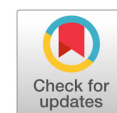


Strengthening Evidence-Based Practice through CPD Initiatives: Experience from Tertiary Hospitals in Vietnam



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Abstract

Introduction: Continuous Professional Development (CPD) plays a pivotal role in advancing nursing competencies and improving patient outcomes. In Vietnam, efforts to enhance Evidence-Based Practice (EBP) through CPD are increasing, particularly in tertiary care settings.

Methods: A cross-sectional survey was conducted among 200 novice nurses working in selected tertiary hospitals in Vietnam. A structured questionnaire assessed perceptions of CPD accessibility, its influence on EBP, and barriers encountered. Descriptive and thematic analyses were applied.

Results: Findings revealed that 72% of participants perceived CPD as influential in enhancing their EBP capabilities. However, only 58% reported consistent access to structured CPD programs. Key barriers included time constraints, lack of mentorship, and limited institutional support. CPD initiatives aligned with organizational goals and supported by nursing leadership were more likely to be effective.

Conclusion: Strengthening CPD frameworks, ensuring equitable access, and fostering a culture of EBP among novice nurses are essential for sustaining high-quality care. Policymakers and hospital administrators should prioritize strategic CPD development as a pathway to institutionalizing EBP.

Keywords: Continuous Professional Development, Evidence-Based Practice, Novice nurses

INTRODUCTION

The integration of Evidence-Based Practice (EBP) into nursing care has become a global imperative to improve quality, safety, and patient outcomes. EBP involves the systematic application of the best available evidence, clinical expertise, and patient preferences to inform clinical decision-making. In Southeast Asia, including Vietnam, the role of EBP is gaining attention amid healthcare reforms and the demand for improved service delivery.

Recent literature highlights the essential role of Continuous Professional Development (CPD) in embedding EBP competencies among nursing staff (1). CPD activities ranging from workshops and seminars to mentorship and clinical audits enable nurses to update their knowledge and translate it into practice. Studies conducted in Malaysia, Thailand, and the Philippines have demonstrated a positive correlation between structured CPD programs and improved nursing practice outcomes (2,3). Despite these advancements, nurses in tertiary hospitals often face barriers in applying EBP effectively. Challenges such as insufficient training in research appraisal, limited clinical guidance, and the absence of supportive leadership structures have been documented (4). CPD, when well-implemented, can mitigate these challenges and serve as a strategic mechanism to institutionalize EBP.

General solutions proposed in the literature include national CPD accreditation frameworks, inclusion of EBP modules in nursing curricula, and creating clinical learning environments that value inquiry-based practice (5).

These solutions have been variably implemented in the region, yet contextual differences influence their effectiveness.

In Vietnam, CPD remains unevenly applied across healthcare settings, with disparities in access between urban and rural hospitals and between novice and experienced nurses. While several policy directives mandate CPD for licensure renewal, there is limited evaluation of its impact on EBP competency among nursing staff, particularly within tertiary institutions.

Studies in similar LMIC contexts have indicated that localized CPD programs tailored to institutional priorities and clinical needs can significantly enhance nurses' confidence in implementing EBP (6). Leadership engagement, protected time for learning, and the integration of CPD within performance appraisal systems are identified enablers.

However, few studies have focused specifically on Vietnam's tertiary hospitals, which present unique demands due to patient complexity and resource constraints. The literature shows a lack of empirical data regarding how CPD contributes to building EBP culture among practicing nurses.

This study aims to fill that gap by exploring how CPD initiatives support the development of EBP competencies among nurses in Vietnamese tertiary hospitals. It offers new insights into institutional practices, nurse perceptions, and systemic barriers, ultimately contributing to a more strategic discourse on professional development in Vietnamese nursing contexts

METHODS

This study employed a quantitative, cross-sectional survey design to investigate how CPD initiatives contribute to strengthening EBP among nurses in tertiary hospitals in Vietnam. This design was appropriate for identifying prevailing trends and capturing participant perspectives in a structured manner.

Study Setting and Participants

The study was conducted in three tertiary-level hospitals located in urban centers of Vietnam. These institutions were selected due to their extensive nursing workforce and implementation of CPD-related initiatives. A total of 120 nursing staff participated in the study. Eligible participants were registered nurses with a minimum of six months of employment, working as primary nurses in clinical settings. Nurses in administrative or non-clinical roles were excluded.

Sampling Procedure

A purposive sampling strategy was utilized to recruit participants. Lists of eligible nurses were obtained from nursing departments and invitations were sent through internal hospital communications. Participation was voluntary and written informed consent was obtained from all respondents. Of 135 eligible nurses approached, 120 completed the questionnaire, yielding a response rate of 88.9%.

Instrumentation and Questionnaire

Data collection was conducted using a structured, self-administered questionnaire developed based on a review of existing literature on CPD and EBP. The questionnaire consisted of five sections: (1) demographic and professional background, (2) participation in CPD programs, (3) perceptions of CPD effectiveness, (4) perceived impact of CPD on EBP practice, and (5) institutional support and barriers. The questionnaire incorporated Likert-scale items (ranging from 1=strongly disagree to 5=strongly agree), dichotomous questions, and one open-ended item to capture narrative insights.

