



# Continuing education in nursing: A concept analysis

Lorraine Gallagher \*

*Stewarts Hospital Services Ltd., Palmerstown, Dublin 20, Ireland*

Accepted 22 August 2006

## KEYWORDS

Continuing education;  
Continuing professional  
development;  
Concept analysis

**Summary** The importance of continuing education for nurses has been increasingly emphasized in the nursing literature since the beginning of the profession. The concept of continuing education is often used as a substitute for associated terms such as continuing professional development and lifelong learning, thus highlighting a need for its clarification. The purpose of this article is to explain and describe continuing education, in order to encourage a broader understanding of the concept among nurses. The concept analysis is directed by Rodgers' [Rodgers, B.L., 1989. Concept analysis and the development of nursing knowledge: the evolutionary cycle. *Journal of Advanced Nursing* 14, 330–335] 'evolutionary approach' which is viewed as an ongoing dynamic process, and one that identifies the shared meaning of concepts. Examining everyday discourse used in the nursing literature identified the critical attributes, antecedents and consequence of continuing education in nursing. As a result, the emerging attributes of the concept are synthesised into a conceptual model. The article concludes with an exploration of the application of the concept of continuing education within nursing and its implications for professional development.

© 2006 Elsevier Ltd. All rights reserved.

## Introduction

There is a dearth of research that analyses the concept of continuing education in nursing. Data collected through relevant nursing literature on the topic helped to identify the meaning of continuing education and give more clarity to the concept. Literature was sought by carrying out searches of

national and international journals, indexes and bibliographies from published sources. Articles were identified through a number of databases, such as MEDLINE, OVID, PUBMED and CINAHL from 1993 to 2006, using the key words "Continuing Education" and "nurse education". Concept analysis is not just concerned with discovering definitions and meanings, but also explaining why those meanings have developed. Over time, the use of a concept may become ambiguous or vague, or the concept may appear to be in competition with

\* Tel.: +353 6264444.

E-mail address: [lorraine.gallagher@stewartshospital.com](mailto:lorraine.gallagher@stewartshospital.com)

other concepts (Rodgers, 1994). Gopee (2005) affirms there is a clear distinction in the literature between the variety of terms in current use such as continuing education (CE), continuing professional development (CPD) and lifelong learning (LLL). However, a discovery approach to concept analysis reveals that the distinction between continuing education and other related terms continues to remain quite vague. Other related concepts can be viewed as providing a background which can "lend significance to the concept of interest" (Rodgers, 2000:92). However, Morse (1995) suggests that when concepts are similar to others, a review of the literature must be conducted to separate them in terms of meaning, attributes, differences and commonalities.

The purpose of this article is to evaluate the level of development the concept of continuing education has achieved in the nursing literature. There are evidently gaps in the literature relating to the concept of continuing education. Therefore, there is clearly a need to clarify the concept, as it appears to be used as a substitute for other related terms. The attributes emerging from the nursing literature examine the congruence between the definition of the concept of continuing education and the way it has been operationalized. The attributes that emerge are presented in a conceptual model, which can be viewed as an important addition to the body of knowledge in nursing. According to Morse (1995) a poorly defined concept may result in faulty construction of research methods.

In view of this it is necessary to differentiate the concept of continuing education from other related terms and explain why it should not act as a substitute or surrogate for terms such as CPD and LLL. The analysis reveals that although different terminology has emerged in the nursing literature, the underlying theme 'education is continuous' remains unchanged. In a review of the literature Furze and Pearcey (1999) revealed a plethora of studies relating to continuing education. Other authors identified how continuing education is vigorously assessed through need analysis (Kristjanson and Scanlon, 1989; Waddell, 1992) and measured for outcome evaluations (Bignell and Crotty, 1988; Ferguson, 1994; Nolan et al., 1995). However, there is a paucity of literature that actually analyses the complex and multi-dimensional concept of CE.

