

Continuing Education in Nursing:  
A Lifelong Learning Perspective

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## CONTINUING EDUCATION IN NURSING: A LIFELONG LEARNING PERSPECTIVE

## ABSTRACT

This study examined the utility of lifelong learning, a notable concept in adult and higher education, for continuing education in nursing. Identifiable deficiencies in CNE led to the search for a suitable framework on which to base action.

The approach adopted to accomplish this task involved use of analytic philosophy. The literature related to lifelong learning was examined and a subset, lifelong education, was identified as the prime area of interest. It was concluded that lifelong education is an educational philosophy which answers questions about educational processes. Principles of the philosophy were distilled from the existing literature.

Following this elucidation of the ideas, CNE in the context of lifelong education was described. Implications flowing from adopting this philosophy as a framework for CNE activities were discussed.

Resultant changes to goals, means, content, administration, and treatment of learners in CNE were considered. It was concluded that the goals of CNE must include both individual nurse development as well as development of the profession, these interacting to contribute to improved quality of nursing service. The administrative organization would be bi-level, requiring specific roles for both central and local structures, while allowing flexibility in planning. Treatment of learners

would be such that characteristics required for learning throughout life would be fostered. The development of generalizable skills related to acquiring knowledge would be emphasized. An emphasis on process and problem-solving rather than any specific content would be required. It was noted that the nursing profession would itself have to undergo changes if lifelong education is to be successfully implemented as a philosophy for CNE.

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# CONTINUING EDUCATION IN NURSING: A LIFELONG LEARNING PERSPECTIVE

## CHAPTER ONE

### INTRODUCTION

The professions have traditionally been identified with specific and specialized bodies of knowledge. In the past, this "special" knowledge has created a "mystique" around the professional.

Today, the halo around the professions is rapidly changing if not fading altogether. Two factors contribute to this. First, consumers of professional services are becoming more knowledgeable and vocal about what they can reasonably expect from professionals. Increasingly, there is disillusionment with the professions (Houle, 1980). Secondly, for the professional, the nature of knowledge is changing. There has been an exponential increase in the knowledge base in virtually all areas in which professionals might serve.

As a consequence, the professions have become increasingly aware of, and concerned with the provision of quality services. The efforts of the professions in response to this challenge have resulted in the growth of the continuing education industry.

Of course, other avenues such as self-regulation of the professions and new laws relating to them have been explored, but continuing education is viewed as an important part of the answer to the need for assuring quality. Consequently,

traditional continuing education offerings have increased and innovative approaches have been developed. Use of new technologies, new approaches to the accumulation of "credit" for continuing education experiences and a proliferation of educational opportunities related to specialized topics have highlighted the growth.

The nursing profession has shared the concern of other professions in regard to the provision of quality services. In nursing too, there has been an increased stress in recent years on the provision of continuing education opportunities.

#### The Problem

There are indications that, at least for nursing, continuing education designed to ensure quality care has not proven to be entirely satisfactory. There are indications in the literature that continuing education in nursing is a "piecemeal" approach to meeting continuing learning needs. Although opportunities for continuing education in nursing are on the increase, there would seem to be no unifying concept that gives direction to their provision. Instead, continuing education activities serve largely "micro-level", "maintenance-type" needs (Pipke, 1981).

In addition, it has yet to be conclusively demonstrated that existing continuing education activities promote learning and influence nursing practice. This problem, however, is not unique to nursing. In fact, all the professions have questioned

the efficacy of formal continuing learning activities.

Given these two notions, it would seem that continuing nursing education (CNE) is, in a sense, in a state of crisis. The ship of resources for CNE is proceeding at full speed without a rudder, helmsman, or a particular, coherently identified, destination in mind.

Meanwhile, in the world of childhood, adult, and higher education, "lifelong learning" is gradually coming to the fore as a plausible organizing principle for the creation of educational opportunities for individuals of all ages. This and related concepts -- lifelong education and recurrent education -- have been offered as solutions to the necessity for continued learning in a world of rapid technological and societal change.

#### Purpose of This Study

The purpose of this thesis was to examine the conceptual foundations of lifelong learning and its applicability to the provision of continuing nursing education opportunities, the ultimate usefulness of that application, and the way it can best be accomplished, if indeed it should be. To begin this investigation, therefore, literature related to the two topics of lifelong learning and the current practice of continuing nursing education was examined. Since this thesis was an attempt to apply a set of ideas (lifelong learning) to a given situation (continuing nursing education), it was necessary to examine that set of ideas closely and determine assumptions and goals that

stem from it. It will be argued that lifelong learning has a subset, lifelong education. As an educational philosophy, lifelong education can be applied to many situations. This is the case because lifelong education has the properties of a philosophy, and as such fulfills certain functions related to delineating goals and processes in educational situations.

The justification for this study is derived from the fact that the attempt to apply the notion of lifelong learning to the practice of CNE is an example of borrowing and reformulating knowledge from one discipline and applying it to another. Jensen (1964) described how the unique body of knowledge on which adult education is based has been formed, at least in part, by "borrowing" from related disciplines. This thesis took the process one step further by asking how a concept from adult education can be useful to nursing, a related discipline. Asking such questions can ultimately contribute to further honing of the body of knowledge of adult and higher education in that providing an answer will require more precise definitions and further elucidation of concepts. Therefore, to begin the study, CNE was described. Following an examination of lifelong learning an attempt was made to link it and CNE by utilizing key concepts of the former to make recommendations for alterations in the latter.

### Description of Approach

The methodology utilized in approaching this study was

borrowed from analytic philosophers of education. According to McClellan and Komisar (1962), analysis is an important part of the philosophical tradition in education. Philosophers of education address questions concerning the rationale for practices in the field and have recently been concerned with specific and detailed analysis of concepts (Frankena, 1962). This is known as analytic philosophy.

While philosophers in education are concerned about normative aspects of educational thought, analytical philosophers are, in part, concerned with making explicit the meaning of "concepts, arguments, slogans, and statements" (Frankena, 1966, p. 8). While conducting this elucidation, analytic philosophers claim to hold a "neutral stance" (Soltis, 1978, p. 83) ignoring their own value systems while they "search into the logical features of educational ideas" (p. 83).

Some literature regarding analytic philosophy conveys the impression that it consists solely of this analysis of language (Elias & Merriam, 1980; Hirst & Peters, 1970). It is true that one tool used by analytic philosophers is the "elucidation of concepts", this having been described as being "the most clearly analytic endeavor" (McClellan & Komisar, 1962, p. vii) in analytic philosophy. It consists of "articulating whatever conventional regularities (criteria) are to be found in the application of a term in some range of similar contexts" (McClellan & Komisar, 1962, p. vii). This search for definition has been termed conceptual analysis.

However, there is a second tool used in analytic philosophy. It is called rational reconstruction. McClellan and Komisar (1962) said that

this is a more constructive analytic activity. A rational reconstruction is more than an elucidation of concepts in that ... it has to go beyond the limitations, ambiguities, and inconsistencies of common usage and has to show how we had better construe the meanings of those terms if we wish to arrive at a consistent and comprehensive theory ... (p. x).

The work of rational reconstruction consists of three phases:

- 1) identification of abstract elements
- 2) establishment of relationships between the elements
- 3) application of the whole "as a basis for guiding and criticizing the conduct of the original activity from which the abstraction began" (McClellan & Komisar, 1962, p. xi)

This is what was accomplished in the present study. Beyond the use of conceptual analysis to specify definitions, this second tool of analytic philosophy was used to assess lifelong learning and lifelong education in a search for commonalities that would guide implementation. How these commonalities or "principles" relate to each other is illustrated and finally the application to CNE is made.

