	I have a choice of CPD/Courses to attend	1	2	3	4	5
7	I participate in CPD for re-licensure	1	2	3	4	5
8	I participate in CPD to improve my knowledge and skill	1	2	3	4	5
9	I participate in CPD to improve my productivity at work	1	2	3	4	5
10	Participation in CPD improves patient care	1	2	3	4	5
11	I participate in CPD to earn per diem	1	2	3	4	5

12	I participate in CPD to get a break from my work	1	2	3	4	5
13	I participate in CPD to increase my chances for promotion	1	2	3	4	5

SECTION C: THIS SECTION SEEKS TO EXAMINE THE EFFECT OF CPD TRAINING ON DIFFERENT ASPECTS OF JOB SATISFACTION

INSTRUCTION: Please state the extent to which you agree with these statements: 1= Disagree very strongly 2=Disagree strongly 3=Dis agree 4=Agree 5=Agree strongly 6=Agree very strongly

	Statements	Dis agree very strongly	Disagree strongly	Disagree	Agree	Agree strongly	Agree very strongly
1	I feel I am being paid a fair amount for the work I do.	1	2	3	4	5	6
2	There is really too little chance for promotion on my job.	1	2	3	4	5	6
3	My supervisor is quite competent in doing his/her job.	1	2	3	4	5	6
4	I am not satisfied with the pay I receive.	1	2	3	4	5	6
5	When I do a good job, I receive the recognition for it that I should receive.	1	2	3	4	5	6
6	Many of our rules and procedures make doing a good job difficult.	1	2	3	4	5	6
7	I like the people I work with.	1	2	3	4	5	6

8	I sometimes feel my job is meaningless.	1	2	3	4	5	6
9	Communications seem good within this organization.	1	2	3	4	5	6
10	Raises are too few and far between.	1	2	3	4	5	6
11	Those who do well on the job stand a fair chance of being promoted.	1	2	3	4	5	6
12	My supervisor is unfair to me.	1	2	3	4	5	6
13	The pay we receive are as good as most other similar organizations offer.	1	2	3	4	5	6
14	I do not feel that the work I do is appreciated.	1	2	3	4	5	6
15	My efforts to do a good job is blocked by lack of right tools and resources.	1	2	3	4	5	6
16	I find I have to work harder at my job because of the incompetence of people I work with.	1	2	3	4	5	6
17	I like doing the things I do at work.	1	2	3	4	5	6
18	The goals of this organization are not clear to me.	1	2	3	4	5	6
19	I feel unappreciated by the organization when I think about what they pay me.	1	2	3	4	5	6
20	People get ahead as fast here as they do in other places.	1	2	3	4	5	6
21	My supervisor shows too little interest in the feelings of subordinates.	1	2	3	4	5	6
22	The benefit package we have is equitable.	1	2	3	4	5	6
23	There are few rewards for those who work here.	1	2	3	4	5	6
24	I have too much to do at work.	1	2	3	4	5	6
25	I enjoy my coworkers.	1	2	3	4	5	6
26	I often feel that I do not know what is going on with the organization.	1	2	3	4	5	6
27	I feel a sense of pride in doing my job.	1	2	3	4	5	6
28	I feel satisfied with my chances for salary increases.	1	2	3	4	5	6
29	There are benefits we do not have which we should have.	1	2	3	4	5	6
30	I like my supervisor.	1	2	3	4	5	6

31	I have too much paperwork.	1	2	3	4	5	6
32	I don't feel my efforts are rewarded the way they should be.	1	2	3	4	5	6
33	I am satisfied with my chances for promotion.	1	2	3	4	5	6
34	I am satisfied with professional cooperation among my colleagues	1	2	3	4	5	6
35	My job is enjoyable.	1	2	3	4	5	6
36	Work assignments are not fully explained.	1	2	3	4	5	6

SECTION D: PARTICIPATION IN FORMAL CPD AND ATTITUDES TOWARDS PATIENT CARE

This section seeks to examine the impact of CPD on attitude to patients care

INSTRUCTION: Please state how much you agree/disagree with these comments = 1=Strongly Disagree 2=Disagree 3=Neutral 4=Agree 5=Strongly Agree

	Comments	Strongly Dis- Agree	Dis- Agree	Neutral	Agree	Strongly Agree
1	I spend more than 60% of my time on shift with my patients	1	2	3	4	5
2	I often think of quitting my employment	1	2	3	4	5
3	I feel guilt when I am late for work					
4	I feel happy when I am away from job	1	2	3	4	5
5	I sometimes feel uncaring towards my patients 'needs	1	2	3	4	5
6	I quickly attend to my patients when called up on	1	2	3	4	5
7	I sometimes delay my attendance to the patients	1	2	3	4	5
8	I regularly check on the progress of my patients 'ill health	1	2	3	4	5
9	I understand my patients needs emotionally and physically.	1	2	3	4	5