## Concept analysis

Ausubel et al. (1978) assert that concepts are designated by some sign or symbol, viewed as

objects, events, situations or properties and possess common attributes. Rodgers (1989) however, has identified concept analysis as not imposing any strict criteria or expectations on a concept, but having the ability to view what is common in its existing use. As a means to conceptualize 'continuing education', Rodgers' (1989) evolutionary method of concept analysis is used. Using this approach allows for the meaning of a concept to be explored in order to improve communication and promote understanding (McEwen and Wills, 2002). An examination of the philosophical traditions concerning concepts is necessary to uncover the foundations of Rodgers' approach to analysis. Rodgers (2000) contrasted her evolutionary method with the essentialist method exemplified by Walker and Avant (1995). The evolutionary method is viewed as a simultaneous task approach, while the essentialist method seeks boundaries that can depict the concept and its application within any context (Rodgers, 1993). Although there are multiple methods of constructing meaning for concepts, one means to accomplish this is by reviewing the research literature and using thoughtful definitions (McEwen and Wills, 2002). The evolutionary approach is used to guide this analysis as it searches for common use and meanings of the concept, acknowledging it as dynamic and context bound (Rodgers, 1993; Morse, 2000). Therefore, following Rodgers' (1993) approach, a rigorous and systematic data collection using the literature as data was employed.

## Identifying the concept

Nursing literature has stressed the importance of continuing education since the beginning of the profession, as recounted in Florence Nightingale's (1859, 1893) annotations, encouraging nurses to continue to learn. There continues to be uniformity in the definition of continuing education between the Irish and American literature, with continuing education defined within an Irish context as:

"a life long professional development process which takes place after the completion of the pre-registration nurse education programme. It consists of planned learning experiences which are designed to augment the knowledge, skills and attitudes of registered nurses for the enhancement of nursing practice, patient/client care, education, administration and research" (An Bord Altranais, 1994; The commission on Nursing, 1998:100).

An American definition offered by Mosby's, Medical, Nursing and Allied Health Dictionary (Anderson et al., 1998:393) corresponds with the above definition by stating that continuing education encompasses

"formal educational programs designed to promote the knowledge, skills, and professional attitudes of nurses. The programs are usually short-term and specific; a certificate may be awarded for completion of a course, and a number of continuing education units or contact hours may be conferred"

In keeping with Rodger's evolutionary approach, which seeks meanings in the concepts' use; emerging from the above definitions is 'education is continuous' with 'planned learning to enhance nurses' knowledge, skills and attitudes'. Such definitions concur with An Bord Altranais (1994) view, that nurse education should be viewed on a continuum, and not something that begins on entry to nurse education programmes and ends at the point of registration as a nurse.

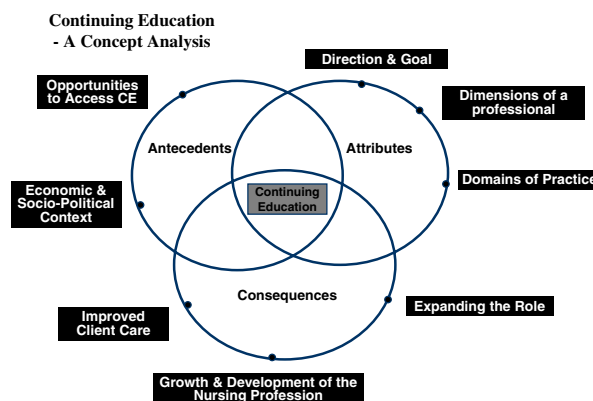
Evidently, throughout the evolution of continuing education (CE), the terminology has been used interchangeably with other related terms. A confusing number of terms exist, which can be viewed essentially as the same concept (Quinn, 2000). These include continuing professional development (CPD), continuing professional education (CPE), Lifelong learning (LLL) and staff development (SD) (Quinn, 2000). Consequently, the terminology surrounding continuing education (CE) is competing with each other. In accordance with this, Gopee (2001) found the terms continuing education and adult education to act as substitutes for lifelong learning (LLL). However, a literature review conducted by Gopee in 2005, which sought to clarify the concept of lifelong learning, revealed that some of these related terms could be distinguished from each other. Gopee (2005:762) asserts that continuing education "consist largely of post-registration courses offered at universities". However, According to Anderson et al. (1998:392) continuing education "is not to be confused with academic degree-granting programs, such as advanced education or graduate education" Gopee (2005) also asserts that continuing professional development (CPD) not only includes university courses but also short-terms courses offered by the National Health Service. Gopee's (2005) view of continuing professional development (CPD) appears to be more in keeping with Anderson et al. dictionary (1998) definition of continuing education (CE) as having short-term specific programmes. In addition, similarities between the terms CE and CPD have been