In going beyond the use of conceptual analysis in this study, it was recognized that conceptual analysis is an important part of analytic philosophy. However as McClellan and Komisar (1962) warned, it may be wise to retain some of the vagueness in the language of education because "some newly introduced concepts ... are expressions in search of a

definition, not terms whose meaning we discover through analysis" (p. viii). The concept of lifelong learning was treated as being in this category. Consequently, although it was important to this study to define and elucidate the concept of lifelong learning, this was not the ultimate goal of the thesis.

One further consideration should be taken into account in regard to methodology. In this study, there was one deviation from the general usage of an analytical philosophical methodology. Since lifelong education was identified as a subset of lifelong learning and a philosophy in its own right, the methods of analytic philosophy were being applied to a philosophy rather than a concept per se.

Frankena (1966) provided a model, based on the ideas of analytic philosophy, for just such a task. Frankena (1966) stated that the inquirer looks for "dispositions" (p. 13) in the philosophy, the rationale for those dispositions, and recommendations for implementation. Therefore, in the study, principles which can form the basis for the application of the philosophy were enunciated. This process is part of the rational reconstructive phase of analytic philosophy. It is also the part of analytic philosophy where recognition of the value assumptions that characterize the philosophy are important.

To summarize, this study was an application of the two parts of analytic philosophy -- conceptual analysis and rational reconstruction - to a concept and a philosophy of education.



## Definition of Terms

### Learning and Education

The key concepts in the terms "lifelong learning", "lifelong education", and "continuing education" are "education" and "learning." It was necessary to distinguish between the two and identify the scope of each before proceeding.

Gagne (1977) defined learning as "a change in human disposition or capability, which persists over a period of time, and which is not simply ascribable to processes of growth" (p.3). According to Jensen (1964) and Little (1979), learning may take place in any of several situations, ranging from spontaneous unplanned learning, to systematic design of self-directed learning, to institution-designed learning. In this approach to the definitional problem, learning is a broader phenomenon than education.

Education is the creation of conditions designed to facilitate learning. In a sense, education is an imposition on the occurrence of the internal process of learning and is the arrangement of external conditions that foster it. By definition, it is the deliberate and systematic arrangement of the conditions of learning. Education is one type of situation in which learning may occur.

Cropley (1977) argued for an an opposite view to the one expressed above. This author conceptualized education as being

the more general process whereas learning is defined as "the process through which education occurs" (p. 36). In contrast to this, the idea that was used for this thesis is that education is one of the processes through which learning occurs. However, more important for present purposes is that Cropley (1977) admitted that education "does not result solely from contact with schools" (p. 38) (ie. formally planned learning activities within an institution). Education can take place outside of institutions.

Dave (1983) equated education with "the whole continuum of situations for purposeful learning ranging from well-planned and institutionalized learning to non-institutionalized and incidental learning" (p. 4). Dave's (1983) inclusion of incidental learning as part of lifelong education is inconsistent with the definition of education described earlier.

The addition of the adjective "lifelong" to the terms "education" and "learning" stems from the conceptualization of the two processes as extending over the entire lifespan of the individual. In addition to this obvious interpretation of the term "lifelong", it can also be interpreted as "lifewide" (Cropley, 1980) meaning that learning and educative processes occur in a variety of situations. Thus lifelong learning and lifelong education are seen as processes which, in a variety of ways, continue through life.

Mocker and Spear (1982) presented a model of lifelong learning which illuminated this idea. According to these

authors, learning can take place in any of four modes -- formal, nonformal, informal and self-directed -- differentiated by whether or not the learner or the institution involved controls the ends and means of the process. All of these learning modes are planned, thus all are educational situations. Mocker and Spear left out spontaneous learning where the objectives and means are unorganized by either the learner or an institution. Hence, in this respect, their model was incomplete. However, it does demonstrate the breadth of "educational" situations which should be considered. Given the conceptualization of lifelong education as being lifewide, it is not enough for the educator to consider only formal learning situations.

It must, of course, be recognized that these definitions identify only the meaning of the "words" involved -- they do not alert the casual reader to the complexity of the milieu surrounding the notions of lifelong learning and its subset, lifelong education. This milieu is discussed in Chapter Three.

### Continuing Education

The term "continuing education" is a semantic relative of "lifelong education." It was used in this thesis, as in the literature, to refer specifically to the extension of educational experiences into the professional life of an individual who has completed formal training for a profession. Therefore, continuing education in nursing will refer to educational experiences which have a bearing on nursing practice

after initial professional education or training. Continuing education will be defined simply as the American Nurses' Association (ANA) defined it as consisting of "planned learning experiences beyond a basic nursing educational program" ("Standards for Continuing ... , 1975, p. 1).

### Research Questions

The key question of interest in this study was:

How can the notion of lifelong learning be of use in CNE?

In order to answer this question, these questions must also be asked:

What principles represent the core ideas of lifelong learning which would have to be taken into account in order for implementation to occur?

Is it feasible to assume that the notion of lifelong learning can be of use in CNE?

How can the principles of the notion of lifelong education be applied to CNE?

In order to answer these questions, an understanding of both the current state of CNE and the concept of lifelong education must be achieved. In an attempt to answer these questions, the following format is used.

### Overview

Chapter Two reviews literature concerning continuing education in nursing and describes its context and current practice. Of particular interest are continuing education in

other professions, the goals and organization of CNE, the nurse as the learner, and the value of formalized CNE activities and individual nurse's educational endeavours. Credence given to the notions of lifelong learning and lifelong education for CNE is acknowledged and present day use of the concept in nursing is discussed.

Chapter Three describes and analyzes lifelong learning and lifelong education as concepts currently used in the literature of adult and higher education. The author attempted to operationalize the notion of lifelong education. To accomplish this task, it was necessary to review literature concerning the historical and conceptual roots of lifelong learning and lifelong education and assumptions upon which they are based. In Chapter Three, the emphasis is on lifelong education, a subset of lifelong learning. As indicated earlier, lifelong education is treated as a philosophy of education and examined in terms of its goals, assumptions, and associated principles of operation.

In Chapter Four, a proposal for the synthesis of lifelong education and CNE is offered. Recommendations for alterations in this direction are given. These recommendations relate specifically to goals, means, content, administration of activities and treatment of the learner in CNE activities.

## CHAPTER TWO

### THE CURRENT STATE OF CONTINUING EDUCATION IN NURSING: A REVIEW OF LITERATURE

Continuing education is a growing although relatively recent aspect of the field of nursing. Although poorly documented, it is evident that there has been a dramatic increase in CNE opportunities over the last decade. The literature indicates, however, that this growth has not necessarily been coordinated in an efficient manner. Continuing education in nursing is gangling in its youth. Numerous authors have made comments related to CNE's unwieldy nature: Nakamoto and Verner (1975) described CNE as being "piecemeal" (p.4), Griffin (1978) said that offerings "resemble smorgasbords" (p. 3) and the Registered Nurses' Association of British Columbia (RNABC) described it as being, for British Columbia (B.C.) at least, "ad hoc" ("Continuing Education for ...", 1978, p. 4) and in need of a coordinating mechanism.

#### The Context

The practice of continuing education for nurses exists within the framework of the nursing profession and it coexists with the continuing education practices of other health professions. Continuing education in nursing also exists within the context of its own past. Issues which face the nursing profession as a whole are reflected in the current practice of continuing education. Therefore, before examining contemporary

CNE; the nursing profession, continuing education in the allied health professions as a whole, and the history of continuing education in nursing must be considered.

## Nursing

### Definition

Nursing is an art and a science. It is a science because the practice of nursing requires a body of knowledge, which can be built upon, drawn from various disciplines. Nursing resembles an art because its practice requires adaptation of knowledge in specific situations. Most important to a definition, however, is that nursing, as an art and science, provides "a service" (Pierce, 1972, p.4). The central focus is the "care of people who need help in coping with problems along the continuum of health-illness". (Pierce, 1972, p.4). This is not to say that the nurse is always directly involved in giving care but the nurse is certainly the facilitator of the care required (Orem, 1971).

