

**Experiences of Young Audiologists on Continuing Professional Development in the Private
Sector in KwaZulu-Natal, South Africa**

By
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Submitted in fulfilment of the requirements for the degree
MASTER OF MEDICAL SCIENCE

in the

**SCHOOL OF NURSING AND PUBLIC HEALTH
DEPARTMENT OF FAMILY MEDICINE**

at the

UNIVERSITY OF KWAZULU-NATAL

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DATE OF SUBMISSION: 24th JUNE 2024



24th June 2024 Approved, Andrew John Ross, MBChB, MMed, GCOB, PhD

Date of registration with the Higher Degrees committee: 05th September 2023

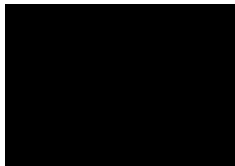
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DEDICATION

To my dearest mother, whose grace and guidance have illuminated my path and bestowed me with strength and perseverance throughout this academic journey. Your unwavering love, encouragement, and sacrifices have been the driving force behind my academic journey.

ACKNOWLEDGMENTS

I would like to express my deepest gratitude to God, whose unwavering guidance and blessings have sustained me throughout this journey.

To my beloved family and friends, your constant support, encouragement, and understanding have been my source of inspiration and motivation. I am profoundly grateful for your belief in me which has been a constant source of encouragement during both the highs and lows of this journey.

My supervisor, Professor Ross, whose guidance and expertise have been indispensable. Your insightful feedback and mentorship have played a pivotal role in shaping the direction and quality of this research. I am truly grateful for your dedication and invaluable contributions.

The participants of this study, whose willingness to share their experiences and insights have enriched this research and contributed significantly to its findings. Your generosity and cooperation have been instrumental in shaping the outcomes of this work.

PUBLICATIONS

Barath S, Ross AJ. Conceptualising the experiences of continuing professional development of young private sector audiologists as an attribute of andragogy. *Health SA Gesondheid (Online)*. 2024;29:1-9.

Barath S, Ross AJ. Impact of COVID-19 on continuing professional development: Perspectives of audiologists. *South Afr Fam Pract*. 2024;66(1).

Barath S, Ross AJ. Continuing professional development barriers and recommendations: Perspectives of audiologists. *South African Journal of Communication Disorders*. 2024;71(1):9.

ACRONYMS AND ABBREVIATIONS

CPD	-	Continuing Professional Development
CEU	-	Continuing Education Units
HCP	-	Healthcare Professionals
HPCSA	-	Health Professional Council of South Africa
KZN	-	KwaZulu-Natal
SLH	-	Speech Language Hearing

PREAMBLE

This thesis follows the format of a masters by publication, as presented in the School of Nursing and Public Health in the College of Health Sciences, University of KwaZulu-Natal. The thesis is submitted as a collection of three published articles. These articles are combined with introductory and synthesis chapters to form a thesis. Each chapter begins with a brief introduction and concludes with a summary highlighting the main findings to enhance coherence and continuity. The thesis links the chapters and the findings to the overall aim of the study, the synthesis chapter at the end summarises the conclusions drawn from the articles results and provides recommendations.

The student's contribution is detailed for each article, along with information on the journals. The methodology and literature are provided within each of the articles and presented briefly in the thesis, as this is a masters by publication. The repetition between the thesis and the articles is necessitated due to the requirements of the article presentation.

Please be aware of the following details regarding this thesis report:

- a) The thesis utilizes the Vancouver referencing style.
- b) Articles adhere to the specific formatting guidelines of the targeted journal, which may vary in style requirements such as font, line spacing, and referencing format.

TABLE OF CONTENTS

DEDICATION	iii
ACKNOWLEDGMENTS	iv
PUBLICATIONS.....	v
ACRONYMS AND ABBREVIATIONS	vi
TABLE OF CONTENTS.....	viii
LIST OF TABLES	x
TABLE OF FIGURES	xi
ABSTRACT.....	xii
CHAPTER 1: INTRODUCTION AND LITERATURE REVIEW	1
1.1 Introduction.....	1
1.2 Background.....	1
1.3 Rationale for the study	3
1.4 Positionality	4
1.5 Brief Literature Review	5
1.5.1 Global organization of CPD.....	5
1.5.2 Role of CPD.....	7
1.5.3 Motivation and Benefits of CPD.....	7
1.5.4 Challenges in CPD.....	7
1.5.5 Methods of delivering CPD	8
1.5.6 CPD within the private sector	9
1.5.7 Future Direction and Recommendations	10
1.5.8 Summary of literature review	10
1.6 Conceptual framework.....	11
1.7 Methodology.....	13
1.7.1 Research Design.....	13
1.7.2 Aim and Objectives.....	13
1.7.3 Critical questions	13
1.7.4 Study population and sampling strategy	13
1.7.5 Data collection	14
1.7.6 Data Analysis.....	14
1.7.7 Reliability and Trustworthiness.....	15
1.7.8 Ethical consideration.....	15

1.8	Study Outline	16
CHAPTER 2: RESULTS.....		17
Article 1		17
Title: <i>Conceptualising the Experiences of Continuing Professional Development by Young Private Sector Audiologists as an Attribute of Andragogy</i>		17
Article 2		28
Title: <i>Impact of COVID-19 on Continuing Professional Development: Perspectives of Audiologists</i>		28
Article 3		37
Title: <i>Continuing Professional Development Barriers and Recommendations: Perspectives of Audiologists</i>		37
CHAPTER 3: SYNTHESIS AND CONCLUSION		48
3.1	Introduction.....	48
3.2	Significance of the findings	51
3.3	Limitations	51
3.4	Recommendations.....	52
3.5	Conclusion	54
REFERENCES WITHIN THE THESIS		55
Appendix 1: Ethics Certificates		59
Appendix 2: Participant Recruitment Poster.....		60
Appendix 3: Information sheet and consent to participate		61
Appendix 4: Interview Schedule.....		64
Appendix 5: Pilot Study Feedback Form.....		65
Appendix 6: Certificate Of Independent Coding		66
Appendix 7: Ethical Approval Letter.....		67
Appendix 8: Acknowledgment Of Intent To Submit.....		68
Appendix 9: Language Editor.....		69

LIST OF TABLES

Table 1.1: Global overview of the structure of CPD programs and the reason to participate	6
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TABLE OF FIGURES

Figure 1: Malcolm Knowles' theory of andragogy.....	12
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ABSTRACT

Background

Continuing Professional Development (CPD) is an ongoing learning process that builds on initial training and education and is dedicated to improving competency. Low compliance rates of audiologists adhering to CPD have been reported by the Health Professionals Council of South Africa (HPCSA). However, there is an absence of research on CPD from the perspective of audiologists working in the private sector. Furthermore, the low compliance rates need to be investigated to establish the barriers that audiologists encounter as well as possible interventions to improve their participation. In addition, the COVID-19 pandemic has triggered unprecedented disruptions that impacted the CPD of healthcare professionals. Audiologists encountered unique challenges amidst the pandemic, necessitating swift adaptations and innovations in their CPD practices. While considerable literature has been published about the shift of education systems to online platforms during the pandemic, less is known about its impact on the CPD of young private-sector audiologists.

Methods

A descriptive, qualitative research approach was adopted, with semi-structured online interviews being conducted with 11 audiologists practicing in the private sector in KwaZulu-Natal Province, South Africa. Purposive sampling was employed followed by a snowball technique. The five concepts of Andragogy were used as a conceptual and analytical framework thereafter the study relied on deductive thematic analysis.

Results

The participants' CPD experiences aligned with the five key concepts of andragogy, including self-concept, adult learning experiences, readiness to learn, orientation to learning, and internal motivation. Eight sub-themes emerged, reflecting aspects such as personal accountability, informal learning, educational requirements, interprofessional development, improved clinical skills, and the influence of fear of consequences. The study illuminated the dual impact of the COVID-19 pandemic on the CPD activities of young audiologists. While the pandemic introduced significant disruptions to traditional CPD modalities, it also spurred innovative adaptations,

particularly the shift to online learning platforms. This shift led to positive changes such as increased flexibility, cost-effectiveness, and diverse learning opportunities. However, it also posed challenges, including isolation and networking issues, uncertain quality assurance, and limited interactivity.

Three primary barriers to CPD participation were identified: 1) personal, 2) financial, and 3) structural. These barriers highlighted the multifaceted challenges that audiologists encounter in maintaining and enhancing their professional competencies. Participants also provided valuable recommendations for overcoming these barriers, emphasizing the need for more flexible, accessible, and supportive CPD structures that cater to the specific needs of audiologists in the private sector.

Conclusion

Statutory bodies need to draw on the experiences of young audiologists during the planning and implementation of CPD for it to be effective and purposeful. The COVID-19 pandemic had a lasting impact on the CPD journeys of young audiologists in the private sector. While presenting formidable challenges, including disrupting traditional learning modalities, the pandemic also catalyzed innovations and adaptations within the profession through the predominance of online learning. Understanding their experiences and implementing strategies to address the barriers will enable the active engagement of private sector audiologists in their continued education.

CHAPTER 1: INTRODUCTION AND LITERATURE REVIEW

1.1 Introduction

This chapter provides the background to the study, a brief literature review and an overview of the methodology used in this study, as the articles include background/literature review and method sections. This chapter also details the rationale, positionality of the study, conceptual framework and, outlines the structure of the document.

1.2 Background

The aim of continuing professional development (CPD) is to keep healthcare professionals (HCP) up to date with developments in the field while improving their knowledge, skills and expertise to provide high-quality service delivery (1). The professional training of audiologists is intended to create the foundation for lifelong learning, as they have been empowered by acquiring the knowledge and skills required to facilitate their entry into the profession (2). While the knowledge and skills they acquire serve as a guide toward clinical practices, they also need to keep abreast of changes in their field according to their specific need in particular settings (3).

Audiology is a relatively young and evolving profession in comparison to other South African health professions and has undergone significant transformations within the last half-century, making it a dynamic profession (4). Originally, audiology was regarded as an adjunct to Speech Therapy but has evolved into a distinct and autonomous field in which audiologists are the only professionals equipped to provide resources for the rehabilitation of hearing impairment, making it essential for them to stay abreast with the global trends within the profession (4). Participating in CPD is therefore essential for young audiologists who are early in their careers, establishing the foundation of their professional knowledge and skills. CPD ensures they are building on this foundation with the most current and effective practices to enable their personal growth and maintenance of professional competence within the field (2, 5). CPD typically extends over the career of HCPs, which could be 40 years or more, making it the longest segment of the education continuum, but in many countries it is poorly structured and controlled (6). While CPD is globally

recognized as essential, limited research focuses on the experiences of young audiologists in the private sector, particularly in South Africa.

Despite the recognized importance of CPD, there is a notable gap in understanding how CPD dynamics specifically affect young audiologists in the private sector of South Africa. The private sector presents unique challenges, including variability in resources, access to training, and support, which may differ significantly from public or academic settings. This gap in understanding is particularly evident given the limited research on CPD practices among private audiologists. Exploring these specific challenges and barriers is crucial for identifying factors that impact CPD engagement and compliance. This investigation will provide insights into how CPD requirements are managed within the private sector and support the development of targeted strategies to enhance CPD planning and support for audiologists in this context.

The Health Professionals Council of South Africa (HPCSA) has 12 statutory health professional bodies, with audiologists being categorized under the Speech, Language and Hearing Board (SLH) (7). To maintain registration as a health practitioner, the HPCSA requires all HCPs to be compliant with ongoing CPD, which is done by accumulating 35 continuing education units (CEUs) every year (8). These are valid for 24 months from the time of engaging in the CPD, and fall within two categories: 1) professional content (30 CEUs) and 2) ethics, human rights and medical law (5 CEUs) (8). However, there is concern that the number of CEUs collected does not equate to genuine learning by the HCP. A recent discussion document of the HPCSA recommended ‘credits’ to record CPD, which should be based on the value of the activity the HCP participates in. The discussion document recommends that HCPs be required to accumulate credits annually within four areas 1) professionalism and ethics (25 credits), 2) safety and quality (3 credits), 3) communication (1 credit) and 4) professional competence (1 credit) (9). The goal of CPD is to ensure that HCPs 1) consistently participate in learning experiences that uphold and enhance their knowledge and skills, and 2) apply evidence-based practices to ensure safe and efficient patient care while improving the outcome of the health system (9).

To optimize future planning of curricula for CPD, it is essential to investigate the experiences of young audiologists who enter the workforce as they are the future of the profession. Owing to the

low rate of compliance with CPD requirements among audiologists, it is important to understand the potential reasons and challenges audiologists face in meeting their CPD obligations.

1.3 Rationale for the study

Despite the HPCSA mandating CPD, low compliance rates have been documented, and as of January 2024, only 37.2% of registered practitioners on the SLH board were found to be compliant with their CPD requirements, making it a cause of concern (10). The reasons behind audiologists' non-compliance are unclear, as there are no literature documenting studies conducted on this topic. This lack of research suggests that investigations into the matter have not been undertaken, despite evidence indicating that many audiologists in South Africa are not adhering to regulations.

No studies were found on the experiences of young audiologists within the private sector in KwaZulu-Natal (KZN), the province with the second-largest population in South Africa and the highest number of audiologists practicing in the country (11). In KZN, 27.8% of audiologists practice in the public sector while 72.2% work in the private sector, making it the province with the highest number of audiologists practicing within the private sector (12). Within the private sector of service delivery, competition is known to be fierce, with patient expectations being high as this sector serves a higher-income population group, often with access to private medical aid (13). CPD can therefore serve as a strategic advantage for audiologists, as businesses that invest in the CPD of their young staff demonstrate a commitment to excellence (2). This can attract both patients seeking high-quality care and talented audiologists looking for opportunities for growth and advancement.

Existing literature indicates that most HCPs recognize the importance and purpose of CPD but they also identify associated challenges (14, 15). However, there is a paucity of literature in South Africa examining whether audiologists have similar CPD challenges. Although CPD is mandatory for registration with the HPCSA, some barriers may restrict participation and compliance. It is therefore important to determine if audiologists perceive mandatory CPD as effective in achieving its intended goal. Investigating the challenges affecting these audiologists is necessary to address their concerns and implement changes that can improve compliance. It is anticipated that the results from this study will provide the HPCSA with an understanding of audiologists' experiences

regarding their engagement with CPD and enable measures to be put in place that reduce the high levels of non-compliance.

1.4 Positionality

I am a relatively young audiologist with approximately three years of working experience and have been working in the private sector post-community service. My undergraduate training coincided with the COVID-19 pandemic, which presented significant challenges due to the shift in learning formats. During this period, the university transitioned to online and/or blended learning that incorporated a combination of traditional/physical contact with online learning approaches to adhere to social distancing regulations. While these adjustments ensured continuity in education, the limited opportunities for traditional, hands-on learning posed unique challenges in refining practical skills. Graduating and moving into community service thereafter was extremely challenging, due to my experience with a supervisor from a different profession, also known as cross-disciplinary supervision, and the adjustments required after a predominantly online learning experience.

The community service program provides a platform to integrate recent audiology graduates into professional practice, aiding their transition from students to independent practitioners. Ideally, this program should establish a new learning environment that offers multiple learning opportunities with appropriate supervision to allow for the development of professional expertise among graduates. However, I have witnessed many of my colleagues being assigned to facilities where they lacked supervisors or the invaluable experience of senior colleagues. Some community service audiologists, including myself, were even tasked with setting up departments on their own, for which we were not prepared. This situation puts audiologists at risk of limited exposure, hindering the improvement of their clinical skills. Within this context, engaging in CPD allows young graduates the opportunity to stay updated with the latest trends, technologies and protocols, enabling them to make informed decisions and contribute effectively to their workplaces. CPD, therefore, emerged as necessary for young audiologists who may have been compromised during their community service.

Post community service, I regularly interacted with CPD activities before entering the private sector to ensure that I had appropriate clinical and professional skills. While working as a practice manager in a private practice, the benefits of CPD became even more apparent and important. Engaging in CPD provided me the opportunities to enhance my skills and knowledge by assisting me to stay competitive and adaptable in the job market. However, I started to experience difficulty engaging with and accessing relevant CPD activities that could have contributed meaningfully to my clinical practice as an audiologist and lead to my career advancement. Most CPD activities were not specific to the population profile of the patients I encountered in private practice. For instance, I struggled to find CPD opportunities relevant to assessing and managing vestibular disorders. Furthermore, the HPCSA did not mandate that HCPs complete CPD activities related to their specific scope of practice, making the lack of structured and relevant CPD programs even more apparent.

1.5 Brief Literature Review

This brief literature review highlights the essential aspects of CPD as they relate to this study, focussing on the following areas:

- An overview of CPD at a global organizational level
- The role of CPD
- Motivation and benefits of CPD
- Challenges in CPD
- Methods of delivering CPD
- CPD within the private sector
- Future directions and recommendations for CPD

1.5.1 Global organization of CPD

The majority of countries across the world have a legal framework for CPD and are tasked with creating and enforcing regulations that may impact HCP's CPD practice, typically through quasi-state or statutory bodies (16, 17). However, there is a common debate surrounding the outcome of mandatory (legal obligation of HCP) as opposed to optional engagement in CPD by HCPs (17). A structured program with defined and enforced goals may promote broader engagement in CPD activities (17). Such a program would provide specific objectives and requirements, ensuring that

CPD activities are relevant and beneficial to the practitioners' specific fields and practices. This structure would help professionals see the value in CPD activities, leading to greater participation and more meaningful professional development (17).

However, in some countries, HCPs independently identify their learning needs and participate in CPD activities without legal enforcement (18), as in South Africa, where they are required by the HPCSA to participate in activities. However, as clinical competency is not accurately represented through CPD compliance, a recent discussion document suggested that HCPs should create a learning plan based on their personal needs assessment (9). CPD activities should therefore be directed to fill these knowledge and skill gaps as well as demonstrate how the learning activity will improve patient outcomes. Table 1.1 provides an overview of how CPD programs are structured in different countries and the reason for participating in CPD. This table was adapted from a scoping review that highlights CPD trends and practices over the last decade (17).

