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Continuing Professional Development Preferences of Occupational Therapy Providers in Kenya, Rwanda, and Tanzania

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Abstract

Background: This study was conducted to explore the continuing professional development (CPD) preferences of occupational therapists in Kenya, Rwanda, and Tanzania for identifying and developing CPD opportunities to meet professional licensure requirements that are new to these countries.

Methods: Descriptive, cross-sectional study design was conducted using a 28-item electronic survey that targeted occupational therapists in Kenya, Rwanda, and Tanzania. Quantitative data were analyzed descriptively, and qualitative data were studied through content and thematic analysis.

Results: Seventy-eight (78) participants completed the study, and the majority were male (60.5%). Most of the participants were from Tanzania, and most participants had a diploma in occupational therapy education. The participants identified many preferred CPD topics according to their practice areas including sensory integration/processing, health promotion, depression, home modifications, stroke management, community support groups, telehealth intervention ideas, vocational rehabilitation, professional skill development, and applying evidence in practice. The most preferred method of CPD was online with the preferred time commitment of 2 hr. Quantitative results were supported by qualitative findings.

Conclusion: These results show interest in and need for CPD opportunities that match preferences of occupational therapists in Kenya, Rwanda, and Tanzania, which creates opportunity to collectively support advancement of occupational therapy in East Africa.

Comments

The authors declare that they have no competing financial, professional, or personal interest that might have influenced the performance or presentation of the work described in this manuscript.

A preview of the outcomes of this research project was briefly presented at the World Federation of Occupational Therapy Congress in August 2022.

Keywords

Africa, continuing medical education, licensing, survey

Cover Page Footnote

With great appreciation to the contributions of the following individuals: Evans Obaigwa, President of the Kenya Occupational Therapists' Association, for assisting this research team with survey dissemination in Kenya. Wanyi Wang, statistician for Texas Woman's University, for careful statistical analysis and explanations of survey data for this project. Cynthia Evetts, Program Director for the School of Occupational Therapy at Texas Woman's University, and Dominick Mshanga, Kilimanjaro Christian Medical University College, for previewing this report. Texas Woman's University School of Occupational Therapy for financial support.

Credentials Display

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In East Africa, occupational therapy is still a developing profession, as in most sub-Saharan countries. However, there are not enough training institutions for graduate occupational therapy students to meet the growing demand for rehabilitation professionals in the region (Agho & John, 2017). To ensure that services are delivered in a competent, safe, effective, and contemporary manner to meet best practices, qualified occupational therapists in these regions must be registered and licensed by professional councils (The Medical, Dental and Allied Health Professionals Act, 2017). Depending on country guidelines, occupational therapists may be required to renew their practice licenses through continuing professional development activities (Rwanda Medical and Dental Council [RMDC] et al., 2013).

Continuing professional development (CPD) is a lifelong dedication to learning, improving existing knowledge, sharpening skills, and staying current with recent advancements. CPD is necessary to reach one's full potential in delivering services that have evidence and meet patients' needs (Plastow & Boyes, 2006). To achieve the supreme objective of delivering safe, effective, and competent services to the patient, occupational therapists must engage in CPD activities that will equip them with the skills to meet current societal changes, health care advancements, and new or emerging practice areas in occupational therapy's scope of practice (Feldacker et al., 2017b).

Regardless of the profession, there is a global recognition of the need for ongoing CPD to safeguard competence in knowledge, professionalism, and evidence-based practice (Goble & Horm, 2010). The growth of occupational therapy as a profession depends on each qualified occupational therapist and their commitment to professional development as a practitioner and leader in meeting the needs of their society (Johnson Coffelt & Gabriel, 2017). As such, occupational therapists are responsible for determining their needs for CPD and accessing resources according to their preferences to earn a certain number of points (i.e., units of continuing education) required for the practice license renewal (O'Brien et al., 2012).

Obtaining licensure to practice is a new responsibility for occupational therapists in Kenya, Rwanda, and Tanzania. Rwanda and Tanzania require occupational therapists to show evidence of professional development activity. In Rwanda, for example, the Rwanda Allied Health Professions Council (RAHPC) announced in 2013 a system of compulsory CPD aimed at improving patient care (RMDC et al., 2013). The CPD policy requires all allied health professionals registered with RAHPC, including occupational therapists, to earn a minimum of 60 CPD points every 2 years (RAHPC, n.d.). In 2017, the Medical Council of Tanganyika in Tanzania required occupational therapists to have a minimum of 20 CPD points annually to attain renewal of their practice licenses (The United Republic of Tanzania, 2017). Occupational therapists in Kenya are not yet required to obtain professional licensure, but are encouraged to do so. As such, occupational therapists in all three countries participate in CPD activities and earn points for license renewal and/or professional advancement to meet the needs and requirements of their respective countries (RMDC et al., 2013).