The position of "nurse" is not new but nursing is struggling with the need to develop a unique identity. Perhaps the most prominent issue that nursing must deal with is its establishment as a profession. Related issues are the changing roles of nurses and the education required for entry to practice.

## A Profession?

Nursing has been struggling for years to obtain recognition, both from within and without, as a profession. Its status in this regard has been dubious. Whether nursing truly possesses some of the characteristics of a profession, such as a distinct and unique body of knowledge, and clearly defined career paths, is a source of debate. Styles (1975) argued that nursing lacks "coherence; ie. that quality of being logically integrated, consistent, and intelligible" (p. 7) in almost every facet -- ranging from the organization of its practitioners to the education of recruits to the field. Somers (1971) noted that "this important profession finds itself today in a sort of professional and organizational limbo" (p.94). The reasons for these problems are not entirely clear. However, the nursing community must deal with them if it is to achieve a definite identity.

## Entry to Practice

Part of the identity problem stems from the fact that there are different methods of entering the field. These are characterized by the "professional" approach, usually involving university study, and the "technical" approach ("Standards for continuing ... , 1975). There is little articulation between the two and criticisms of both exist. Graduates of the "professional" approach are seen as being inadequate in "practical" nursing and "technical" graduates are seen as not



contributing to the profession. This is one of the problems related to what Nakamoto and Verner (1972) term the "ambiguity surrounding nursing" (p.66). The "differential preparation" (Lysaught, 1974, p. 295) of nurses has caused difficulties for the nursing profession as a whole and has ramifications for the practice of continuing education.

Part of the confusion in preparing nurses may stem from the apparently differing goals of nursing service and nursing education (Huckaby, 1979). Nursing service takes a pragmatic, present-oriented view of nursing situations, based on the desire to ensure that service responsibilities are carried out. Nursing education, and in particular, that type which prepares "professionals" rather than "technicians", is more concerned with what, ideally, the nurse "should be" if the profession is to progress (Felton, 1980). The lack of agreement on the goals of basic nursing education and more generally, the future direction of the nursing profession itself, has meant that the issue of professionalism is largely unresolved. In the recent past, there has been a move, at least in Canada, to assure a university-type "professional" education for all individuals entering the field.

### Changing Roles

To add to the dilemma, technological changes in medical science have impinged on the nursing profession. Nursing has responded to the increasing complexity by further specialization

among its ranks (Cooper & Hornback, 1973; Lysaught, 1974). The "basic" education experience of the individual nurse does not, in most cases, prepare that person for these specialized and often highly technical roles. Further to this, there is a movement toward primary nursing (Cooper & Byrns, 1973), a type of practice in which the nurse has an expanded role and takes increased responsibility for the welfare of the individual patient.

The creation of continuing education opportunities for nurses is affected by the present state of the nursing profession in terms of its own stability and coherence. At present, the nursing profession is not strong on either of these points.

### Continuing Education in the Health Professions

Continuing education in nursing exists concurrently with that offered in other health professions. It is logical to assume that it is influenced by continuing education practices in these allied professions. Houle (1970) noted, in fact, that "all professions have marked similarities of approach when they undertake continuing educational programs" (p.6).

The fact that continuing nursing education resembles the more established professions may not necessarily bode well for CNE. Houle (1970) stated that "at present, the most startling and ironic characteristic of continuing education is its discontinuity in the experience of the professional himself"

(p.8). Hutchinson (1973) said that "continuing education for health manpower is marked by its discontinuity. The searchlight of appraisal finds the 'system' of continuing education a non-system. It tends to be sporadic, fragmented, and nonsequential" (p.133).

Despite the problems, continuing education in the health professions is assuming greater importance both in the life of the individual professional and as part of the profession as a whole. Consumer demand and the desire of professionals to better themselves for their positions are assuring a place for continuing education.

As much as continuing education in individual professions is blossoming, albeit in an uncoordinated manner, there is little inter-professional education. The professions are characterized by "isolationism" (Hutchinson, 1973) in regard to what they deem to be their unique functions and need for knowledge. It is only recently that interdisciplinary efforts in the provision of continuing education opportunities have been attempted. Cooper (1972a) indicated that one problem with interdisciplinary continuing education is that it is often seen as one discipline providing education for another with little real collaboration.

### A History of Continuing Education in Nursing

Florence Nightingale is reported to have said, "Let us never consider ourselves as finished nurses ... We must be

learning all of our lives" (Goldberg, 1975, p. 1). During the last century, provision of formally organized opportunities in continuing education for nurses has increased. A brief examination of the progress of CNE demonstrates that some of the problems faced were similar to and grew out of those faced by the profession as a whole.

In the earliest part of the present century, nurses worked primarily in hospitals and private duty. The position of nurse was not highly lauded -- it was a woman's job (Cooper, 1978). The nurse was seen as a handmaiden (Schweer, 1978), and the position was not highly paid. Basic nursing education consisted of "training", rather than a well-rounded academic and practical course of studies. Although it was recognized that nurses needed to learn, there was little time and few opportunities for them to participate in educational programs directed toward improving their practice.

According to several writers, post-graduate courses, a type of inservice education offered by hospitals, were the first formal efforts aimed at bettering the practice of nursing through continuing education (Cooper & Hornback, 1973; Lussier, 1980; Nakamoto, 1972). Begun in the first decade of the 1900's, these courses were usually related to clinical specialties. There is reason to believe that the courses did not represent the most educationally sound endeavours and that their quality varied greatly. The primary motivation of hospitals in providing these courses seems to have been to increase their work force.

In the beginning of this century, the general educational system made little provision for continuing education in nursing. Cooper and Hornback (1973) and Lussier (1980) indicated that in the year 1899, courses were offered by Columbia University for registered nurses. Gradually, the connection between nursing and higher education strengthened. By the 1940's, nurses were seeking college credit for their participation in continuing education and the post-graduate courses of earlier times were less appreciated. In that decade, the University of Pittsburgh offered university continuing education courses (Schweer, 1978).

The 1920's saw a slightly different form of continuing education become available to nurses. Workshops, short courses, and institutes were sponsored by institutions such as the American Nurses' Association and the National League for Nursing (NLN) (Cooper, 1982). University schools of nursing began at this time and there was some university involvement in continuing education (Cooper & Hornback, 1973; Goldberg, 1975). After World War I, nursing changed somewhat as nurse veterans sought positions other than private duty (Cooper, 1978).

World War II provided the impetus for the development of refresher courses for nurses. Hospitals found that they needed staff and inactive nurses wished to return to practice to support the war effort. Consequently, hospitals developed refresher programs (Cooper & Hornback, 1973; Schweer, 1978).

In those early times, universities were not particularly

involved in continuing education. By 1959, in the United States, federal funds became available for the provision of short courses in nursing (Cooper, 1978; Cooper & Hornback, 1973). At about the same time, three regions developed interstate higher education consortiums. Two important consortiums were WICHE, the Western Interstate Council on Higher Education, and WCHEN, the Western Council on Higher Education. These groupings have had strong nursing representation and Councils on Nursing Education have been established as sub-bodies. These groups contributed to regional planning for continuing education for nurses by institutions of higher education (Nakamoto, 1972; Schweer, 1978).

In 1968, the profession's concern with continuing education was demonstrated in a national conference held at the University of Wisconsin. This was followed up in 1969 by the First National Conference on Continuing Education in Nursing held at Williamsburg, Virginia. This meeting was concerned with the role of institutions of higher education in the provision of continuing education for nurses (Nakamoto, 1972). A Second National Conference was held at Syracuse University in 1970. This meeting recommended working with the ANA in the provision of continuing nursing education (Lussier, 1980 ; Goldberg, 1975). Consequently, in 1973, the ANA Council on Continuing Education was established.