noted by Friedman et al. (2000) cited in Lawton and Wimpenny (2003) as CPD is seen as "the systematic maintenance, improvement and broadening of knowledge and skills". This also echoes the definitions of continuing education cited in this article which states that CE is a lifelong professional development process that aims to enhance knowledge and skills. Furthermore, to add to the multitude of dissimilar terms, Gopee (2005) views lifelong learning as the all-encompassing method of development which involves continuing education, continuing professional development as well as professional learning obtained from informal social networks and conferences.

Even though Gopee (2005) affirms a distinction exists in the literature between the variety of terms in current use, it is evident that a differentiation between continuing education and other well-defined related terms remains indistinct. According to Ryan's (2003) claim that continuous professional development lies along the continuum of lifelong learning, it is necessary to explore where continuing education fits along this continuum. In view of this, a discovery approach to data collection is employed to identify the attributes, antecedents and consequences of the concept of continuing education (CE). Fig. 1 presents a conceptual model providing a diagrammatic representation of the concept (Parahoo, 1997).

## Attributes

The objective of concept analysis is to identify the concept's defining attributes (Paley, 1996). Rodgers' (1989) evolutionary approach shows how concepts are viewed as abstractions that become associated with particular sets of attributes.



**Figure 1** Conceptual model of continuing education in nursing.

Therefore, through examining social discourse or public repetition it is possible to describe how attributes constitute the definition of a concept.

### Direction and goal

As adult learners, nurses need to feel in control over their learning (Lindner and Reinhard, 1998) which enables them to access education programmes that reflect their personal interests and addresses their learning needs (Timms, 1995). A survey conducted by Beatty (2001) with a sample of 199 nurses, described nurses' attitudes toward continuing professional education. The finding from Beatty's study support earlier quantitative research by Arneson (1985) exploring nurse's attitudes towards mandatory continuing education. Both studies indicate that higher levels of education i.e. academic diploma or degree are predictive of nurses' participation in continuing education. However, a review of the literature on the effects of continuing education on professional practice conducted by O'Brien et al. (2001) cited in Gopee (2002) revealed that interactive workshops resulted in improvements in professional practice, and that just attending lectures was least likely to achieve any improvements.

### Dimensions of a profession

Professional behaviour is the hallmark of professional growth and development, which becomes more evident as nurses engage in continuing education programmes. The United Kingdom Central Council for Nursing, Midwifery and Health Visiting (UKCC, 1990), in its proposal contained in Post Registration, Education and Practice (PREP) stated that competence could only be maintained by continuing education. Supporting this view An Bord Altranais (1994) stated that there will always be a need for registered nurses to have new knowledge and periodic updating. Therefore, continuing education should provide registered nurses with the opportunity to improve their performance through acquiring a greater knowledge of management and nursing practice. Notwithstanding this, nurses also have a legal responsibility to maintain up-to-date research based knowledge and skills (Young, 1991).

Subsequently, continuing education and life-long learning is essential for advancing professional competence and preventing obsolescence (An Bord Altranais, 1994). While obsolescence can lead to poor performance for many nurses, lack of competence on the part of the registered

nurse can result in continued illness, disability or perhaps even the death of a patient (Beatty, 2001). In view of this, the context of nursing is undergoing a process of professionalisation and accordingly the range of literature on continuing education refers to the notion of life-long learning. It also viewed that professional registration boards have a role in assuring the public of the competence of licensees (Eustace, 2001). This has led to the proposition of instituting mandatory continuing education for nurses, a subject that is continually debated today.

