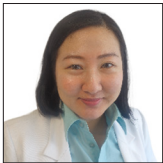


Original Article

## Attitudes of occupational therapists toward continuing professional development

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### ABSTRACT

**Objectives:** Healthcare professionals have always endeavored to maintain and improve their competencies to provide the best quality of service. The dynamic health and social care milieu entails occupational therapists (OTs) to engage in continuing professional development (CPD). The research aims to identify the CPD activities OTs engage in, describe the attitudes of OTs toward CPD, and compare the attitudes of OTs toward CPD according to person-related and practice-related characteristics.

**Material and Methods:** The study utilized an explanatory sequential mixed methods design. One hundred and five members of the Philippine Academy of Occupational Therapists (PAOTs) completed the adapted revised adult attitudes toward continuing education scale on complete enumeration with a response rate of 28.38%. Results were analyzed through descriptive statistics, a two-tailed *t*-test, and analysis of variance. One focus group discussion and seven online interviews with a total of 10 participants were conducted on purposive sampling. Results were analyzed through coding and thematic analysis and these were used to explain quantitative data.

**Results:** Formal CPD activities such as workshops and conferences are preferred by Filipino OTs over informal CPD activities such as mentoring and journal writing. Filipino OTs have positive attitudes toward CPD. There are no significant differences in attitudes toward CPD according to any of the personal-related and practice-related characteristics.

**Conclusion:** In a rapidly changing society, professionals, including OTs, must adapt and be open to new opportunities. Engaging in CPD is an ideal first step to stay relevant. Although the demand for OTs is strong, complacency is not advised. CPD is viewed as an investment with an expectation of a return. There is a lack of awareness of informal CPD activities, and a cost-benefit analysis is used to select CPD activities. Personal development and quality of service are motivating factors, but cost and prioritization influence the decision. In-depth needs assessments are recommended for tailored CPD programs, shared responsibility by employers is encouraged, and CPD advocacy should start at the school level. Strengthening CPD guidelines by PAOT and the Professional Regulation Commission is also recommended.

**Keywords:** Attitudes toward continuing professional development, Continuing professional development, Learning activities, Occupational therapy

### INTRODUCTION

Every professional is expected to perform their duties to uphold the highest possible standards of knowledge, skill, and attitude.<sup>[1]</sup> Even “service users” or clients automatically assume that healthcare professionals are adequately trained.<sup>[2]</sup> The high public trust and consumer confidence make healthcare professionals more accountable for the quality of service they provide. No single course of action can satisfy these needs and help maintain standards of practice, but

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continuing professional development (CPD) has long been one of the vital approaches considered to develop healthcare professionals ready to adapt to changes. However, a review of the literature revealed ambiguity and confusion regarding the definition and objectives of CPD. Various organizations have described CPD as either a form of lifelong learning for professionals, an approach to personal development, a way for professionals to ensure control and security in the workplace, a way to assure consumers of quality service, a means for professional associations to ensure that their professionals comply to their standards of practice or a means for employers to employ the most competent and up-to-date professionals.<sup>[3]</sup> Several studies have also presented debates about whether to implement CPD mandatorily or voluntarily.<sup>[4-10]</sup> Competency maintenance is the shared responsibility of the profession, individual professionals, professional organizations, CPD providers, regulatory bodies, and employer organizations. The macrocosm of healthcare provision, therefore, involves various stakeholders, making it difficult for professional organizations to decide to serve each stakeholder's best interests in the issue of the requirement of CPD.<sup>[4]</sup>

Occupational therapy (OT) is a growing profession and the World Federation of Occupational Therapists urges all OTs to accept and carry out the responsibility to participate in CPD to respond to the rapid changes within its realm.<sup>[11]</sup> In line with this, the Philippines, which leads in producing competent professionals in various disciplines, enforced the "CPD Act of 2016" to adapt to the ever-changing demands within and among professions, maintain quality service delivery, and serve the public interest. In spite of the good intentions for CPD, this was filled with controversy as most Filipino professionals clamored against its mandatory implementation.<sup>[12]</sup> The literature revealed that positive attitudes toward engagement in CPD activities dominate due to the perceived benefits OTs acquire from participation.<sup>[5,13,14]</sup> However, several OTs choose not to participate in any CPD activity due to difficulties in completing the necessary number of CPD hours and a lack of financial resources. Some also perceive CPD as plainly revenue-raising or just another policy requiring compliance.<sup>[15]</sup> Because CPD is expected of professionals, with or without the implementation of a law, it is important to determine the attitudes that they possess toward CPD, how these are rooted in one's beliefs, and how these may influence one's perception and behavior. Furthermore, the unique attitudes of Filipino OTs toward CPD may emerge, which could potentially bring about benefits and/or challenges toward their participation.