The history of CNE in Canada has paralleled that in the United States. Canadian nurses, too, have demonstrated concern

for continuing education in their profession. At the International Congress of Nurses (ICN) meeting held in Montreal in 1969, an additional session was devoted to continuing education. Canadian nurses held their own first national conference on continuing education in 1979 (Lussier, 1980).

Recent trends in CNE in the United States have been related to the concern for quality. As early as 1970, a mechanism for the approval of programs, the Continuing Education Recognition Program (CERP), was embraced by state nurses' associations who urged their members to participate to maintain competence (Cooper, 1982; Lussier, 1980). Later in the 1970's, the ANA urged participation by state associations in a nationwide Continuing Education Approval and Recognition Program (CEARP). In 1975, a system for national accreditation of continuing education offerings was created by the American Nurses' Association (Cooper, 1982, p. 106). Much of this activity was related to trends toward mandatory continuing education requirements. As of 1979, ten states had mandatory continuing education laws for nurse relicensure (Lussier, 1980). The Continuing Education Unit was established as a means of standardization of participation in continuing education.

### Present Status

#### Goals

Today, CNE has two basic purposes. The primary goal is

related to competence. A secondary goal is related to development of the emergent profession of nursing. Subtle variations on each of these themes exist.

### Competence to practice

The central purpose of CNE is to foster competence to practice in the field. The basic stimulant to the provision of continuing education is the maintenance (or development) of minimal clinical competence by practitioners (Levine, 1978). A national survey described by McNally (1972) found that in the United States the primary reason for the existence of CNE was the updating of knowledge and skills. The International Council of Nurses (ICN) statement ("Continuing Education for ...", 1980) on CNE indicated that one of the purposes of continuing education is that it should serve the practitioner's needs for updated knowledge. The American Nurses' Association position paper on standards for nursing education ("Standards for nursing ...", 1978) indicated that continuing education is central to maintaining competence. Nakamoto's (1972) review of the North American literature concluded that the primary purpose of CNE was "the achievement of the learning needed to improve patient care" (p. 75).

A somewhat higher level purpose that has been stated is to improve the quality of clinical nursing practice (Loucks, 1973) rather than simply maintaining present levels. The Registered Nurses' Association of British Columbia (RNABC) stated that the



purpose of continuing education is to contribute to the improvement of nursing care (Continuing Education Approval ..., 1983; Continuing Education for Registered ... , 1978). Schweer (1978) indicated that continuing education opportunities should build on previous competence, utilizing present knowledge and skills. Such goals are a step beyond that of maintaining the status quo.

Some authors have adopted a more global perspective on CNE. Tobin (1976a) related its provision to the quality of health care in general. Schechter (1974) and Knox (1973) indicated that continuing education for health professionals should improve the health care system.

The primary goals of continuing education are related closely to practitioners' needs to maintain and improve performance. The altruistic motivation for the nurse in seeking educational opportunities and for agencies in providing them is that it enables the individual "to do the best of which he is capable when caring for patients" (Hayter, 1972, p. 32) and to contribute, along with other professionals, to the provision of the best health care possible.

Such goals are probably the most common purposes of continuing education opportunities for nurses. However, there are indications that nursing leaders are aware of other possible purposes. Cooper and Hornback (1973) indicated that the aims of continuing education are broader than that of the maintenance of competence in the direct provision of health care. These authors

indicated that continuing education must help the individual nurse recognize "the importance of his contribution to the society of which he is a part and the significance of his work to the common good" (Cooper & Hornback, 1973, p. 53). Similar to this, the Registered Nurses' Association of Ontario (RNAO) (Position Paper ... , 1980) said CNE should serve several purposes including: the enhancement of practice, and the promotion of personal and professional growth. This position indicates that continuing education should facilitate the development of the nursing profession itself. Statements such as this clearly go beyond the purpose of continuing education for nurses as being directly related to the provision of patient care.

#### Professionalism - the Hidden Agenda

One argument for continuing education is that nurses are professional, and, as such, must continue their learning (Bevis, 1975; Hayter, 1972). Cooper (1972b) and Norman (1983) suggested that one of the characteristics of professionals is a commitment to increasing their knowledge and abilities related to practice. Statements similar to these ideas, indicate a belief, at least by authors in the literature, in a relationship between continuing education and professionalism. It would seem that for the nurse, as a professional, continuing education is an obligation. Certainly, continuing education is, as the ANA has indicated (Standards for nursing ... , 1978), to stimulate personal growth and professional maturity.

The recognition of the relationship of continuing education to professional growth on an individual basis is a microcosm of what some authors indicate that continuing education should be accomplishing in relation to the profession as a whole. Styles (1975) maintained that continuing education is at "the cutting edge of the profession" (p.8). This author viewed continuing education for nurses as being "the vehicle for professional coherence" (Styles, 1975, p.8). The goals of continuing education are thus linked with those of the profession as a whole. The Council on Continuing Education of the 53rd ANA Convention in 1982 related continuing education to "the emerging autonomy of the nursing profession" (The Impact of Continuing Education ... , 1982, p. 7).

Such goals may be more idealistic than realistic. It is difficult to know accurately since surveys and studies of the usefulness of continuing education to the developing profession are non-existent. Perhaps this is an area which the nursing profession must further consider.

### Organization

Today, there are an increasing number of opportunities for nurses to be involved in continuing education activities. These opportunities are provided by several persons/groups which have identified what they see as being their role.

## Responsibilities

The literature on continuing education in nursing identifies several prime responsibility-bearers. The American Nurses' Association, for example, described the unique responsibilities of five specific persons/groups ("Continuing Education in Nursing: An Overview", 1976). It identified the responsibilities of the individual, the employer, the sponsor (ie. an educational institution), the state nurses' association, and the American Nurses' Association itself. Similarly, in Canada, the RNABC suggested that responsibility for continuing education should be shared by the individual nurse, professional nursing organizations, health care agencies where nurses are employed, and educational institutions. The RNAO identified the same bodies as the RNABC with the addition of governmental health and education.

The rationale for the involvement of each of these persons/groups is understandable. The individual is the prime participant in continuing education activities and the key factor in outcomes as a result of continuing education. The employer or health care agency has a responsibility to ensure a standard of care administered by its nursing personnel and an obligation to ensure that this is adequate. Educational institutions have an obligation, by virtue of their existence, to provide access to learning opportunities for the many segments of the populations which they serve. Members of the nursing profession comprise one of these segments. Regional and

national nursing associations have a self-appointed mandate to uphold the nursing profession and are therefore required to contribute to the continuing education of their members. Finally, government can be seen as having a responsibility for continuing education for nurses in that it is a major source of funding for health care and education and is concerned with the costs and benefits of its investment.

The responsibility of colleges and schools of nursing within institutions of higher education have been discussed more frequently (Curtis, Darragh, Fancher, Ingmire, Lesnan, Orwig, Popeil, and Shores, 1969). As professional schools recognize that their function does not end with the ejection of the "complete" product, this trend will be in evidence.

Each group identified has a vested interest in the direction CNE should take. Nursing organizations would be most interested, for example, in the promotion of the profession. On the other hand, health care institutions have tended to justify education which contributes to the quality of patient care (Hamil, 1974). It may be that as a result of these differing responsibilities, conflicting directions are selected. This seems to characterize the current state of continuing education in nursing.

Despite the involvement of different organizations, primary responsibility for continued learning seems to rest with the individual. The ANA and the RNAO, are examples of nursing organizations which have indicated that the primary

responsibility for the type of personal and professional growth that can be achieved through continuing education belongs to the individual.