Table 1.1: Global overview of the structure of CPD programs and the reason to participate

Continent	Country	Structure of the CPD program	Mandatory
Africa	Namibia	CPD activities by adult education principles are encouraged.	Yes
	Malawi	All health institutions are required to have CPD programs with the particular goal of streamlining CPD program duties and structure.	Yes
	Zimbabwe	The CPD information of individuals is compiled by accredited bodies and sent to the council.	Yes
Oceania	Australia	Complex structure, different requirements for specialists/non-specialists with a minimum of 50 hours of self-directed CPD annually, and at least one practice-based reflective component; clinical audit, performance evaluation or peer review, engagement in learning activities, and audit compliance verification.	Yes
North America	Canada	An online system called Maintenance of Proficiency (Mainpro+) offers credit reporting and reciprocity with specified organizations	Yes
Europe	United Kingdom	CPD is a component of the periodic revalidation exercise.	Yes

1.5.2 Role of CPD

Unlike undergraduate or postgraduate programs, which are usually overseen by regulatory bodies and supervised, CPD involves autonomous, self-directed learning that is tailored to individual learning needs (19). The content, context, and procedures of CPD are determined by an individual's learning style, area of practice and personal preferences rather than a single predefined technique (19). CPD therefore aims to ensure that audiologists remain competent and effective in their practice by providing opportunities for learning, skill development and knowledge exchange (1). CPD also enables critical thinking by exposing HCPs to new knowledge and practices while enhancing their problem-solving skills, evidence-based practice and ethical decision-making, all of which are essential components of professional competence (20, 21).

1.5.3 Motivation and Benefits of CPD

HCPs may be intrinsically motivated to engage in CPD as actively engaging in such activities has the potential to not only enhance their clinical skills but can also play a role in shaping the professional identity of audiologists (22). CPD can create a sense of professional belonging, pride, and commitment among HCPs, thereby contributing towards their personal goals (22). CPD may enable young audiologists to identify with their profession, uphold professional standards, and contribute to the advancement of audiology as a discipline while improving their morale and enhancing their job satisfaction (5). The literature also documents HCPs to be extrinsically motivated to participate in CPD as they may engage in activities to enable career progression, leading to greater retention of skilled professionals within the field, for an increase in their salary or simply to meet statutory requirements. HCPs also may be driven to participate in CPD due to workplace requirements and the availability of funds (5, 23, 24).

1.5.4 Challenges in CPD

Despite the numerous benefits of engaging in CPD, most accredited activities target 'cognitive' areas that focus on the demonstration of knowledge acquisition rather than on quantifiable improvements in clinical performance (25). Several barriers hinder young audiologists' participation in CPD activities, thereby limiting their professional growth and development. Financial constraints, including high registration fees and travel expenses, are known to be significant barriers, particularly for audiologists working in single-owned private or low-income

settings (5). Furthermore, the lack of funding often limits access to CPD resources, including workshops, conferences and training materials (17). Moreover, the lack of mentorship and guidance leaves young audiologists navigating CPD opportunities independently, potentially hindering their professional growth. Time constraints, exacerbated by heavy workloads and administrative duties, also pose challenges to CPD participation, particularly in single-owned private practices (5). Additionally, a lack of awareness about available CPD opportunities and inadequate support from employers may further deter audiologists from engaging in professional development activities (15).

1.5.5 Methods of delivering CPD

The method by which CPD is delivered will have an impact on reaching its desired outcomes. Typically, CPD in the health profession can be delivered through three main methods: 1) exclusively face-to-face (e.g. conferences), 2) entirely online (e.g. webinars or online journal articles), or 3) a blended approach that combines face-to-face and online learning. While face-to-face delivery is commonly used, it is perceived as costly in terms of both time and money. This increased cost is primarily due to HCPs traveling from their private practice to the location where the CPD activity is held (24, 26).

Online learning has grown in popularity since the COVID-19 pandemic, which prompted a change in formats for CPD engagement and may assist in meeting the needs of HCPs (27). However, online learning is not always appropriate for skills training for all individuals, as some may not be self-directed, independent learners. Audiologists may benefit from virtual peer-to-peer and mentor interactions using digital technology as a platform for CPD as the technology advances. While there is increasing research and evaluations on the effectiveness of online learning in undergraduate teaching and training, the literature on the impact of online CPD courses in South Africa is disparate (27-29).

With the surge of infections during the COVID-19 pandemic, the unemployment rates of audiologists spiked. A study documented that in the first year after graduation, 16% of audiologists were unemployed, which increased to 19% in their second year post-graduation (4). Due to the increase in the unemployment rates of young audiologists, engaging in CPD may provide relief,

as by staying proactive and committed to professional development, they can alleviate some of the pressures and uncertainties associated with unemployment, thus finding greater stability and confidence in their careers (30). This also assists audiologists in preparing for unfamiliar clinical situations while enhancing their existing knowledge (30). Furthermore, audiologists experienced significant disruptions due to the COVID-19 pandemic, which demanded social distancing measures along with a change in service delivery, making it difficult for them to have contact with their patients. This resulted in audiologists experiencing reduced workloads and/or telehealth services limiting their physical interactions with patients (31). These interactions were considered very important for young graduates to build on their practical skills and interpersonal skills. The regular engagement in CPD had the potential to assist in reducing the gap between the limited knowledge of audiologists and the required practical skills (23). Moreover, CPD offered opportunities to enhance clinical and practical skills that may have not been fully developed for young audiologists during their initial undergraduate training, particularly important for those who may have faced disruptions during the COVID-19 pandemic.

1.5.6 CPD within the private sector

In the absence of recent literature, it is difficult to compare the CPD of HCPs within the private and public sectors. However, there are notable differences between the structures of these two sectors that may influence the CPD of their respective employees. In the private sector, healthcare professionals may have more financial resources, as this sector operates on a fee-for-service basis, as they sell products such as hearing aids and provide services to patients to generate wealth for shareholders (32, 33). The public sector encounters financial constraints as it is tax-supported and run by the government, which means that HCPs may have to rely on personal or external funding or seek low-cost or free CPD opportunities (32). Due to most private sectors having a smaller unit of staff, they may invest in tailored training programs to meet the specific needs of their staff, whereas the public sector may rely more on generic or standardized training programs.

In South Africa, where healthcare disparities persist, CPD becomes even more critical for addressing the complex needs of diverse patient populations and navigating resource constraints within the private sector (34). The private sector, in particular, plays a significant role in the delivery of audiology services, catering to a diverse range of patient characteristics with varying

needs and preferences (35). However, the literature documents HCPs working in the private sector to have slightly lower competence than those in the public sector further emphasizing the importance of CPD (35). Private practice settings may offer greater flexibility and autonomy in CPD choices but may also place greater financial burdens on audiologists to fund their professional development activities (17). Moreover, competition within the private sector may incentivize audiologists to pursue specialized training to differentiate themselves and attract clientele (36).

1.5.7 Future Direction and Recommendations

Disruptive changes in the workplace can fundamentally reshape service delivery, as happened with the COVID-19 pandemic (37). The manner in which clinical practice and skills development are currently carried out were non-existent in the past (37). The transformation of CPD is rapidly increasing, with the shelf-life of audiologists' existing skills possibly being compromised (37). It is important that stakeholders improve their ability to foresee and equip the younger generation for the evolving demands of future skills, job roles and their overall impact on health delivery services. Ideally, CPD activities should be engaging and must serve the intended purpose, and must therefore be monitored and occasionally audited (27). Similarly, CPD providers must be held to a high standard and be accountable for implementing such an important task to ensure that it achieves its intended purpose. Due to patient care being complex and evolving, CPD is essential for audiologists, as it prevents errors in decision-making that may be caused if knowledge is not updated (38). To have a system in place for maintaining knowledge and expertise that can guarantee the aptitude and proficiency of young audiologists is therefore essential (38). Although CPD may ensure workplace competency, it does not necessarily guarantee satisfactory clinical performance (39), and through this study, the experiences of audiologists will be highlighted.

1.5.8 Summary of literature review

CPD plays a vital role in advancing audiology practice, both in South Africa and globally, with the local context of audiology being characterized by diverse practice settings and regulatory oversight by the HPCSA. The purpose of CPD in audiology is multifaceted, ranging from maintaining competency to innovation and improving patient outcomes. Motivation for CPD among audiologists stems from professional development opportunities and the desire to stay current with evolving research and technologies. Despite its benefits, CPD in audiology faces

challenges, such as limited access to quality programs, time constraints and financial burdens. Various delivery methods, including conferences, online courses and peer learning, help address these challenges and enhance CPD accessibility. Private sector involvement is integral to supporting CPD initiatives and facilitating external learning opportunities for audiologists. Future directions for CPD in audiology involve leveraging online platforms for accessible learning, advocating for policy changes to support CPD funding, and implementing quality assurance measures to ensure CPD relevance and effectiveness. By addressing the challenges and embracing innovative strategies, the audiology profession can enhance CPD opportunities, ultimately improving the quality of hearing healthcare and advancing professional excellence among audiologists.

1.6 Conceptual framework

A conceptual framework is a focal framework that consists of concepts, assumptions, beliefs and theories that support and inform the research (40). Malcolm Knowles' theory of Andragogy was used as a conceptual and analytical framework in article 1 (Objective 1), as it provided a framework for understanding and examining adult learning processes. This theory is based on five concepts, as also depicted in Figure One (41, 42):

1. **Self-concept:** Adults prefer to take responsibility for their decisions and learning processes. In CPD, professionals value autonomy in their learning, with programs ideally designed to allow audiologists to have control over their learning paths.
2. **Adult learning experience:** Adults accumulate a growing reservoir of experience that becomes an increasingly rich resource for learning, inferring the need for CPD activities to be designed to relate to the professional's role and goals.
3. **Readiness to learn:** Adults are more inclined to engage in CPD when the learning is relevant to their current roles and career aspirations, as they become ready to learn those things they need to know to cope effectively with practical scenarios. CPD should be closely aligned with professional tasks and challenges that the learners are likely to encounter.
4. **Orientation to learning:** Adult learning is problem- rather than content-oriented. CPD should therefore focus on practical, problem-centered learning rather than abstract theories, as this approach will ensure that learning is immediately applicable and beneficial in a professional context.

5. **Internal motivation:** Adults exhibit high levels of motivation to learn when driven by internal pressure or when new information assists them in solving important problems.

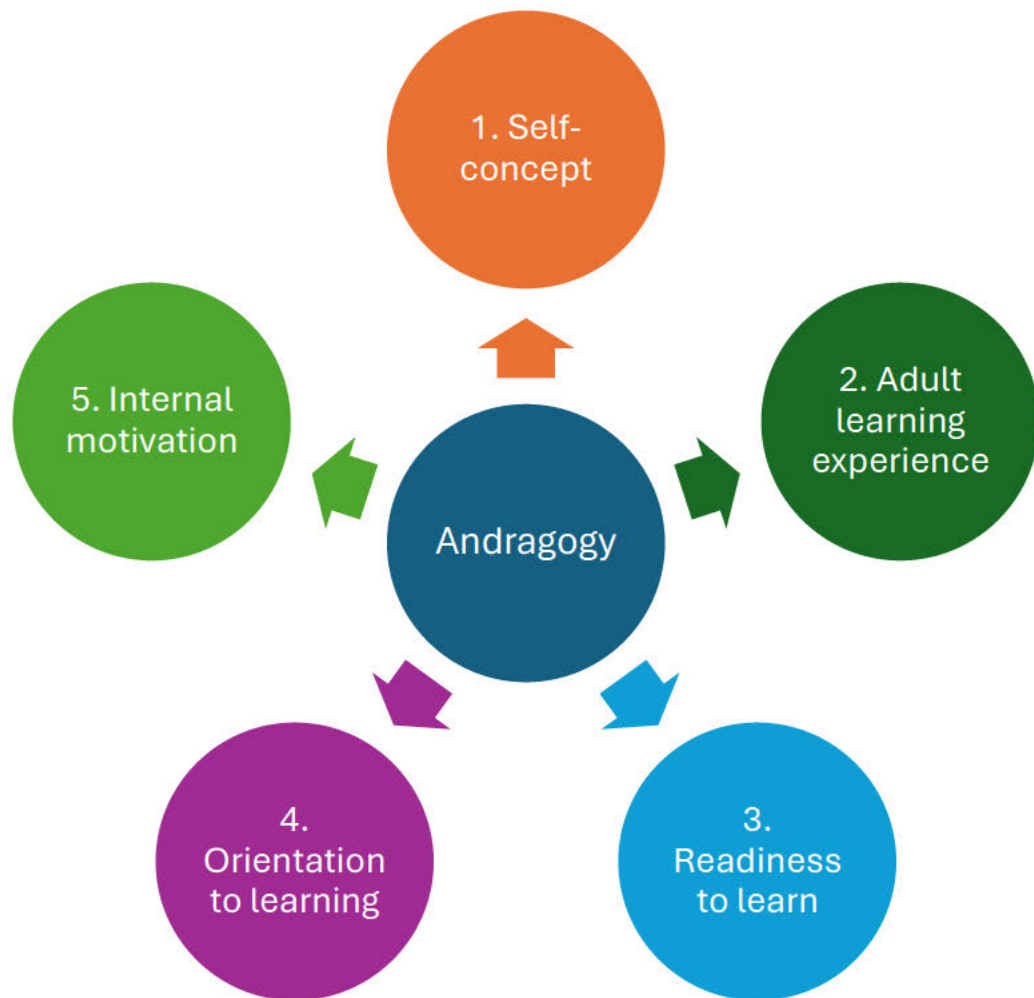


Figure One: Malcolm Knowles' Theory of Andragogy

Malcolm Knowles' theory of andragogy is particularly relevant for CPD as it focuses on the unique learning needs of adults, who are typically self-directed, experienced and motivated by practical, problem-solving tasks. Using andragogy as a conceptual and analytical framework allowed for a structured and systematic analysis of the current CPD programme and the extent to which it meets the needs of young audiologists.

1.7 Methodology

A brief description of the methods used is provided as a detailed description is contained in the articles.

1.7.1 Research Design

A descriptive, qualitative research design was adopted, this being appropriate as the researcher wanted to gain an in-depth insight into the particular phenomena that were studied.

1.7.2 Aim and Objectives

The study aimed to explore the experiences of young audiologists on continuing professional development in the private sector.

The objectives of the study were:

1. To describe the applicability of the andragogy framework on the CPD experiences of young private-sector audiologists.
2. To explore the impact of COVID-19 on the CPD of young private-sector audiologists.
3. To describe the barriers that young private sector audiologists experience during their CPD.
4. To explore strategies that may improve the design and delivery of CPD programs.

1.7.3 Critical questions

To advance the discourse on the CPD experiences of young private-sector audiologists, this study is guided by the following critical questions:

- How does the andragogy framework apply to the CPD experiences of young private-sector audiologists?
- What impact has COVID-19 had on the CPD of young private sector audiologists?
- What barriers do young private sector audiologists face during their CPD?
- What strategies can enhance the design and delivery of CPD programs?

1.7.4 Study population and sampling strategy

A purposive sampling approach was employed by targeting audiologists practicing in the KZN private sector through the distribution of a participant recruitment poster across various social

media platforms. Snowball sampling was then employed to obtain referrals to other audiologists, with all respondents who expressed interest receiving an information document via email or WhatsApp to help them make an informed decision. Those who met the inclusion criteria and agreed to participate were provided with informed consent forms before the interviews.

The following inclusion criteria applied:

Participants who were audiologists practicing in the private sector in KZN registered with the HPCSA as independent practitioners and graduated between 2017 and 2022.

The following exclusion criteria applied:

Practitioners dually qualified as speech-language therapists and audiologists, practiced in both the public and private sectors, or just the public sector.

1.7.5 Data collection

Individual interviews were conducted online using WhatsApp voice calls and recorded with permission from the participant. A semi-structured interview guide was utilized as the data collection tool to conduct the interviews. Eleven individual interviews were conducted online using WhatsApp voice calls, with participants' permission to record. A semi-structured interview guide was utilized to facilitate the interviews, starting with the opening question, "Tell me about your experiences of CPD". The interview guide included mostly open-ended questions covering topics such as the types of CPD activities participants engaged in, frequency of participation, reasons for engaging in CPD, perceived value of the activities, and additional probing questions to encourage further discussion. The interviews lasted between 20 and 40 minutes.

1.7.6 Data Analysis

Following data collection, the audio-recorded interviews were transcribed verbatim and analyzed deductively using Braun and Clarke's (2006) six-step thematic analysis process (43). This process includes: 1) Becoming familiar with the data; 2) Generating coding categories; 3) Generating themes; 4) Reviewing themes; 5) Defining and naming themes; and 6) Producing the report. The five concepts of the andragogy theory served as the analytical framework for the first article, with deductive thematic analysis being employed for article two and three. Analysis occurred

concurrently with data collection, and after 11 interviews, data saturation was achieved as no new themes emerged.

1.7.7 Reliability and Trustworthiness

A pilot study was conducted involving two audiologists from the private sector in KZN to assess the effectiveness of the data collection tool, familiarize the researcher with the tool and data collection process, and evaluate the time and resources required for the main study. Feedback was collected through a questionnaire, which indicated that no adjustments were necessary, as the participants found the questions clear and the data collection method appropriate.

To ensure trustworthiness in this study, several key aspects were addressed:

- **Credibility:** The involvement of an independent qualitative coder ensured the accuracy and credibility of the data analysis. The coder identified codes, categories, and themes independently, and these were reviewed in a consensus meeting between the researcher and the independent coder to confirm agreement, thus enhancing the credibility of the findings.
- **Transferability:** The study provides detailed descriptions of the context and participants, allowing for the findings to be relevant and transferable to similar settings within the South African private sector, particularly for young audiologists.
- **Dependability:** The use of a pilot study helped to ensure the dependability of the data collection process. The feedback from the pilot participants confirmed that the data collection tool was reliable and the process well-understood.
- **Confirmability:** The independent coding and consensus process, along with a clear audit trail of decisions and interpretations, supports the confirmability of the study findings, ensuring that they are based on the data rather than researcher biases.

1.7.8 Ethical consideration

The Humanities and Social Sciences Ethics Committee at the University of KwaZulu-Natal granted ethical approval for this study (HSSREC/00006281/2023). Informed consent was secured from all participants, ensuring they were fully aware of the study's purpose and their right to withdraw at any time without repercussions. Participants were informed that their involvement was entirely voluntary. To maintain anonymity, no identifying information about participants or

their private practices was collected or reported. All data were anonymized and securely stored in a password-protected laptop to which only the researcher and the independent coder had access, to protect participant confidentiality. The interview questions were designed to avoid any distress or discomfort. Additionally, findings were disseminated through academic publications and presentations, ensuring that participants were informed of the study outcomes and their implications.

1.8 Study Outline

The document consists of the following chapters:

Chapter 1: Introduction and Literature Review

Chapter One presents the study's background, a brief literature review, and an overview of the methodology, while also detailing the study's rationale, positionality, and conceptual framework.

Chapter 2: Results

This chapter contains the three articles that emanated from this research study entitled:

Paper 1: This article addresses Objective 1 and is titled '*Conceptualising the experiences of continuing professional development by young private sector audiologists as an attribute of andragogy*'

Paper 2: This article addresses Objective 2 and is titled '*Impact of COVID-19 on Continuing Professional Development: Perspectives of Audiologists*'

Paper 3: This article addresses Objectives 3 and 4 and is titled '*Continuing Professional Development Barriers and Recommendations: Perspectives of Audiologists*'

Chapter 3: Synthesis and Conclusions: This chapter addresses the extent to which the problem was addressed, and the aim achieved by providing a synthesis of the main findings for each objective. It presents the significance of the study, the limitations that may have affected the results, and makes recommendations for future research and practice.