Validity and Reliability

Face and content validity of the questionnaire were established through consultation with three nursing academics with expertise in CPD and EBP. A pilot test with 15 nurses was carried out to assess comprehension, clarity, and item relevance. The internal consistency of the instrument, measured using Cronbach's alpha, was 0.91 for all scale-based items, indicating high reliability.

Ethical Considerations

The study received approval from the institutional ethics committee of the lead hospital. Participation was voluntary and anonymous. Confidentiality of responses was guaranteed. Data were stored securely and were used solely for academic purposes.

Data Analysis and Presentation

Quantitative data were coded and entered into SPSS version 26 for analysis. Descriptive statistics were used to summarize demographic characteristics, CPD participation levels, and perceptions of CPD effectiveness. Frequencies and percentages were reported for categorical variables, and means and standard deviations for continuous variables. Open-ended responses were subjected to basic thematic analysis to provide contextual understanding of perceived barriers and facilitators. Data presentation in the Results section includes tables and narrative descriptions to ensure clarity and coherence.

RESULTS

Respondent Characteristics

Table 1. Respondent Characteristics

Variable	Frequency (n)	Percentage (%)
Gender		
- Male	38	31.7
- Female	82	68.3
Age (Mean \pm SD)	26.8 \pm 3.9	
Years of Experience (Mean \pm SD)	1.7 \pm 0.6	
Education Level		
- Diploma	45	37.5
- Bachelor's	68	56.7
- Master's	7	5.8
Department		
- Internal Medicine	35	29.2
- Surgery	29	24.2
- ICU	21	17.5
- Others	35	29.2
Participation in CPD (Last 12 months)		
- Yes	94	78.3
- No	26	21.7

A total of 120 nurses participated in this study, all of whom were employed in tertiary hospitals in Vietnam. The demographic and professional characteristics are summarized in Table 1 (see previous table output). The majority of respondents were female (68.3%), while male nurses constituted 31.7%. The mean age was 26.8 years (SD \pm 3.9), and the average duration of clinical experience was 1.7 years (SD \pm 0.6), indicating that most participants were in the early phase of their professional careers. Regarding educational background, more than half of the respondents held a bachelor's degree in nursing (56.7%), followed by diploma holders (37.5%) and a small percentage with master's degrees (5.8%). Participants were distributed across several clinical departments, with internal medicine and surgical wards being the most represented (29.2% and 24.2%, respectively), followed by ICU (17.5%) and other departments such as pediatrics and emergency (29.2%). Notably, 78.3% of respondents reported having participated in at least one CPD program within the last 12 months.

Participation and Engagement in CPD Programs

The majority of respondents (78.3%) indicated they had attended one or more CPD activities in the past year. Among them, 51.0% had participated in more than three sessions, while 27.3% had attended only once. CPD formats varied, including lectures, workshops, and simulation-based learning. Respondents noted that practical, hands-on training was more engaging and effective than passive lecture-based formats. When asked about motivation, 65.8% of respondents stated that improving clinical competence was their primary reason for attending CPD. Other motivating factors included institutional requirements (17.5%) and peer encouragement (9.2%). A small number of participants (7.5%) reported attending CPD solely for licensure renewal compliance.

Perceived Impact of CPD on Evidence-Based Practice

Approximately 72.5% of nurses perceived CPD programs as having a positive impact on their EBP implementation skills. Specific areas of perceived improvement included better critical appraisal of clinical literature (43.3%), enhanced patient assessment techniques (35.8%), and improved documentation practices (21.7%). However, 16.7% of respondents indicated that the CPD sessions lacked direct application to their daily clinical routines. Respondents also emphasized the importance of CPD facilitators being experienced clinicians who could link theory to practice. Participants who had access to structured follow-up or mentoring reported significantly higher confidence in integrating EBP into clinical decision-making.

Institutional Support and Barriers

Despite general satisfaction with CPD content, several systemic barriers were reported. Time constraints due to shift schedules (64.2%) and lack of administrative support (45.8%) were the most commonly cited challenges. Moreover, 32.5% of respondents noted that no designated time was allocated for professional development, making participation voluntary and often burdensome. Regarding resource availability, only 39.2% of participants reported access to EBP resources such as research databases or journals within the hospital. This limitation hampered their ability to apply updated clinical guidelines. Additionally, while 58.3% indicated some degree of managerial support for CPD, only 22.5% received formal recognition or reward for participation.