### Domains of practice

The term 'mandatory education' has been an addition to the appellation on continuing education, which has been the focus of some nursing literature (Arneson, 1985; Lazarus et al., 2002). In the United States, state boards are concerned with the competence of professionals and there is a steady increase in the number of states in which nurses must attend mandatory education programmes in order to re-license (Eustace, 2001). Mandatory continuing education plays a significant role in promoting competence in nursing practice and is a mechanism for enhancing public protection (Lazarus et al., 2002). In 1994, An Bord Altranais recommended that consideration should be given to the provision of mandatory continuing education in the context of developing a national framework. An Bord Altranais (1994) reported that the strengths and merits for a system of mandatory education transpire from its potential ability to act as a safeguard against obsolescence and incompetence. A subsequent report on continuing professional education for nurses in Ireland (An Bord Altranais, 1997) did not identify the need for mandatory education system in Ireland.

In the United Kingdom (UK), the requirements to undertake post-registration education to remain on the nurses' register moves away from the self-motivated Irish nursing registration system to a system similar to mandatory re-licensure in the United States of America (USA). In the USA, continuing education curricula is mainly imposed on nurses, with mandatory continuing education as a requirement to renew registration. In the UK, the need for nurses to continuously keep up-to-date is due to the compulsory post-registration education and practice (PREP) requirements. The implementation of this system makes it mandatory for every nurse, working in the UK to undertake the equivalent of 5 day's relevant professional study every 3 years (UKCC, 1995).



In Ireland, the review group of the [Report of the Commission on Nursing \(1998\)](#) was recommended to amend the annual registration to a system of licensing. This was in order to satisfy the Board that a nurse/midwife continues to up-grade knowledge and skills through on-going education and training. Despite this, the [Report of the Commission on Nursing \(1998\)](#) emphasised that there was no difference between registration and licensing. [Brown \(1988\)](#) supports this view by stating that making continuing education mandatory would assist in monitoring professional updating, but it would not guarantee professional practitioners. [Carpentino \(1991\)](#) augments this by stating limited documented evidence exists to support the view that attending continuing education programmes improves patient care. Favourably however, one safeguard for nurse education in Ireland is contained in the [Nurses Act \(1985\)](#). The Act authorises the board to satisfy itself as to the adequacy and suitability of post-registration training courses for nurses provided by bodies recognized for that purpose. The suitability and availability of continuing education opportunities is dictated by a number of factors and these need to be explored so that the concept is understood within the nursing profession.

## Antecedents

Antecedents are those events, which take place prior to the occurrence of the concept ([Endacott, 1997](#)). Before continuing education is accessed, opportunities that affect its uptake need to be acknowledged.

## Economic and socio-political context

The rapid scientific and technological changes in health care, necessitates continuing education to assume an increasingly important role in health care profession ([Kristjanson and Scanlon, 1989](#)). Central to the Irish Government Health Strategy is the need to provide financial and practical supports necessary for education, training and development of people providing health care ([Department of Health and Children, 2001](#)). The British government paper 'A Vision for the Future' ([DoH/NHSME, 1993](#)) states clearly that nurses should be provided with adequate, suitable, flexible and quality education. Despite this, there continues to be recurrent resetting of priorities and scarce resources leading to a noticeable restriction in educational budgets. Previously nurses could expect to receive funds and negotiate the possibility of study leave. However,

this is changing steadily, with many qualified nurses having to make increasing financial and personal contributions to continuing education programmes ([Palmer, 1994](#)). Consequently, nurses have to fund their own education on a nationally recognized poor salary, which automatically reduces their motivation to engage in continuing education programmes.

In a qualitative study conducted by [Nolan et al. \(1995\)](#) exploring what forms the basis of an equitable system of continuing education. The findings from this study identify that financial considerations are a major concern with a stark difference between the views of managers and practitioners. Although self-motivation to undertake continuing education is evident, nurses are often unable to attend due to the difficulty of being released from duty. A real commitment to supporting and funding continuing education initiatives is required, as this investment which often helps reduce health care costs is necessary for competing with rapid changes in therapeutic measures of health care delivery.