CHAPTER 2: RESULTS

This chapter presents the findings of the study through three articles, each addressing the specific objectives of the study. Each article is structured to provide detailed insights that align with the study's overarching aim while also addressing the critical questions.

Article 1

Title: *Conceptualising the Experiences of Continuing Professional Development by Young Private Sector Audiologists as an Attribute of Andragogy*

This article addressed Objective 1, being to describe the applicability of the andragogy framework on the CPD experiences of young private-sector audiologists. The article has been published in Health SA Gesondheid - Journal of Interdisciplinary Health Sciences.

This article responds to the following critical question:

1. How does the andragogy framework apply to the CPD experiences of young private sector audiologists?

Andragogy was used as the conceptual framework to describe the presumed relationship between the principles of the adult learning theory and the results (44) and included emergent ideas that are not yet grounded in literature. Additionally, andragogy was used as an analytical framework, as the principles of the theory inherently served as a comparative thematic analysis that provided a systematic and transparent way to analyze the experiences of young audiologists (45). The framework analysis was used deductively while ensuring the research findings were grounded in the participants' perspectives. The study highlighted various reasons contributing to audiologists' engagement towards their CPD. It is important to establish their experiences with CPD because without understanding what supports and inhibits their professional development, such programs that could meaningfully contribute to their skills development cannot be created.

Declaration of Masters students' contribution to the journal article by thesis through publications.

Student: Suvishka Barath Student number: 218001871

The student contributed to the article as follows:

1. Conceptualization of study
2. Development of research design
3. Obtaining ethical clearance
4. Data collection and analysis
5. Drafting of the initial manuscript and review of article based on feedback from journal reviewers.

This is a true reflection of my contribution to this journal article.

A black rectangular box redacting the signature of the student.

Signed: 24th June 2024

Conceptualising the experiences of continuing professional development of young private sector audiologists as an attribute of andragogy



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Dates:

Received: 02 Apr. 2024
Accepted: 05 June 2024
Published: 05 July 2024

How to cite this article:

Barath, S. & Ross, A.J., 2024, 'Conceptualising the experiences of continuing professional development of young private sector audiologists as an attribute of andragogy', *Health SA Gesondheid* 29(0), a2683. <https://doi.org/10.4102/hsag.v29i0.2683>

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Background: Continuing professional development (CPD) is an ongoing learning process that builds on initial training and education to improve competency. Low compliance rates of audiologists adhering to CPD have been reported by the Health Professions Council of South Africa. However, there is an absence of research on the uptake of CPD from the perspective of young audiologists working in the private sector.

Aim: This study aimed to explore the experiences and views of young audiologists working in the private sector on continuing professional development.

Setting: The study was conducted in KwaZulu-Natal province, South Africa.

Methods: The descriptive, qualitative approach entailed conducting 11 online, semi-structured interviews with audiologists working in the private sector. Semi-structured interviews consisted of open-ended questions, and the qualitative data were thematically analysed. The adult learning theory, andragogy, was used as both the conceptual and analytical framework.

Results: Five andragogy concepts were used to analyse the data, with eight sub-themes emerging related to: self-concept, adult learning experiences, readiness to learn, orientation to learning and internal motivation.

Conclusion: The experiences of audiologists in the private sector on CPD aligned with the concepts of andragogy. Audiologists' experiences need to be taken into consideration during the planning and implementation of CPD for it to be relevant, effective and purposeful.

Contribution: This study highlighted the experiences of audiologists on CPD working in the private sector with continuing professional development.

Keywords: audiologist; continuing professional development; education; knowledge; adult learning theory; healthcare; private sector; South Africa.

Introduction

Continuing professional development (CPD) aims to improve healthcare professionals' clinical practice by updating their knowledge, skills and ethical attitudes to keep abreast with the best practices (Health Professions Council of South Africa [HPCSA] 2021). However, the literature provides evidence that CPD is underutilised by healthcare professionals to close the gap in knowledge and improve the quality of care provided by clinicians, including audiologists (Davis & McMahon 2018).

As a result of the advances in science and technology, as well as rising patient demands and needs, healthcare systems are continually changing (Hakvoort et al. 2022). A synthesis of existing research highlights that the unique dynamics of knowledge and skills acquired during training is not being applied in clinical practice, also known as 'the knowledge-to-action gap' (Hakvoort et al. 2022). Closing this gap requires a 'transfer of knowledge' that enables healthcare professionals to apply newly acquired knowledge and skills. However, access to knowledge and experience is often determined by hierarchy and cultural practices in the work environment, which vary in the educational activities they offer and the degree of job autonomy they allow (Hakvoort et al. 2022).

In South Africa, audiology has grown over the past five decades from a combined profession of speech and hearing therapy into the two related but distinct professions of speech-language therapy

and audiology (Breytenbach, Kritzing & Soer 2015). Audiologists have access to a variety of practicing options in various work environments in South Africa once they complete their year of public sector community services, with some going into private practice (Breytenbach et al. 2015). This study focuses on the private sector, where audiologists render services in independent clinics, practices or medical facilities that are not connected to government organisations or publicly sponsored healthcare systems (Kochkin 2009).

In private practice, audiologists typically have a broad scope of practice that is focused on the prevention, identification, diagnosis and evidence-based intervention and treatment of hearing, balance and other related disorders across all age groups (American Speech-Language-Hearing Association [ASHA] 2018). These services include, but are not limited to, (1) standard behavioural diagnostic audiological assessments; (2) electrophysiological assessments (otoacoustic emissions [OAEs], auditory brainstem response [ABR] and auditory steady-state response [ASSR]); (3) ototoxicity monitoring; (4) rehabilitation technology (e.g. hearing aid evaluations, fittings and adjustments and cochlear mapping); (5) vestibular assessments and rehabilitation; (6) auditory processing disorder evaluations; (7) tinnitus management; (8) wax management; (9) aural rehabilitation and (10) occupational audiology (hearing conservation and preservation) (ASHA Association 2018). This is in addition to the skills needed to run a business, which includes issues related to financial and tax management as well as labour legislation.

The HPCSA is the statutory body that oversees the education, training and registration of health professionals practicing in South Africa, including audiologists. The HPCSA requires health professionals to be CPD compliant as a prerequisite for annual re-registration for independent practitioners to be able to practice within South Africa (HPCSA 2021). Continuing professional development activities are accredited by the HPCSA, each activity being allocated a number of continuing education units (CEUs), which refers to the value of the learning activity (HPCSA 2021). Healthcare professionals are required to accumulate points each year, with specific numbers contributing towards clinical practice, ethics, human rights and health law (HPCSA 2021). Continuing education units are valid for 12 months from the date the activity commenced, audiologists being required to obtain at least 30 CEUs annually, with a minimum of 5 for ethics, human rights and health laws (HPCSA 2021).

Audiologists within the private sector engage in a variety of CPD activities that include conferences, workshops, seminars and/or webinars, online courses, online journal articles and simulation training. Information regarding the details of CPD events is generally shared (1) on digital platforms and/or social networking sites, such as LinkedIn; (2) on mobile instant message (MIM) platforms, the most common being WhatsApp groups and (3) via the South African Speech-Language-Hearing Association website, which is the professional body they are affiliated to (Pimmer, Lee & Mwaikambo 2018).

As per the various registration categories of HPCSA, audiologists fall under the speech, language and hearing (SLH) board, the overall CPD compliance rate of all those registered with this board being 37.2% as of January 2024 (HPCSA 2024). Factors contributing to this low rate of CPD attendance among audiologists are not well understood, making it important to understand their knowledge and experience related to engaging in these activities. Although there is considerable literature about CPD programmes and their design process globally, little has been reported from the perspective of audiologists, particularly those in private practice.

The conceptual framework employed in this study is aligned with the learning theory for adults by Malcolm Knowles (1985), also known as andragogy, with relevant concepts being used for an analytical framework. Andragogy is based upon five concepts (Knowles 1985; Magwenya & Ross 2021; VanNieuwenborg et al. 2016) of self-concept, adult learning experience, readiness to learn, orientation to learning and internal motivation:

- Self-concept: adults are autonomous and like to exercise control over the techniques and goals within the learning that is occurring, with self-directed learning being appropriate.
- Adult learning experience: adults have a wealth of experiences and knowledge and learn new things by drawing on their prior experiences.
- Readiness to learn: adults are relevancy oriented and find it easier to learn when there is a reason to acquire new knowledge.
- Orientation to learning: adults are practical and learn best when knowledge is presented in a realistic context that is applicable to their own practice.
- Internal motivation: adults demonstrate high levels of motivation to learn when new information helps them solve significant problems or contributes to career advancement.

It is important to understand the reasons that determine why audiologists participate in CPD activities, as this would assist in creating relevant programmes, improving participation and hopefully encouraging a change in behaviour and clinical practice (Magwenya & Ross 2021). This may also help the HPCSA to review the current CPD programme and may contribute towards the development of a new system that ensures that audiologists take responsibility for their own CPD. In the absence of knowing what promotes and hinders audiologists' participation in their own professional development, it is not possible to develop a system from which they will benefit, making it important to establish their perspective on CPD. The aim of this study was to explore the CPD experiences of young audiologists who are working in the private sector in KwaZulu-Natal (KZN), South Africa.

Research methods and design

Study design

A descriptive, qualitative research approach was employed as it was an appropriate methodology to explore audiologists'

individual experiences of CPD within the context of the private sector.

Setting

The research took place in KZN province, which has the highest number of audiologists practicing in South Africa with 27.8% practicing in the public sector and 72.2% in the private sector (Pillay et al. 2020).

Study population and sampling strategy

Purposive sampling was undertaken by circulating a participant recruitment poster throughout the KZN on various social media platforms that mainly consisted of audiologists, with those being interested in participating being requested to contact the researcher. Snowballing sampling was then used to obtain referrals to other audiologists, with all those who responded positively being provided with an information document via email or WhatsApp to help them reach an informed decision. Those who met the inclusion criteria and were willing to participate were provided with informed consent forms before the interviews. The inclusion criteria included audiologists practicing in the private sector in KZN registered with the HPCSA as independent practitioners. Audiologists were also required to have previous CPD experience and had graduated between 2017 and 2022. Practitioners were excluded if they were dually qualified as speech-language therapists and audiologists, as this may confound the results and were practicing in the public and private sectors simultaneously.

Eleven audiologists were interviewed individually, as data saturation was obtained.

Data collection

Data were collected during November and December 2023 once ethical approval from the University of KZN's Human and Social Sciences Ethics Committee had been obtained. The interviews were conducted online using WhatsApp voice calls and recorded with permission from the participants, with English being the preferred language of all the participants. A semi-structured interview guide was utilised to conduct the interviews, the opening question being 'Tell me about your experiences of CPD and why you participate in CPD activities'. The interview guide contained mainly open-ended questions that covered issues such as what CPD activities they participated in, how often, reasons for participating, value of the CPD activity and probing questions that prompted further discussion. The interviews lasted between 20 and 40 min.

Data analysis

After data collection, the audio-recorded interviews were transcribed verbatim and deductively analysed using Braun and Clarke's (2006) six steps of thematic analysis process with respect to the five concepts of the andragogy theory.

Using NVivo, a qualitative data analysis software (QDAS), analysis was guided by key concepts from the andragogy framework. The data analysis was ongoing during the data collection process and after 11 interviews no new themes emerged.

Reliability and validity

A pilot study was conducted with two participants to ensure the credibility and efficiency of the data collection tool. Credibility was also achieved, as the research questions were derived from the themes based on a comprehensive literature review. Recognising that the researcher contributes to the research process is a component of reflexivity; an independent qualitative coder was engaged to increase data trustworthiness and decrease bias. After independently identifying codes, categories and themes, a consensus meeting took place where they discussed and agreed on codes and themes.

Ethical consideration

Ethical approval was obtained from the University of KZN's Humanities and Social Sciences Ethics Committee (HSSREC/00006281/2023). Privacy and confidentiality were maintained for all participants of this study, with no names or information related to the private practice's workplace being disclosed in the study.

Results

Description of participants

Of the 11 participants, 8 were females and their ages ranged from 23 to 26 years, with the duration of working within the private sector being 1–5 years. Their practice profiles covered a range of areas, with their CPD activities mainly consisting of attending workshops and accessing online journal articles (Table 1).

Results

Five themes and eight subthemes were identified from the data in line with the concepts of andragogy (Figure 1).

Theme 1: Self-concept

Autonomous adults like to exercise control over the goals within which learning is taking place. One subtheme emerged, which related to participants acknowledging their own responsibility for improving their knowledge and skills and accepting that they were accountable for *upskilling yourself*.

Subtheme 1.1: Personal accountability

The participants acknowledged that this was something that they needed to take responsibility for, and that taking part in different CPD activities required a disciplined approach to their professional development. They enjoyed the fact that they had to read widely and engage with articles and/or discussions to obtain CPD points, which helped them to feel more confident in that specific area:

TABLE 1: Description of participants.

Participant no.	Age (years)	Gender	Education institution	Years in private practice	Practice profile	Type of CPD activity undertaken
1	23	Female	UKZN	1	<ul style="list-style-type: none"> Standard adult and paediatric behavioural diagnostic assessment Electrophysiological assessments 	<ul style="list-style-type: none"> Online journal articles In-person workshops
2	23	Male	UKZN	1	<ul style="list-style-type: none"> Standard adult behavioural diagnostic assessments Hearing aid evaluation, fitting and adjustments Adult aural rehabilitation 	<ul style="list-style-type: none"> Online journal articles Webinars Online training courses
3	24	Female	UKZN	1	<ul style="list-style-type: none"> Standard adult behavioural diagnostic assessment Hearing aid evaluation, fitting and adjustments Adult aural rehabilitation 	<ul style="list-style-type: none"> Online journal articles Webinars
4	23	Female	UKZN	1	<ul style="list-style-type: none"> Hearing screening Standard adult behavioural diagnostic assessments Hearing aid evaluations, fitting and adjustments Adult aural rehabilitation 	<ul style="list-style-type: none"> Online journal articles Webinars
5	25	Female	UKZN	2	<ul style="list-style-type: none"> Hearing screening Standard adult behavioural diagnostic assessments Hearing protection devices Hearing aid evaluations, fitting and adjustments Adult aural rehabilitation 	<ul style="list-style-type: none"> Online journal articles Webinars In-person courses
6	25	Female	UKZN	2	<ul style="list-style-type: none"> Hearing screening Standard adult behavioural diagnostic assessment Hearing aid evaluation, fitting and adjustment Aural rehabilitation 	<ul style="list-style-type: none"> Online journal articles
7	26	Male	UKZN	2	<ul style="list-style-type: none"> Hearing screening Standard adult behavioural diagnostic assessment Ototoxicity monitoring Occupational audiology Wax management Hearing aid evaluation, fitting and adjustment Aural rehabilitation 	<ul style="list-style-type: none"> Online articles In-person workshops
8	26	Male	UKZN	2	<ul style="list-style-type: none"> Standard adult and paediatric behavioural diagnostic assessment Electrophysiology assessments Vestibular assessments Wax management Hearing aid evaluation, fitting and adjustments 	<ul style="list-style-type: none"> Online journal articles Webinars Online training courses
9	26	Female	UKZN	5	<ul style="list-style-type: none"> Standard adult behavioural diagnostic assessment Wax management Ototoxic monitoring Tinnitus management Speech mapping and/or real ear measurements Hearing protection devices Hearing aid evaluation, fitting and adjustment 	<ul style="list-style-type: none"> In-person workshops Online journal articles Online training courses
10	24	Female	UKZN	2	<ul style="list-style-type: none"> Standard adult behavioural diagnostic assessment Hearing aid evaluation, fitting and adjustments Aural rehabilitation 	<ul style="list-style-type: none"> Online journal articles In-person workshops
11	23	Female	UKZN	1	<ul style="list-style-type: none"> Hearing screening Standard adult and paediatric behavioural diagnostic assessments Hearing aid evaluation, fitting and adjustment Wax management Aural rehabilitation Community outreach 	<ul style="list-style-type: none"> Online journal articles

CPD, continuing professional development; UKZN, University of KwaZulu-Natal.

'I would say that's the first reason, but also self-growth as a professional in terms of upskilling yourself in areas where you feel like you not confident, obviously you're gonna go and read up on those area, you're gonna attend courses, you going to watch online courses also. So, it's a matter of developing yourself as a professional.' (Participant 7, 26, Male, UKZN)

Theme 2: Adult learning experience

Adult learners are not a 'blank page' but have a wealth of experiences and knowledge based on prior experiences and learn new things by drawing on these experiences, with one subtheme emerging related to informal learning.

Subtheme 2.1: Informal learning

Participants noted that when attending CPD events there were opportunities to socialise and network with their peers, share their own experiences and reflect and learn from their colleague's experiences. They recognised the wealth of experiences that other audiologists had, and by engaging with them informally at CPD meetings and discussing challenging

cases, they were able to learn new things. The CPD activities provided them with the platform to seek out diverse learning experiences that aligned with their professional development needs. This informal learning was often perceived to be more beneficial than the formal learning that was provided:

'I feel like you meet so many people and you learn so much just from the courses and from other audiologists.' (Participant 11, 23, Female, UKZN)

'You can discuss strategies, new things that you've come across, new skills that you've learnt and its easier to share struggles that you experiencing as an audiologist.' (Participant 6, 25, Female, UKZN)

Theme 3: Readiness to learn

A readiness to learn is an important prerequisite to adults learning, with participants indicating that they attended CPD activities because they were eager to learn about advances in the profession and establish if they could be applied to their practices. Two subthemes emerged: educational requirements and interprofessional development.

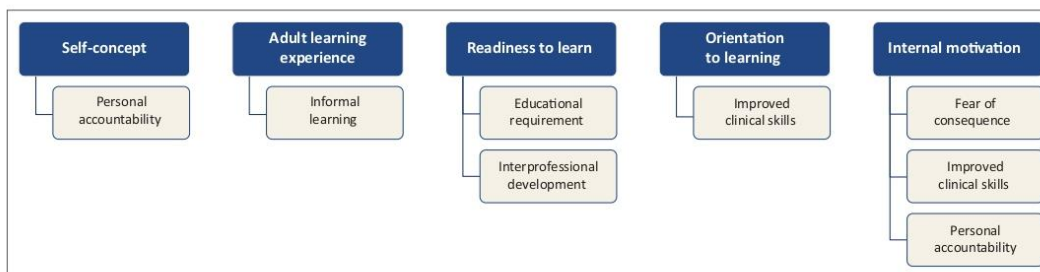


FIGURE 1: Themes and subthemes that emerged in line with andragogy.