## MATERIAL AND METHODS

### Study design

The study utilized an explanatory sequential mixed methods research design. This was employed to draw on the strengths

of both quantitative and qualitative approaches.<sup>[16,17]</sup> The quantitative phase (cross-sectional survey) was conducted from which initial data were analyzed, after which the qualitative phase (focus group discussions [FGDs]) was conducted to explain the quantitative results further.

### Data collection

Ethical clearance was obtained before the study. Google Forms<sup>®</sup> was used to create the adapted revised adult attitudes toward continuing education scale (ARAACES) questionnaire. Pilot testing involved ten physical therapists, and revisions were made based on their feedback. Permission was sought from the Philippine Academy of Occupational Therapists (PAOT) to share the survey on their Facebook<sup>®</sup> page, ensuring data privacy, confidentiality, and anonymity.

Participants were purposefully selected from the initial sample to ensure representation and diversity across various characteristics. Informed consent and interview guide questions were sent electronically. Due to scheduling challenges, online interviews replaced some FGDs. The FGD and online interviews lasted for 30 min to an hour and were recorded. Transcriptions were shared with participants for validation. Pseudonyms were used to maintain anonymity during coding and analysis.

### Statistics

Quantitative data were reduced using descriptive statistics and statistical tests. Data were coded and entered in Microsoft Excel 2016. Parts one and two of the survey were analyzed by getting frequencies and percentages. For part three of the survey, negatively worded items (items 3, 4, 7, 8) were reverse coded. Data obtained from the ARAACES were treated as interval data provided that the instrument exhibits a strong Cronbach's coefficient alpha. Overall, subscale and item mean scores and standard deviations (SD) were used to portray the attitudes of OTs toward CPD. To compare the variables that affect attitudes, the participants were grouped according to each categorical variable, with which frequencies and percentages were determined. Means and SD were determined for each subgroup. Statistical tests were then used to compute significant differences. One-tailed t-test was used to analyze attitudes against the categorical variable sex, and a one-way analysis of variance was used to analyze attitudes against the categorical variables years in practice, educational attainment, primary practice setting, geographical location, and monthly income. These tests were identified to analyze best and interpret data to be obtained to increase understanding of the attitudes of OTs. An alpha level of 0.05 was accepted for statistical significance for all statistical tests. Statistical analysis was performed using the Statistical Package for the Social Sciences 25.0 software.

For the qualitative phase, data analysis was done manually.

The stages of analysis by Morse and analysis strategies by Miles and Huberman, as suggested by Houghton *et al.*<sup>[18]</sup> and Sutton and Austin<sup>[19]</sup> guided qualitative data analysis. Comprehending begins with data collection, and it involves broad coding, which is to assign codes or descriptive labels to participants' statements based on the research objectives such as CPD activities, attitudes toward CPD, and attitudes according to sex, educational attainment, years of practice setting, geographical location, and monthly income. Synthesizing involves the organization and coding of data to identify patterns and reveal concepts. Pattern coding was used to expose concepts that reveal thoughts, ideas, and meanings contained among the statements. Inductive coding was used by creating codes based on the qualitative data itself. Codes were assigned by reading through each transcript at least 5 times and assigning a color for each code. Repetitive similarities and differences in statements were identified. Theorizing involves examining the relationships between the coded data for further integration and understanding of the phenomenon. For example, the codes "for updating" and "enjoyable" were included in the theme "benefits of CPD." The codes "cost" and "accessibility" were included in the theme "CPD as an investment." Recontextualizing involves the development of propositions and explanations to make qualitative findings applicable to other settings and populations, while comparing to existing literature to strengthen the rigor of the research. The participants did member checking to validate themes. Peer review by a healthcare professional with a degree in Master of Science in Communication Disorders and Sciences was also conducted to ensure agreement and rigor. Themes were then listed, and quantitative and qualitative data were compared and organized into pillars through the pillar integration process.<sup>[20]</sup> Rigor or trustworthiness was ensured by satisfying Guba's criteria for validity.<sup>[21]</sup> This includes member checking, detailed context description, and peer review for credibility, transferability, dependability, and confirmability.