Internationally, occupational therapists' preferences of topics and style of study depend on their desire for personal and professional growth, ability to critically reflect on practice, commitment to learning, and the level of support for CPD in the workplace (Worledge, 2011). The desire for and commitment to the personal and professional growth of occupational therapists in Kenya, Rwanda, and Tanzania, trained in reflection of the African context (Lorenzo et al., 2006), are equally as strong in these three East African countries. However, pursuing CPD opportunities and earning points for licensure are influenced by the availability of and access to continuing education resources. Because occupational therapy is still a developing profession in East Africa and acquiring professional licensure is even more

recent, identifying and developing practical, evidence-based, and culturally and contextually relevant CPD opportunities are timely and crucial initiatives.

There is no evidence of published research that identifies the CPD preferences of occupational therapists in Kenya, Rwanda, and Tanzania. Realizing the dearth of applicable information about this issue, this international team of occupational therapy leaders, educators, and researchers from Kenya, Rwanda, Tanzania, and the United States began a research project to inform leaders and educators in these countries about occupational therapists' CPD preferences. In Kenya, Rwanda, and Tanzania, CPD activities are conducted during conferences, clinical meetings, and online platforms; however, it is unclear if the provided CPD topics are accessible and fit the needs and preferences of all occupational therapists (Byungura et al., 2022). As stated by Vander Berg and De Villiers, "It will be useful to the providers of CPD, such as academics, government, and journal editors, to have [information about CPD preferences] when developing CPD materials for occupational therapists" (2003, p. 10). Therefore, this international team identified an opportunity for an exploratory study to answer the following question: What are the CPD preferences of occupational therapists in Kenya, Rwanda, and Tanzania?

The purpose of this descriptive study was to collect input via surveys from occupational therapists in these countries and identify meaningful CPD opportunities that will satisfy licensure requirements and advance their knowledge and skills for practice. By identifying the top CPD interests, these countries' professional organizations, the Kenya Occupational Therapists Association (KOTA), the Rwanda Occupational Therapy Association (RWOTA), and the Tanzania Occupational Therapy Association (TOTA), will strategize through collaboration about how to optimize their resources to provide CPD opportunities for their respective country's occupational therapists. An additional aspiration of this study is the hope of gaining attention and piquing the interest of occupational therapy experts, educators, and leaders worldwide who may consider assisting these and other countries with CPD development and provision.

Method

Integral to this study's research method is the team that created it. This study involved an international team of five members from Kenya, Rwanda, Tanzania, and the United States, and much care was devoted to this study's methods for ensuring cultural sensitivity and appropriateness. The primary investigator was from a public university in Texas, United States, and was responsible for survey development and reporting. Other members of this research team included a member of KOTA, two leaders from RWOTA, and one leader from TOTA. The survey questions were derived from their inquiries as representatives in their professional organizations. These members' responsibilities were to pilot and approve survey materials and determine cultural appropriateness and confidentiality of content throughout the project for the safety of occupational therapists in their respective countries.

Study Design

The research design for this descriptive study was a cross-sectional survey to obtain information from occupational therapists in Kenya, Rwanda, and Tanzania about their occupational therapy-related backgrounds, interests, and preferences regarding CPD. Blinding for this type of study was not indicated.

This web-based survey was approved by the Texas Woman's University Institutional Review Board with the ethical approval number IRB-FY2022-293. Consent was provided by each survey participant upon their decision to proceed with the survey after a description of the study and its risks and benefits were provided. This survey encouraged full completion, but the participants were informed they could stop at any time. In addition, this survey was stored on a safe survey platform, PsychData Surveys.

Personal identifying information and internet protocol data were not tracked during this survey to minimize loss of confidentiality.

Participants

The participants for this study were occupational therapists in Kenya, Rwanda, and Tanzania. At the time of this survey, there were approximately 250 occupational therapists in Kenya, 44 in Rwanda, and 179 in Tanzania. Because each country's population of occupational therapists was small, population sampling was used. Therefore, the entire population of occupational therapists in these three countries was the target population, and they were invited to complete the survey for a final sample of approximately 473 participants.

The recruitment process for this study used email communications to occupational therapists in their respective countries through KOTA, RWOTA, and TOTA resources. Members of this research team from Kenya, Rwanda, and Tanzania sent each email. The emails included an invitation to participate in the survey, the survey's purpose, what to expect, consenting information, research personnel, IRB contact information, and a link to start the survey.