Subtheme 3.1: Educational requirement

Participants indicated that as audiology is:

'[A]n ever-growing field.' (Participant 2, 23, Male, UKZN)

They felt the need to address their knowledge gaps and stay abreast of the latest advancements by participating in CPD activities as:

'[I]t's important to keep ourselves updated with the trends in the profession.' (Participant 2, 23, Male, UKZN)

They stated that their desire to participate in CPD was influenced by or in response to a particular clinical case they were handling or had previously handled and that they wanted to gain more knowledge about managing similar situations. The relevance of the CPD activity to their daily work made it easy for them to participate and apply the learning:

'You basically build knowledge on that so you can relate whatever new or recent research that you've read, or the seminar you attended or article you read, you can relate it to the case and it basically can increase your outlook on things when you deal with certain cases. Yeah, and also, maybe you read it from somebody else's perspective, so you have a different outlook when you deal with that certain case.' (Participant 4, 23, Female, UKZN)

Some indicated that without a readiness to learn and a recognition of the need to learn, learning does not occur. To stay up-to-date and provide the service of excellence that was expected of them, audiologists needed to engage in CPD activities. Audiology is a growing field, and with new developments in technology, they felt motivated to participate in CPD activities. Engaging in CPD helped them to holistically improve patient care as they developed a more comprehensive view of the different aspects of healthcare that they could provide:

'Our profession audiology is an ever what you call growing field so it's important to keep ourselves updated with the trends in the professions.' (Participant 2, 23, Male, UKZN)

'If there are tips that I can use to broaden my knowledge to give patients better treatment and to improve their overall health and wellness, why not?' (Participant 10, 24, Female, UKZN)

Subtheme 3.2: Interprofessional development

Physiotherapists, occupational therapists, psychologists and other healthcare professionals participated in some of the CPD activities that the participants attended. Participants noted that exposure to different perspectives and skills relevant to the overall health sector enriched their learning experience. Attending CPD events with other healthcare professionals provided them with the opportunity to broaden their knowledge in all facets of healthcare, in addition to providing evidence-based practice in their field:

'I would say that there are activities that do contribute, especially when it has to do with research affecting other healthcare conditions and hearing, like new research coming up about dementia and hearing loss, diabetes and hearing loss. All of that definitely impacts the way you carry out work with your patients, because now when you advise them you're able to say that this research study found this, this and this.' (Participant 6, 25, Female, UKZN)

'Engaging in these CPD activities help in growing our medical knowledge.' (Participant 9, 26, Female, UKZN)

Theme 4: Orientation to learning

Andragogy highlights that adults are practical and learn best when knowledge is presented in a realistic context and is applicable to their practice. One subtheme emerged related to this aspect, that being improved clinical skills.

Subtheme 4.1: Improved clinical skills

Participants acknowledged that their learning was enhanced when the CPD content was directly applicable to their practice and helped them to strengthen their skill set. The applicability of the material facilitated the transfer of theoretical knowledge acquired from the CPD activities into practical evidence-based practice. This helped to orientate them towards their learning goals and provided clarity on what they needed to focus on:

'[CPD] ... reminds me of some stuff and it helps me to improve whatever I do, because whenever you read something, you don't just read and forget about it, you keep it in you and try and apply it practically.' (Participant 7, 26, Male, UKZN)

Continuing professional development provided an avenue for them to refine their skills, which resulted in increasing their confidence within a specific area by acquiring new knowledge and building on their existing skills:

'I think to learn more and also improve my existing skills of stuff that I'm not confident in so that I can work better and understand better.' (Participant 1, 23, Female, UKZN)

Theme 5: Internal motivation

Internal motivation is a key component of adult learning, as adults demonstrate high levels of motivation to learn when new information helps them solve significant problems or contributes to career advancement. Three subthemes emerged under this concept: fear of consequences, improved clinical practice and personal accountability.

Subtheme 5.1: Fear of consequence

Despite acknowledging the importance of CPD for personal accountability, an important intrinsic motivation for their participation was (often) the statutory CPD requirement of the HPCSA, and the fear of not meeting the CPD requirement would prevent them from re-registering, which would impact on their ability to work as an audiologist:

'There's no other way for me to engage with the CPD, I always engage myself with the CPD's just for the points, other than that I wouldn't be doing any articles. I wouldn't be even interested, because I feel like it's a waste of time, because if I read through the articles, there's no change to my professional practice, so it's [only] a matter of me obtaining the points.' (Participant 3, 24, Female, UKZN)

One participant stated that her understanding of HPCSA's directives was her driving force to adhere to CPD requirements, as failure to do had negative consequences for her registration status:

'[D]efinitely to get the CPD points you need it in order to keep practicing in Audiology, so according to the Health Care Professions Council, you need a certain amount every year for you to continue practice, because if you don't, you have to take a board exam or you could be departing from the council.' (Participant 4, 23, Female, UKZN)

Subtheme 5.2: Improved clinical practice

All the participants indicated that improved patient care is important, and that continuing knowledge acquisition was essential for allowing them to provide services within the private sector that are in line with the best clinical and ethical practices:

'I work in a private practice that deals a lot with hearing aids, and we get a lot of these CPD activities that focuses on hearing aids, real ear measures, programing, verification, so I keep myself updated, because whatever I learn in those activities I carry over to the practice, and it not only benefits me it also benefits people I see.' (Participant 2, 23, Male, UKZN)

'[B]y doing CPD, we continuously improve our skills and our knowledge about what's being put out in terms of research and best practice, the best ethical procedures to follow. So, it's very important with patient care, because we're dealing with people's lives and it's important to give them the best that you know you can.' (Participant 6, 25, Female, UKZN)

Subtheme 5.3: Personal accountability

Personal accountability was also an important internal motivation to participate in CPD activities, as participants felt accountable for the services they provide and wanted to keep up-to-date and provide the best services possible, which regular CPD activities helped them to achieve. They further highlighted that patients seen in private practice expect professionals to offer the best evidence-based practice, resulting in them feeling that it was their professional obligation to participate in CPD to improve the outcome of the services they provide, as well as to ensure job satisfaction:

'It also helps me increase and improve my knowledge, because now especially, when you are in private practice, you have to keep up to date with a lot of things going on in audiology. I mean, if a patient comes to you and asks to you about certain stuff, you need to know because you provide this ... private practice is so different, they are paying so you have to, you know, to the best of your ability, know what's going on in audiology at all times.' (Participant 5, 25, Female, UKZN)

Discussion

The aim of this study was to explore the experiences of audiologists in private practice in KZN with respect to CPD and is possibly the first to do so in South Africa, particularly within the private sector.

Participants acknowledged that CPD is their own responsibility related to their ongoing learning, both formal and informal, which results in the acquisition of knowledge and transfer of skills. This is a critical understanding of adult learning and CPD activities, that learning is each person's responsibility and that it is an active and not a passive process. In addition, CPD is also a dynamic process for healthcare workers that involves proactive engagement, self-directed learning and reflective practice, and that by taking an active approach, they can continually enhance their knowledge and skills. This concurs with the results of a meta-synthesis study of qualitative literature that investigated nurses' experiences of CPD. It found that those who took responsibility for their learning recognise the importance of lifelong learning and commit to staying updated with the latest advancements, research findings and best practices in their respective fields (Mlambo, Silén & Mcgrath 2021). The meta-synthesis study highlighted that professionals actively pursue their development to uphold high standards of healthcare through competent practices (Mlambo et al. 2021). This was demonstrated by the responses of the participants in this study, indicating their heightened awareness of their responsibility and accountability for the standard of practice and services they provide in their private practice. This is congruent with findings that emphasise that the goal of CPD is to become a lifelong learner. In addition, all healthcare professionals have an ethical obligation to provide up-to-date, high-quality care to patients; however, the literature documents that services could be better served by the private sector than by the public sector (De Wolf & Toebes 2016). The participants stated that participating in CPDs increased their self-confidence, thus increasing self-efficacy, concurring with

a case study of healthcare professionals on CPD carried out in the United Kingdom (Manley et al. 2018). Participants in this study further noted that participating in CPD activities was an obligation for them to fulfil their commitment to lifelong learning when entering the profession, which is in keeping with the research findings of a study investigating factors that influence medical practitioners' CPD in Eswatini (Magwenya & Ross 2021).

A previous research study has highlighted that informal learning opportunities occur through spontaneous encounters with colleagues during interaction courses, allowing for personal introspection based on their colleagues' clinical encounters (Giri et al. 2012). This is evident in the participant's responses, as they indicated that they improved their professional development by learning from and reflecting on their peer's experiences. Interacting with peers allows healthcare workers to receive feedback and support from colleagues who understand their professional context and challenges. Peer feedback can provide valuable insights into areas for improvement, validate achievements and offer encouragement to continue on the CPD journey. Peer support creates a sense of camaraderie and belonging, enhancing motivation and engagement in CPD activities. Peers, who may be older and have more experience, will bring diverse perspectives and experiences to the table, enriching discussions and exposing the young audiologists to different approaches and insights. This diversity fosters critical thinking and encourages young audiologists to consider alternative viewpoints, with peer sharing often involving discussions about real-world cases and challenges encountered in clinical practice. By contextualising learning within practical scenarios, young audiologists can better understand how to apply theoretical knowledge to patient care, and sharing experiences with peers provides validation for healthcare workers' own experiences and challenges. Additionally, receiving feedback from peers can help identify areas for improvement, validate successful strategies and refine clinical decision-making skills. Encouraging peer interaction and collaboration should be an integral part of CPD programmes to maximise their effectiveness and impact on professional development.

Participants also suggested that their engagement in CPD activities was an educational requirement, as they recognised gaps in their knowledge when managing patients, given the nature of the private healthcare sector and their limited clinical experience. This coincides with the research findings from several studies conducted in low- and middle-income nations, which acknowledged that the private healthcare sector mainly caters to more affluent populations who may have greater expectations from the clinician (Basu et al. 2012). Participants in this study recognised that an important aspect of participating in CPD activities was to keep abreast with the latest innovations. This aligns with a study that highlighted that advances in technology can be expected within audiology when assessing patients, undertaking diagnostics, hearing aid fittings, fine-tuning and counselling

(teletherapy), and that engaging with CPD activities will be essential if audiologists are to keep abreast of new developments (Bernstein et al. 2018). Bernstein et al. (2018) further suggested that as a result of the advancements made possible by the internet and smartphones, audiology is evolving, concurring with the responses of the participants from this study. Continuing professional development can assist with equipping young audiologists with the knowledge and skills needed to adapt to these changes and meet the diverse needs of their patients effectively. It can also help young audiologists enhance their clinical decision-making skills and communication skills, leading to greater job satisfaction as well as career advancement.

A study conducted in Australia indicated that an interprofessional, patient-centred approach is essential to manage chronic diseases as well as comorbidities and long-term impairment, such as hearing impairment, which can hinder the daily functioning of patients and negatively affect their overall quality of life (Wei et al. 2020). Externally facilitated interprofessional CPD activities have been reported to increase the professional's knowledge of their colleague's scope of practice as well as their social networking, as noted by the participants of this study. This occurs as the health professionals belong to diverse disciplines within the health sector, with collaboration resulting in improved adherence to recommendations and/or referrals addressing the direct needs of the patient (Wei et al. 2020). Participating in CPD activities with healthcare professionals from other disciplines provides opportunities for networking and building professional relationships within the health sector. Building connections with colleagues from diverse disciplines and specialties can open doors to collaboration, mentorship and future learning opportunities. These professional relationships can be valuable sources of support, inspiration and career development throughout the young audiologists' professional journey and should therefore be considered when planning topics for CPD to allow for the meeting of professionals from different facets of the health sector.

Engaging in CPD activities can boost young audiologists' confidence in their abilities and knowledge, as seen in the participant's responses. Practical training sessions, where young audiologists practice and refine their clinical skills under the guidance of experienced professionals, may help young audiologists gain confidence and improve their proficiency. Acquiring new skills and staying updated on advancements within the field will allow young audiologists to become more competent and self-assured clinicians while adapting to the changing healthcare environments. Continuing professional development can be instrumental in supporting the professional development and success of young audiologists and empower them to provide high-quality care, advance their careers and make meaningful contributions to their patient's quality of life while also ensuring that they are proficient in leveraging technology.

The findings of this study underscored a reoccurring theme among participants regarding their adherence to CPD. While it is known that professional development should be ongoing and address deficits in knowledge and skills, professionals often only comply with CPD because of the mandatory requirements, as seen in the participant's responses in this study. This is of concern, as this type of engagement with CPD activity rarely leads to improved clinical practice, which is the aim of CPD. It also highlights the deficiency of the current system, which does not promote adult learning but rather takes a 'tick-box' approach to acquiring CEU points instead of becoming a lifelong learner. This would concur with an international study in which healthcare professionals were shown to have adopted a 'tick-box' mentality when engaging in CPD to ensure adherence to regulatory requirements, thereby offering little relevance for professional or personal development and defeating the purpose of CPD (Mathers et al. 2012).

Alignment to the conceptual framework

The concepts of andragogy by Malcolm Knowles (1985) provided useful areas around which to develop themes and subthemes. Regarding self-concept, participants indicated a systematic approach to their continual learning process, as they engaged in autonomous learning by choosing CPDs based on their topics of interest. Adults' previous and current learning experience can impact the way they learn and may influence how they view the need to engage with CPD. This was reflected in the participant's responses, as they indicated that their adherence to CPD was prompted by specific clinical cases that they were managing or had previously managed. These young audiologists displayed an eagerness to learn where there was a reason to attain new knowledge and wanted to engage in CPD to stay abreast of the most recent developments within their field. Regarding orientation to learning, adults learning should ideally be contextually relevant to address their need, which aligns with their responses, as CPD activities allowed for the transfer of theoretical knowledge into evidence-based practice. Ideally, all CPD activities should be based on adult learning principles and should be problem-centred rather than content-centred learning, encouraging active participation rather than simply meeting the point requirements of the HPCSA.

Limitations

The audiologists in this study were young, mainly female professionals aged 23 to 26 years, and therefore do not represent the other age groups. In addition, with only 1–5 years of working experience, they had had limited participation in CPD, as they are relatively new graduates. Despite these limitations, the findings provide an overview of areas to be explored in an effort to ensure that audiologist opinions and experiences are taken into account, with a broader age range and experience range as well as more males.

Conclusion

The findings indicated that participation in CPD improved audiologists' knowledge and skills while enhancing patient-centred care by acquiring evidence-based practice. Audiologists felt that they had a responsibility to provide the best practices to holistically improve their patient's health by keeping themselves informed of the latest developments within the field, with CPD being an effective way to acquire new knowledge and skills through both formal and informal interactions. This study underscored the critical importance of considering the experiences and perspectives of young audiologists in the private sector when designing and implementing CPD programmes. Employing the concepts of andragogy can significantly influence CPD engagement among audiologists. CPD programmes tailored to the unique needs and motivations of audiologists will likely be more effective and meaningful. Future CPD initiatives should integrate these insights to foster higher compliance and ensure ongoing professional competency among audiologists. This study not only fills a gap in the existing literature but also provides a foundation for developing more relevant and impactful CPD strategies, ultimately contributing to improved professional standards and patient care in the audiology field.

Acknowledgements

The authors are thankful for the participants agreeing to participate in the research study and Carrin Martin for editing the manuscript. This article is partially based on the author's thesis entitled 'Experiences of young audiologists on continuing professional development in the private sector in KwaZulu-Natal, South Africa' towards the degree of Masters of Medical Science in the Department of Family Medicine, University of KwaZulu-Natal, South Africa, June 2024, with supervisor Professor Andrew John Ross (This thesis was not published at the time of publication).

Competing interests

The authors declare that they have no financial or personal relationships that may have inappropriately influenced them in writing this article.

Authors' contributions

S.B. formulated the presented idea, performed the data collection and data analysis and wrote the article with support from A.J.R. A.J.R. supervised the research process and approved the final version of this article.

Funding information

The authors received no financial support for the research, authorship and/or publication of this article.

Data availability

The data that support the findings of this study are available upon reasonable request from the corresponding author, S.B.; however, the data are not publicly available because of restrictions containing information that could compromise the privacy and confidentiality of the research participants.

Disclaimer

The views and opinions expressed in this article are those of the authors and are the product of professional research. It does not necessarily reflect the official policy or position of any affiliated institution, funder, agency or that of the publisher. The authors are responsible for this article's results, findings and content.

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Article 2

Title: *Impact of COVID-19 on Continuing Professional Development: Perspectives of Audiologists*

The second article of this study aimed to address objective 2 by exploring the impact of COVID-19 on the CPD of young private-sector audiologists. The article has been published in the South African Journal of Family Practice.

This article responds to the following critical question:

1. What impact has COVID-19 had on the CPD of young private sector audiologists?

This study elaborates on understanding the challenges, adaptations, and opportunities experienced by audiologists during the pandemic. To effectively address the CPD needs of young audiologists in the private sector after the pandemic, it is imperative to comprehend their experiences. Through investigating the impact of COVID-19 on CPD participation among young audiologists, this study offers significant new understandings to improve the robustness and efficacy of CPD programs post-pandemic as well as the possible perceived long-term implications on the professional development of young audiologists.

Declaration of Masters student's contribution to the journal article by thesis through publications.

Student: Suvishka Barath Student number: 218001871

The student contributed to the article as follows:

1. Conceptualization of study
2. Development of research design
3. Obtaining ethical clearance
4. Data collection and analysis
5. Drafting of the initial manuscript and review of article based on feedback from journal reviewers.

This is a true reflection of my contribution to this journal article.



Signed: 24th June 2024

Impact of COVID-19 on continuing professional development: Perspectives of audiologists



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Dates:

Received: 16 Apr. 2024
Accepted: 06 July 2024
Published: 07 Aug. 2024

How to cite this article:

Barath S, Ross AJ. Impact of COVID-19 on continuing professional development: Perspectives of audiologists. *S Afr Fam Pract.* 2024;66(1), a5963. <https://doi.org/10.4102/safp.v66i1.5963>

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Background: The coronavirus disease 2019 (COVID-19) pandemic triggered unprecedented disruptions to continuing professional development (CPD) activities, which are essential for healthcare professionals (HCPs) to stay abreast on best practices, current knowledge and emerging technologies, ultimately enhancing patient care. Audiologists encountered multiple challenges during the pandemic, necessitating adaptations and innovations in their CPD practices. While literature was published during the pandemic on shifting education systems to online platforms, little is known about its impact on the CPD of young audiologists working in the private sector.

Methods: A descriptive, qualitative research design was adopted to collect rich data from 11 audiologists using online semi-structured interviews which were thematically analysed using Braun and Clark's steps.