## RESULTS

A total of 105 out of 370 PAOT members (28.38%) responded to the ARAACES [Table 1]. Most participants were women ( $n = 77$ , 73.33%). Only a few ( $n = 5$ , 4.76%) have acquired a postgraduate degree. The majority ( $n = 52$ , 49.52%) have been working for <3 Years as an OT. Most participants ( $n = 65$ , 61.90%) work in National Capital Region (NCR) private clinics ( $n = 84$ , 80%). Most participants receive a monthly income between PhP 31,560–78,900 ( $n = 57$ , 54.29%), which comprises the middle-income class according to the 2012 family income and expenditure survey by the Philippine Statistics Authority.

Part two of the ARAACES asked participants to identify the CPD activities that they engage. Most of the participants

**Table 1:** Distribution of participants according to demographic characteristics ( $n=105$ ).

Demographic characteristics	<i>n</i> (%)
Sex	
Male	28 (26.67)
Female	77 (73.33)
Highest educational attainment	
Bachelor's degree	100 (95.24)
Postgraduate degree	5 (4.76)
Years in practice	
<3 years	52 (49.52)
At least 3 years	20 (19.05)
At least 5 years	22 (20.95)
At least 10 years	11 (10.48)
Geographical location	
NCR	65 (61.90)
Luzon	31 (29.52)
Visayas	5 (4.76)
Mindanao	4 (3.81)
Primary practice setting	
Hospital	16 (15.24)
Private clinic	84 (80)
University/college	3 (2.86)
Home healthcare	2 (1.90)
Average monthly income (Philippine peso- PhP)	
<PhP15,780	6 (5.71)
PhP15,780--31,560	36 (34.29)
PhP31,560--78,900	57 (54.29)
PhP78,900--118,350	6 (5.71)
NCR: National capital region	

have experienced attending a workshop or seminar ( $n = 94$ , 89.52%) and conference ( $n = 87$ , 82.86%). The least frequently used CPD activities are mentoring ( $n = 11$ , 10.48%) and undergoing mentorship ( $n = 8$ , 7.62%). It can also be observed that none of the participants have written in journals as a form of CPD.

Part three of the ARAACES consisted of a nine-item Likert scale. It is important to note that the negatively worded items (items 3, 4, 7, and 8) have been reverse-coded before data analysis. In addition, a mean score of at least 4.0 pertains to a positive attitude toward CPD [Table 2]. Most of the OT participants (72.38%) exhibited positive attitudes toward CPD, and an overall mean score of 4.17 indicates on average, Filipino OTs exhibit positive attitudes toward CPD. There were no significant differences in attitudes toward CPD according to any of the personal (i.e., sex and educational attainment) and practice-related (i.e., years in practice,

**Table 2:** ARAACES subscale and item descriptive statistics.

ARAACES Subscales and items	Mean	SD
Enjoyment of learning activities	4.43	0.69
I dislike learning.*	4.72	0.53
I enjoy CPD activities that allow me to learn with others.	4.35	0.53
I am fed up with teachers (facilitators or mentors) and classes (group learning and meetings).*	4.22	0.85
Importance of adult education	4.06	0.88
CPD is mostly for people with little else to do.*	4.10	0.87
Money spent on CPD activities is money well-spent.	3.64	0.81
Successful people do not need CPD.*	4.44	0.76
Intrinsic value of adult education	4.02	0.79
CPD is an important way to help people cope with changes in their lives.	4.10	0.78
CPD helps people make better use of their lives.	3.86	0.88
Participating in CPD activities would make me feel better about myself.	4.10	0.69