The participants in this study were adult occupational therapists in Kenya, Rwanda, and Tanzania. Inclusion criteria required that participants were either African, expatriates, or temporary occupational therapists from other countries. Participants were not required to be professional trade association members, but they must have earned an occupational therapy degree (or other qualification) from any country and identify as an occupational therapist in Kenya, Rwanda, or Tanzania. Licensure in occupational therapy was not required to participate because of the new licensure regulations to practice in these countries. Members of the research team from Kenya, Rwanda, and Tanzania attested that all participants in the target population would be fluent in written English to participate in this survey. No remuneration was offered to survey participants.

The only exclusion criterion was if participants had on-the-job training in occupational therapy without formal education. Two initial survey questions were included to identify individuals not formally trained as occupational therapists. Survey results from individuals who matched this exclusion criterion were removed.

Instrument and Procedures

The instrument for this study was a web-based survey created by the research team, which collected descriptive data from 28 items (25 multiple-choice items with write-in options and three open-ended items) using the internet-based survey platform PsychData Surveys. After receiving IRB approval, the survey was open for 4 weeks, and members of the research team from Kenya, Rwanda, and Tanzania sent five scripted email invitations and reminders to members of their respective organizations at scheduled time points that introduced and encouraged survey participation. Assumptions were made that occupational therapists in these countries had internet access to the survey.

Data Analysis

Data were gathered by the primary investigator at the end of the 4-week data collection period. Quantitative data were descriptive statistics only, which were analyzed using IBM SPSS Statistics v28. Qualitative data were single words, short phrases, and sentences to write-in options and open-ended questions. Qualitative data were analyzed through content and thematic analysis (depending on the nature of the survey item) using manual organization strategies and software, specifically NVivo Pro, v12. In addition, intercoder analysis was completed by three members of the research team for accurate interpretation of qualitative results, and differences were managed through discussion to arrive at an

analysis consensus. Quantitative and qualitative data were merged to inform 25 out of the 28 questions on the survey, and three questions collected narrative data only.

Results

Foundational data were gathered, analyzed, and interpreted from the survey to inform this descriptive study's overarching question: "What are the continuing professional development (CPD) preferences of occupational therapists in Kenya, Rwanda, and Tanzania?" Based on the target population consisting of all occupational therapists in Kenya, Rwanda, and Tanzania (N = 473), a survey completion rate of 45% was determined acceptable for generalizing survey outcomes with a 95% confidence interval and a 5% margin of error (SurveyMonkey, n.d.)

Ninety-five of the participants started the survey, and 72 finished the survey; however, seven of the participants completed most of the questions, so their responses were kept. There were only 2.8% missing values, so pairwise deletion was used in the data analysis. From these 79 cases, 78 met inclusion criteria and were the final sample (n = 78) for this survey analysis, which produced a response rate of 16.5% and, per Chung (n.d.), is considered average. Data were aggregated and analyzed as a whole, as opposed to each country, which provided enough data to inform the research question but not enough for generalizing results to the target population.

This section summarizes Questions 1 through 27 from the survey, which consisted of quantitative and qualitative data and contained information about sample characteristics, demographics, and CPD preferences. The final question in the survey asked the participants to provide optional narrative responses about CPD in general. The responses to the final question contained only qualitative data.

Sample Characteristics

Valuable demographic data were gathered from this sample of 78 participants to learn about the profile of these occupational therapists and contextualize survey responses. As seen in Table 1, over half of the sample was 26 to 33 years of age (60.6%), and the majority of the participants were male (60.5%). Nearly two-thirds of the sample were from Tanzania (60.5%), followed by Rwanda (28.9%), then Kenya (10.5%). Collectively, most of the participants had a diploma in occupational therapy education (63.2%), and 4.5% of those with a diploma also had higher education. The participants identified nine institutions where they received their education in occupational therapy. According to narrative responses, most of the participants received their education from Kilimanjaro Christian University College (also known as Tumaini University) in Tanzania (60%), followed by the University of Rwanda in Rwanda (25.3%), and then Kenya Medical Training College in Kenya (5.3%).

