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ASSESSING INFLUENCE OF CONTINUING PROFESSIONAL DEVELOPMENT PROGRAME ON SELF -ESTEEM OF MEDICAL EDUCATION STUDENT-TEACHERS IN KADUNA POLYTECHNIC, NIGERIA

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Introduction

Human Resource in Health (HRH) is the stock of all individuals engaged in promoting, protecting or improving the health of populations, and all people primarily engaged in actions with the primary intent of enhancing health. At the heart of every health system is the workforce which is essential to advance health. Similarly at the heart of health training institutions is the workforce in terms of Medical Educators or Tutors who are essential in impacting, promoting, advancing health knowledge, attitude and skills. It is an axiomatic fact that no nation's educational system can rise above the quality of its

Abstract

This empirical study investigated the influence of Continuing Professional Development Programmes on self-esteem of Medial Education students in Kaduna Polytechnic, Nigeria. The study was guided by six null hypotheses. Been a Census studies, a total of 70 participants were recruited from DNE and PHC medical educators. A structured questionnaire was adapted used in a similar study. The tool consisted of 18 items structured in four-point Likert rating format. The tool internal consistency of reliability was computed through Cronbach Alpha yielding .81. The data collected were analyzed using both descriptive and inferential statistics. The findings reveal that one null hypothesis was fond to be statistically significant while the remaining five were not statistically significant. Based on these findings, it was

Recommended among others that medical educators should be encouraged to attend and participate in series of conferences, workshops, seminar after graduation in order to enhance their professional development skills and knowledge in work, places as well as get registered with Teachers Registration Council of Nigeria.

Keywords: *Continuing Professional Education, Medical Educators, Self-esteem, Health- training institutions.*

Teachers. Hence, Afe (2001) posit that teachers who are one of the major stakeholders in the educational system are the oil that lubricates the wheels of the educational system.

In Nigeria, there are different health-training institutions saddled with the responsibilities of producing various cadres of health care providers. Such institutions include Schools/Colleges of Health Technology, Nursing and Midwifery, Post-basic schools as well as some specialized programmes are offered in teaching hospitals. In these schools and hospitals, professional programmes are being offered. For instance, in Schools/Colleges of Health Technology, professional continuing programmes offered include Community Health, Dental Technology, Environmental Health, Sciences Laboratory Technology, Health Records Information Management, X-ray technology while in the Colleges of Nursing and Midwifery, Professional Nursing and Midwifery, specialization are being offered.

It should be noted that all these health programmes have their National Governing or regulatory agencies. These Agencies ensure that health- training institutions adhere and meet accreditation requirements in various institutions as per programme. Accreditations exercises are periodically carried out. But to this researcher's dismay, many training institutions often find it hard to meet and pass these accreditation exercises. One of the many confronting problems is lack of adequate and qualified medical educators or tutors.

Continuing Professional Development Conceptualized

Medical Education Teachers in contemporary times are expected to be properly trained and qualified. Indeed, they are expected to undergo Continuing Professional Development (CPD) in order to meet up with the

educational challenges of the modern time, especially in the nation health training institutions. Borg (2015) posit that an education system is only as good as it teachers (UNESCO, 2014:9). And enhancing medical educators quality at all stages of a teacher's career is thus a key factor in improving the quality of learning that students received.

Series of terms/concepts had been used in literature to refer to the process of professional development. They include Retraining, Continuous or Continuing Professional Development, Professional Development, In-service Training, etc.. However, Continuing Professional Development (CPD) is understood and described in different ways. Joyce et al., (1976:6) in Broad and Evans (2006) defined Professional Development as "formal and informal provisions for the improvement of educators as people, educated persons, and professional, as well as in terms of the competence to carry out their assigned roles". Furthermore, Gall and Rachler (1985:6) described professional development more specifically as "efforts to improve teacher's capacity to function as effective professionals by having them learn new knowledge, attitudes and skills". While Fullan (1995:265) viewed professional development as the "sum total of formal and informal learning pursued and experienced by the teacher in a compelling learning environment under conditions of complexity and dynamic change."