Results: COVID-19 brought about both positive adaptations and negative disruptions to the CPD activities of young audiologists. Eight major themes were identified in this study. These include (1) the adoption of online learning, (2) improved flexibility, (3) cost-effectiveness, (4) diverse learning opportunities, (5) keeping current, (6) isolation and networking, (7) limited interactivity and (8) uncertain quality assurance.

Conclusion: The COVID-19 pandemic had a considerable influence on the CPD activities of young audiologists in the private sector. While presenting significant challenges, including disruptions to traditional learning modalities, the pandemic also catalysed innovation and adaptation within the profession.

Contribution: This study highlights the resilience exhibited by young audiologists towards their CPD and also provides actionable insights for informing professional development initiatives, tailored to the evolving needs of audiologists in the post-COVID-19 era.

Keywords: pandemic; COVID-19; online learning; hybrid learning; young audiologists; private sector; continuing professional development.

Introduction

On 11 March 2020, the World Health Organization (WHO) declared the coronavirus disease 2019 (COVID-19) as a global pandemic,¹ which brought unprecedented challenges to healthcare systems worldwide, profoundly impacting the professional landscape of healthcare professionals (HCPs).² Pandemic restrictions were imposed across South Africa on 23 March 2020, the 6 weeks of stay-at-home being followed by 15 months of varying levels of travel and contact limitations. This not only had implications for people needing to access health services but also for education across the country, including for HCPs. In South Africa, HCPs are required to undertake continuing professional development (CPD) activities annually as part of the requirement to maintain their membership with the Health Professionals Council of South Africa (HPCSA), which is their representative statutory body. Continuing professional development, which is integral to maintaining and enhancing the competence of HCPs, encountered both disruptions and innovations in response to the pandemic.³ The CPD of HCPs experienced significant transformations because of the increased demand for CPD opportunities to be tailored to the pandemic response,² that being the inability to meet in person. While the progress made in combating the virus and the gradual return to normality is celebrated, it is important to reflect on the impact the pandemic had on the CPD of young audiologists.

As healthcare systems grappled with surges in COVID-19 cases, HCPs faced shifting priorities, increasing resource constraints and the need for rapid adaptation to evolving clinical practices.⁴ Consequently, the traditional modes of CPD delivery, such as in-person conferences and workshops, underwent substantial modifications to align with public health measures, such as social distancing, to be able to address the emergent needs of HCPs.² With restrictions on travel

and in-person gatherings, there was a significant increase in virtual CPD activities.⁵ Webinars, online courses, virtual conferences and remote workshops became the norm, allowing HCPs to continue their learning while adhering to the pandemic requirements.² Although the restrictions imposed by COVID-19 were lifted in July 2022, many CPD activities have continued online or in a hybrid format. Online learning involves educational activities conducted via the internet, utilising synchronous or asynchronous methods that can be accessible through a range of internet-connected devices.⁶ However, hybrid learning is an educational approach that integrates traditional workplace activities with enhanced online environments, leveraging technology to create a blended learning experience.⁷

Studies have been conducted to assess the effectiveness of online learning during the pandemic, and present conflicting findings, many having taken place at its outset, thus rendering them inapplicable to the current professional development of HCPs in the post-pandemic era.^{8,9,10,11} Currently, there is insufficient literature to rigorously evaluate the impact of this considerable change in the provision of CPD and its influence on the practice of HCPs. This is pertinent, as CPD is arguably the most important aspect of healthcare education across healthcare professions after graduation.

Although the COVID-19 pandemic limited access to and the provision of healthcare services, it is important to understand the professional development of HCPs who graduated amid the pandemic, as there are invaluable lessons to be learned from this unparalleled experience that may shape the future of healthcare education, practice and preparedness. Gaining insight into audiologists' experience of how COVID-19 impacted their CPD may assist the providers in reshaping these activities. This would allow CPD providers to embrace these shifts and utilise innovative approaches, and enable audiologists to successfully navigate the challenges of accessing CPD and maintaining high standards of patient care in the post-pandemic period. Therefore, this study aimed to explore the impact of COVID-19 on the CPD activities of young audiologists working in the South African private sector.

Research methods and design

This study employed a descriptive qualitative research design involving online semi-structured interviews with 11 audiologists employed in the private sector in KwaZulu-Natal (KZN), South Africa. The methods employed in this study closely follow those detailed in the author's previously published article titled 'Conceptualising the experiences of continuing professional development of young private sector audiologists as an attribute of andragogy'.¹²

Purposive sampling was utilised, starting with the distribution of a participant recruitment poster across KZN using various social media platforms targeting audiologists.

Prospective participants contacted the researcher to express interest with snowball sampling subsequently being employed to acquire referrals to additional audiologists. Interested audiologists received an information document via email or WhatsApp to aid with their decision-making process. Eligible participants who agreed to participate completed informed consent forms prior to engaging in semi-structured interviews through WhatsApp voice calls, which lasted between 20 min and 40 min. The researcher utilised an interview schedule based on emerging themes in literature to guide the semi-structured interview (Appendix 1). Following data collection, verbatim transcriptions of the interviews were conducted from audio recordings. The data were then deductively analysed using Braun and Clarke's six-step thematic analysis process.¹³

A pilot study involving two participants was conducted to validate and refine the data collection tool for credibility and efficiency. To enhance data reliability and mitigate bias, an independent qualitative coder was engaged. After independently identifying codes, categories and themes, a consensus meeting was convened between the researcher and the independent coder to discuss and finalise the coding framework and thematic analysis.

Ethical considerations

Ethical approval was obtained from the University of KwaZulu-Natal's Humanities and Social Sciences Ethics Committee (HSSREC/00006281/2023).

Results

Table 1 summarises the characteristics of the participants, all aged 23–26 years, most ($n = 8$) being female, and the majority ($n = 10$) having worked for less than 4 years. All 11 had engaged in online methods of CPD, with reading online journal articles being the most common activity and participating in online training courses the least.

Eight major themes emerged from the study: the adoption of online learning, improved flexibility, cost-effectiveness, diverse learning opportunities, keeping current, isolation and networking, limited interactivity and uncertain quality assurance.

TABLE 1: Description of participants.

Variable	Characteristic	#
Age (years)	23–24	6
	25–26	5
Gender	Female	8
	Male	3
Years worked in private practice	1–3	10
	4–5	1
Types of CPD activities	Reading online journal articles	11
	Participating in online training courses	3
	Attending webinars	4
	Joining in-person workshops	5

CPD, continuing professional development.

The adoption of online learning

Participants indicated a drastic change in CPD in the wake of the COVID-19 pandemic, a shift still evident in their current activities. However, as they had not engaged in CPD before the pandemic, they could not make direct comparisons, but they do acknowledge the change brought about by COVID-19. Participants have observed a pronounced increase in online CPD activities, reflecting the broader shift towards online platforms:

'I think most of the CPD moved online because of the COVID times, especially like those seminars which are now online.' (Participant 4, Female, 23 years old)

'I think COVID also impacted that [CPD] because everything just went online.' (Participant 9, Female, 26 years old)

Improved flexibility

Owing to the CPD activities moving online, participants indicated that they were able to access training materials and participate in courses at their convenience, particularly for asynchronous online CPD activities. This eliminated the need for travel and enabled them to balance their professional development with their work and personal responsibilities:

'Since everything has now become more virtual and online based, there's the advantage of convenience. So especially if you are someone that's working in the private sector, it means you're either working five to seven days a week. This means that you don't always have the time to go out to workshops that are happening during the day, or you have to take leave from work. So online CPD has the added advantage of convenience, in that you can do it when you're home or when you've got some spare time, so whenever you're available.' (Participant 6, Female, 25 years old)

Cost-effectiveness

Participants indicated that CPD presented through virtual platforms was more affordable, as it eliminated the need to travel, making educational resources and training opportunities accessible to them, regardless of their location:

'If they do have an in-person CPD you have to think of traveling costs because they might not have it in your areas. Online CPD is easier to access instead of actually attending in-person, because you were at risk of contracting COVID and even travelling costs, so I think it has benefits in a way you can access it from your home or your laptop or even your phone.' (Participant 4, female, 23 years old)

Diverse learning opportunities

Participants acknowledged that because of the lack of resources in their practices, they have limited exposure to high-end technology:

'I think also with our country, we so limited because our country is not so developed in certain areas, for example vestibular. If you look at London they very good with those types of things, so with those areas it's not so big here.' (Participant 1, Female, 23 years old)

The online learning platforms allowed participants to access CPD activities at a global level, which enabled the young audiologists to engage with training programmes that best suited their learning needs and styles:

'It also gives you access to professionals that are overseas. So with the virtual side, you have the advantage of attending CPD workshops that could be held by someone in America or the UK.' (Participant 6, Female, 25 years old)

Keeping current

Participants indicated that online CPD platforms assist in quickly disseminating information, which assisted them to stay abreast with the latest courses and research findings related to their practice. This ensured that they had access to the most current information to enhance their knowledge and skills:

'In terms of lecturers abroad doing courses, especially upcoming courses on the advancements in technology, is great because it makes all of us aware as clinicians to involve best practices.' (Participant 10, Female, 24 years old)

Isolation and lack of networking

One of the drawbacks of online learning was the sense of isolation, as they missed the face-to-face interaction, the informal meeting opportunities, and the ability to network with peers and experts in their field and areas of interest:

'[online CPD] ... affects how you network, because if we had more in-person CPD activities, we'd be able to network more with other healthcare professionals and other audiologists in our areas. So with everything being online, you see people joining these webinars, but you don't get to meet them in-person and discuss strategies, discuss new things that you've come across, new skills that you've learned and so in terms of networking, it does affect that you know.' (Participant 6, Female, 25 years old)

Participants further highlighted that online CPD platforms feel impersonal, leading to a sense of disconnection from the learning experience and their colleagues. They indicated that participating in online CPD activities resulted in an absence of peer support, something that they would have benefitted from considering that they are relatively young professionals within the field of audiology:

'I wish that there was more accessibility for in-person CPD programs, and I feel since COVID, we had all of this detachment in terms of networking. So, it's a good way to collaborate by meeting in-person, especially after COVID, because I've graduated in the middle of COVID. So when I started my career, I didn't have a network of audiologists that I knew and could contact, so if I was stuck with anything or I needed advice, it was basically just people I knew because we went to the same university or something. But I had a very limited network of healthcare co-workers that I could communicate with, which was definitely a disadvantage.' (Participant 6, Female, 25 years old)

Limited interactivity

While online CPD platforms offer flexibility, participants felt that such programmes lacked the interpersonal interaction and hands-on experiences that were provided by in-person training. Participants reported that this had an impact on both the depth of learning attained and their levels of engagement, which was negatively affected by the lack of familiarity with the other participants:

'Because in an online platform, you don't always have the courage to speak up if you have a certain difficulty with something, you're less likely to ask questions online because it's a bunch of people that you don't really know or you haven't met, but when you chat to people in-person and you get to know them, it's easier to share struggles that you're experiencing and it's easier to say "how do you do this?" and "how do you overcome that?" and so that does make a difference as well.' (Participant 6, Female, 26 years old)

Uncertain quality assurance

Participants felt that the provision of activities through virtual platforms may be defeating the purpose of CPD, as they often witnessed their colleagues engaging to simply comply with the requirements of their statutory body, rather than using it as an opportunity to improve their knowledge and skills:

'It's one thing to learn all of the stuff online, but you do get a lot of people that will just not actually read an entire article and will maybe just read important parts and not the whole thing just so that you can get the CPD points.' (Participant 9, Female, 25 years old)

Discussion

Coronavirus disease 2019 has caused profound changes in the way that CPD activities are delivered, resulting in a paradigm shift towards online learning. This changed the way that HCPs, including young audiologists, engage in their ongoing professional training. However, some of these changes have created new challenges, hindering professional development. Despite the disruptive nature of the pandemic, it prompted the development of innovative approaches to CPD among HCPs. Literature identifies a need for online CPD courses to be well-designed considering HCP needs and be structured according to learning theories.¹⁴ To our knowledge, no study has been conducted within the South African context to understand how COVID-19 has transformed the CPD of young audiologists within the private sector.

Participants reported improved flexibility in accessing educational resources and networking opportunities online, at a time that suited them. Furthermore, the virtual platforms of CPD provided HCPs the advantage of convenience as it can now minimise disruptions to their clinical responsibilities. Such activities may have facilitated greater participation in CPD activities, as the online platform transcends geographical barriers and overcomes the high costs associated with in-person activities. This finding concurs with a Nigerian study that investigated the impact of COVID-19 on the CPD of physiotherapists,⁴ with many participants indicating that online learning was cost-effective and feasible for the implementation of their CPD. This is also in keeping with the findings from a study conducted in India that investigated the perceptions of postgraduate students on online learning during the COVID-19 pandemic.¹⁵ The study reported that online learning broke monotonous routines or repetitive learning patterns and made educational material easily accessible, which was also reported in this study.

Virtual communication removed location barriers, allowing online CPD programmes to offer opportunities for HCPs to connect with peers, experts and mentors worldwide. This fosters global collaboration, knowledge sharing and networking, which are essential for the professional growth and advancement of young audiologists. Participants indicated that online learning provided them with the platform to obtain real-time updates of advances within their field as they were able to access webinars and virtual conferences that featured sessions on timely topics or recent advancements. This was also seen in the Nigerian study as the physiotherapists joined international conferences which increased their awareness and knowledge.⁴ Furthermore, a study conducted in Ghana reported that the use of online methods of CPD enabled them to reach a larger number of HCPs when the dissemination of time-sensitive information is essential in comparison to traditional CPD methods such as in-person CPD activities.¹⁶

On the downside, the COVID-19 pandemic presented significant challenges to the CPD of young audiologists. The cancellation of in-person events deprived HCPs of valuable hands-on learning experiences and networking opportunities, which are crucial components of CPD for young audiologists. Moreover, the practical skills of these audiologists may have been compromised, as many of the participants graduated during the midst of the pandemic or were in the latter stages of completing their undergraduate training. Online platforms may not provide ample opportunities for networking and building professional relationships as expressed by many participants of this study. During face-to-face CPD, participants can engage in discussions and seek support from peers. However, in an online setting, this interaction is often limited, leading to a sense of isolation. A systematic review that looked into the effectiveness of distance learning strategies for allied health workers' CPD highlighted the need for HCPs to have 'time out' to physically attend CPD courses.³ It is critical to understand that in-person training provides opportunities for young audiologists to observe demonstrations and practical exercises, which can be crucial for mastering skills that they are not very confident in.

Furthermore, while online CPD platforms offer flexibility, they can lack the interpersonal interaction provided by in-person training. This can affect engagement levels and the depth of learning achieved by HCPs. This is consistent with the research findings of an Indonesian study which found that online learning does not produce the same learning outcome as face-to-face learning. They concluded that for this reason, in-person CPD for HCPs is preferable in comparison to online learning, particularly for skills training.¹⁷ Furthermore, a research study that investigated the effectiveness of e-learning in comparison to conventional teaching among medical undergraduates during the COVID-19 pandemic highlighted that although online learning can be effective in supporting the educational process, it cannot replace the existing system

of education.¹⁸ Therefore, hybrid learning should be considered by stakeholders of CPD. Hybrid learning, also known as blended learning, combines both face-to-face and online learning.¹⁹ Hybrid learning will enhance accessibility by allowing HCPs to access CPD activities remotely while still having the option for face-to-face interactions and hands-on experiences when appropriate. Hybrid learning offers flexibility to HCPs, allowing them to choose the learning mode that best suits their needs, whether through workplace activities, online learning or a combination of both.

As HCPs engage with CPD activities facilitated through online platforms, a pertinent dilemma arises, which is the balance between meeting compliance standards and promoting authentic learning. The convenience of online activities brings with it a challenge, as it is imperative to determine the pursuit of CPD to ensure that it does not merely become a tick-box exercise but remains a meaningful endeavour for knowledge enrichment and skill refinement. Participants witnessed many of their colleagues engaging in CPD simply to meet the statutory requirements rather than to genuinely enhance their knowledge and skills. In-person CPD activities uniquely offer immediate feedback to facilitators regarding the quality and impact of the CPD session on HCPs' skill development. Active participation during these sessions allows facilitators to gauge effectiveness firsthand, ensuring meaningful contributions to professional growth that may not be as easily assessed in virtual settings.²⁰ Therefore, CPD providers need to carefully evaluate the credibility of online CPD activities to ensure that the HCP is accurately receiving their CPD and not just engaging in CPD to meet statutory requirements. Online courses should therefore incorporate interactive elements like quizzes, case studies, simulations and discussions to actively engage HCPs. This approach not only enhances retention and application of knowledge but also aligns well with various types of CPD presentations suited to the specific learning outcomes of HCPs. Each format – whether online, in-person or hybrid – can cater effectively to different learning objectives, ensuring that the chosen method is well matched to the desired educational outcomes.

Limitations

This study may not have fully accounted for contextual factors such as access to online resources or individual socioeconomic status which could influence participants' experiences of CPD during the pandemic.

Recommendations

Without a doubt, online CPD will continue post the COVID-19 pandemic, with creative solutions to the challenges identified needing to be found. There is a need for ongoing research on online CPD and learning methods that encourage active participation and engagement on this platform to ensure that CPD contributes meaningfully towards the career advancement of HCPs and provides high standards of care to patients.

Conclusion

As the world transitions into a post-pandemic era, the lessons learned from COVID-19 are shaping CPD activities for HCPs. Educators, policymakers and healthcare institutions must integrate these lessons into ongoing CPD initiatives, equipping HCPs with essential knowledge, skills and resources to effectively navigate future challenges. This evolution necessitates policymakers adopting policies that ensure the accreditation and quality assurance of online CPD, preserving its credibility and effectiveness. Furthermore, healthcare and educational institutions play pivotal roles by providing the necessary resources and infrastructure for continuous learning and skill development. Employers are also crucial in supporting CPD through provisions like time, funding and recognition of professional growth. Meanwhile, CPD providers must align their offerings with current healthcare needs, delivering relevant content through diverse platforms to cater effectively to the diverse needs of HCPs.

Acknowledgements

The authors are thankful for the participants agreeing to participate in the research study, and Carrin Martin for editing the manuscript. This article is partially based on the author's thesis entitled 'Experiences of young audiologist on continuing professional development in the private sector in KwaZulu-Natal, South Africa' towards the degree of Masters of Medical Science in the Department of Family Medicine, University of KwaZulu-Natal, South Africa, received June 2024, with supervisor Prof. Andrew John Ross (This thesis was not published at the time of publication).

Competing interests

The authors declare that they have no financial or personal relationships that may have inappropriately influenced them in writing this article.

Authors' contributions

S.B. formulated the presented idea, performed the data collection and data analysis, and wrote the manuscript with support from A.J.R. A.J.R. supervised the research process and approved the final version of this manuscript.