Occupational Therapy Practice and Professional Membership

Nearly one-third of the sample had been occupational therapists for 1 to 3 years (30.3%), followed by 3 to 5 years (21.1%), and over 12 years (14.5%). Most of the participants had an occupational therapy license in at least one of the three countries (77.6%), while the remaining participants indicated they did not have a license in any of these countries. Most of the participants worked in one to two practice settings (64.1%), and the top three practice settings the participants reported working in were outpatient rehab (60.3%), inpatient rehab (51.3%), and community-based settings (38.5%). One participant also added that they worked in a refugee camp. Regarding the clients they worked with, a majority of participants reported working with only one client age group (38.5%), but others reported having worked with more than one or all client age groups. Specifically, most of the participants indicated that they were working with children and youth populations (0–17 years old; 83.3%). The majority of the participants belonged to one or more professional organizations, specifically TOTA (57.7%), followed by RWOTA (28.2%), the World

Federation of Occupational Therapy (WFOT; 11.5%), and KOTA (10.3%). Two participants did not belong to any of these organizations. Some of the participants identified other professional organizations to which they belonged: All India Occupational Therapists' Association, Occupational Therapist Association of Nigeria, and Occupational Therapy Africa Regional Group.

Table 1

Frequencies and Percentages on Sample Characters

Categorical Demographics		*n*	%
Age	22–25	8	10.5
	26–29	30	39.5
	30–33	16	21.1
	34–37	11	14.5
	38–41	3	3.9
	42–45	3	3.9
	46–49	1	1.3
	54–57	1	1.3
	Other	3	3.9
Gender	Female	30	39.5
	Male	46	60.5
Country	Kenya	8	10.5
	Rwanda	22	28.9
	Tanzania	46	60.5
OT education	Diploma	48	63.2
	Bachelor	23	30.3
	Master	5	6.6
Highest overall educational level	Diploma	44	58.7
	Bachelor	23	30.7
	Master	6	8.0
	Other	2	2.7

Continuing Professional Development Preferences

Statistical and narrative data were organized and reported together based on a sequence of questions as opposed to research methodology. In addition, several survey items asked about practice areas that were inspired by the American Occupational Therapy Association's Special Interest Sections and approved by this research team for applicability to occupational therapy practice in Kenya, Rwanda, and Tanzania. The participants identified CPD topics according to their preferences by selecting all options that applied to them from lists and/or writing in choices for each practice area.

In the children and youth practice area, the participants identified sensory integration/processing (76.9%) and neurodevelopmental disorders (75.6%) as their most preferred CPD topics. In the practice area of health and wellness, health promotion (79.5%) was most highly preferred, followed by chronic disease management (71.8%) and disease prevention (66.7%). The mental health practice area included depression (78.2%), PTSD (75.6%), and anxiety (64.1%) as top CPD preferences. In addition, one-third of the sample selected all options in the mental health survey item. For productive aging practice, the highest preferred topic was home modifications (80.8%), followed by dementias/Alzheimer's disease (65.4%).

Several CPD preferences in the rehabilitation and disability practice area were highly rated. CPD about stroke (78.2%), splinting (75.6%), brain injury (73.1%), spinal cord injury (71.8%), and orthopedic conditions (71.8%) were the most preferred topics. There was a strong preference for CPD about community support groups (80.8%) and advocacy (62.8%) in population-based practice. For telehealth practice, most of the occupational therapists preferred learning about intervention ideas (76.9%), followed

by learning how to get started in telehealth (73.1%). In the work and industry practice area, vocational rehab (79.5%), ergonomics (76.9%), and hand therapy (76.9%) were each highly preferred CPD topics.

For management, highly preferred CPD topics were professional skills development (69.2%), practitioner well-being/burnout prevention (67.9%), and occupational therapy promotion (65.4%). A fourth notable preference was to learn about leadership (60.3%). Lastly, the most preferred CPD topics related to evidence-based practice and research were learning how to apply evidence in practice (74.4%) and how to choose evidence and practice guidelines wisely (both 60.3%).

Education and CPD Methods of Delivery Preferences

Information about other preferences regarding occupational therapy education and CPD delivery was also gathered. Information about the participants' education was collected to inform occupational therapy educators, as well as CPD providers. When asked about topics the participants wished they had learned more about as occupational therapy students, the top three responses were project development (61.5%), anatomy (52.6%), and hands-on practice skills (50.0%). Another popular topic was to learn more about professional skills development (48.7%). The top professional resources selected by the participants for finding information about occupational therapy practice and health care, in general, were books (66.2%), social media (66.2%), colleagues (50.7%), professional organizations (43.7%), and peer-reviewed journals (42.3%).

In addition, preferences for access to professional network/support groups (78.9%), online database access to peer-reviewed articles (73.2%), and professional mentorship (73.2%) were identified as being useful for current, future, and/or past occupational therapy practice. These were resources identified by the participants that would be or would have been helpful; however, they were not available to them at the time of this survey.