At this juncture, it is pertinent to express one of the definitions perhaps that best highlights teachers continuous professional learning within the broader context of change and its interconnected elements. According to Day (1999:27):

Professional Development consists of all natural experiences and those conscious and planned activities which are intended to be of direct or indirect benefit to the individual, group or school, which constitute, through these, to be quality of education in the classroom. It is the process by which, alone and with others, teachers review, renew and extend their commitment as change agents to the moral purposes, skills and emotional intelligence essential to good professional thinking, planning and practice with children, young people and colleagues throughout each phase of their teaching lives'

Within the context of this research, CPD is operationally conceptualized as that type of professional learning and training offered to medical educators, tutors or teachers with the hope of becoming better trained and qualified teachers in order to facilitate professional growth in health training

institutions. It is expected that with proper and effective continuing professional development, the much desired educational change in our health care providers will ultimately be actualized.

Igbo, Eze, Eskay. Owu and Omege (2012) citing Ramalingan (2006), posit that teachers (medical educators inclusive) require incentive which will act as drive or psychological motive in driving individuals, and in this case, teachers can have positivity in teaching profession in health training institutions. It is however lamentable that Nigerian medical educators and tutors operate under unfavorable working conditions, and lack social recognition (Njoku, 2011). Other worrisome conditions are stress, excess workload, large number of student's enrolment, poor ICT attitude, etc. These and other factors have impacted on the self esteem of medical educators or tutors across Nigeria.

There is no doubt, CPD will serve as professional growth paradigm as well as incentive to self-esteem of medical educators and its ripple effect will spread across individuals, family life activities , health education impact and productivity in health-training institutions or work places.

Concept of Self-Esteem and Medical Education Students

Conceptually, self esteem is an aspect of the construct "self". The variable refers to one's perception of himself or herself. Indeed self-esteem is an important psychological construct that is not short of definition. According to Khan (2009), self-esteem is a continuous process that spans through childhood to adulthood. With it, an individual expresses the extent of happiness with one's character and abilities. Allen (2000) in Igbo et al.,(2012) indicated that it conveys the feelings of self-regards, self-respect, self-assurance and self-importance which individuals have about themselves. It, in essence, reveals the level of confidence and satisfaction that one holds for oneself. Thus, medical educators as people are bound to describe themselves positively when they have high self-esteem or negatively when their self-esteem is low. Probably, it may be medical tutors positive self-esteem aspects that influences their drive towards commitment in teaching-learning activities in health-training institutions.

Self-esteem is the level of approval, acceptance and self-worth in relation to self. Self-esteem as defined by Coopersmith (1981) includes four dimensions: personal self-esteem, social self-esteem, academic self-esteem and parental

self-esteem. Personal self-esteem is a detailed understanding of the value of oneself, while social self-esteem is the perception of the quality of their relationship with others. Academic self-esteem is evaluation of one's self as a student while parental self-esteem is determined based on the approval or acceptance of parents or family (Saget, Burnad, Edward, Naiypatana et al., (2004). In addition, Tabassun and Ali (2012) posit "professional" self-esteem is a multifaceted concept of a professional's life as it touches his/her personality attributes and their authenticity for his/her idea of professionalism, in this context, the medical educators. Medical educators or teachers as human elements live in the environment where these sense of self-worth involves from treatment in interaction with others. This sense of a person's positive, negative or mixed subjective apprehension, thoughts or feeling about him or herself positively or negatively affect their whole life and definitely their professional life.

According to Allen (2000), one's self-esteem induces the feeling of goodness at home and in work places, like the schools as well as the assurance that one has ability to succeed in life. In the words of Zunker (2006), self-esteem as viewed in contemporary counseling is one of the very important concepts just like self-concept, self-awareness and self-knowledge which need to be evaluated in counseling process so as to help individuals to make optimal decisions in general issues and professional career choices in part6iucalr, especially as it relates to medical education profession.