### The System (or Non-System)

Continuing education for nurses occurs in many settings. There are many learning opportunities available. These range from formally planned classroom lectures to informal conferences. McNally's (1972) national survey of continuing education programs for registered nurses in the United States found that the principal conductors of continuing education were schools of nursing (27.3%) and hospitals (26.8%). In British Columbia, continuing education for nurses is provided by university health science divisions, community colleges, the provincial nursing association, and educational organizations as well as individual health care agencies.

The formal organization of continuing education opportunities for nurses is probably more well-developed in the United States than in Canada. This is likely a result of the requirement for mandatory continuing education for relicensure in some states. The ANA House of Delegates has made a motion indicating that the ANA should do whatever it can to support those individual states that wish to establish continuing education for relicensure. The American Nurses' Association provides strong leadership in the area of continuing education. It has identified its best capability in contributing to

continuing education as being that of the assessment of common educational needs and the dissemination of standards for nursing practice ("Self-Directed Continuing ... , 1978). The Continuing Education Council of the American Nurses' Association has drafted standards to be used by state nursing association Continuing Education Approval and Recognition Programs (Popeil, 1976). The CEARP facilitates record-keeping and transfer of records on continuing education activities when nurses move from one state to another. This function is related to the need to demonstrate participation in states requiring mandatory continuing education for relicensure.

At the state level, the state associations assume leadership for CNE. Different stages of coordination exist in different states. There are examples of innovative approaches to coordination of continuing education activities.

Carlley (1974) described the Indiana experience, where for a number of years, CNE consisted of a "myriad of uncoordinated activities" (p.13) which were not all that satisfactory. A project to develop a statewide system of CNE was introduced. This statewide system was structured on a "bilevel basis" (Carlley, 1974, p. 14) with an overall state organization and local structures. This allowed overall coordination, and yet was flexible enough to meet the needs of the learner populations in the different regions of the state. This system was deemed to be successful.

Another innovative approach to coordination was sponsored

by WICHE in Idaho, Montana, and Wyoming. An attempt was made to overcome geographical barriers and to ensure that nurses in rural areas of these states had access to continuing education. This project experimented with various delivery systems and was successful in providing access to continuing education opportunities. The major problem was the effort required to maintain coordination. This project concluded that the framework of higher education is the most logical position to place a curriculum for continuing education in nursing.

The American system of formal opportunities for continuing education is in a developmental stage. There are many examples of experimental approaches to coordination of continuing education activities which would indicate that the nursing profession in the United States is struggling to find a more useful and efficient way to provide continuing education opportunities.

While the American situation is not far advanced, the Canadian situation lags behind even that. In Canada, the parent organization, the Canadian Nurses' Association, provides minimal leadership in the area of continuing education. Probably the most tangible evidence of its involvement is the publication of topical bibliographies and the sporadic advertisement of continuing education opportunities in its journal, the Canadian Nurse. By and large, the provincial nursing associations are left to their own devices in deciding upon the extent of their involvement in continuing education. Generally, while provincial



nursing associations have issued statements on continuing education, indicating their affirmation of its importance, they have provided little in the way of coordination of continuing education activities in individual provinces.

Across Canada, there have been examples of innovations in continuing education for nurses in attempts to meet the particular needs of various nursing populations. The use of distance education has assumed increasing importance in CNE as efforts are made to overcome geographical barriers. Correspondence-type post-basic courses such as the Nursing Unit Administration course have been developed to assist nurses in different roles. Teleconferencing, the use of satellite television courses, and independent learning packages are being utilized with some success.

Most of the activities and innovations, however, have been examples of relatively isolated attempts at provision with no central administration or even wide-spread dissemination of information about what is available. Their existence seems to characterize continuing education for nursing in Canada.

Kotaska (1981) described the situation in British Columbia: Although there has been much activity in provision of opportunities, "there is no coordinated way for CNE in British Columbia to determine nurses' learning needs accurately, to share resources, and to avoid gaps or unnecessary duplication of programs" (p. 13).

Ironically while the ultimate responsibility for continuing education has been given to the individual, in the organizational framework of the current provision of CNE, the individual has an insignificant place. The nurse seeking to identify personal educational needs and find information about continuing education opportunities is given little direction either in identifying deficits, planning goals, or determining means to achieve those goals. The role and aspirations of the individual nurse are apparently of little consequence to the overall organizational scheme.

Also, the possibilities of self-directed continued learning, apart from institutionally planned activities, are not incorporated into an overall organizational plan. Canadian studies have, however, indicated that nurses are significantly involved in self-directed continued learning activities. A survey of hospital nurses by Bell and Rix (1979) found that "nurses are spending over twice as much time each month in self-directed activities as in other-directed activities" (p. 17). Clark and Dickinson's (1976) study demonstrated similar results. These findings are in contradiction to Tobin's (1976b) statement that, "nurses in general are not self-directive in their own learning" (p. 33). Clearly, nurses are capable of planning and carrying out their own continuing education activities.

Under the current system, there are many opportunities for nurses to participate in formal continuing education. There is, however, little sequencing of educational opportunities (Levine,

1978) and little obvious continuity in the experience of the individual. What is needed is "planned growth" (Cooper, 1972, p. 583) for the individual and the profession. The alternative is that "continuing education in nursing will continue to be uncoordinated, fragmented, and with duplication of efforts and unmet needs" (Cooper, 1972, p. 583).

### The Learners

A dichotomy exists in the participation practices of nurses with regard to continuing education. While most nurses participate in some form of continuing education, one study (Dolphin, 1983) found that a small percentage of nurses will not participate unless forced. Hayter (1972) cited evidence, primarily related to formal educational opportunities, of individual nurses' failure to take responsibility for their own learning. Hayter (1972) attempted to identify reasons for this behavior and concluded that inconvenient and inappropriate opportunities and deemphasis on learning may be the cause. The fact that nurses may be involved in informal education of their own design was apparently not taken into account.

### Internal Motivation

Generally, however, it would seem that nurses attitudes toward continuing education are favorable. Clark and Dickinson (1976) concluded that most nurses' attitudes were positive. On the other hand, Bevis (1975) cited studies which indicated that

most nurses did not highly value learning. Cooper's (1972) statements, although based on experience rather than objective data, indicated that a lack of respect for learning exists among some nurses.

Contributing to this attitude in some cases, may be the fact that traditional educational practices in nursing have not been congruent with the notion of lifelong learning (Puetz & Rytting, 1979). However, basic nursing education has been altered somewhat in recent years and attempts have been made to instill the idea of continued learning in graduates.

Attempts to study reasons that nurses participate in continuing education indicate that there are a variety of possible motivations, although a given individual may be influenced by more than one factor at a time. Dolphin (1983) concluded that the most important motivating factor was related to job competence. Similarly, O'Connor's (1980) survey of nurses in continuing education courses and O'Connor's (1982) study of self-study practices among nurses found that participation was primarily related to a desire to acquire professional knowledge although, again, there were found to be many reasons for participation.

Bevis (1975) found that participation was related to role perception. A service role orientation was found to be the primary influence on participation in continuing education, although service and professional role orientations exhibited complementary influences in favor of participation. For

individuals possessing a professional role orientation, involvement in continuing learning activities would be "intrinsically rewarding" (p. 171).

There are also socioeconomic factors related to nurses' motivation toward participation. Schoen (1981) found that participation in formal continuing education opportunities was closely related to employment status. The individual who worked full time in nursing was more likely to participate than one who did not. This seems logical since a prominent reason for attendance was related to job competence. This also is congruent with theories of learning which suggest that adults are most interested in learning what has immediate application for them. Clark and Dickinson (1976) also found that a "significant positive correlation existed between occupational orientation and self-directed participation ... indicating that nurses more motivated to increase their occupational status and prestige are inclined to engage in more self-directed learning activities" (p. 21).