These findings were supported by the narrative responses from content analysis of the open-ended question asking the participants to name their preferred resources. Narrative responses (n = 130) described approximately eight categories of resources. Most popularly, the use of books (35%) was the primary resource described by the survey participants. Books included specified textbooks; school and library books, in general; and online and e-books, in general. Some of the more popularly mentioned books were (a) Case-Smith's *Occupational Therapy for Children and Adolescents*, (b) Pedretti's *Occupational Therapy: Practice Skills for Physical Dysfunction*, (c) *Play in Occupational Therapy for Children*, (d) *Disabled Village Children*, and (e) *Willard and Spackman's Occupational Therapy*.

After books, there were several other popularly described resources. Web-based tools, especially social media, were identified as the preferred resources for occupational therapists (24%), specifically social media. The identified social media sources were Instagram (https://www.instagram.com), YouTube (https://www.youtube.com), and Facebook (https://www.facebook.com). A specific, free, web-based resource for occupational therapists was also mentioned: The Occupational Therapy Hub (https://www.theothub.com).

Use of professional organization resources (12%) for CPD; most popularly, WFOT, and journals/articles (12%) were equally preferred among occupational therapists. The two journals that were specifically reported as CPD resources were the *Canadian Journal of Occupational Therapy* and the *American Journal of Occupational Therapy*. In addition, peer connections (7%) were identified as resources for CPD, specifically through mentorship, consultation, support groups, and following through social media channels.

Lastly, only 6% of the responders indicated that taking CPD courses was an accessible resource for CPD. Specifically, identified CPD courses included congresses/conferences, online seminars, local offerings, and opportunities provided by their professional organizations. Other resources (5%) that were mentioned once included on-the-job training, the use of standardized assessments, and school notes. Please see Table 2 for a summary of narrative responses about preferred professional resources.

Table 2

Narrative Responses for Preferred Professional Resources

Categories identified through content analysis	Number of times mentioned
Books	45 (35%)
Web-based resources (including social media)	31 (24%)
Professional organizations	15 (12%)
Journals and articles	15 (12%)
Peers	9 (7%)
CPD courses	**8 (6%)**
Other	7 (5%)

When asked about preferred learning methods for pursuing CPD, over half of the responses indicated a preference for online learning (64.8%). In addition, nearly half of the responses preferred learning in person (49.3%), followed by a preference for learning from a blend of online and in-person instruction (47.9%). Self-paced learning was also a preferred method (45.1%).

The time commitment preferred for CPD was varied. A majority of the responses indicated a preference for a 1-hour (38%) to 2-hour time commitment for CPD (43.7%). Other responses indicated that the participants were also interested in CPD opportunities that require multiple days of learning (28%).

Narrative Responses about CPD

Lastly, at the end of the survey, the participants were asked to provide any additional comments they wanted to add about CPD in general. Of the 78 participants, 30 shared comments that underwent thematic analysis, from which five themes were identified. While each theme and a few selected quotes are shared, minor adjustments were made for language coherency and approved by members of this research team.

The first theme appeared to be related to goodwill toward the project. These comments included general statements of gratitude for the survey, supportive remarks about the survey, and optimism and hope about the survey's outcomes. One participant stated, "This is great added value for this profession," and another stated, "Thank you for the initiative [of] this survey. We are hoping for a better outcome and way forward." Lastly, one participant shared, "My answers were genuine. [I] hope to get helpful feedback."

A second theme was about the importance of CPD. This theme is well-represented by a participant who stated, "We mainly need CPD not only [for] renewing our license but also [to] nourish our skills about the profession." Some comments generally spoke about the necessity for CPD, and one proposed seeking support for CPD through sponsorship. Other comments requested specific topics, such as learning about standard operating procedures used by occupational therapists nationwide and how to start telehealth services. While acknowledging the importance of CPD, a participant remarked that the process for CPD as applied to licensure is complicated.

A third theme was the need for professional resources and access to them. (Access described in this discussion refers to access to financial, geographical, and availability of resources.) Comments included suggestions about CPD being offered through professional organizations, and other comments

specified the need for accessibility to professional resources, such as access to journals, libraries, membership to organizations that provide CPD, and free web-based resources. Two participants spoke to this theme specifically. One participant stated that "access to current information in libraries or peer review papers is most important," and another stated that having "access to international journals (OT related) either through the association or the universities will be helpful." Lastly, one participant identified the need for in-person resources through support groups and mentorship.