Consequently, self-esteem in the context of this research, refers to medical educators/tutors self-evaluation and experiences of feelings with regard to their self-importance, self-respect from others, self-assurance and confidence in the possession and acquisition of the capability to teach and be successful in teaching profession. Put in another way, it connotes the capacity and capability to acquire and develop a lifelong and self-directed learning, in broad range of competencies in knowledge, skills and attitudes that will enhance pedagogical teaching-learning process.

Self-esteem can be assessed, evaluated and classified into high self-esteem and low self-esteem, for individuals indeed vary in their perception of self-esteem. Characteristically, while high self-esteem individuals perceived themselves as very important, capable, competent, attractive, likeable, morally good and able to make great impressions on others, the low-self-esteem individuals view themselves as less important, incapable, not being

loved and of no confidence to impact other people (Khan, 2009; Baumeister & Bushman, 2008; Adams, Ketsetziz & Kealing, 2000). Furthermore, high self-esteem individuals are more focused, willing and optimistic in succeeding in the tasks they are involved in like teaching-learning processes and activities unlike the low self-esteem individuals who are pessimistic and lack confidence in succeeding in tasks being carried out (Baumeister & Bushman, 2008, Baumeister, Campbell, Krieger & Vons, 2003; McFarlin & Blascovich, 1981). Empirical studies conducted by Martin, Carlson and Bushkist (2009) and Haggins (1998) revealed that high self-esteem individuals tends to pursue self enhancement and are goal-oriented compared to low-self esteem individuals who tend to avoid self-regulation and non-action- oriented.

Low self-esteem possesses some behavioral problems to people such as depression, anxiety and under-achievement in academics and workplace (Khan, 2009; Collins, 2007). Research findings by these scholars emphasized that these behavioral problems, often induce in individuals the feeling of incapacities and failures in life. This also involves likely problems and failures in work places. No wonder Ellis (1992) is of the opinion that individuals, especially teachers with low self-esteem, therefore need to be assisted through cognitive structuring of mindsets and continuous professional development programmes, so that they can feel happy in teaching services and achieved better performance.

Self-esteem is known as one of the factors affecting learning outcomes. Persons who have higher self-esteem show greater success in their academic affairs (Ashtarian, 2000). Indeed self-esteem affects the person motivation and can cause motivation or motivated students to learn from their learning environment (Hanifi, Parviizy & Joolace, 2013). Similarly, self esteem is seen to be influenced by societal factors such as acceptance and rejection. Buttressing further, Leary and Baumeister (2000) posit that. Increase in societal acceptance increase self-esteem while on the other hand increase in societal rejection threatens and lower self esteem. High self esteem helps in elevating one's initiatives and the feeling of goodness and stress relief unlike it is with low self-esteem. With these assertions, it may be hypothetical to assume that medical educators/tutors in health training institutions as mentors and implementers of school curriculum are functioning with low self esteem. Surely, the students are likely to be at risk. No wonder, it is in relation to this that Ndu, Ocho and Okeke (1997) cautioned that if Nigerian teachers

(medical educators inclusive) are not motivated and educationally and professionally empowered, they might constitute a cog in the wheel of educational growth and development of the nation.

Continuing Professional Development involves efficient and judicious planning for a specific job. CPD planning should be based on a thorough and accurate assessment of needs, opportunities, prospective responses to internal and external forces, and on an understanding of and respect for the learner's interest. In the words of Broad and Evans (2006), goals and standard processes and practices, and assessment approaches of professional development need to have transparent, meaningful and manageable standards and demonstrable outcomes that align and are integrated with student learning, organizational and societal learning needs and purposes.

CPD indeed is like another retraining or on-the-job training used by organization to bring about development and improved competency in knowledge, skills and attitude in the workers. Hence, Mangal (2010) concurred that it helps in making an individual in becoming competent due to the many formal and informal experiences, opportunities and practices which the individual would acquire. Indeed very few researchers have examined the influence of CPD on self-esteem of medical educators/tutors as far as health training institutions are concerned. . It is therefore hoped that executing this research on CPD programmes among medical educators in Nigeria would not only serve as a motivating factors to their self-esteem but would assist in assessing their feelings of societal acceptance and recognition in the teaching profession and the zeal to improve teaching-learning processes in the various health training institutions they will find themselves in future after graduation from Kaduna Polytechnic, Kaduna.