Some researchers have identified a relationship between educational preparation and participation in continuing learning activities. Clark and Dickinson (1976) found that nurses whose basic preparation was in a university setting or who had some university experience were more likely to participate in self-directed continuing education. Dolphin (1983) concluded that nurses with at least some university preparation possessed more internal motivation toward involvement in continuing education.

This was attributed to the existence of a "diploma-level mentality" (Dolphin, 1983, p. 14) that allows some nurses "to believe that their basic education prepares them for a lifetime of practice" (p. 14).

"Internal" motivation seems to stem from desires stimulated by the occupational situation of the nurse as well as an underlying belief in the value of learning.

### External Motivation

It appears that few external motivators for participation in continuing education activities exist. Reward and recognition systems for honoring the participant for efforts made in this direction are few and far between. Kotaska (1981), describing the situation in British Columbia, noted that there are few incentives, either monetary or in terms of educational credit, for participation in post-basic courses.

There exist "disincentives" to involvement in continuing learning activities. Hayter (1972) noted that there is limited opportunity to use what is learned and that the "work situation is not conducive to implementing improvements. Change may actually be resisted" (p. 35). Cooper (1972) referred to attitudes among nurses which degrade the contribution nurses can make to each other's learning. This, combined with a lack of value placed on continued learning, has a negative influence on attitudes toward continuing education.

### Issues in Continuing Education in Nursing

Continuing education in nursing is struggling with issues which will have to be resolved if it is to be of great use to individual practitioners and the nursing profession as a whole. Some issues are related to the nursing profession as a whole, others are specific to continuing education in nursing.

One issue that continuing education in nursing faces in consort with other aspects of the nursing profession is the education/service dilemma. As indicated previously, there is a conflict between the goals of education and service. Ehrat (1979) indicated that while service identifies the goal of education as being the practitioner "who has the ability to render care and solve problems at a sophisticated level" (p. 1), academia's goal for education is the creation of a person with a broad knowledge base who can learn to function in virtually any setting. This dilemma pervades all levels of nursing education. However, it is probably fair to state that continuing education, more than all other levels of nursing education, has "sought to be the bridge between education and practice, to serve as the collaborative link between nurse educators and nursing service personnel" ("The impact of continuing education ... , 1982, p. 9). Whether it has actually accomplished this task is another question. The fact that service organizations are often the providers is a complicating factor in this.

Another issue is the status of continuing education in relation to the nursing profession. Until recently, continuing

education has been accorded little equality with other areas of nursing education.

Linked with this, and related to the problems of coordination and organization which were discussed earlier, is the fact that continuing education in nursing also struggles with its ability to provide access for all nurses (Tobin, 1976b). Because of its relatively low position in the educational system, support for continuing education in nursing is often not afforded as much of a priority as other aspects of nursing education. An RNABC report ("Continuing education for registered ... , 1978) cited evidence of some problems in this regard in British Columbia.

Availability is also a concern in light of the requirements for mandatory continuing education for nurses that are arising in some states. If the requirement to participate in mandatory continuing education is to be present, then opportunities must be available.

Another question concerns whether continuing education should be a requirement for relicensure in nursing. Arguments against mandatory continuing education for nurses have included that it will promote a "stay-in-place" (Levine, 1978, p. 138) education and that it will lead to a "level of mediocrity" (Kelly, 1977, p. 19). Huber (1972) postulated that with a requirement for mandatory continuing education, the reasons nurses seek continuing education may change. A crucial question is will the nursing profession trust its members to maintain



their competence or will it force them into continuing education activities?.

Mandatory continuing education is further complicated by doubt concerning the impact of continuing education on practice. This question is unanswered (Forni & Overman, 1974; Lysaught, 1981). Phillips (1979) indicated that the idea that participation is equivalent to competence is an "unproven assumption" (p. 238).

The evaluation of the effect of continuing education on practice has been a problem. It is difficult and expensive to acquire the kind of information required by this type of evaluation. There is conflicting evidence as to whether participation in continuing education influences behavior. Puetz and Rytting (1979), although not utilizing rigorous research techniques, found that nurses involved in continuing education were able to use what they learned. Del Bueno (1977), in a study of specific behavior, found that participation did not have a significant impact. Forni and Overman (1974) could not answer conclusively, on the basis of their survey, whether or not there was a significant impact on behavior as a result of continuing education.

Although it is clear that continuing education results in the acquisition of knowledge and skills, several authors indicated that there may be other factors to consider in determining whether or not continuing education has an impact on practice. Del Bueno (1977) concluded that "few performance

failures are related to lack of knowledge or skill" (p. 34) but may be related more to organizational problems in the workplace. Along the same line of thought, Huber (1972) noted that "putting new knowledge into practice involves far more than just requiring a person to be exposed to a learning situation" (p. 29). In order to make continuing education useful, CNE offerings must provide opportunity to develop clinical skills. There must also be support for application of new learning in the workplace.

### Conclusion

The recent history and present status of continuing education in nursing attests to the burgeoning expenditure of energy and resultant activity in the development of formal continuing education opportunities for nurses. In addition, there is some evidence that individual nurses are involved in planning their own self-directed educational activities related to nursing.

There is, however, no overall coordinating mechanism for CNE. At present, there are multiple providers in multiple settings - each with their own vested interests. There is no coherent approach to continuing education presentation. Hence, there is little continuity, for the individual nurse or for a holistic scheme on a broader level. Because of this, continuing education in nursing deals with the "pressing needs of the moment" (Nakamoto and Verner, 1972, p. 69), responds to crisis

situations, and presents itself in "time-bound segments" (Griffin, 1978, p. 5). Continuing education requires a framework which can serve to guide its actions. At present, the nursing profession is not able to provide such a framework since it faces its own dilemmas. A solution to this deficit must be found if CNE is to have any significant impact.

Writers in the area of CNE have issued "motherhood" statements indicating that lifelong learning should be adopted as a solution to the dilemma in which CNE finds itself. There is little evidence that this has occurred. Perhaps this is because lifelong learning and lifelong education have not been well understood. Schechter (1974) pointed out, in relation to the health professions as a whole, that "for too long there has been lip service to a fuzzily defined concept of the need for 'lifelong learning'" (p. 95).

The remaining chapters represent an attempt to apply the ideas and principles of lifelong education to continuing education in nursing. The next chapter describes a method for examining the concept of lifelong learning in an effort to identify ideas which can contribute to the creation of a useful framework on which to base action in CNE. Only by the analysis described in Chapter Three and applied in Chapter Four can nursing benefit from and make rational use of the notion of lifelong learning.

## CHAPTER THREE

## LIFELONG LEARNING AND LIFELONG EDUCATION

Lifelong learning and lifelong education have been described as notions of importance to today's and tomorrow's world. Lifelong education has been treated more extensively in the literature with more casual and less definite references made to lifelong learning. Given the definition of learning provided in Chapter One, it is understandable that lifelong education should be treated more extensively since the "education" aspect of all learning situations is the area that is most subject to external influence by educators. The problem in the literature is that the terms "lifelong learning" and "lifelong education" are used interchangeably although there are differences between the two. Lawson (1982) cautioned against this, saying that the use of "lifelong learning" as a synonym for "lifelong education" "might be seen as a negation or at least a weakening of the concept of 'education'" (p.100).

An example of this mixing of ideas is found in Peterson, Cross, Hartle, Hirabayashi, Kutner, Powell, and Valley's (1979) definition of lifelong learning. These authors described it as "a conceptual framework for conceiving, planning, implementing, and coordinating activities designed to facilitate learning by all Americans throughout their lifetimes" (Peterson et al, 1979, p.5). Since this definition embodies the idea of a deliberate planning of activities related to improving learning, it is probably more consistent with a definition of lifelong

education. Overly, McQuigg, Silvernail, and Coppedge's (1980) definition of lifelong learning as "any purposeful learning that an individual (actor) engages in throughout the life span" (p.5) suffers from the same fault. In addition, this definition lacks clarity because it includes the term being defined.