DISCUSSION

This study explored the impact of CPD initiatives on the enhancement of EBP among nurses in tertiary hospitals in Vietnam. The findings indicate that CPD participation is relatively high among respondents, with a majority acknowledging its positive contribution to their professional development and EBP competencies. These results are consistent with regional studies demonstrating that regular CPD activities strengthen clinical decision-making and evidence utilization among nursing staff. (8,9)

The demographic profile of respondents, predominantly young and early-career nurses, highlights a critical target population for CPD interventions. Early exposure to EBP principles during formative clinical years can shape lifelong professional behaviors (10). However, limited years of experience may also explain the moderate confidence levels reported by some respondents regarding the practical application of EBP. Previous studies in Vietnam and other Southeast Asian contexts have similarly noted that novice nurses often require structured mentorship to fully operationalize EBP knowledge. (11,12)

One significant barrier identified in this study is the lack of protected time for CPD engagement due to shift work and staffing limitations. This finding echoes a national survey in Vietnam which reported that over 60% of nurses cited time constraints as a primary hindrance to CPD participation (13). Institutional support, including managerial encouragement and resource allocation, was variably reported across participating hospitals. This inconsistency underscores the need for policy harmonization at the hospital and provincial health department levels to ensure equitable CPD access (14,15).

Our findings show that most nurses valued CPD content that was hands-on and clinically relevant, particularly simulation-based training and interactive case discussions. This is supported by Nguyen et al. (2022), who found that experiential learning methods significantly increased retention of EBP competencies among Vietnamese

nurses (16). Such approaches allow nurses to contextualize evidence within their practice environment and foster critical thinking (17).

Despite positive perceptions of CPD, only a minority of respondents reported access to digital resources such as clinical databases or institutional subscriptions to international journals. The digital divide remains a concern in Vietnam, especially among public hospitals with constrained budgets. According to a recent scoping review, the absence of digital infrastructure hinders the implementation of knowledge translation strategies essential to EBP (18). Integrating technology-enhanced learning into CPD could bridge this gap and support self-directed learning (19).

The findings also revealed that formal recognition for CPD engagement such as certificates, promotion points, or salary incentives was rare. This lack of extrinsic motivation may reduce long-term commitment to professional development. Institutionalizing CPD as part of a nurse's career progression pathway, as advocated in the ASEAN Mutual Recognition Arrangement on Nursing Services, can enhance accountability and participation (20).

Internationally, several countries have adopted CPD frameworks that link education, accreditation, and practice outcomes. For example, the Singapore Nursing Board mandates a fixed number of CPD hours tied to licensure renewal, combined with e-learning modules and clinical audits (21). Vietnam has begun to implement similar policies, yet the degree of enforcement and monitoring varies significantly between urban and rural settings (22,23).

The integration of mentorship and peer support in CPD is another area of concern. While some respondents reported informal mentorship, structured programs remain scarce. A randomized controlled trial in Ho Chi Minh City showed that peer-led CPD groups improved nurses' EBP competency scores more than traditional lecture-based CPD (24). Developing national guidelines for CPD delivery formats, mentorship roles, and evaluation criteria could address this gap. This study contributes to the literature by offering empirical data from Vietnam, a country with limited published research on CPD's direct influence on EBP. The insights gathered may inform hospital administrators and policymakers in designing evidence-informed CPD strategies that are contextually relevant and scalable. Furthermore, the study emphasizes the need for continuous monitoring and evaluation of CPD initiatives to ensure they meet both institutional goals and individual professional growth targets (25).

CONCLUSIONS

This study provides empirical evidence on the role of Continuous Professional Development (CPD) initiatives in enhancing Evidence-Based Practice (EBP) among nursing staff in tertiary hospitals in Vietnam. The findings indicate that CPD, when accessible, structured, and contextually relevant, plays a vital role in building the clinical reasoning and evidence application skills of nurses, particularly those at the early stages of their careers. Despite high participation rates, barriers such as time constraints, limited managerial support, and unequal access to digital and learning resources persist. These challenges underscore the importance of developing comprehensive institutional policies that ensure protected time for CPD, incorporate EBP modules into all training formats, and provide recognition mechanisms for professional development engagement.

The study emphasizes the need to integrate CPD into broader human resource development strategies within Vietnam's healthcare system. Initiatives that include mentorship, peer support, and experiential learning are more likely to yield sustained improvements in practice. Moreover, national regulatory frameworks should mandate CPD participation as a requirement for career progression and licensure renewal, accompanied by robust monitoring mechanisms.

Future research should explore longitudinal outcomes of CPD on clinical performance and patient outcomes, as well as assess the cost-effectiveness of various CPD models. Cross-country comparative studies within the Southeast Asian context may also shed light on best practices that can be adapted in Vietnam. In conclusion, CPD is not merely an educational exercise but a strategic investment in workforce quality. Strengthening CPD systems can accelerate the institutionalization of EBP and contribute to the broader goals of healthcare quality improvement, patient safety, and professional satisfaction in Vietnamese nursing practice.

AUTHOR'S CONTRIBUTION STATEMENT

Conceptualization: TML, NTK; Methodology: TML; Data Collection: TML; Formal Analysis: TML, NTK; Writing Original Draft: TML, NTK; Writing Review & Editing: TML, NTK. All authors have read and approved the final manuscript.

CONFLICTS OF INTEREST

The authors declare no conflict of interest related to this study.

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