Statement of the Problem

It had been observed that every developed and developing nation is so much concerned about the standard of educational development of their citizenry. Nigeria, as one of the developing countries with high illiteracy level and inadequate health manpower force is concerned not only with how to actualize educational objectives, but also concerned about the implementation of the curricular contents at various educational levels including health-related training institutions like Schools/Colleges of Health Technology, Nursing and Midwifery. These institutions are spread all over

Nigeria and supposed to be manned by well professionally trained educators/tutors, who can successfully translate their educational objectives into reality.

While some of the medical educators teach in these institutions only with their professional qualifications, while some are nominated and sent to the Department of Education (Technical), Kaduna Polytechnic, Kaduna for Continuing Professional Educational Programmes (CPEP) **leading** to the acquisition of Diploma in Education. Some of the medical educators are in the schools while others are drafted from the field (either from offices or clinic settings) to acquire continuing professional development in education. Thus, assessing the perception of the influence of Continuing Professional Education Programmes on the self-esteem of the participants will help to provide vital research findings which may enable both the department and sponsoring agency in evaluating and modifying curricula content and pedagogical strategies for best practice in these health-related institutions as well as promote professionalization in teaching. Some issues of concern begging for answers are: How do medical educators perceive the Continuing Professional Education Programme presently? Would the CPED exert any important influence on their self-esteem as medical educators/teachers after graduation? It is against this background that this study was designed to assess the perception of influence of CPED on self esteem of Medical Education student-teachers in Kaduna Polytechnic, Nigeria.

Purpose of the Study

The main purpose of this research is to ascertain the perception of the influence of Continuing Professional Education Programme on Medical Education student-teachers self -esteem in Kaduna Polytechnic, Nigeria. However the specific objectives are:

1. Assess the perception of the influence of Continuing Professional Education Programme (CPEP) on Medical Educators self-esteem.
2. Ascertain whether the influence of CPEP on self-esteem of medical educators in PHC programme differs from those of DNE.
3. Determine whether male and female medical educators differ in their perception of the influence of CPEP on their self-esteem.
4. Find out whether Younger and Older medical educators differ in their perception of the influence of CPEP on their self-esteem.

5. Ascertain whether Marital status will influence the perception of CPEP as it relates to their self –esteem in teaching.
6. Assess the extent to which years of working experience will influence the perception of CPEP as it relates to their self-esteem in teaching.

Research Questions

1. What is the perception level of the influence of CPEP on medical educators' self-esteem?
2. What is the difference between the perceptions of influences of CPEP on self-esteem of medical educators' in PHC compared to those in DNE programs?
3. What is the difference between male and female medical educators perception of influence of CPEP on their self-esteem in teaching?
4. What is the difference between Younger and Older medical educators perception of influence of CPEP on their self self-esteem in teaching?
5. To what extent will Marital status influence the perception of CPEP as it relates to medical Educators self esteem in teaching?
6. To what extend will years of working experience influence the perception of CPEP as it relates to Medical Educators self-esteem in teaching?

Research Hypothesis

1. The perception level of the influence of CPEP on medical educators' self-esteem will not be significantly high.
2. There is no significant difference between the perception of the influence of CPEP on self-esteem of medical educators in PHC and DNE programmes.
3. Male and female medical educators do not differ significantly on the perception of influence of CPEP on their self-esteem in teaching.
4. Younger and Older medical educators do not differ significantly on the perception of influence of CPEP on their self-esteem in teaching.
5. Marital status does not significantly influence the perception of CPEP as it relates to Medical Educators self-esteem in teaching.
6. Years of working experience do not significantly influence the perception of CPEP as it relates to Medical Educators self-esteem in teaching.