\*Reverse coded before data analysis. ARAACES: Adapted revised adult attitudes toward continuing education scale, SD: Standard deviation, CPD: Continuing professional development

primary practice setting, geographical location, and monthly income) characteristics. For personal characteristics: (1) there was no significant difference between scores for males ( $M = 4.11$ ,  $SD = 0.36$ ) and females ( $M = 4.19$ ,  $SD = 0.45$ );  $t(103) = -0.85$ ,  $P = 0.4$ , and (2) there was no significant difference between scores for Bachelor's degree holders ( $M = 4.16$ ,  $SD = 0.43$ ) and postgraduate degree holders ( $M = 4.42$ ,  $SD = 0.36$ );  $t(103) = -1.34$ ,  $p = 0.18$ . For practice-related characteristics: (1) there was no significant difference in attitudes of OTs toward CPD in terms of years in practice [Table 3] at  $P < 0.05$  level ( $F[3, 101] = 2.3$ ,  $P = 0.08$ ); (2) there was no significant difference in scores among OTs from various practice settings [Table 4] at  $P < 0.05$  level ( $F[3, 101] = 0.84$ ,  $P = 0.48$ ); (3) there was no significant difference in scores among OTs working in NCR, Luzon, Visayas, and Mindanao [Table 5] at  $P < 0.05$  level ( $F[3, 101] = 1.49$ ,  $P = 0.22$ ); and (4) there was no significant difference in scores among OTs of various monthly income [Table 6] at  $P < 0.05$  level ( $F[3, 101] = 0.57$ ,  $P = 0.64$ ). This may have resulted from a small sample size and a large difference in number between groups as observed from the demographic profile.

### Benefits of CPD

Participants perceive CPD as beneficial for their personal and professional development, enabling them to fulfill their social responsibility of providing quality service. They believe

**Table 3:** ANOVA on attitude scores by years in practice.

Source	Sum of squares	df	Mean square	F
Between groups	1.24	3	0.41	2.30
Within groups	18.17	101	0.18	
Total	19.41	104		

ANOVA: Analysis of variance, df: Degrees of freedom, F: F-statistic

**Table 4:** ANOVA on attitude scores by practice setting.

Source	Sum of squares	df	Mean square	F
Between groups	0.47	3	0.16	0.84
Within groups	18.94	101	0.19	
Total	19.41	104		

ANOVA: Analysis of variance, df: Degrees of freedom, F: F-statistic

**Table 5:** ANOVA on attitude scores by geographical location.

Source	Sum of squares	df	Mean square	F
Between groups	0.82	3	0.27	1.49
Within groups	18.59	101	0.18	
Total	19.41	104		

ANOVA: Analysis of variance, df: Degrees of freedom, F: F-statistic

**Table 6:** ANOVA on attitude scores by monthly income.

Source	Sum of squares	df	Mean square	F
Between groups	0.32	3	0.19	0.57
Within groups	19.09	101	0.19	
Total	19.41	104		

ANOVA: Analysis of variance, df: Degrees of freedom, F: F-statistic

CPD helps them grow in the profession, learn, update, and improve themselves. Workshops and conferences are preferred for their interactive and enjoyable nature, enhancing knowledge and skills. CPD also improves the quality of service by applying learned skills and knowledge, ultimately benefiting clients.

### Narrow concept of CPD

CPD encompasses various activities in different settings. Formal CPD involves learning in academic settings and providing diplomas and qualifications. Informal CPD refers to learning in daily life, but participants showed limited awareness due to difficulties in documentation. Participants primarily focused on formal activities such as workshops and conferences. Cost and accessibility are common challenges. Participants suggested including informal activities such as volunteer work and case conferences for quality service provision and learning from professionals.



### CPD as investment

Filipino OTs treat CPD as an investment, expecting personal and professional benefits and a sufficient number of CPD units in return. However, personal priorities and abilities to invest in CPD vary. A cost-benefit analysis is often conducted to decide on CPD participation.

### Personal prioritization

OTs consider their multiple roles and responsibilities, with higher-income individuals having a greater capacity to prioritize CPD. Female OTs may prioritize child-rearing over CPD, facing challenges in meeting CPD requirements due to time constraints. Younger and senior OTs exhibit contrasting attitudes toward CPD, with some prioritizing learning and others maintaining a work-life balance. These include:

1. **Cost of CPD.** The cost of CPD, including money, time, and accessibility, influences participants' attitudes toward CPD. Price is a major factor, especially for formal activities. Limited accessibility and workplace support affect CPD participation. OTs with multiple professional roles face time constraints and financial implications.
2. **Return on Investment in CPD.** OTs expect enjoyable CPD activities that benefit personal growth, improve practice, and earn a fair number of CPD units. Feedback from colleagues influences the decision to participate. OTs consider the relevance of CPD topics to their practice and client benefit. Some OTs prioritize their interest and expectations of the program's implementation. CPD units are also considered for compliance, but some OTs feel that the cost does not translate into sufficient incentives.