A fourth theme was about advocacy for the profession and for clients or patients. One participant identified that increasing occupational therapists' knowledge through CPD will help them be more competent in the workplace. Another participant remarked that occupational therapy must address "all areas that both children and adults have [in] functional limitation." Lastly, one participant offered a comment that represented many points about patient care:

> Advocacy for our clients is still a place which lags behind. This is a field I feel we should be more involved in. There are programs run by AUCD [Association of University Centers on Disabilities] in the USA which advocates for individuals living with disabilities. If such could be introduced to Kenya, these will widen our practice scope and also empower our clients. We don't have many hospitals in Kenya, and our rehabilitation is hospital-based. This limits our clients' access to occupational therapy services. If community-based rehabilitation was implemented, then therapists could provide services locally and thus access to our services locally by our clients.

The fifth and final theme offered suggestions related to CPD and other profession-specific requests. One participant suggested that another survey should be conducted by each professional organization to gather their own country's information and then present it to an organizational coordinator. Another participant directly requested needing more support. Lastly, a participant provided an inclusive suggestion to begin the CPD effort, which speaks to one of the long-term goals of this project: "Unity is everything, and I think unity should be the first thing to be addressed. [I] am talking about unity among Occupational Therapists."

Discussion

An international team of occupational therapy researchers, leaders, and educators conducted a cross-sectional survey to collect input from occupational therapists in Kenya, Rwanda, and Tanzania about preferred CPD opportunities. The survey targeted the full population of occupational therapists in these countries (N = 473), of which 78 participants' responses (n = 78; 16.5% response rate) were included, analyzed, and interpreted for this study. Because of the unbalanced response rate between these countries, the results were aggregated and not considered generalizable to the whole population; however, the results provided enough data to begin informing the research question, "What are the continuing professional development preferences of occupational therapists in Kenya, Rwanda, and Tanzania?"

Emerging Model

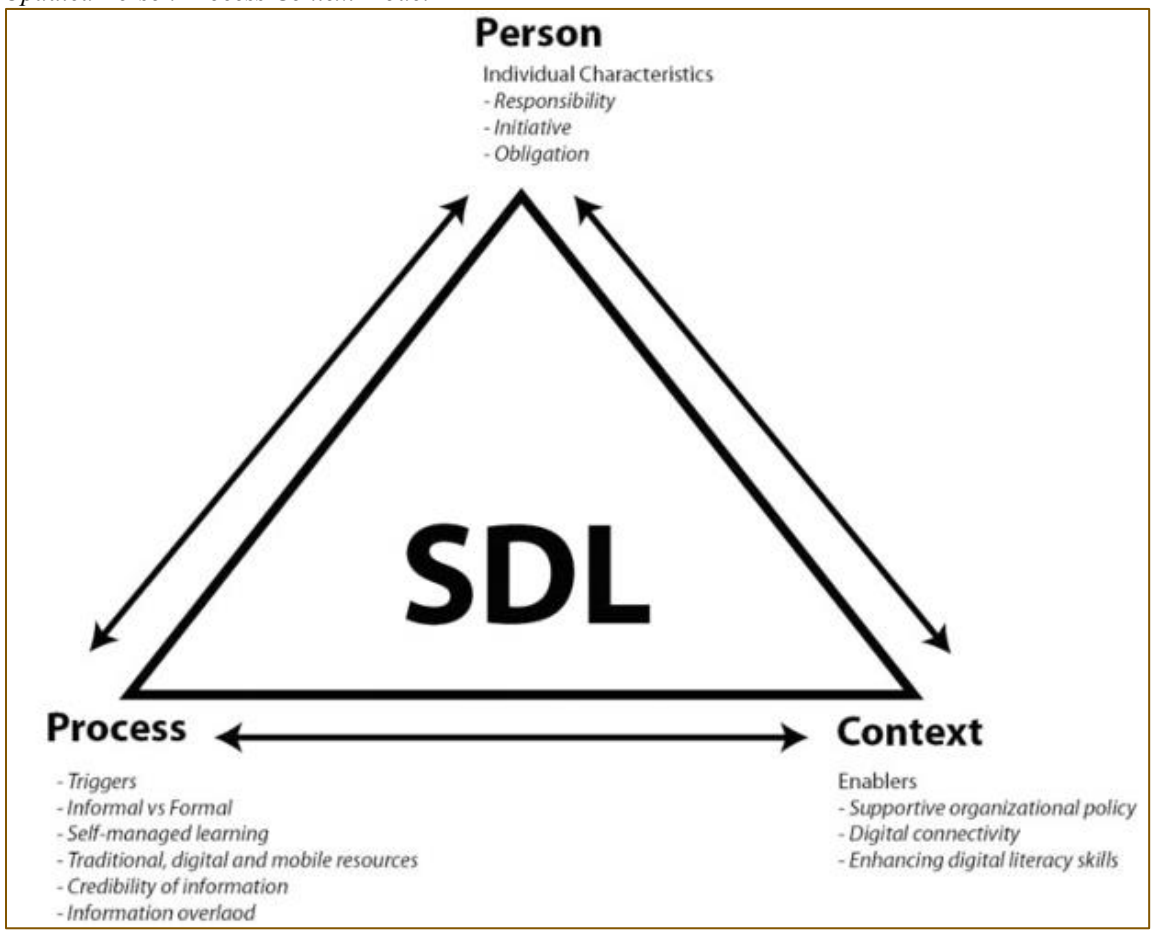
During data analysis, the need to frame the outcomes of this study became apparent. The updated Person Process Context Model (PPCM; Heimstra & Brockett, 2012; Curran et al., 2019) was selected to assist with outcomes interpretation and to create a platform for future research. With roots in Knowles' self-directed learning (SDL) process, the updated PPCM continues to support how self-directed learning is a process that includes (a) a Person component, which recognizes the characteristics of the individual; (b) the Process component, which identifies the teaching/learning exchange; and (c) the Context, which