METHODOLOGY

Research Design: The descriptive survey research design was used for this study. Isangedighi, Joshua, Asim and Ekuri (2004) expressed that the survey

research design is directed towards determining the nature of a situation as it exist at the time of investigation, while Denga and Ali (1998) citing Best (1986) viewed descriptive research design as concerned with condition or relationship that exist, practices that prevails, belief of view or attitude held, processes that are going on, effects/influence that are being felt or trends that are developing. In the context of this research, it implies the perception of the influence of CPEP on self-esteem of medical education student-teachers aspiring to becoming professional teachers.

Area of the study: The research was conducted between two academic programmes, Diploma in Education (Primary Health Care Tutors (PHCT) and Diploma in Nursing Education (DNE) in 2017/2018 academic session. The two programmes are located in Department of Education (Technical, Kaduna Polytechnic, Kaduna sponsored by the Federal Ministry of Health. The institution is one of the largest Polytechnic in West Africa, having more than 120 programmes, in more than 44 departments with more than 20,000 students' population. The department runs NCE (Technical), B.(Technology) Degree programmes in both Vocational and Industrial areas affiliated to Federal University of Technology, Minna, Niger State. Nowadays there is increased in the number if medical education students nominated by the sponsoring agencies to be trained as Medical Educators so as to enhance the quality and health care service delivery in the communities where there are health manpower shortages in Nigeria.

Participants: The participants in this study are the entire Medical Education student tutors in the two programmes carefully selected and nominated by the Federal Ministry of Health for Continuing Professional Education Programmes. The distribution is DNE 2 is 54 while PHC are 56 totaling 110 participants'. It is thus a census study since sampling was not done.

Instrument for Data Collection: A structured questionnaire used in a similar study was adapted and modified to suite the purpose of this research (Igbo, Eze, Mskay, Onu & Omeje, 2012). The tool named Continuing Professional Development and Medical Education Tutor Self-Esteem Questionnaire (CPDMETSEQ) had two sections. Part A elicited demographic data of the respondents such as programme, sex, age bracket, marital status and years of working experience. Section B contained 18 response items seeking information on medical educators' perception of the influence of continuing professional education programme on their self-esteem in teaching. The items were structured based on 4-point modified Likert rating

format of strongly agreed (SA), Agreed (A), Disagreed (D) and strongly disagreed (SD), weighting 4,3,2,1, respectively for positively-worded items and the reverse for the negatively-worded items (items ,9,11,16 and 17).

A decision rule of 2.50 was used as a criterion mean for the research cut-off-point. Thus, any item that scores a mean value of 2.50 and above was regarded as Continuing Professional programme is producing high self-esteem influence on medical educators while any item with mean value less than 2.50 was regarded as producing low self-esteem influence on medical educators.

Validation and reliability of the tool: The questionnaire was face and content validated by two experts in Measurement and Evaluation and Guidance and Counseling sections of the Department of Education (Technical), Kaduna Polytechnic, Kaduna. In ascertaining the internal consistency of the tool, 30 copies of the tool was trial-tested, given to Medical Educators' in Schools/Colleges of health Technology and Nursing in Kaduna. Data gathered was statistically analyzed using the popular Cronbach Alpha technique. The developers of the tool reported an alpha coefficient value of .79, while the result of trial-testing obtained a Cronbach alpha value of .81. This value is considered adequate and reliable for the tool been used for this study, because it is above the recommended threshold cut-off -point (Field, 2010, Pallant, 2005 Nunnally, 1991).

Method of Data Collection: Copies of the structured questionnaire were personally administered to the participants' during a normal lecture period. The participants were properly briefed about the essence of the study after soliciting their consent to participate in the research, which is voluntary. The completions of tool took between 10-15 mins and were returned immediately using the "wait and take method". This style ensure high returned rate.

Method of Data Analysis: The data gathered were cleaned and analyzed using descriptive statistics (frequency, percentage, mean and standard deviations) to answer the research questions while inferential statistics were used in testing the null hypotheses. The analyses were facilitated with the help of computer software package called SPSS version 23.