Cropley's (1980) definition of lifelong education takes into consideration the relationship between education and learning described earlier. The author stated that "lifelong education requires consideration of the changes in education which would be necessary for promoting, supporting, even improving lifelong learning" (Cropley, 1980, p.3).

Dave's (1976) definition is probably most consistent with distinctions between learning and education:

Lifelong education is a process of accomplishing personal, social and professional development throughout the life-span of individuals in order to enhance the quality of life of both individuals and their collectives. It is a comprehensive and unifying idea which includes formal, non-formal and informal learning for acquiring and enhancing enlightenment so as to attain the fullest possible development in different stages and domains of life. (p. 34)

While the emphasis in this chapter is on lifelong education, the conceptualization of it as a subset of lifelong learning as indicated in Chapter One should be kept in mind. Educators can create optimal external conditions for learning but cannot influence the individual's internal learning process.

## History

Although it is only recently that lifelong learning and lifelong education have been embraced wholeheartedly by the world of educators, they are, in fact, not new ideas. People have always been able to learn throughout their lives regardless of the recognition of that fact by the formal educational establishment.

According to Faure, Herrara, Kaddoura, Lopes, Petrovsky, Rahnan and Ward (1972) education in primitive society was a continual affair. There were no formally organized structures for the purpose of fostering education. Instead, individuals learned "by living and doing" (Faure et al, 1972, p. 5), by interacting with each other and the environment. Examples cited were from ancient African civilizations where learning was a continual process. These peoples probably had very practical reasons for involvement in continuous learning.

Other early civilizations also recognized the need for continual learning. Their goals were, however, more related to enlightenment than survival. Shukla (1971) described ancient Indian times and noted how it was that the Satapada Brahmanu admonished people to "study every day" (p.15). The Greeks conceived of the idea of a learning society in which the culture provided the environment for individual learning (Lewis, 1981; McCannon, 1979). For example, in Athens there were no formalized schools except for a chosen few because the city itself was to be the teacher. Under this system, learning would continue

throughout life. When democracy was adopted in Athens, the Sophists took on the job of educating those of the middle classes who so wished. The goal of education was to enhance the role of the citizen as a participant in government.

Aristotle and Plato emphasized education in the pursuit of an ideal (Lewis, 1981). Plato postulated an ideal society -- the Republic. To these thinkers, the purpose of education was to mold a good citizen but "education was not only for the purposes of the state, ... it had an end in itself" (Lewis, 1981, p. 18). Plato and Aristotle developed metaphysical arguments linking a lifetime of learning with happiness.

More recently, The 1919 Report of the Adult Education Committee of the British Ministry of Reconstruction dealing with the aftermath of World War I recommended that adult education be "universal and lifelong" (p.5) in order to foster social and economic recovery. For modern times the ideas of lifelong education started in the arena of adult education.

According to Alanen (1982) the idea of lifelong education as we know it today was developed in the early 1960's by the United Nations Educational, Scientific, and Cultural Organization (UNESCO). The Second UNESCO World Conference on Adult Education in Montreal (Lowe, 1975) in 1960 recommended "to all governments the including of adult education in the normal system of education as an essential and integral part (Alanen, 1982, p.4) This was a formal step to enlarging the domain of education beyond childhood.

A key factor in the development of the idea of lifelong education was a paper by Lengrand (1975). In 1965 The UNESCO International Committee for the Advancement of Adult Education, after reviewing this paper, recommended that UNESCO adopt the principle of lifelong education. Thus, the official endorsement of the concept of lifelong education by the educational community came from the adult education sector. In 1970, lifelong education became one of the major themes of the International Education Year (Alanen, 1982; Parkyn, 1973).

The work of the International Commission on the Development of Education, set up in 1971, culminated in the publication of Learning to Be (Faure et al, 1972). This influential report presented the background and philosophy of lifelong education. It described the need for lifelong education and made recommendations about the development of a learning society. Faure et al (1972) proposed "lifelong education as the master concept for educational policies in the years to come" (p. 182).

Throughout the 1970's, parallel developments of a slightly different form were taking place in The Organization for Economic Cooperation and Development (OECD) and the Council of Europe. OECD developed its idea of recurrent education or "the distribution of education over the lifespan of the individual in a (formal) recurring way" (Centre for Educational Research and Innovation, 1973, p. 7). (Here again, the definition utilizes the word being defined.) The Council of Europe conceptualized "education permanente" as a means of preserving the European



cultural heritage.

In the ensuing years, various developing and developed countries demonstrated interest in the concept of lifelong learning. The Scandinavian countries, in particular, have implemented innovative approaches to lifelong learning.

The development of interest in the United States and Canada has been slower. Most recently, educators interested in promoting higher education have endorsed the concept. Some authors have questioned the motivation behind this endorsement. Higher education institutions are experiencing decreased enrollment and it is only natural that they should want to expand their clientele by including the "lifelong learner" as well as the traditional student (Cross, 1979; Gross, 1977; Lawson, 1982; Mondale, 1976). However, the American 1973 Lifelong Learning Act gave federal legislative support and recognition to the concept of lifelong learning (Christoffel, 1977; MacLean, 1981). Unfortunately, the educational community in the U.S. has not given whole-hearted support to the implementation apparently because they fear that funds for programs presently in operation will be decreased. Consequently, implementation has lagged somewhat.

It is evident that the ideas of lifelong learning have existed in various forms for centuries. However, it is only within the last 20 years that they have been seriously considered and evaluated in terms of policy making for educational practice.

Today, the concepts of lifelong learning and lifelong education remain nebulous. More work needs to be done to define them and their implications. Lifelong education is, in many respects, still at the conceptual stage. Kallen (1979) observed that UNESCO itself "has not made a consistent further elaboration of the original concept" (p. 54). However, serious efforts are being made more recently to elucidate the ideas. Future developments related to lifelong learning and education will depend on the quality of that work. Certainly, there is evidence that the academic community is grappling with the idea. (Dave, 1983). The appearance in 1975 of an Educational Resources Information Center (ERIC) descriptor called lifelong learning and the increasing number of publications and amount of fugitive literature related to it give evidence of this.

However, no matter what stage of development the concept of lifelong learning and its subset lifelong education are currently in, the need for some new conceptualization of education is apparent. A justification for the concept of lifelong learning is provided in the reality of modern-day change.

#### A Rationalization for Lifelong Learning - Change

We live in a world of change unparalleled in previous times. This fact has been thoroughly documented. Dubin (1974) and Dutton (1979) pointed to the tremendous exponential increase in knowledge in recent years. Wroczynski (1972) noted changes as

a result of the scientific and technological revolution and its implications for daily life. Faure et al (1972) described the outcomes of these changes in terms of "leaps" and "gaps" and cited such examples as the decreased lag time between scientific discovery and implementation in society, demographic shifts, and unemployment resulting from changes in working life as outcomes of change.

All this ferment in the world has subjected the educational system to considerable pressure. There are indications that it, in turn, must change. Certainly, it is the brunt of criticism (Parkyn, 1973; Leagans, 1978). One source of criticism stems from the fact that education has traditionally rested on the assumption that formal learning can be terminal and sufficient for all of life. Leagans (1978) noted two assumptions of traditional education which no longer are true:

- 1) "the assumption that the need for organised educational opportunities can be met during the first one-fourth of the life span" (p. 12).
- 2) "the converse assumption that the need for education during the remaining three-fourths of a lifetime can be adequately met by incidental learning" (p.12).