## Opportunity for continuing education

Two commonly cited barriers to the successful implementation of continuing education include those that inhibit uptake of formal education programmes and lack of changes that occur as a result of undertaking the programmes ([Nolan et al., 1995](#)). The barriers that exist which inhibits nurses to engage in continuing education opportunities include availability of sufficient opportunities, money, lack of awareness, staff shortages, family commitments and lack of encouragement from managers ([Kristjanson and Scanlon, 1992](#); [Nolan et al., 1995](#)). These barriers continue to exist, regardless of [An Bord Altranais \(1994\)](#) statement that the accessibility of post-registration education for all nurses should be assured. The system providing professional studies should afford nurses various continuing education options. One such way of achieving this is through a modular type programme, which would involve the accumulation of credits through various educational initiatives that could eventually lead to an award such as a nursing degree. However, in view of this aspiration, reality often depicts a stark contrast with limited availability and access of continuing education opportunities.

Exploring organizational support for nurses, [Beatty \(2001\)](#) highlighted that nurse administrators had a very different attitude about the amount of support staff nurses received for attending CE programme, in comparison with the views of nurses. Also found in this study were the primary deterrents to participation, which were non-supportive

partners, inflexible working hours and travel to distant sites for CE initiatives (Beatty, 2001). Consequently, it is only when health care facilities acknowledge the importance of providing continuous education opportunities for nurses and the impact this has on practice, will the concept of CE be fully realized (Nolan et al., 1995).

## Consequences

Rodgers (1989) philosophical examination of the foundations of concept analysis views a concept as being dispositional with the ability to perform specific behaviours as a result of being clear about the concept. In view of this, when nurses understand the true values that continuing education can offer, they may actively seek out formal education programmes and engage in them more enthusiastically.

## Improved quality healthcare

It is necessary for nurses to see a clear relationship existing between continuing education, improved client care and nursing practice. Consequently, many studies have been conducted to evaluate the effects of continuing education on nursing practice (Cervero, 1985; Bignell and Crotty, 1988; Chavasse, 1994; Ferguson, 1994; Barriball and While, 1996). Unsworth (2000) noted that it does not necessarily ensue that when a nurse attends a course to update skills and knowledge, improvements in practice will automatically follow.

However, a plethora of studies found a number of advantages for engaging in continuing education initiatives. A meta-analysis of 34 studies on continuing education conducted by Waddell (1992) demonstrated that continuing education makes a positive impact on nursing practice. Nolan et al. (1995) study elicited the perceptions of managers and students on the advantages of continuing education. The findings highlighted that continuing education advanced the delivery of better patient care; provided an ability to gain up-to-date knowledge; to question and change practice; promoted academic credibility and a raised professional status.

## Growth and development as a nursing profession

Continuing education is one method to increase the knowledge, skills and performance abilities of practitioners (Queeney, 1997 cited in Beatty, 2001). Therefore, most definitions of continuing education

include references to learning experiences specifically aimed at improving standards of nursing care (An Bord Altranais, 1994). In-service training and staff development programmes are essential to help nurses to update their clinical skills, nursing theory, research, local policy and procedures. Therefore, as nurses engage in continuing education programmes, they become more aware of current trends in nurse education and new developments in clinical practice, which increases the likelihood of challenging the status quo (Nolan et al., 1995). An evaluation study conducted by Bignell and Crotty (1988) exploring the impact of continuing education on professional development found that nurses developed skills and attitudes, increased self-awareness, the ability to appraise one's practice, problem solving and personal autonomy.

The Report of the Commission on Nursing (1998) highlighted the need to develop and strengthen the availability of professional development for all nurses and midwives. The commission reported that professional development should be considered under the headings of in-service training, specialist training and continuing education. As the nursing literature evidently shows, continuing education is an essential component to the professionalisation of nursing and could be viewed as a catalyst for the development of nursing practice (Unsworth, 2000). This perhaps suggests that continuing education is the driving force that promotes nurses to continue their professional development. Therefore, the continuum between continuing professional development and lifelong learning should be supported by a continuing education structure.