10	I feel frustrated when patient refuse to take drugs as prescribed	1	2	3	4	5
11	I feel with my patients when in pain	1	2	3	4	5
12	I inform and explain to my patients about medication and treatment procedures	1	2	3	4	5
13	I sometimes neglect my patients by withholding care.	1	2	3	4	5

Appendix II: Key Informant Interview Guide

I am a Masters' student at the University of Nairobi, conducting a research on “**participation in formal continuous professional development, job satisfaction and attitude towards patient care among nurses in Embu County**”. This is purely an academic exercise and in partial fulfilment of the requirement for award of masters in psychology. Kindly take a few minutes and answer each question's as careful and truthfully as you can. Your replies will be rendered the supreme concealment they need.

Thank you for assenting to engage in this academic research.

SUB-COUNTY	
DESIGNATION	

1. Do nurses have opportunity to participate in formal CPD training in your sub-county?
2. Which are some of the CPD activities available to nurses in your sub county?
3. What do you think are the barriers to nurse's participation in CPD training?
4. Do you think participation in CPD has any impact on the level of job fulfilment amongst nurses in your sub-county?
5. What are of the major aspects that influence the degree of nurse's job fulfilment?
6. What are some of the issues that affect nurse's attitude towards patient care?
7. Do you think participation in CPD has any influence on attitude of nurses towards patient care?
8. In your opinion, what do you think motivate nurses to participate in CPD activities?

Appendix III: Research Permit



REPUBLIC OF KENYA



NATIONAL COMMISSION FOR
SCIENCE, TECHNOLOGY & INNOVATION

Ref No: 341251

Date of Issue: 07/September/2019

RESEARCH LICENSE



This is to Certify that Miss.. MARTHA JEREMIAH of University of Nairobi, has been licensed to conduct research in Embu on the topic: PARTICIPATION IN FORMAL CONTINUOUS PROFESSIONAL DEVELOPMENT, JOB SATISFACTION AND ATTITUDE TOWARDS PATIENT CARE AMONG NURSES IN EMBU COUNTY for the period ending : 07/September/2020.

License No: NACOSTI/P/19/1205

341251

Applicant Identification Number

Director General
NATIONAL COMMISSION FOR
SCIENCE, TECHNOLOGY &
INNOVATION

Verification QR Code



NOTE: This is a computer generated License. To verify the authenticity of this document,
Scan the QR Code using QR scanner application.

Appendix IV: Authorization letter

EMBU COUNTY GOVERNMENT



OFFICE OF COUNTY DIRECTOR OF HEALTH

Mobile: +254 771 204 003/+254 707 192 924 Tel: 254 68 30686/30656
Address: P. O. Box 36 – 60100 Embu Town House Email: info@embu.go.ke Web: www.embu.go.ke

Our Ref No: ECH/ADM/145/VOL.I

Date: 28th August, 2019

TO:

- All SCMOH's
- Manyatta
- Runyenjes
- Mbeere South
- Mbeere North

RE: DATA COLLECTION AUTHORISATION FOR MARTHA JEREMIAH - C50/8657/2017.

This office has received a request from the University of Nairobi for the above named student to collect data from your Sub County for her Masters project.

Name of study: "Participation in formal continuous professional development, job satisfaction and attitude towards patient care among nurses in Embu County".

Kindly accord her the necessary support.

Thank you.

COUNTY DIRECTOR OF HEALTH
EMBU COUNTY
P. O. Box 273, EMBU
Tel: 052-315791
Fax: 052-315792

DR. STEPHEN KANJARU
COUNTY DIRECTOR OF HEALTH
EMBU COUNTY

- CEC - Health
- Chief Officer Health

Appendix v: Introduction letter



UNIVERSITY OF NAIROBI

FACULTY OF ARTS
DEPARTMENT OF PSYCHOLOGY

Telegrams: Varsity Nairobi
Telephone: 3318262 ext.28439
Telex: 22095

P.O. BOX 30197
NAIROBI
KENYA

23/08/2019

NACOSTI

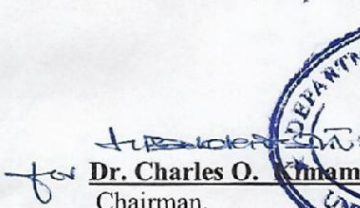
Nairobi

RE: MARTHA JEREMIAH – C50/8647/2017

The above named is a student in the Department of Psychology, University of Nairobi undertaking Masters in Psychology. She is doing a project on "*Participation in Formal Continuous Professional Development, Job Satisfaction and attitude towards Patient Care among Nurses in Embu County*". The requirement of this course is that the student must conduct the above research project.

I am introducing to you the above named student for you to kindly grant her permission to collect data for her Masters project.

Yours Sincerely,


Dr. Charles O. Mamo
Chairman,
Department of Psychology