"encompasses the environmental and sociopolitical climate" (Hiemstra & Brockett, 2012, p. 158). In addition, the original model posits that the optimal situation for SDL is when the Person, Process, and Context are in balance.

The updated PPCM introduced a more current way of understanding the SDL of adult learners as related to CPD, specifically health care providers, with the inclusion of digital technology factors (see Figure 1; Curran et al., 2019). The updated PPCM model uniquely aligns with the essential elements of this study because occupational therapists are adult learners (Person) seeking continuing education through their own initiative and/or because of their professional responsibilities (SDL) in Kenya, Rwanda, and Tanzania, which have digital connectivity (Context) and varying teaching/learning resources and triggers for engaging in CPD (Process). Based on the updated PPCM, the information gleaned from this study informed the balance between Person, Process, and Context for determining if the current CPD situation in the three targeted East African countries was optimal for SDL processes to occur. As such, the results of this study showed an imbalance between these constructs, which means there is a sub-optimal situation for SDL that affects CPD engagement.

Figure 1

Updated Person Process Context Model



Note. From "Adult learners' perceptions of self-directed learning and digital technology usage in continuing professional education: An update for the digital age," by V. Curran, D. L. Gustafson, K. Simmons, H. Lannon, C. Wang, M. Garmsiri, L. Fleet, and L. Wetsch, 2019, *Journal of Adult Continuing Education*. Copyright 2019 by SAGE. Reprinted with permission.

The Person component was informed by the demographic data gathered from the survey. The majority of the participants were male, 33 years of age or younger, had practiced 5 years or less, possessed an occupational therapy license, and earned a diploma as their highest level of education. Some of these reported demographics may be a result of occupational therapy being a relatively young profession in Kenya, Rwanda, and Tanzania (Agho & John, 2017). Currently, Tanzania is still at diploma level, while Kenya has upgraded to a bachelor-level occupational therapy program and is beginning to plan for master-level education. The occupational therapy program in Rwanda is bachelor-level and started a bridging program for those with diplomas to bachelor's degrees in 2023. Most of the participants reported belonging to their country's professional association and/or the WFOT.

Data about CPD preferences informed both Process and Context components of the PPCM. Practice settings were varied, and although the majority of the participants reported practice appeared to be with children and youth populations, the participants reported a variety of CPD preferences in each practice area presented in the survey. Across each practice area, the most preferred CPD preferences were sensory integration/processing, health promotion, depression, home modifications, stroke management, community support groups, telehealth intervention ideas, vocational rehab, professional skill development, and learning how to apply evidence in practice. The participants preferred online teaching/learning methods for CPD that required a 2-hr time commitment. This preference is supported by a study conducted to explore the experiences and perceptions of online CPD among clinicians in sub-Saharan Africa (Feldacker et al., 2017a). The results indicated that online CPD opportunities were accepted across a diverse group of health care providers and should be expanded to provide more flexible opportunities for self-initiated learning, which pertains to the barrier of limited internet connectivity.

When asked about the preferences of professional resources used to inform their practice, the quantitative and qualitative data largely aligned, indicating that the majority of the participants continue to use textbooks from school, social media and websites, and colleagues. The most preferred professional resources that the participants would like more of, however, are professional networks or support groups, online databases for accessing peer-reviewed journals, and more mentorship opportunities. The participants' comments corroborate these findings.

Although these results are not representative of the entire target population, they offer input that occupational therapy leaders in Kenya, Rwanda, and Tanzania may begin using. It appears that CPD topics spanning practice areas would generate interest from many occupational therapists, and the preferred web-based method of delivery is convenient for reaching providers across any of these countries. These preferences aligned with the updated PPCM, indicating that digital technologies are important when considering self-directed learning for CDP (Curran et al., 2019).