## Acquiring credentials to expand the role

An Bord Altranais (1994) recommends that post-registration continuing education should be structured in such a way as to ensure the development of nurses for clinical nursing roles in specialist areas and for management roles. The National Council for nursing and midwifery published guidelines in 2002 for organisations involved in developing postgraduate courses preparing nurses and midwives as Clinical Nurse/Midwife Specialists and Advanced Nurse/Midwife Practitioners. The purpose for advancing the professional role of the nurse is to increase the nurse's level of responsibility, develop skills and expertise, become more competent in their own specialty and expand their scope of practice (An Bord Altranais, 2000a). Therefore, understanding of the concept of continuing education in nursing, and actively engaging in continuing education programmes can support

nurses to make their own career plans and develop their professional career.

## Implications for practice

The ultimate purpose of concept inquiry is to explain the phenomenon, operationalise the concept (Hupcey et al., 1996) and develop knowledge. Continuing education is presented as a conceptual model presenting the attributes, antecedents and consequences of the concept. It is envisaged that this model could be adapted, modified, empirically tested or used for theory development in the future in order to ascertain how much it does represent reality for nurses. The analysis encompassed a synthesis of qualitative and quantitative data, highlighting how continuing education is viewed in a multitude of contexts. Rodgers (1993) suggests that when presenting a model case it must be generic enough to encompass all contexts. However, it was deemed inappropriate to include a model case, as it would not be generically possible to include all contexts in relation to the concept of continuing education. Through systematic sampling of the literature and utilizing the evolutionary cycle (Rodgers, 1989) it is evident that the concept of continuing education is changing as it progresses through time. This evolution is recognized in the definition of continuing education in both Irish and American literature. Additionally, it is evident in the USA and UK that continuing education curricula is mainly imposed on nurses, with mandatory continuing education as a requirement to renew registration. This pattern is in contrast to Ireland where continuing education is viewed as a voluntary activity involving planned learning experiences designed to augment the knowledge, skills and attitudes of registered nurses for the enhancement of nursing practice. Professional responsibilities are placed with nurses through the code of professional conduct (An Bord Altranais, 2000b), as each nurse must maintain up-to-date knowledge.

The most significant implication of continuing education is its ability to enhance practice and promote the health of the public. The impact of continuing education must be fully recognized, be accessible and relevant for nurses so they can engage fully in all continuing education opportunities. Importantly though, this can only be achieved when government policy, health service agencies and educators understand the importance of accessibility to continuing education opportunities and place enough value on the implications of the concept. Only then, might responsibility be accepted for providing more opportunities for

nurses to attend continuing education initiatives throughout their career.

## Conclusion

The aim of this paper was to explain, describe and clarify the concept of continuing education in order to encourage nurses' involvement in continuous education initiatives. Using Rodgers' (1989) evolutionary approach, an ongoing dynamic process was viewed consistent with the concept of continuing education, as it is context bound and continues to evolve with time. The analysis sought to identify how the concept of continuing education was defined in the literature along with its use in nursing practice. Consequently, the concept was defined, compared and contrasted with other associated terms, and explored for its integration into nursing; all which are necessary for enhancement of knowledge and theory development (McEwen and Wills, 2002). In summary, the hypothesis put forward is that nursing as a profession can only embrace continuing education when the concept is fully understood and incorporated into the nurse's professional career.