Funding information

This research received no specific grant from any funding agency in the public, commercial or not-for-profit sectors.

Data availability

The data that support the findings of this study are available upon reasonable request from the corresponding author, S.B.; however, the data are not publicly available because of restrictions containing information that could compromise the privacy and confidentiality of the research participants.

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Appendix starts on next page →

Appendix 1: Interview schedule

1. Tell me about your experience with continuing professional development.
2. How do you access continuing professional development (CPD) activities?
3. What are some of the changes you would like to see in CPD activities?

Possible probing questions:

- 1.1. What are the reasons you engage with CPD?
- 1.2. How often do you engage in CPD?
- 1.3. Do CPD activities contribute meaningfully to your clinical practice?
- 1.4. How has engaging in CPD changed your practice?
- 2.1. What are the barriers you encounter in accessing CPD?
- 2.2. What types of CPD activities do you do?
- 3.1. Are you aware of how many points you require?
- 3.2. Do you know what you get points for?

Article 3

Title: *Continuing Professional Development Barriers and Recommendations: Perspectives of Audiologists*

The third article aimed to address objectives 3 and 4 of the study by describing the barriers that young private-sector audiologists experience during their CPD while exploring strategies that may improve the design and delivery of CPD programs. This article has been published in the South African Journal of Communication Disorders.

This article responds to the following critical question:

1. What barriers do young private sector audiologists face during their CPD?
2. What strategies can enhance the design and delivery of the current CPD program?

Despite the recognized importance of CPD, numerous barriers hinder the effective participation of young audiologists in CPD activities within the private sector. This article highlighted the various barriers that audiologists encounter which include personal, structural, and financial barriers.

By examining the perspectives of young audiologists, insights can be gained into the specific obstacles they face and identify practical strategies to promote CPD. Understanding these barriers and exploring potential recommendations is vital to addressing the unique challenges faced by audiologists. The findings of this article contribute valuable knowledge to enhance CPD practices and support the professional development of young audiologists.

Declaration of Masters student's contribution to the journal article by thesis through publications.

Student: Suvishka Barath Student number: 218001871

The student contributed to the article as follows:

1. Conceptualization of study
2. Development of research design
3. Obtaining ethical clearance
4. Data collection and analysis
5. Drafting of the initial manuscript and review of article based on feedback from journal reviewers.

This is a true reflection of my contribution to this journal article.



Signed: 24th June 2024

Continuing professional development barriers and recommendations: Perspectives of audiologists



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Dates:

Received: 24 Mar. 2024
Accepted: 11 July 2024
Published: 20 Aug. 2024

How to cite this article:

Barath, S., & Ross, A.J. (2024). Continuing professional development barriers and recommendations: Perspectives of audiologists. *South African Journal of Communication Disorders*, 71(1), a1048. <https://doi.org/10.4102/sajcd.v71i1.1048>

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Background: Continuing professional development (CPD), a compulsory requirement of the Health Professions Council of South Africa (HPCSA), is undertaken by healthcare professionals (HCPs), including audiologists, to remain up-to-date with the latest developments, technology and best practices within their discipline. However, the low compliance rates of audiologists engaging in CPD need to be investigated to establish the barriers that audiologists encounter as well as possible interventions to improve their participation.

Objectives: This study aimed to explore the barriers that audiologists encounter when participating in CPD activities and to highlight their suggestions for improving its uptake.

Method: The descriptive qualitative research design entailed the use of semi-structured online interviews with 11 audiologists practising within the private sector in the province of KwaZulu-Natal, South Africa, their responses being thematically analysed.

Results: Three barriers were identified, namely: (1) personal, (2) financial and (3) structural barriers, with eight subthemes and nine recommendations provided by participants.

Conclusion: It is anticipated that implementing the proposed strategies will address the barriers and allow active engagement of audiologists in their continued education.

Contribution: Limited literature has been documented on the barriers that young, private sector audiologists encounter within the South African context while also providing suggestions to address these barriers.

Keywords: continuing professional development; young audiologists; education; healthcare; private sector; barriers; recommendations; South Africa.

Introduction

Continuing professional development (CPD) is a systemic learning approach pursued by healthcare professionals (HCPs) to maintain competency after completing their initial training (Giri et al., 2012). It is important for all HCPs, including audiologists, to uphold the highest standards of care, and remain current and competitive in an ever-evolving field. The intention being to update and enhance their knowledge, skills and experience, based on the evolving scope of practice to the most recent scientific findings. Effective CPD planning starts with a health education needs assessment, which can be obtained by assessing the perspectives of HCPs (Giri et al., 2012). Without a reasonable understanding of past education, knowledge gaps and the needs of the health workforce, it is unlikely that CPD activities will address their deficiencies in competency, and will only satisfy regulatory obligations (Giri et al., 2012).

Within the private sector, where audiologists operate in diverse clinical settings, ranging from independent practices to corporate healthcare environments, the imperative for CPD is particularly pronounced. Unlike their counterparts in academic or research institutions, private-sector audiologists often face unique challenges, such as time constraints, financial considerations, and the need to stay competitive in a rapidly changing market (Merry et al., 2023). In this context, CPD emerges not merely as a professional obligation, but as a strategic imperative for staying ahead in a dynamic and competitive field (Shamim & Rasheed, 2021).

Audiologists are categorised by the Health Professions Council of South Africa (HPCSA) under the Speech, Language and Hearing board (SLH), and as of 31 January 2024, the overall compliance rate for all professionals registered under this category was 37.2% (HPCSA, 2024). Audiologists are required to pay annual membership fees to the HPCSA and are encouraged to join professional associations such as the South African Speech-Language-Hearing Association

(SASLHA) and the South African Association of Audiologists (SAAA), which provides CPD webinars and journal articles to members.

For audiologists to be licensed as independent practitioners working in South Africa (SA), irrespective of their employment status, they must comply with the CPD requirements of the statutory body, known as the Health Professional Council of South Africa (A Health Professional Council of South Africa, 2021). Currently, the HPCSA requires practitioners to obtain continuing education units (CEUs), which refer to the value of a learning activity for CPD (HPCSA, 2021). However, merely accumulating these points does not necessarily indicate genuine learning or improvements in the quality of the HCPs' performance (HPCSA, 2021). This is because CEUs often measure participation in educational activities rather than the actual comprehension and application of the knowledge gained. Audiologists are currently required to obtain a minimum of 30 clinical CEUs, and five ethics, human rights or health laws CEUs (HPCSA, 2021).

The proposed HPCSA CPD guidelines will require HCPs to develop a learning plan based on their own needs assessment, which will address gaps in their knowledge and skills, and outline how the learning activity will influence patient outcomes (HPCSA, n.d.). In addition, the proposed guidelines have introduced new CPD requirements, which include topics related to professionalism, quality and safety, and communication. The categories of ethics and professional competency, which are required for the HCPs to maintain their registration annually, have been retained in the proposed guidelines (HPCSA, n.d.). The proposed guidelines will require audiologists to acquire a minimum of 30 annual credits in the following categories: (1) 25 points for professional competency; (2) 3 points for ethics and professionalism; (3) 1 point for safety and quality, and (4) 1 point for communication (HPCSA, n.d.). The guidelines are under review, and it is anticipated that they will come into effect sometime in the near future.

A review of the literature showed a lack of research on audiologists' participation in CPD activities in the private sector in SA, a low-middle-income developing nation (World Health Organization, 2023). Given the poor compliance rates and paucity of research in this field, it is important to identify the barriers preventing their participation, as well as potential recommendations to address the challenges identified and improve their participation, engagement, and compliance with CPD activities.

Understanding the barriers to HCPs' participation is essential in low- and middle-income countries such as SA, where non-financial constraints, such as human resource shortages, could influence the practicality of implementing the proposed guidelines (Van Rensburg, 2014). Furthermore, there is a need to examine both the context and the delivery of CPD programmes at a private sector level to identify effective solutions that could strengthen the participation of

HCPs in CPD activities and ensure that they result in improved practices. However, very little is known about the factors that prevent audiologists from participating in such events, making it difficult to know how to address them. The aim of this study was therefore to explore the barriers that prevent audiologists from participating in CPD activities and to highlight their suggestions for improving the provision of CPD.

Research methods and design

A descriptive, qualitative research design was adopted and entailed interviewing audiologists working in the private sector in KwaZulu-Natal (KZN) province between November 2023 and December 2023. This study reports on the barriers and recommendations encountered by private sector audiologists, building on the authors' previous publication titled *Conceptualising the Experiences of Continuing Professional Development of Young Private Sector Audiologists as an Attribute of Andragogy* (Barath & Ross, 2024).

Study population and sampling strategy

Participants consisted of audiologists from the private sector and were recruited via a poster that was distributed across various social media platforms that are popular within the audiology community in KZN. Audiologists who were interested in participating directly contacted the researcher. Purposive sampling was followed by a snowball technique, where the initial respondents were asked to provide the names of other eligible participants who could be contacted. Upon receiving a positive response, potential participants were sent an information document via email or WhatsApp informing them about the nature of the study to enable them to make an informed decision before consenting to participate. Those meeting the inclusion criteria and who were willing to participate were given informed consent forms. The inclusion criteria included audiologists who graduated between 2017 and 2022 because of the significant disruption caused by the coronavirus disease (COVID-19) pandemic on healthcare practices, including audiology. This period saw unprecedented challenges such as lockdowns, restricted patient access, and shifts towards telehealth services, which particularly affected early-career professionals who were still solidifying and strengthening their clinical skills and establishing their careers. Participants had to also be registered with the HPCSA as independent practitioners and working in KZN's private sector. Those with dual qualifications in audiology and speech-language therapy were excluded to prevent potential confounding of the results, as well as those working in both the public and private sectors.

Data collection

Online interviews using WhatsApp voice calls were used and recorded with permission from the participant for later transcription and thematic analysis. The interviews were conducted in English, as all the participants were fluent speakers, the opening statement being 'Tell me about your

experiences with CPD and why you participate in CPD activities'. The semi-structured interview guide was based on issues identified in the literature related to barriers identified elsewhere and contained predetermined open-ended questions that covered issues related to their participation in CPD programmes. The interviews lasted between 20 min and 40 min.

The audio-recorded interviews were transcribed verbatim and analysed using NVivo, a qualitative data analysis program using deductive thematic analysis, the six-step analytical process identified by Braun and Clarke (2006). The data analysis was ongoing during the data collection process and after 11 interviews, no new themes emerged from the data.

A pilot study with two participants was conducted to assess the credibility of the data collection tool. An independent qualitative coder objectively analysed the data, which increased its trustworthiness and decreased bias. After independently identifying codes, categories and themes, a consensus meeting was held between the researcher and the independent coder at which they agreed on codes and themes.

Ethical considerations

To ensure anonymity, each participant was allocated a unique code, depending on their sex, being categorised as either 'F' for female or 'M' for male with a number for consistency. The Humanities and Social Sciences Research Ethics Committee at the University of KwaZulu-Natal (HSSREC) provided ethical clearance (reference number HSSREC/00006281/2023). The participants' personal names and information related to their private practices were redacted, ensuring privacy and confidentiality.

Results

The participants' details are followed by the three themes identified, those being personal, financial and structural barriers.

Description of participants

The ages of the participants (eight females and three males) ranged from 23 years to 26 years, their duration of working in the private sector being 1–5 years, the average and the median number of years being two (Table 1). The most common CPD activities were online and reading journal articles.

Table 2 shows the three themes that affected their participation in CPD activities, with their associated eight subthemes and nine recommendations.

Theme 1: Personal barriers

Personal barriers refer to the attitudes of HCPs towards CPD, as well as the self-perception of themselves as learners who need to engage with such activities.

TABLE 1: Participants' description.

Participant code	Gender	Age (years)	Years worked in private practice	Type of CPD activity
P1	F	23	1	<ul style="list-style-type: none"> Online journal articles In-person workshop
P2	M	23	1	<ul style="list-style-type: none"> Online journal articles Online training courses Webinars
P3	F	24	1	<ul style="list-style-type: none"> Online journal articles Webinars
P4	F	23	1	<ul style="list-style-type: none"> Online journal articles Webinars
P5	F	25	2	<ul style="list-style-type: none"> Online journal articles In-person courses Webinars
P6	F	25	2	<ul style="list-style-type: none"> Online journal articles
P7	M	26	2	<ul style="list-style-type: none"> Online journal articles In-person workshops
P8	M	26	2	<ul style="list-style-type: none"> Online journal articles Online training courses Webinars
P9	F	26	5	<ul style="list-style-type: none"> In-person workshops Online journal articles Online training courses
P10	F	24	2	<ul style="list-style-type: none"> Online journal articles In-person workshops
P11	F	23	1	<ul style="list-style-type: none"> Online journal articles

CPD, continuing professional development; F, female; M, Male.

TABLE 2: Themes, subthemes and recommendations.

Barriers to participating in CPD		Recommendations to overcome the barriers
Themes	Sub-themes	
1. Personal barriers	1.1. A lack of motivation	1. Undertake a needs analysis
	1.2. A lack of relevant CPD topics	2. Provide clinically relevant CPD activities 3. Improve CPD monitoring 4. Improve accessibility
2. Financial barriers	2.1. Cost of CPD activities	1. Ensure affordability
	2.2. Location of CPD activities	2. Aligning pricing to the CPD value
	2.3. Professional Association Body fees	3. Provide in-person skills training
	2.4. Network connectivity	
3. Structural barrier	3.1. A lack of information on CPD activities	1. Improve notification system
	3.2. CPD activities during working hours	2. Equal distribution of clinical and ethical CPD points

CPD, continuing professional development

Sub-theme 1.1: A lack of motivation

A number of participants expressed negative attitudes towards engaging in CPD and a lack of personal motivation because of the courses not being of interest to them. For some, the only reason to participate and adhere to the CPD requirements was their statutory bodies mandate, as they found none of the available courses applicable to their needs:

'Honestly, just because HPCSA stipulates that, so I just do it for the points.' (P9, F, 26, In-person workshops)

Sub-theme 1.2: A lack of relevant continuing professional development topics

Other participants indicated that although they do attend the CPD activities and it does help maintain their knowledge, the CPD content is sometimes irrelevant, and they are not able to apply it to their clinical practice for a variety of reasons. At times, this is because of the lack of equipment as expressed by Participant 9:

'So like DPOAEs [*Distortion Otoacoustic Product Emissions*] we won't get to do it because we also don't have the equipment for that right now. So DPOAEs even though I've attended CPDs and stuff, it's almost useless unless I get a referral from another audiologist and then I get those results.' (P9, F, 26, In-person workshops)

Recommendations to overcome the personal barriers

Recommendation 1: Undertake a needs analysis

Most participants recognised the need for CPD activities and suggested conducting a needs analysis to accurately assess their training requirements. This would motivate them to engage more frequently in CPD activities, as the relevant content could significantly enhance their clinical practice.

'Maybe you can have a needs analysis that is sent out to all the audiologists in the province, and maybe see from there which areas people are interested in, then we can give points according to which subject is important, like the most important. What I'm saying is that we can strategize on our own, so we still making up the points but it's actually making a difference towards our careers, our profession.' (P7, M, 26, Online journal articles)

Recommendation 2: Provide clinically relevant continuing professional development activities

Participants highlighted that it is important for the planners and organisers of CPD activities to consider their areas of practice and the relevance it has within their facility. This would allow for the CPD activities to suit the requirements of audiologists as seen in the participants' response:

'They should really put out more activities that are relevant especially in private practices. We need more courses that focus on diagnostics and hearing aids. For example, let's say you are working at a private practice that usually focuses on adult populations and focuses on your traditional air conduction hearing aids. However if you take a look at the CPD activity being put out, most focus on cochlear implants and how to program cochlear implants and all the rehabilitation on cochlear implant. Now that isn't very relevant to what you are doing, I think they should just put out more relevant CPD activities.' (P2, M, 23, Online journal articles)

Recommendation 3: Improve continuing professional development monitoring

Participants acknowledged that they often read journal articles to obtain points to remain compliant with the HPCSA. However, the activities that they attend are at times irrelevant to their scope of practice. They therefore suggest that HPCSA take more time to monitor the type of CPD activities that professionals engage in:

'I feel HPCSA has to have strict ways of monitoring whether the person is engaging or doing the CPDs that's under their profession, that would really help because it's pointless to pay large amounts to only find out we doing the articles but it's not under our profession so that's not really helping us in terms of growing our knowledge. So HPCSA needs to be stricter if the main reason for HPCSA making us to do CPD is to have much better knowledge within our professions, they need to implement stricter rules.' (P3, F, 24, Online journal articles)

Recommendation 4: Improve accessibility

As a result of the lack of access to relevant articles, participants find themselves completing irrelevant activities so as to be adherent to the requirements of the statutory body. They, therefore, suggested that the HPCSA / Speech and Language Board / professional associations provide a platform that can provide updates on clinically relevant CPD activities:

'More easy access, specifically for audiology, because some of the articles I've been doing are like general articles like medicine articles just to get points. So more articles specific to audiology and also a nice platform or some way of getting these courses shown like if there's a course running in Durban or somewhere just easy access to be able to see where they occurring and when is the course. More accessibility to Audiology articles to be able to easily do it, do the questionnaire and submit it and get the points.' (P5, F, 25, Online journal articles)

Participants suggested that the platforms that provide CPD activities should be widely publicised to assist audiologists in gaining access to these activities:

'I think this is information that we as professionals, are supposed to have. You know you shouldn't ask yourself now, how should I go about trying to get CPD points you should know. I know that this is the route that I need to take in order to ensure that I get my points for doing the work.' (P7, M, 26, Online journal articles)

'I think this is something that should even be on the HPCSA website or something like that. In addition, they should be sending us emails notifying us that you can get CPD points via those methods.' (P7, M, 26, Online journal articles)

Theme 2: Financial barriers

Financial barriers are factors that negatively affected participants' participation in CPD activities.