Results Presentations

Table 1: Descriptive statistics of the respondents

Variable	Frequency	Percentage
Programme: PHC	30	43
DNE	40	57
Gender: Male	29	41
Female	41	59

Age Bracket: 21-30 years	11	16
31-40 years	23	47
41-50 years	21	30
51-60 years	5	7
Marital Status: Single	6	9
Married	60	86
Separated	4	6
Years of Working: 1-5 years	12	17
6-10	18	26
11-15	21	30
16-20	9	13
21 years and Above	10	14
Age Classification: Younger	44	63
Older	26	37
TOTAL	70	100

Data contained in Table 1 reveals the demographic profile of the respondents. It show that there are 70 respondents that participated in the research with 30(43%) been PHC students while 40(57%) been DNE students. There are 29 (41%) of the respondents that are male while 41(59%) are female. Age bracket classification reveals that 11(16%) are between 21-3- years, 33(47%) between 31-40 years, 21(30%) between 41-50 years while 5(7%) are between 51-60 Years old. Marital status indicates that 6(9%) are single, 60(87%) are married while 4(6%) are separated. Analysis of years of working experience reveals that 12(17%) have between 1-5 years working experiences, 18(26%) between 6-10 years, 21(30%) between 11-15 years, 9(12%) between 16-20 years while 10(14%) are giving 21 years and above working experience. Based on age classification 44(63%) seems to have younger age while 26(37%) look older in term of age.

Hypothesis-by-Hypothesis

Ho1: The perception level of the influence of CPEP on medical educators' self-esteem will not be significantly high.

In testing the first null hypothesis, the respondents' scores on the instrument (CPDMETSEQ) measured by 18 items were added up. The researcher reasoned that for the perception level of the influence of CPEP on medical educators self esteem to be considered significantly high, the scores made on the items should be significantly greater than 45 (which is the midpoint between 18 and 72, been the minimum and maximum scores obtainable). The null hypothesis is that the mean score representing perception level of the influence of CPEP on medical educators self esteem is not significantly greater than 45 ($H_0 = \mu = 45$, $H_1 = \mu > 45$). The hypothesis was statistically tested using a One-sample mean t-test (also known as Population t-test). The results are presented in Table 2

Table 2: Population t-test analysis on influence of CPEP on Medical Educators self esteem

Variable	N	Sample Mean	Sample SD	Reference t-test	T	p	Remark
Influence of CPEP on Medical Educators self esteem	70	54.93	6.10	45	13.61	<.001	S

The result of analysis in Table X reveals a statistically significant influence of CPEP ob Medical Educators self esteem ($M=54.93$, $SD=6.10$), $t(69) = 13.61$, $P < .001$, leading to the non-support of the first hypothesis, hence rejected. It then implies that the perception level of the medical educators on the influence of CPEP on their self-esteem is rally very high.

H02: There is no significant difference between the perception of the influence of CPEP on self-esteem of medical educators in PHC and DNE programmes.

Table 3: Independent t-test analysis on difference between the perception of the influence of CPEP on self-esteem of medical educators in PHC and DNE programmes

Program	N	Mean	SD	T	P	Remark
PHC	30	54.33	6.66	-.70	.48	NS
DNE	40	55.38	5.70			

An independent sample t-test was conducted to compare differences between the perception of the influence of CPEP on self-esteem of medical educators in PHC and DNE programmes. The results in Table 3 indicated that there was no statistically significant difference between the PHC Medical educators ($M=54.33$, $SD=6.66$) compared to the DNE Medical educators ($M=55.38$, $SD=5.70$), $t(68) = -.70$, $p=.48$. The magnitude of the difference in the means = -1.48 , 95% CL: -3.98 to 1.91 was very small ($\eta^2 = 0.015$). With the result of this analysis, the second hypothesis was therefore supported and hence sustained. This implies that there is no significant difference between the perception of the influence of CPEP on self esteem of medical educators in PHC and DNE programmes.

H03: Male and female medical educators do not differ significantly on the perception of influence of CPEP on their self-esteem in teaching.