The 2-hr time frame would also be convenient for content experts, leaders, and continuing education providers to prepare and present (synchronously or asynchronously) CPD presentations that meet the preferences of many occupational therapists. It was highlighted in a scoping review that the use of technology to enhance CPD delivery is an acceptable method to improve the knowledge, skills, and attitudes for health care providers (Ngenzi et al., 2021). The CPD expert providers prepare well-designed content considering needs-based, interactive, easy to access, availability of technological devices, and participants' literacy on the usage.

While some information gleaned about foundational topics will be helpful to occupational therapy students, there is a great opportunity to better meet the needs of current occupational therapists. Identification of this opportunity provides evidence of an imbalance in and between the Process and

Context components of the updated PPCM. Pertaining to Process, using schoolbooks as resources for occupational therapists is a good way to learn background information about professional topics, but this strategy does not provide up-to-date, evidence-based, or evidence-informed information about current practice issues. Using social media is helpful for initial awareness or early learning; however, accurately discerning credible sources of information from sources of mis/disinformation is a concerning issue. Preference for professional network/support groups as resources creates opportunities for collective CPD learning and engagement with follow-up discussion and application, much like journal clubs.

Specific to Context, one significant preference that requires greater attention is sharing access to professional and scholarly databases for occupational therapists in these countries to access peer-reviewed journals and articles in them. These sub-optimal conditions with Process and Context components of the updated PPCM create imbalances that affect the Person component (Curran et al., 2019). These imbalances also create challenges for occupational therapists to be reflective and planful in professional development (Wittmer and Petersen, 2006, as cited in Goble and Horm, 2010).

Limitations

This descriptive study has inherent limitations because of its research design, as well as the unbalanced response rate. The survey did not achieve a response rate or adequate sample size that permitted the generalization of CPD preferences to all occupational therapists in Kenya, Rwanda, and Tanzania. In addition, this study did not attempt to control any variables other than the inclusion and exclusion criteria of the participants. These results are purely descriptive and were obtained from a small and unbalanced sample of participants; no cause-effect, correlation, or prediction may be determined, nor can it claim to fully understand the unique CPD preferences of all occupational therapists in these East African countries. Given these limitations, this study offers viable opportunities to continue learning more about occupational therapists in Kenya, Rwanda, Tanzania, and other African countries, their demographics, and CPD preferences for future studies and work.

Recommendations for Future Research

Narrative comments from the survey participants were sincere, intentional, optimistic, and gracious, which speaks to the strength of the Person component of the updated PPCM. By continuing this effort, future research needs to focus on not only procuring and providing CPD opportunities but also the outcomes of these offerings. Most immediately, satisfaction surveys about the CPD topic, method of delivery, and relevance to the occupational therapist would inform organizational leaders and CPD organizers about the quality and accuracy of CPD offerings. Other studies would assist organizational leaders and CPD providers with understanding the effectiveness of CPD through the application of newly acquired knowledge and skills and related outcomes after the application. Outcomes may be related to client/patient outcomes, occupational therapists' pursuit of specialization in a topic, or the growth of professional organization membership, to name a few. Lastly, academic leaders may find this information useful for their program development and evaluation, which would necessitate further research about academic and post-graduation outcomes. Through these efforts, the research team hopes to facilitate its long-term goal of unifying occupational therapists in Kenya, Rwanda, and Tanzania, which, in turn, will lift the whole profession through international collaboration.

Conclusion

The findings from this survey offer a starting point for occupational therapy professional organization leaders and educators to begin collaborating about providing CPD opportunities for occupational therapists in Kenya, Rwanda, Tanzania, and other countries who experience the same

imbalances between Person, Process, and Context. These findings offer another starting point for further research about CPD and other occupational therapy-related educational needs that focus on African countries. This descriptive study offers unique findings that provide evidence of the interest in and need for CPD opportunities that match the preferences of occupational therapists in these East African countries. These preferences include topics of interest, as well as methods of CPD delivery to ensure accessibility of content to all occupational therapists in Kenya, Rwanda, and Tanzania. With a new awareness of the CPD needs that were introduced in this survey, the hope is that more surveys will be offered and more occupational therapists will participate, which would assist each country's professional organization leaders and educators with arranging meaningful and relevant CPD opportunities. These efforts will help occupational therapists meet their countries' licensure requirements, better serve clients with the unique contexts of their countries, and begin elevating nations where occupational therapy is still growing.

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