## DISCUSSION

Occupational therapy is a female dominated profession across most, if not all, countries, even reaching a heaping 91% of practitioners in 2017.<sup>[22]</sup> In the Philippines, a survey in 2018 showed that three out of four OTs are females.<sup>[23]</sup> These statistics explain why the majority of the sample in this study is composed of female participants. Most participants work in NCR, which is one of the most urbanized areas in the Philippines. The trend is similar with most countries as well due to perceived better benefits and opportunities in these cities. A previous study also showed that 50% of OTs practice in NCR while the remaining 50% are dispersed across the remaining 16 regions.<sup>[24]</sup> However, in the present study, most of the participants work in private clinics as compared to US statistics, which indicate that around 40% of OTs work in hospitals and schools while only 14% work in outpatient clinics and early intervention.<sup>[25]</sup> The system largely differs such that OT is covered by insurance in most developed countries. In developing countries, patients who need OTs

spend on their own and must find private clinics offering OT, which is the reason for larger staff recruitment in private clinics. The average monthly income of the majority of the participants is between PhP 15,780 and PhP 78,900, which indicates that they are in the lower middle to middle-income brackets. This is comparable to the survey results during the 2017 Annual Convention held by PAOT, which showed that the median monthly income of OTs is PhP 50,000.<sup>[23]</sup> The majority of the participants participate in workshop seminars and conferences. This trend is also very similar to a scoping review across research done in OT between 1995 and 2015.<sup>[9]</sup> For doctors, they think that they learn best through experience.<sup>[26]</sup> Formal programs are still perceived to have a greater impact than voluntary and informal CPD activities.<sup>[5]</sup> As gathered from the FGD and online interviews, OTs prefer attending workshop seminars due to the benefits, namely, personal development and improved quality of service. The all-in-one feature of a workshop makes it worthwhile such that OTs feel that its interactive nature improves both their knowledge and skills compared to other CPD activities that only seem to target the theoretical aspect. Conferences are also well-supported because for the participants, CPD is a way to keep themselves updated with trends and practices in OT. Half of the participants participate in in-service training and online learning. The perceived benefits of CPD participation, such as gaining knowledge and skills and learning from others during formal CPD activities, make them more appealing to Filipino OTs.

OTs choose CPD activities by considering the relevance of its content to their practice and interest, apart from the pragmatic considerations of cost and accessibility. These are similar factors considered by nurses and doctors.<sup>[26,27]</sup> In another study, the researchers have identified intrinsic (i.e., self-motivation and personal satisfaction) and extrinsic (i.e., promotion, financial increase, reimbursement, and certification requirements) motivations toward CPD.<sup>[28]</sup> Being in a service-oriented profession, aside from improving themselves, they feel that CPD helps fulfill their societal responsibility to enhance the quality of service to be provided to their consumers or clients. This is in accordance with Amerih's study<sup>[4]</sup>, which enumerated seeking professional knowledge, increasing the status of one's profession, updating existing qualifications, and improving individual competence as internal reasons of OTs for CPD participation. The CPD cycle based on Kolb's learning cycle illustrates how professionals engage in CPD.<sup>[29]</sup> Professionals identify their learning needs through reflection on current skills and desired outcomes. They select which CPD activities to take and participate in those which they think will meet their learning needs. However, it was revealed by both quantitative and qualitative data that OTs usually participate in formal CPD activities and rarely in informal ones. This may be due to a narrow concept of CPD or a lack of availability of various CPD activities.

## CONCLUSION

Formal CPD activities are still preferred over informal CPD activities due to the perceived benefits of each type of CPD activity on personal development and quality of service and the lack of awareness of informal CPD activities. After a cost-benefit analysis, OTs select CPD activities with return on investment as the overarching factor.

Filipino OTs possess positive attitudes toward CPD due to the perceived benefits of CPD participation, but personal priorities may discourage some from taking them. The perception that CPD is an investment may compete with other expenses and commitments such that one may avoid participating in them if there is no guarantee of a return.

There were no significant differences in attitudes toward CPD according to any of the personal (i.e., sex and educational attainment) and practice-related (i.e., years in practice, primary practice setting, geographical location, and monthly income) characteristics. However, groups of OTs from Mindanao and OTs working in home healthcare exhibited negative attitudes toward CPD. These may be attributed to child rearing, motivation toward learning, accessibility, cost, and personal prioritization. Furthermore, all stakeholders must understand and be aware of the responsibility of professionals to improve themselves and the rights of the clients to receive the best quality of service.