Table 4: Independent t-test analysis on difference between male and female on the perception of the influence of CPEP on self-esteem in teaching

Gender	N	Mean	SD	T	P	Remark
Male	29	53.86	5.87	.75	.22	NS
Female	41	55.68	6.22			

Similarly in testing the third hypothesis, an independent t-test was utilized to determine whether male and female medical educators do not differ significantly on the perception of influence of CPEP on their self-esteem in teaching. The outcome of this analysis is presented in Table 4 reveals that there was no statistically significant difference between male medical educators ($M = 53.56$, $SD = 5.87$) compared to the female medical educators ($M = 55.68$, $SD = 6.22$), $t(68) = .75$, $P = .22$. The magnitude of the difference in the means = -1.82 , 95% CL; -4.77 to 1.12 was very small ($\eta^2 = 0.015$).

With these results, the third null hypothesis was hereby supported and this retained. It then means that male and female medical educators do not differ significantly on the perception of influence of CPEP on their self-esteem in teaching.

H04: Younger and Older medical educators do not differ significantly on the perception of influence of CPEP on their self-esteem in teaching.

Table 5: Independent t-test analysis on difference between Younger and Older on the perception of the influence of CPEP on self-esteem in teaching

Age	N	Mean	SD	T	P	Remark
Younger	44	55.70	5.60	1.39	.17	NS
Older	26	53.62	6.78			

In addition, an independent t-test was conducted to determine whether there is a significant difference between Younger and Older Medical educators as it relates to perception of influence of CPEP on their self esteem in teaching. The results presented in Table 5 reveals that there is no any significant difference in the perception of Younger Medical educators ($M=55.70$, $SD=5.60$), compared to the Older medical educators ($M=53.62$, $SD=6.78$), $t(68) = 1.37$, $P=.17$. The magnitude of the difference in the means $=2.09$, 95% CL: $-.90$ to 5.08 was also very small ($\eta^2 = 0.015$). With the results of this analysis, the fourth null hypothesis is hereby supported and hence upheld. The conclusion is that the perceptions of the influence CPEP on their self esteem do not differ between Younger and Older medical educators.

H05: Marital status does not significantly influence the perception of CPEP as it relates to Medical Educators self-esteem in teaching.

Table 6: Descriptive statistics of the marital status of the Medical Educators

Marital Status	N	Mean	SD
Single	6	54.83	4.92
Married	60	54.83	6.40
Separated	4	56.56	2.64
TOTAL	70	54.93	6.10

ANOVA

Source of Variance	Sum of square	df	Mean square	F	p-value	Remark
Between Groups	10.48	2	5.23	.14	.87	NS
Within Groups	2560.17	67	38.21			
TOTAL	2570.64	69				

The One-way ANOVA was conducted to explore whether marital status does not significantly influence the perception of CPEP as it relates to medical educators self esteem in teaching. The results presented in Table 6 indicated a no statistically significant influence among the age groups of the medical educators $F(2,67) = .16, P = .87$, eta squared 0.004. With these results, the fifth null hypothesis is hereby supported and thus sustained. This implies that age bracket does not significantly influence the perception of medical educators as it relates to their self esteem in teaching

H06: Years of working experience do not significantly influence the perception of CPEP as it relates to Medical Educators self-esteem in teaching.

Table 7: Descriptive statistics of the working experiences of the Medical Educators

Years of Working Exp.	N	Mean	SD
1-5 years	12	56.423	5.21
6-10 years	18	56.83	5.62
11-15 years	21	53.67	6.87
16 – 20 years	9	53.78	4.02
21 Years and Above	10	53.40	7.46
TOTAL	70	54.93	6.10

ANOVA

Source of Variance	Sum of square	df	Mean square	F	p-value	Remark
Between Groups	160.60	4	40.15	1.08	.37	NS

Within Groups	2510.04	65	37.08			
TOTAL	2570.64	69				

In testing hypothesis six, the One-way ANOVA was conducted to find out whether years of working experiences does not significantly influence the perception of CPEP as it relates to medical educators self esteem in teaching. Analyzed results as shown in Table Y reveals a non-statistically significant influence among the years of working experience of the medical educators $F(4, 65) = 1.08$, $P = .37$, (eta squared = .006). With these results, the sixth null hypothesis is hereby supported and this upheld in this research. This then means that years of working experiences does not significantly assert any influence on the perception of medical educators CPEP as it relates to their self esteem in teaching.