## References

- An Bord Altranais, 1994. The Future of Nurse Education and Training in Ireland. An Bord Altranais, Dublin.
- An Bord Altranais, 1997. Continuing Professional Education for Nurses in Ireland: A Framework. An Bord Altranais, Dublin.
- An Bord Altranais, 2000a. Review of Scope of Practice for Nursing and Midwifery: Final Report. An Bord Altranais, Dublin.
- An Bord Altranais, 2000b. The Code of Professional Conduct for Each Nurse and Midwife. An Bord Altranais, Dublin.
- Anderson, K., Anderson, L., Glanze, W., 1998. Mosby's Medical, Nursing & Allied Health Dictionary, fifth ed. Mosby, St. Louis.
- Arneson, S.W., 1985. Iowa nurses' attitude towards mandatory continuing education: a two year follow-up study. The Journal of Continuing Education in Nursing 16 (1), 13–18.
- Ausubel, D., Novak, J., Hanesian, H., 1978. Educational Psychology: A Cognitive View. Holt, Rinehart, Winston, New York.
- Barriball, K., While, A., 1996. Participation in continuing education in nursing: findings of an interview study. Journal of Advanced Nursing 23, 999–10007.
- Beatty, R.M., 2001. Continuing professional education, organization support, and professional competence: dilemmas of rural nurses. The Journal of Continuing Education in Nursing 33 (5), 203–220.
- Bignell, A., Crotty, M., 1988. Continuing education: does it enhance care?. Senior Nurse 8 (4) 26–29.
- Brown, L., 1988. Maintaining professional practice – is continuing education the cure or merely a tonic? Nurse Education Today (8), 251–257.
- Carpentino, L.J., 1991. Why coercion does not work. Nursing Times 87 (47), 29–31.