Sub-theme 2.1: Cost of continuing professional development activities

Participants indicated that they were demotivated from engaging in reading journal articles that were CPD-accredited and attending CPD-accredited activities because of the exorbitant prices as there was often a high cost for accessing one CPD article as expressed by the participant:

'It might be that sometimes courses are a bit too expensive. It might be going to the thousands of rands. So, it's something that you definitely have to budget once and set aside.' (P10, F, 24, Online journal articles)

Although all participants were working in private practice, they recognised that many young audiologists were unemployed after completing their community service because of the budget constraints of the Department of Health, which prevented them from being absorbed into the public health system. At this early stage of their careers, they did not have the experience to open their own private practice, nor were there many opportunities for employment for those who had such limited experience. This resulted in many encountering financial constraints that not only

affected their ability to pay their annual registration fees but also to engage in the CPD activities for which fees were required:

'HPCSA doesn't consider the people that are not working, they just say you have to have 30 CPD points for this year.' (P8, M, 26, Online journal articles)

Sub-theme 2.2: Location of continuing professional development activities

Participants stated that CPDs obtained at conferences situated at distant locations may result in them incurring high costs, which can prohibit them from attending:

'And that's the thing - those things are only held once a year and it's not always accessible to everyone because it's either not in your province or it's quite costly when you have to travel for certain congresses, yeah, meetings. You've got to book accommodation and flights and everything. So those once-a-year options are sometimes difficult for certain people.' (P6, F, 25, Online journal articles)

Sub-theme 2.3: Professional association body fees

While participants acknowledged that joining SASHLA involved a cost but provided CPD accredited articles to members at no additional charge, they did not receive free activities from HPCSA, even though HPCSA is the body responsible for monitoring their CEU's. The requirement to pay registration fees for two professional bodies was onerous and questionable, as it added to their costs:

'In fact, it's also quite expensive if you look at it, if you pay for those specific professional bodies and then you have to pay for your HPCSA annual fees. It's quite expensive.' (P6, F, 25, Online journal articles)

Sub-theme 2.4: Network connectivity

Participants highlighted that the expense of data as well as network connectivity was a barrier for some audiologists to access CPD materials and attend online courses. The network issues, which were worse in some areas affected their ability to participate in online activities and caused frustration, which impacted on their desire to adhere to the CPD requirements:

'I'd say data, so the CPD articles are already expensive, but also we need to have data for us to access them. So now these are two things at once we have to have. Money to access them and data and considering that our areas sometimes don't have networks and we are hindered in accessing them in terms of data which we don't have every time. So as much as I want to be compliant with my CPDs, now the network is the problem.' (P3, F, 24, Online journal articles)

Recommendation to overcome the personal barriers

Recommendation 1: Ensure affordability

Participants suggested that the CPD activities should be more cost-effective and affordable:

'So if I can say something can be changed, maybe they can try not to make them more expensive.' (P8, M, 26, Online journal articles)

Furthermore, participants suggest that cognisance be taken into account of professionals who are unemployed and provide assistance for these professionals to remain compliant with CPD requirements as expressed by the participant:

'I think providing free courses for people that are not working.' (P11, F, 23, Online journal articles)

Recommendation 2: Aligning pricing to the continuing professional development value

While participants acknowledged that the CPD activities are quite costly, their suggestion was for the allocation of points to increase to justify the monetary value of the CPD activity as seen in the participants' statement:

'They need to increase the points for the courses if it's expensive. They can't say the cost is R600 and the points they provide are three points.' (P11, F, 23, Online journal articles)

Recommendation 3: Provide in-person skills training

Participants indicated that it would be extremely beneficial to their clinical practice if CPD activities were practical and in-person while in keeping with the needs of audiologists. This will also assist in eliminating the challenge of exorbitant fees for network connectivity that many participants encountered:

'So, I think if they had to change something it would be more in-person, practical CPD activities that we could physically use because for a lot of it is just online articles. And I think skills training would be so much better. I see there's actually wax removals, for example, wax removals are supposed to be done by audiologists, but a lot of them don't do it and they say it's because they don't have enough experience or enough training, and so there's certain areas where audiologists can improve the care they provide and the services they provide if they're given more training. So if they had to host workshops on things like this in person where you could physically go and you and other audiologists could practice certain things or physically be a part of, like, skills training.' (P8, M, 26, Online journal articles)

Theme 3: Structural barriers

Structural barriers refer to the practices that restrict audiologists' access from engaging in CPD.

Sub-theme 3.1: A lack of information on continuing professional development activities

Most participants admitted that they lacked information regarding CPD activities that can contribute towards points:

'I only know of the articles and the webinars and the in-person workshops. So, I'm not aware of any other ways to obtain these points. Well, they don't make it public knowledge.' (P6, F, 25, Online journal articles)

Sub-theme 3.2: Continuing professional development activities during working hours

Participants experienced inconvenience in their private practice when attending CPD activities as the CPD activities do not always align with their work schedule, with many occurring during working hours. This negatively affected their practice as patients have to be seen at a later stage to accommodate the audiologist's adherence to CPD:

'So especially if you are someone that's working in the private sector it means you're working five to seven days a . And you don't always have the time to go out to workshops that are happening during the day or you've got to take leave from work.' (P8, M, 26, Online journal articles)

'Or it could be something that I have to align with my work schedule. I can't book patients during that time that the workshop is being conducted.' (P10, F, 24, Online journal articles)

For activities that took them away from their practice for more than a few hours, they had the challenge of finding a replacement while attending CPD courses to keep their business operating, as it was simply not possible to close it for a few days:

'It's more challenging now because for me I can't just leave my practice, I'd have to find a locum. I can't just leave the practice to attend these courses and stuff.' (P5, F, 25, Online journal articles)

Recommendations to overcome the structural barriers

Recommendation 1: Improve notification system

Participants suggest that HPCSA should reconsider its notification system and platform used to disseminate information as they indicated a lack of knowledge of the range of possible CPD activities, resulting in them being non-compliant. In addition to informing them of the range of options available to acquire CPD points, participants indicated that there should be regular updates from the HPCSA informing them of their CPD status (not only when they are non-compliant):

'Notification needs to be better we don't pay much attention to these CPD points up until now you are notified 'Be careful you are not compliant' because they usually send SMS or something so now you start panicking and do those things and then try to get more. So, I've encountered that problem before. I started to be serious about this when they sent me that.' (P8, F, 26, Online journal articles)

Recommendation 2: Equal distribution of clinical and ethical continuing professional development points

The participants indicated that there should be more journal articles focusing on the ethical and legal aspects of private practices, as these aspects are not well covered at university. They recognised that their knowledge deficiencies in these areas meant that they were not prepared for private practice:

'Transiting from community service to private practice is a little bit overwhelming. I think they should put out more CPD activities that focus on the ethics as well as the legal side of practice. For example, medical malpractice I honestly didn't know what medical malpractice was, it's so important to get medical malpractice insurance in private practice. So, if I was aware of that maybe by doing a CPD course that focused on the ethics and the legal side of private practice I would be more informed. Yes, I actually think there should be a balance between the ethical and clinical side because both are equally important.' (P10, F, 24, Online journal articles)

Discussion

Enhancing and promoting professional competence is the goal of CPD as the ultimate beneficiary will be the patient. However, as shown in the participants' responses, there are several barriers to accessing CPD. This study may possibly be the first study to explore the barriers that young audiologists encounter as well as their perspectives on how to address these challenges, particularly within the private sector.

Participants in this study indicated a lack of motivation towards engaging in CPD. This is because of a failure to recognise the significance of engaging in ongoing education, poor applicability of the CPD content to their practice, and the costs associated with CPD activities. This lack of motivation leads to HCPs engaging in these activities simply to get the points and 'be compliant' rather than the desire to improve their practice. A research study that investigated the professional development of radiographers in KwaZulu-Natal found that when radiographers are able to identify their own specific CPD requirements, there is a change in attitude and motivation as well as greater participation in these activities (Mung'omba & Botha, 2017).

Andragogy has identified the need for CPD activities to be relevant to practice if HCPs are to actively participate. Participants indicated encountering numerous irrelevant CPD activities, which they attended simply to access the CPD points on offer. They highlighted the importance of CPD activities aligning with their scope of practice within their facility. In a discussion document, the HPCSA suggested that an individual needs assessment followed by a learning plan should be developed by every HCP based on their own needs (HPCSA, n.d). Implementing such a learning plan would ensure that CPD activities are relevant to the HCP. The research findings of this study concur with published finding, which highlights the importance of HCP actively applying theory to practice, which then results in more effective learning (Harden & Laidlaw, 2020).

Participants recommended re-examining the monitoring of CPD activities as often the CPD activities do not signify true learning or a shift in their clinical performance. This need for monitoring has been recognised by the Ministry of Health in Ethiopia where a dedicated case team in charge of monitoring of CPD activities of HCPs has been established (Merry et al., 2023). This concept can be applied in SA through the implementation of a '2-stage process'. The first stage would involve screening and then accrediting the proposed CPD activities, and thereafter the second stage will involve reviewing submissions by the HCP to determine whether the activity led to improved patient care. The stricter monitoring of CPD activities among medical, nursing, and midwifery cadres in sub-Saharan Africa was shown to improve the application of learning to practice (Feldacker et al., 2017b). Such tracking of CPD participation could be used as a quality assurance tool to ensure that the CPD activity translates into

best practice (Feldacker et al., 2017a). Although HPCSA has a tracking system to notify practitioners of their compliance status, it does not address the quality of the CPD activities nor does it ensure effective knowledge acquisition that improves patient care.

Many participants encountered financial constraints while attempting to engage in CPD activities, with the cost as a significant barrier to participating. While online activities potentially make CPD activities more affordable, the cost of data, subscriptions to professional body as well as the cost of some courses are significant barriers. Online CPD activities may reduce the cost of transport and accommodation but they are not a panacea as data costs can be significant when listening live to a webinar, and connectivity is patchy in many parts of KZN. As a result of the challenge of network connectivity, participants often felt excluded from participating in CPD. This concurs with research findings in Tanzania where a lack of internet access and consistent mobile coverage negatively impacted HCPs' ability to adhere to CPD requirements (Feldacker et al., 2017a).

Participants also suggested the need for more in-person skills training to allow for the transfer of acquired knowledge into best practices rather than online CPD events. Research has shown that using technology to offer online CPD does not adequately address the demands of clinical practice. This is because clinical practice demands not only knowledge-based learning but also skills-based learning (Berndt et al., 2017). In addition, participants highlighted the importance of meeting with other audiologists where practical skills can be taught during the CPD activities. In-person meetings provide young audiologists the opportunity to receive constructive feedback and evaluations from their colleagues. This feedback mechanism will help them to identify areas for improvement and refinement of practical skills (Khoza-Shangase et al., 2021).

Innovative solutions are needed to ensure that there is a balance between online CPD activities and in-person activities to ensure that audiologists can acquire skills and knowledge they need to provide quality care. Such solutions could include local journal clubs consisting of various private sector audiologists, which could play a crucial role in stimulating CPD as they will provide a structured platform for engaging with this research, critically appraising evidence-based practices, and fostering a culture of lifelong learning while networking with peers (Ilic & Maloney, 2014).

A lack of technical resources was identified by participants who lack the equipment to put their CPD knowledge into effective practice. While it is beneficial for private practices to consider having the relevant equipment available to allow audiologists to provide these services, it is important to recognise that not all practices may align with the diverse fields within the scope of practice in audiology. Therefore, this should be seen as an open suggestion for comprehensive practices, rather than a mandatory requirement as each

practice offers different services based on patient needs. This concurs with the research findings that investigated the CPD of medical, nursing, and midwifery cadres in sub-Saharan Africa (Feldacker et al., 2017b).

The cost of CPD is not a unique barrier to SA and has been reported in other studies, such as in Sudan (Elshami et al., 2016). Therefore, there is a general need to ensure the affordability of CPD materials. The literature identifies a need for professional bodies to mobilise resources to develop and distribute appropriate training materials to advance its mission to develop a skilled workforce (Giri et al., 2012). This will provide a way to address the financial constraints that HCPs face when implementing CPD programmes, as experienced by participants in this study. In addition, funding or subsidies would enable young audiologists to participate and would support CPD organisers in planning, implementing and assessing CPD activities as a lack of funding is a major obstacle to running these programmes (Feldacker et al., 2017b).

A lack of knowledge of how to acquire CPD materials negatively affected participants' engagement with CPD activities. This is consistent with the findings of a Zambian study, which found that the lack of learning activities was a barrier to the radiographers' participation in their CPD (Mwansa, 2018). Furthermore, there was poor awareness by participants of the kind of activities that could contribute towards CPD points consistent with the research study findings of the study in Zambia. Participants suggested more active promotion and marketing of CPD activities by the HPCSA, and SASLHA might positively influence HCPs' attitudes and increase their participation in CPD activities. The literature identifies a lack of information and poor communication or notification of CPD events negatively impacts HCPs' compliance with CPD activities, which aligns with the research findings of this study (Naidoo & Naidoo, 2018). An increase in the awareness of the range of CPD activities that HCPs could participate in would also give them a range of cost options.

In addition, during the undergraduate training of audiologists, there should be an augmented focus on private practice and instructions on accessing CPD activities. This ensures that upon graduation, audiologists exhibit confidence in identifying CPD opportunities. Furthermore, the integration of a designated section within CPD platforms tailored for private practitioners is imperative. This would facilitate comprehensive readiness for audiologists entering private practice. Attending to site accessibility and user-friendliness is essential in reducing the existing gap in the HCPs' preparedness and the provision of relevant CPD activities.

Participants in this research study highlighted that because of the nature of private practice, when engaging in CPD activities they are unable to book patients as there is only one audiologist in the practice. This aligns with research findings from a study conducted in sub-Saharan Africa where because of a lack of human resources, specifically locums to cover the

clinical work, audiologists are often unable to access and/or participate in the CPD activities that they desire (Feldacker et al., 2017b). Participants indicated that their attendance to CPD may negatively affect the production levels of their practice. A study that looked at the CPD of HCPs in developing countries suggested that the amount of time audiologists spend away from their employment engaging with CPD activities can be reduced by using strategies such as on-the-job training and blended learning (Giri et al., 2012). However, this is dependent on operational needs at the facility where the audiologist works. This was not seen in any of the participant's responses in this study.

As per the current HPCSA requirements, audiologists are expected to obtain a minimum of 30 clinical CEUs and 5 CEUs for ethics, human rights, or health laws (Health Professionals Council of South Africa, 2021). However, most CPD activities focus on clinical practice with little emphasis on the ethical issues in practice. Participants therefore suggested that there should be an equal emphasis on ethical and clinical issues as they found the ethical aspect to be of equal importance to the clinical aspect considering the nature of their private sector. Providers of CPD activities should not neglect the ethical training of HCPs and should provide more activities to improve the ethical knowledge of HCPs. This concurs with a research study investigating the CPD of medical, nursing and midwifery cadres in Malawi, Tanzania and SA (Feldacker et al., 2017a). It is also critical for HCPs to understand that although cost is a significant factor, CEU points need to be allocated according to the academic value of the activity and not the monetary value. Excessively expensive courses should be regulated by HPCSA as currently it is a free market and one can change what they want for the CPD activity.

Limitations

A number of limitations may have affected the findings, these being that most of the participants had only worked in the private sector for no more than 2 years, which means that they had limited experience with CPD activities in that sector. Their responses may therefore not reflect those who had worked for many more years in the private sector and knew how to navigate the CPD system.

Conclusion

The findings of this study highlight several significant barriers that private-sector audiologists face during their participation in CPD. Overcoming these barriers requires a multi-faceted approach. By addressing these barriers and promoting a culture of lifelong learning, private-sector audiologists can overcome challenges and stay current as well as adapt to the evolving landscape of their field to provide optimal care for their patients. Furthermore, audiologists should be involved in every stage of the CPD process, including system planning and design, as they are essential to the system's ability to deliver health outcomes.

Acknowledgements

The authors would like to express their appreciation to the participants for agreeing to take part in the research study and to Carrin Martin for her assistance in editing the manuscript. This article is partially derived from the author's thesis, 'Experiences of Young Audiologists on Continuing Professional Development in the Private Sector in KwaZulu-Natal, South Africa,' June 2024 for the Master of Medical Science degree in the Department of Family Medicine at the University of KwaZulu-Natal, South Africa, under the supervision of Professor Andrew John Ross. The thesis was unpublished at the time this article was released.

Competing interests

The authors declare that they have no financial or personal relationships that may have inappropriately influenced them in writing this article.

Authors' contributions

S.B. conceptualised the study, performed the data collection and data analysis, and wrote the article with support from A.J.R. A.J.R. supervised the research process.

Funding information

This research received no specific grant from any funding agency in the public, commercial or not-for-profit sectors.

Data availability

The data are not publicly available because of restrictions as it contains information that could compromise the privacy and confidentiality of the research participants.

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CHAPTER 3: SYNTHESIS AND CONCLUSION

3.1 Introduction

This chapter reviews the extent to which the problem was addressed and the aim achieved by providing a synthesis and summary of the findings from this study. It is followed by an overview of the significance of the findings, the limitations that may have affected the results, and the recommendations that emanated from the participant's responses. The study aimed to explore the CPD experiences of young audiologists in the private sector with the findings from the objectives having provided a comprehensive overview of their CPD experiences.

CPD encompasses the ongoing engagement of HCPs in activities that are aimed at maintaining and advancing their knowledge, skills and performance (46). These activities are also focused on developing the personal and professional qualities that are necessary to deliver safe and effective services that contribute to improving community health and professional development (46). While it is evident that there is a need for CPD in the health profession, the specific impact of CPD on the personal and professional practices of audiologists has not been thoroughly investigated and remains largely unknown, specifically within the South African context.

Since the inception of CPD, the focus has been on measuring how the activities change what is known by the HCP, thereby ignoring how the activities change *who* the HCPs are. Changes in *who* they are in a professional sense and how they develop professional relationships should be ascertained from and therefore included in their evaluation of CPD effectiveness (46). However, previous evidence syntheses have used systematic reviews to measure the effectiveness or impacts of CPD without thoroughly investigating the experience of adult learning (46). This study therefore sought to investigate the experience of young audiologists' engagement with CPD.

Regarding Objective 1, that being to describe the applicability of the andragogy framework on the CPD experiences of young private-sector audiologists, article 1 served as the foundation for this objective, as it reviewed the experiences of the young audiologist. The findings suggest that the experiences of audiologists engaging in CPD aligned with the adult learning theory andragogy and

that its five concepts form the basis of effective CPD, specifically with respect to encouraging practice change.

Andragogy highlights the importance of respecting adult learners' autonomy, experiences and motivations, which can be effective in designing educational programs. This approach aims to create engaging and meaningful learning experiences that lead to practical outcomes and personal growth for adults, as seen in the participants' responses from this study. Using andragogy as a conceptual framework for CPD ensures that professional development programs are tailored to the unique needs of adult learners. By focusing on self-concept, adult learning experiences, readiness to learn, orientation to learning and internal motivation, CPD programs can be designed to be more engaging, relevant and effective. This approach not only enhances the learning experience for professionals but also maximizes the impact of CPD on their career development and professional practice improving patient outcomes.