Discussion of findings

The main focus of this research was to determine the influence of Continuing Professional Development programmes on self-esteem of medical educators in Kaduna Polytechnic. Research findings from this work revealed that there was a high positive influence of CPEP on the self-esteem of the medical educators. This indication emanated from the statistical results which tend to indicate that the medical educators feeling of higher esteem towards reaching profession. It also shows that they are self confident, self-worthy in the teaching profession.

The second findings of the work reveals that there was no any difference between PHC and DNE medical educators as it relates to the influence of CPEP on their self-esteem. Bearing in mind the first finding, these second results tends to confirm the high self-esteem the medical educators are having for the teaching profession. This finding is similar to the finding of earlier resr5achers (Khan, 2009, Baumeister & Bushman, 2008; Adams et al., 2000) who opined that characteristically, high esteem individuals perceived themselves as very important, capable, competent, attractive, likeable, morally good and able to make great impressions on others. Surely these groups of medical educators, after graduation shall be able to impact positively on the new generation of health care providers who will in turn provide effective and efficient health care services to the teeming populations of Nigerians in various health posts.

Similarly, the third finding is that there was no difference between male and female medical educators as to the perception of CPEP relates to their self-esteem. This finding is following the trajectory of the first and second findings, indicating that the medical educators are full of high esteem due to the CPEP they are exposed to. As such, as high esteem individuals, they are individuals who are more focused, willing and optimistic to succeed in the tasks they shall be involved in teaching-learning process after graduation. Hence this finding is parallel with the empirical studies conducted by Martin et al., (2009) and Haggins (1998) which revealed that high esteem individuals tends to pursue self-enhancement and are goal-oriented compared to low self-esteem individuals.

The fourth finding similarly reveals that there was no difference between Younger and Older medical educators perception of the influence of CPEP on their self-esteem in teaching. This finding is not surprising in that both younger and older medical educators are full of enthusiasm, zeal, high self esteem, feelings of self-regards, self-respect, self-assurance and self-importance about themselves. Within this high moral and motivation, the medical educators are ever willing; possess positive self esteem aspects that influence their drive towards commitment in teaching-learning activities in health-training institutions.

The fifth and sixth findings of this research revealed that both marital status and years of working experiences does not significantly influence the perception of CPEP as it relates to medical educators self esteem. Indeed, irrespective of marital status or years of working experiences, self esteem is known as one the factors affecting learning outcomes. These findings are in line with what Ashtanen (2000) found, revealing that persons who have higher self-esteem show greater success in their academic affairs. Surely, self esteem affects the person motivation and can cause motivation or motivated medical education students to learn from their learning environment (Hanfi, et al., 2003). According to Zunker (2006) and Collins (2007), the medical educators as human beings are unique individuals who have propensities for self expressions of feeling and evaluations of self – irrespective of their marital status and years of working experiences. Thus, with this no differences in the various components and a high self esteem, the medical educators are ready to contribute their quota towards the development of this great nation.

Conclusion and Recommendations

This study revealed a both self esteem among the medical educators as a result of CPEP pursued with the hope of becoming professional teachers. There was no difference between the medical educators as it relates to many perceptions of the influence of CPEP as it relates to self esteem for teaching. Based on these findings, the following recommendations are put forward.

1. In order to enhance the professional development capacity of the medical educators, there is the need for them to attend series of conferences, workshops and seminars. These will help towards enriching their professional knowledge and skills as well as attitudinal tendency to effectively cope up with the demands of teaching profession.
2. The management of health-training institutions should ensure that medical educators acquire the professional teaching qualifications as stipulated by the Teachers Registration Council. This will enable the medical educators develop positive and high self esteem as tutors as well as be able to put in their best during teaching-learning process.
3. Very importantly, future generation of medical educators solicited among young health care providers early enough. This will enable them to be trained professionally in the teaching career and will give them opportunity to provide services for a substantial period of their lives.

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