- Cervero, R.M., 1985. Continuing professional education and behavioural change: a model for research and evaluation. *The Journal of Continuing Education in Nursing* 16 (3), 85–88.
- Chavasse, J., 1994. Curriculum evaluation in nursing education: a review of the literature. *Journal of Advanced Nursing* 19, 1024–1031.
- Department of Health and Children, 2001. Quality and Fairness. A Health System for You. Government of Ireland, Dublin.
- DoH/NHSME, 1993. A Vision for the Future: The Nursing Midwifery and Health Visiting Contribution to Health and Health Care. Department of Health/National Health Service Management Executive, London.
- Endacott, R., 1997. Clarifying the concept of need: a comparison of two approaches to concept analysis. *Journal of Advanced Nursing* 25, 471–476.
- Eustace, L., 2001. Mandatory continuing education; past, present and future trends and issues. *The Journal of Continuing Education in Nursing* 32 (3), 133–137.
- Ferguson, A., 1994. Evaluation the purpose and benefits of continuing education in nursing and the implications for the provision of continuing education for cancer nurses. *Journal of Advanced Nursing* 19, 640–646.
- Furze, G., Pearcey, P., 1999. Continuing education in nursing: a review of the literature. *Journal of Advanced Nursing* 29 (92), 355–363.
- Gopee, N., 2001. Lifelong learning in nursing: perceptions and realities. *Nurse Education Today* 21 (8), 607–615.
- Gopee, N., 2002. Impact of continuing professional education: analysis of a management course. *Nursing Management* 8 (9), 21–25.
- Gopee, N., 2005. Facilitating the implementation of lifelong learning in nursing British. *Journal of Nursing* 14 (14), 761–767.
- Government of Ireland, 1985. Nurses Act. Irish Statute Book, Dublin.
- Government of Ireland, 1998. Report of the Commission on Nursing. A Blueprint for the Future. Stationary Office, Dublin.
- Hupcey, J.E., Morse, J.M., Lenz, E., Tason, M.C., 1996. Wilsonian methods of concept analysis: a critique. *Scholarly Inquiry for Nursing Practice* 10, 185–210.
- Kristjanson, L., Scanlon, J., 1989. Assessment of continuing nursing education needs: a literature review. *The Journal of Continuing Education in Nursing* 20 (3), 118–123.
- Kristjanson, L., Scanlon, J., 1992. Assessment of continuing nursing education needs: a literature review. *Journal of Continuing Education in Nursing* 23 (4), 156–160.
- Lawton, S., Wimpenny, P., 2003. Continuing professional development: a review. *Nursing Standard* 17 (24), 41.
- Lazarus, J., Permaloff, A., Dickson, C., 2002. Evaluation of Alambamas mandatory continuing education program for reasonableness, access and value. *The Journal of Continuing Education in Nursing* 33 (3), 102–111.
- Lindner, R., Reinhard, L., 1998. A framework to identify learning needs for continuing nurse education using information technology. *Journal of Advanced Nursing* 27 (5), 1017–1020.
- McEwen, M., Wills, E.M., 2002. *Theoretical Basis for Nursing*. Lippincott Williams & Wilkins, Philadelphia.
- Morse, J., 1995. Exploring the theoretical basis of nursing using advanced techniques of concept analysis. *Advances in Nursing Science* 17 (3), 31–46.
- Morse, J., 2000. Exploring pragmatic utility: concept analysis by critically appraising the literature. In: Rodgers, B., Knafl, K. (Eds.), *Concept Development in Nursing*. W.B. Saunders, Philadelphia, PA, pp. 333–352.
- National Council for nursing and midwifery, 2002. Guidelines on the Development of Courses Preparing Nurses and Midwives as Clinical Nurse/Midwife Specialists and Advanced Nurse/Midwife Practitioners. National Council for nursing and midwifery, Dublin.
- Nightingale, F., 1893. Sick-nursing and health-nursing. Reprinted in LR Seymer (Ed.) 1954 Selected writings of Florence Nightingale. Macmillan, New York.
- Nightingale, F., 1859. Notes on Nursing: What It Is and What It Is Not. Harrison, London.
- Nolan, M., Owens, R., Nolan, J., 1995. Continuing professional education: identifying the characteristics of an effective system. *Journal of Advanced Nursing* 21, 551–560.
- Paley, J., 1996. How not to clarify concepts in nursing. *Journal of Advanced Nursing* 24, 572–578.
- Palmer, A., 1994. Continuing professional education: individual responsibility, collective consciousness. *The Journal of Continuing Education in Nursing* 25 (2), 59–64.
- Parahoo, K., 1997. *Nursing Research: Principles, Process and Issues*. Palgrave MacMillan, New York.
- Quinn, F., 2000. *Principles and Practice of Nurse Education*, fourth ed. Nelson Thornes, Cheltenham.
- Rodgers, B.L., 1989. Concept analysis and the development of nursing knowledge: the evolutionary cycle. *Journal of Advanced Nursing* 14, 330–335.
- Rodgers, B.L., 1993. Philosophical foundation in nursing. In: Rodgers, B., Knafl, K. (Eds.), *Concept Development in Nursing*. W.B. Saunders, Philadelphia.
- Rodgers, B.L., 1994. Concept analysis and the development of nursing knowledge: the evolutionary cycle. In: Smith, J.P. (Ed.), *Models, Theories and Concepts*. Blackwell science, Oxford.
- Rodgers, B.L., 2000. Concept analysis: an evolutionary view. In: Rodgers, B.L., Knafl, K.A. (Eds.), *Concept Development in Nursing: Foundations, Techniques and Applications*, second ed. Saunders, Philadelphia, pp. 77–102.
- Ryan, J., 2003. Continuous professional development along the continuum of lifelong learning. *Nurse Education Today* 23, 498–508.
- Timms, J., 1995. Needs assessment surveys in gerontological nursing: are we really assessing continuing education needs and priorities?. *The Journal of Continuing Education in Nursing* 26 84–88.
- UKCC, 1990. Report of the Post-Registration, Education and Practice Project. The United Kingdom Central Council for Nursing, Midwifery and Health Visiting, London.
- UKCC, 1995. PREP and You. United Kingdom Central Council for Nursing, Midwifery and Health Visiting.
- Unsworth, J., 2000. Practice development: a concept analysis. *Journal of Nursing Management* 8 (6), 317–326.
- Waddell, D.L., 1992. The effects of continuing education on nursing practice: a meta-analysis. *The Journal of Continuing Education in Nursing* 23 (4), 164–168.
- Walker, L.O., Avant, K.C., 1995. *Strategies for Theory Construction in Nursing*, third ed. Appleton and Lange, Norwalk, Connecticut.
- Young, A., 1991. *Law and Professional Conduct in Nursing*. Scutari Press, London.