Article 2 builds on Article 1 as it addresses Objective 2, that being to explore the impact of COVID-19 on the CPD of young private sector audiologists, which shifted, adapted, and transformed how CPD was carried out. The study underscored the pandemic's influence, presenting both challenges and opportunities for innovation and adaptation in CPD practices. The socially mediated development of knowledge acquisition amongst young audiologists was jeopardized due to the restriction brought upon by social distancing, which prevented face-to-face contact during lectures and practicals. However, new learning environments and opportunities where audiologists could learn from one another, share experiences, and collaborate on practical applications of their knowledge were created through online platforms. Despite the various challenges to using online platforms for CPD activities, it also offered numerous benefits, as discussed by the participants of this study, with the participants expressing perseverance and dedication toward the facilitated learning and the application of theoretical knowledge to their real-world clinical situations. By addressing these challenges through thoughtful design and implementation, online CPD can effectively support the professional growth and development of HCPs. The lessons learned from this period can guide future CPD practices, ensuring they are resilient, adaptive, and aligned with the evolving needs of HCPs.

Article 3 addressed Objectives 3 and 4, which explored the barriers that young audiologists encounter when pursuing their CPD activities, with further elaboration on possible recommendations to mitigate these barriers. Understanding the HPCSA-documented low compliance rate with CPD among audiologists necessitates an exploration of the factors that impede their participation. The identified barriers and subsequent recommendations are crucial for developing programs that are not only effective but also inclusive and adaptable. This not only enhances the professional development of audiologists but also ensures the delivery of high-quality audiological care, benefiting both professionals and patients alike. Participants highlighted personal, financial and structural barriers, contributing significantly to their reduced participation. Addressing these multifaceted barriers is essential for creating a supportive environment that encourages greater involvement in CPD, thereby fostering continuous professional growth and enhancing overall healthcare standards.

Young audiologists might have different learning preferences, technological proficiencies, and professional needs compared to their more experienced counterparts. Identifying these specific needs and barriers allows CPD programs to be tailored more effectively, making them more relevant and engaging for this demographic. Recognizing and addressing the barriers to CPD participation can develop a culture of lifelong learning among young audiologists. This is important for keeping pace with advances in audiology and related fields, ultimately leading to better patient outcomes and professional satisfaction.

Making recommendations to address the barriers the young audiologists face, will enable CPD programs to boost their confidence and competence in their professional roles. This is particularly important for those at the beginning of their careers, who may benefit greatly from structured support and learning opportunities. Barriers such as time constraints, financial costs and lack of access to relevant CPD resources can disproportionately affect younger professionals who might be early in their careers and possibly face financial and time pressures. Addressing these barriers ensures that CPD opportunities are accessible to all audiologists, regardless of their career stage. The recommendations to overcome barriers in CPD encompass a holistic approach to improve accessibility and effectiveness. The recommendations made by the participants may provide valuable feedback for CPD providers. This feedback loop is essential for the continuous

improvement of CPD programs, ensuring that the activities remain relevant, effective and aligned with the needs of the profession. Together, these recommendations aim to establish a supportive CPD framework that addresses current challenges, enhances professional competence, and ultimately improves healthcare delivery outcomes.

Overall, the study emphasizes the need to address barriers, leverage insights, and ensure CPD initiatives are responsive to audiologists' evolving needs for lifelong learning and professional development.

3.2 Significance of the findings

The study findings have implications surrounding the areas related to audiology instruction, policy and practice:

- **Policy revision and implementation:** The findings from this study can inform the relevant CPD stakeholders and regulatory bodies to allow for policy revisions related to CPD requirements and implementation, ensuring that they are more aligned with audiologists' needs and current challenges in the field. This can lead to more effective policies that support continuous professional growth and regulatory compliance.
- **Enhancing Professional Competence:** The study's recommendations for meaningful and engaging CPD experiences can contribute to enhancing audiologists' skills, knowledge, and readiness to address emerging issues in audiology practice. This, in turn, contributes to improved service delivery and patient care quality.

These implications suggest a holistic approach to improving audiology instruction, policy, and practice, leveraging CPD insights to foster continuous improvement and advancement in the field.

3.3 Limitations

A number of limitations may have affected the results of this study, including the small sample size which is an inherent limitation of qualitative studies. Due to the nature of the qualitative inquiry, the results obtained may not be generalizable to other private practitioners in KZN as it is based on the subjective experiences of the research study participants. This study included a small

number of males in comparison to female participants, thus not being representative of an equal demographic group of audiologists. Variations in economic conditions and institutional support across different private practices might have influenced the participants' CPD experiences, and these factors might not be fully captured in the study.

3.4 Recommendations

Research

As highlighted by the study, the field of audiology and professional development is constantly evolving. Highlighting future research can help adapt to these changes by addressing emerging trends, technologies or challenges. By addressing these potential research areas, the field of audiology can continue to grow and adapt, ensuring that audiologists are well-equipped to meet the evolving needs of their profession and provide the best possible care to their patients. Future research opportunities include:

1. Exploring Public Sector Experiences: Studies are also needed to explore the experiences of audiologists in public healthcare settings to provide a broader perspective on CPD challenges and opportunities across different sectors, as this research focused exclusively on the private sector.
2. Comparative Studies between junior and senior Audiologists: Studies across the full age spectrum of audiologists need to be conducted to establish their varying experiences. While this study targeted young audiologists, it is important to understand the different experiences of audiologists of all ages. Such research could offer a more comprehensive understanding of CPD challenges and opportunities across different career stages.
3. Regional Variations within South Africa: Research needs to be conducted to explore the regional differences in CPD experiences among audiologists in the various provinces of South Africa, taking into account factors such as resource availability and local healthcare policies.
4. Longitudinal Studies on the Impact of CPD: Longitudinal studies are needed to assess the long-term impact of CPD on professional competence, career progression and patient outcomes in audiology.

5. Impact of CPD on Patient Outcomes: Future research should evaluate how CPD influences patient outcomes over time. This includes assessing how improvements in audiologists' skills through CPD affect patient care quality and long-term health results.

CPD Providers and Statutory Bodies

1. Incorporating Andragogy principles: This study highlights the value of integrating andragogy into CPD programs by utilizing the experiences of young audiologists, as it provides a robust framework for understanding and analyzing adult learning. By focusing on self-concept, adult learning experiences, readiness to learn, orientation to learning, and internal motivation, stakeholders can create effective learning environments tailored to the unique needs of young audiologists in particular. This framework can also be used to critically evaluate and improve CPD programs, ensuring they are relevant, engaging and supportive of lifelong learning.
2. Provide meaningful and engaging learning CPD experiences: CPD providers should create learning environments that cultivate intrinsic motivation, aiming to recognize and support audiologists' personal goals, professional development, and their pursuit of knowledge for personal satisfaction. This involves ensuring that CPD activities are not only relevant to current challenges but also immediately applicable, thereby enhancing readiness and engagement. These environments encompass the settings where CPD activities are conducted, ensuring they are conducive to facilitating meaningful learning experiences.
3. Relevance of the content: CPD providers should assess what topics the audiologists require to improve their professional lives, and the activities designed to address current industry trends, regulatory changes, or emerging technologies that directly impact the profession of audiology.
4. Involve statutory bodies: Statutory bodies and/or professional organizations should consider audiologists' experiences and recommendations when planning and implementing CPD programs to ensure the CPD programs they offering are effective, relevant, and engaging.

3.5 Conclusion

Undertaking this study enabled the experiences of young audiologists working in the private sector to be explored, thereby providing insight into the factors that affect their engagement with CPD activities, the absence of which makes it difficult to know how to change what is offered and how. The findings underscored the importance of addressing barriers to CPD participation and leveraging insights from the audiologists' experiences and challenges posed by external factors, such as the COVID-19 pandemic. By doing so, stakeholders can work towards ensuring that CPD initiatives are not only relevant but accessible and affordable and that they are responsive to HCPs evolving needs of enhancing professional competencies and delivering high-quality care. For young private-sector audiologists who take pride in their work and regard self-improvement not only for their satisfaction but also to provide optimal services, CPD activities are an essential part of keeping abreast of changes.

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APPENDIX 1: ETHICS CERTIFICATES



Zertifikat **Certificado**
Certificat **Certificate**

Promouvoir les plus hauts standards éthiques dans la protection des participants à la recherche biomédicale
Promoting the highest ethical standards in the protection of biomedical research participants

Certificat de formation - Training Certificate
Ce document atteste que - this document certifies that



Suvishka Barath
a complété avec succès - has successfully completed
Research Ethics Evaluation
du programme de formation TRREE en évaluation éthique de la recherche
of the TRREE training programme in research ethics evaluation

Release Date: 2023/08/27
ID: 48763424



Professeur Dominique Sprumont
Coordonateur TRREE Coordinator

APPROVED BY
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Programmes de formation continue / Continuing Education Programs (2 centres)

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Zertifikat **Certificado**
Certificat **Certificate**

Promouvoir les plus hauts standards éthiques dans la protection des participants à la recherche biomédicale
Promoting the highest ethical standards in the protection of biomedical research participants

Certificat de formation - Training Certificate
Ce document atteste que - this document certifies that



Suvishka Barath
a complète avec succès - has successfully completed
Introduction to Research Ethics
du programme de formation TRREE en évaluation éthique de la recherche
of the TRREE training programme in research ethics evaluation

Release Date: 2023/08/16
ID: 81744761



Professeur Dominique Sprumont
Coordonateur TRREE Coordinator

APPROVED BY
SIWF **ISFM**
Programmes de formation continue / Continuing Education Programs (2 centres)

Foederatio Pharmaceutica Helvetica **FPH** Programmes de formation postgraduée et continue

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State Academy of Medical Sciences (SAMMS) (www.sams.ch), Commission for Research Promotion with Developing Countries (www.kpr.ch)

(ISSN - 26220175)



Are you an Audiologist working in the private sector?

- Are you practicing in KZN?
- Did you graduate between 2017 to 2022?

You are invited to an online research study that looks at the Experiences of Audiologists on Continuing Professional Development



Please contact

██████████ or 218001871@stu.ukzn.ac.za

APPENDIX 3: INFORMATION SHEET AND CONSENT TO PARTICIPATE



TOPIC: EXPERIENCES OF YOUNG AUDIOLOGISTS' ON CONTINUING PROFESSIONAL DEVELOPMENT IN THE PRIVATE SECTOR IN KWAZULU-NATAL

Information Sheet and Consent to Participate in Research

Dear Sir/Madam

My name is Suvishka Barath, I am currently a master's student at the University of KwaZulu-Natal, Department of Nursing and Public Health. My email address is 218001871@stu.ukzn.ac.za or my contact number is [REDACTED].

You are being invited to consider participating in a study that involves research titled "*Experiences of Young Audiologists' on Continuing Professional Development in the Private Sector in KwaZulu-Natal*". This research aims to explore the factors that affect audiologist participation in continuing professional development (CPD) in the private sector. The study is expected to enrol 9 - 17 participants in total. Semi-structured interviews will be conducted online using Zoom and/or WhatsApp, which will take 30 - 40 minutes. The findings of this study are expected to be published in an online journal.

The study does not involve any risks or discomforts and will provide no direct benefits to participants. By participating in this study, you will give us an insight into your perspectives on CPD that may serve as a platform to guide further providers when planning and implementing CPD.

This study has been ethically reviewed and approved by the University of KwaZulu-Natal Humanities and Social Sciences Research Ethics Committee (HSSREC/00006281/2023).

In the event of any problems or concerns/questions you may contact the researcher or the UKZN Humanities & Social Sciences Research Ethics Committee, contact details as follows:

HUMANITIES & SOCIAL SCIENCES RESEARCH ETHICS ADMINISTRATION

Research Office, Westville Campus

Govan Mbeki Building
Private Bag X 54001
Durban
4000
KwaZulu-Natal, SOUTH AFRICA
Tel: 27 31 2604557- Fax: 27 31 2604609
Email: HSSREC@ukzn.ac.za

Participants can refuse to answer questions or decide to withdraw from the study at any time without any consequences. The participant will inform the researcher via email or WhatsApp of their withdrawal from the study.

No cost will be incurred by participants as a result of participation in the study.

Privacy and confidentiality will be ensured for all participants, with only the researcher and supervisor have access to the participants' personal details. In addition, no personal names or information will be used in the research as participants will be assigned pseudonyms. The data collected will only be used for this study. The interviews will be recorded using audio tapes, and the transcribed data stored on a computer that only the researcher and supervisor will be able to access. After the data analysis, management, feedback and publishing of the article, all the data obtained by the researcher will be destroyed after 5 years.

CONSENT

I _____ have been informed about the study entitled "Experiences of Young Audiologists' on Continuing Professional Development in the Private Sector in KwaZulu-Natal" by Suvishka Barath.

I understand the purpose and procedures of the study.

I have been given an opportunity to answer questions about the study and have had answers to my satisfaction.

I declare that my participation in this study is entirely voluntary and that I may withdraw at any time without affecting any of the benefits that I usually am entitled to.

I have been informed about any available compensation or medical treatment if injury occurs to me as a result of study-related procedures.

APPENDIX 4: INTERVIEW SCHEDULE

Good afternoon/evening, thank you for agreeing to participate in my research study. I appreciate your assistance and if you are willing to start, we can proceed.

1. Tell me about your experience with continuing professional development.
2. How do you access CPD activities?
3. What are some of the changes you would like to see in CPD activities?

Probe questions:

- 1.1 What are the reasons you engage with CPD?
- 1.2 How often do you engage in CPD?
- 1.3 Do CPD activities contribute meaningfully to your clinical practice?
- 1.4 How has engaging in CPD changed your practice?

- 2.1 What are the barriers you encounter in accessing CPD?
- 2.2 What types of CPD activities do you do?

- 3.1 Are you aware of how many points you require?
- 3.2 Do you know what you get points for?

APPENDIX 5: PILOT STUDY FEEDBACK FORM

Thank you for taking the time to participate in the pilot study for the research study. The feedback that you provide in this questionnaire will assist the researcher in adjusting the main study.

Kindly answer all of the questions below to the best of your ability:

1. Were the Questions understandable?

- Yes
- No. Please provide possible suggestions: _____

2. Are there any questions you think should be added to the interview?

3. Do you have any suggestions about the interview?

APPENDIX 6: CERTIFICATE OF INDEPENDENT CODING



Date: 1 March 2024

INDEPENDENT CODING/QUALITATIVE ANALYSIS

I, Professor Margaret Williams, hereby declare that I have provided the service of independent coding and theming/qualitative analysis for the dissertation listed below. The study is for submission purposes to fulfil the degree of Masters of Medical Science, Family Medicine, University of KwaZulu-Natal.

TITLE

EXPERIENCES OF AUDIOLOGISTS ON CONTINUING PROFESSIONAL DEVELOPMENT IN THE PRIVATE SECTOR IN KWAZULU-NATAL

STUDENT:

Suvishka Barath

Signed:



Prof M Williams
Research Associate: Faculty of Health Sciences
Researcher and qualitative analyst
Nelson Mandela University

Email: maggie.williams@mandela.ac.za
Cell: 0825270600

APPENDIX 7: ETHICAL APPROVAL LETTER



30 October 2023

Suvishka Barath (218001871)
School of Nurs & Public Health
Howard College Campus

Dear S Barath,

Protocol reference number: HSSREC/00006281/2023

Project title: Experiences of audiologists' on continuing professional development in the private sector in KwaZulu-Natal

Degree: MMedSci

Approval Notification – Expedited Application

This letter serves to notify you that your application received on 14 October 2023 in connection with the above, was reviewed by the Humanities and Social Sciences Research Ethics Committee (HSSREC) and the protocol has been granted **FULL APPROVAL**.

Any alteration/s to the approved research protocol i.e. Questionnaire/Interview Schedule, Informed Consent Form, Title of the Project, Location of the Study, Research Approach and Methods must be reviewed and approved through the amendment/modification prior to its implementation. In case you have further queries, please quote the above reference number. PLEASE NOTE: Research data should be securely stored in the discipline/department for a period of 5 years.

This approval is valid until 30 October 2024.

To ensure uninterrupted approval of this study beyond the approval expiry date, a progress report must be submitted to the Research Office on the appropriate form 2 - 3 months before the expiry date. A close-out report to be submitted when study is finished.

HSSREC is registered with the South African National Health Research Ethics Council (REC-040414-040).

Yours sincerely,



Professor Dipane Hialele (Chair)

/dd

Humanities and Social Sciences Research Ethics Committee

Postal Address: Private Bag 854001, Durban, 4000, South Africa

Telephone: +27 (0)31 260 8350/4557/3507 Email: hssrec@ukzn.ac.za Website: <http://research.ukzn.ac.za/Research-Ethics>

Founding Campuses:  Edgewood  Howard College  Medical School  Pietermaritzburg  Westville

INSPIRING GREATNESS

APPENDIX 8: ACKNOWLEDGMENT OF INTENT TO SUBMIT



05 April 2024

Student No: 218001871

Ms S Barath
c/o Department of Family Medicine
School of Nursing & Public Health
College of Health Sciences

Dear Ms Barath,

MASTER OF MEDICAL SCIENCE (MMDSc) Family Medicine

Title: Experiences of young audiologists on continuing professional development in the private sector in KwaZulu-Natal, South Africa

Supervisor: Professor A Ross

Co-Supervisor:

I acknowledge receipt of your intent to submit the above dissertation on the **31st of May 2024**. You are required to submit an electronic copy in pdf format to Michelle Ramlal ramlalm@ukzn.ac.za

The dissertation must be signed by the student and supervisor. The attached declaration **MUST** be included in the dissertation.

Please ensure that the dissertation submitted bears the above approved title.

Your sincerely,



Michelle Ramlal

Postgraduate Administration

Administrative Officer | School of Nursing & Public Health

Postgraduate, Higher Degrees and Research
Ground Floor, George Campbell Building, King George V Avenue, Durban.
Tel : 031 – 2601075 Fax: 031 – 2601543
Email : ramlalm@ukzn.ac.za

c.c: Professor A Ross

SCHOOL OF NURSING AND PUBLIC HEALTH

Postal Address: University of KwaZulu-Natal, Howard Campus, Private Bag X 54001, Durban, 4000

Telephone: +27 (0) 31 260 2499 Facsimile: +27 (0) 31 260 1543 Website: www.ukzn.ac.za

Founding Campuses:  Edgewood  Howard College  Medical School  Pietermaritzburg  Westville

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APPENDIX 9: LANGUAGE EDITOR

Durban
South Africa
6 June 2024

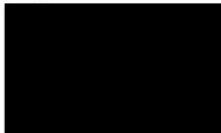
To whom it may concern

Title: Experiences of Young Audiologists on Continuing Professional Development in the Private Sector in KwaZulu-Natal Province, South Africa

Student: Suvishka Barath

I have provided extensive comments on the grammar, general structure and format for this thesis. I have not seen the final version of the document, but am confident that should she have addressed them, the document will be suitable for submission. The student has clearly put a lot of effort into this study, and I have therefore tried to respect their voice in the representation of their work.

Regards



Ms Carrin Martin
Academic Editor
MSocSci, PGDPH