Filipino OTs prefer formal CPD activities to informal CPD activities. Therefore, formal CPD activities such as workshop seminars and conferences must be maximized by incorporating learning activities that will improve both knowledge and skills by making CPD more interactive and collaborative and through a well-informed implementation. Experts in health professions education may be tapped to create programs based on sound theory and current evidence, with an understanding of how knowledge is constructed and how it can be best applied to professional practice.

On the other hand, informal CPD activities such as consultation with peers, mentoring, and journal writing must be marketed some more to increase the participation of OTs. The advantages of ease of conduct, increased frequency, convenience, and reflection make informal CPD activities appealing. However, confusion regarding the awarding of CPD units and documentation guidelines hinder OTs from engaging in informal CPD activities. The Professional Regulation Commission (PRC) and PAOT must work together to create more comprehensive implementation guidelines with more encompassing assessment methods. The professionals must review the importance and benefits of various informal CPD activities.

Filipino OTs possess positive attitudes toward CPD. These positive attitudes, especially enjoyment of learning activities,

must be utilized to facilitate CPD participation. An in-depth needs assessment must be conducted to identify what OTs want to learn and currently need in practice to provide meaningful CPD activities that meet these needs and allow OTs to apply what they have learned into practice easily. CPD providers need to be sensitive to OTs' learning needs and be innovative in creating programs to fit these needs. Emerging areas of practice in OT must also be studied. More evidence and research will establish new areas of practice with which various CPD activities may be created and offered to OTs. In addition, PAOT and PRC must exercise their roles to evaluate quality CPD activities to be provided to their professionals to ensure that the programs offered can be applied to practice and thus develop the profession and improve the service provided.

CPD operational guidelines in OT can be made more inclusive of OT subgroups. Females may need to take time off CPD-related activities when bearing and taking care of a child. The CPD regulatory requirements may be difficult to comply with during this period. A certain number may decrease the number of required CPD units once a female OT gives birth within the 3-year renewal period.

Advocacy for CPD must be done by developing a positive attitude toward learning even for as young as undergraduates. This is to ensure that the love for learning and the sense of curiosity are instilled in the students and that these are maintained through their years in practice as professionals. There will always be innovations, paradigms, and skills within the profession. Failure to keep up-to-date may lead to a decay in professional knowledge and expertise and consequently to inefficient or, worse, unsafe practice. Therefore, OTs working in the academe should always include attitudinal goals whenever they are teaching. Instructional methods for the intentional teaching of attitudes must fit adult learners and the current healthcare context.

Increasing the accessibility to quality CPD activities of all OTs from the various islands of the Philippines working in various practice settings will improve the overall state of the profession and healthcare in the long term. CPD providers should consider the results of an in-depth needs assessment to create programs that will fit the learning needs of most professionals. Moreover, other alternative options include a weekend or evening schedule of programs, actual work settings as a venue for CPD, and online provision of learning activities.

Employers are recommended to share the responsibility of CPD with professionals. Incentives or an increase in salary on receiving certifications or attending seminars may be provided to encourage CPD participation and accessibility. Increased funding for CPD, employee benefits like paid leaves, encouragement through memos, and adaptation of a CPD framework on planning, implementation, assessment,

and documentation of CPD supported by employers are some ways to facilitate CPD in the workplace. Improved dissemination and promotion of CPD programs within the organization will also enhance CPD participation.

Individual OT professionals are expected to be responsible and proactive regarding their CPD. They should do their best to maximize their learning experiences to increase the return on investment in CPD. They must also accept the trend of pursuing multiple careers to open new job opportunities and roles to further the benefits and return of investment in CPD. Increasing the number of OT graduates and improving the regulation of OT practice will create competition that will increase the standards of practice.

Future researches are recommended to include all Filipino OTs, even those who are non-members of PAOT, to generate a larger and more representative sample. Even other professionals in another field may replicate this study as CPD is also expected of them. The perspectives of other stakeholders must also be discussed to have a more comprehensive understanding of CPD in the Philippines. It is interesting to identify the perceived effectiveness of specific CPD activities to aid in the creation of effective programs for learners, achievement of learner goals, and improved patient outcomes. An in-depth needs assessment must also be done to facilitate CPD planning and implementation.

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