According to the Carnegie Commission on Higher Education (1973), education can no longer be thought of as "preparation for life" (p. 24). In today's world, people "need not only solid educational foundations, but also lifelong opportunities to adapt, to renew themselves, and to acquire new knowledge" ("Carnegie ... , 1973, p.24).

Lifelong education has been touted as a strategy for coping with change (Overly et al, 1980). Several authors (eg. Boshier, 1980) have described a learning society in which learning is a way of life. This idea is presented as a necessity rather than an option given the world that people must deal with. Lifelong education would be one facet of the learning society.

In making claims for lifelong education, one must be careful to acknowledge which occurred first, the changes in the world, or the appearance of lifelong education on the scene. Lifelong education has, in some instances, been presented as a new theory of educational practice, but as Cropley (1980) pointed out, it is more likely that the concept of lifelong education as it exists today is a "rationalization of a number of existing (societal) trends" (p.7). And as Mondale (1976) pointed out in describing change in American society these "social trends propel us toward a national policy of lifelong learning" (p.44). Clearly, given present realities, the educational system must commit itself to developing "people capable of adapting to change" (Peterson et al, 1979, p.2).

The factors moving lifelong education to the forefront of thought have been summarized by the Japanese National Institute for Educational Research ("The Ideals and the Tasks", 1982) as being:

- 1) the need to adapt to the rapid changes in society...
- 2) the general increase of educational and cultural

aspirations among people

- 3) the increase in people's leisure time and economic capacity...
- 4) the need to re-direct educational functions towards building a freer and more energetic society. (p.3)

The need for lifelong learning is apparent. The techniques for operationalization and implementation of this notion are less obvious.

### Terminology

Despite the apparent ability to define the words, the terms "lifelong learning" and "lifelong education", as used today, are surrounded by much confusion. Lifelong education alone had been variously referred to as a "concept" and "more than an educational theory" (Gelpi, 1979, p.5), a "unifying principle" (Cropley, 1980, p.8), a "distant hope" (UNESCO, 1978, p.9), a "theory" of education (Cropley, 1979, p.3), a "philosophy" (Mocker and Spear, 1982, p. 1), a "policy" (Lawson, 1982, p. 97) and a "slogan" (Moon, 1979, p. 219; Richardson, 1979, p. 46). It is important, in attempting to derive an understanding of lifelong learning and lifelong education to identify which of the nouns is applicable.

### Lifelong Education - An Educational Philosophy

The author of this thesis contends that lifelong education is an educational philosophy. A philosophy has been defined as

"a search for a general understanding of values and reality by chiefly speculative rather than observational means: an analysis of the grounds of and concepts expressing fundamental beliefs" (Webster, 1981, p. 854). Merriam (1977) defined a philosophy as "a systematic conceptual framework embodying certain values" (p. 196). Elias and Merriam (1980) identified six philosophical categories related to education. Lifelong education would seem to be a philosophical synthesis of several distinct viewpoints - a synthesis made necessary by modern times. There are advantages to the educator if lifelong education is defined as an educational philosophy since such a philosophy fulfills certain functions.

Apps (1973) tried to help adult educators develop a working philosophy of their own. That author indicated that a well-developed philosophy should help answer questions about the educational process. Questions related to the following areas should be dealt with by a philosophy:

- what should be
- the relationship of educational problems with each other
- the relationship of education to society
- the purpose of education
- the learner
- content or subject matter
- the learning process

If lifelong education is a philosophy then it should be possible to utilize or adapt the framework implied by the areas above to analyze the literature and answer fundamental questions about the basic ideas which form it. An examination of the literature reveals that this is the case. Although the answers

are not often explicitly stated, it is evident that proponents of lifelong learning have given thought to these and other questions.

Dave (1983) identified the characteristics of lifelong education and tried "to visualize practical implications of the concept-characteristics for different stages and aspects of education" (p.2). That author said that "at the operational level lifelong education provides a total system of all learning" (Dave, 1983, p.11) and saw it as a system of education from which a theoretical framework and guidelines for practice could be drawn.

By looking at the literature with a view to learning more about the areas indicated above, it will be possible to better understand the concept. What seems logical, if lifelong education is being examined with the view that it is a philosophy, is to examine the goals and assumptions that characterize the philosophy, as presented in the literature. From that base, it is possible to move into a consideration of the principles of operation that govern practice. From these principles can be derived, providing there is internal consistency, the outcomes, in terms of methods and techniques, which ultimately characterize the philosophy. In addressing these aspects of lifelong education, answers to the questions indicated above will become evident.

If lifelong education is a philosophy, then general principles, and the methods and techniques stemming from them,

should have universal applicability in a variety of educational situations. Once the overall framework of the concept has been identified, it should be possible to examine its usefulness to continuing education in nursing.

### Goals

In the literature two major themes related to the goals of lifelong education are evident. They are lifelong education for personal and for societal development. The first of these goals seems to have received the greatest emphasis. Considering the early historical roots of lifelong learning this is not surprising. However, when the modern-day justification for a concept of lifelong learning is inserted, it seems that the second goal should predominate. However, it is probable that the two goals are closely linked (ie. personal development and fulfillment contribute to societal well-being).

Cropley was a major proponent of the individual development approach as being the goal of lifelong education. In his view, lifelong education should "have as its ultimate goal promotion of the self fulfilment (sic) of each individual" (Cropley 1979, p.3). Dave (1983) seemed to concur with this view: "Above all, (lifelong education) is viewed as a means of attaining the highest form of self-realisation" (p.2).

On the other hand there is the notion that lifelong education is to develop society. A paper presented by the National Institute for Educational Research in Japan indicated

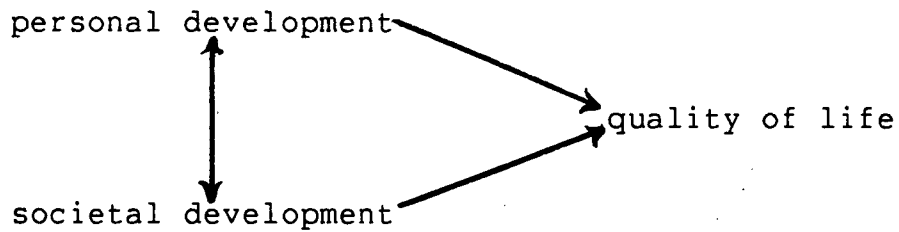


that for that country lifelong education is "necessary in order to keep and enhance the dynamism of society" ("The Ideals ...", 1982, p.1). The ideal expressed here is that of developing society.

Societal development includes economic and cultural aspects. Scandinavian and European countries emphasized the cultural returns of lifelong education (Overly et al, 1980). Other countries have placed emphasis elsewhere. Each of the views could be what Jessup (1969) termed "narrowly utilitarian" (p.21). For example, it is wrong to place too much emphasis on education towards the economic development of society. While it is true that societies require education to maintain economic prosperity, to see this as being the sole reason for lifelong education is misguided.

It would seem that, in a sense, a dichotomy exists in some of the literature related to lifelong education as to what the goals of education should be. This can be resolved when individual development is seen as contributing to societal development and vice versa. The quality of one influences the quality of the other and together both contribute to a quality of life. This relationship is illustrated in Figure 1.

Figure 1: Goals of Lifelong Education



Thus, the ultimate goal of lifelong education, as indicated by Dave (1983) and Overly (1980) becomes "to maintain and improve the quality of life" (Dave, 1983,p.9).

In order to achieve this "quality" the situation created must possess certain characteristics. According to proponents of lifelong education, the society created will be an "educative" (Cropley, 1979, p.42), learning-oriented, and democratic (Alanen,1982; Faure, 1972; Kallen,1979) and will manifest equality of access to educational experiences. These characteristics are sometimes mistakenly identified as being the goals of lifelong education. What they really represent are steppingstones on the way to the ultimate goal of lifelong education. For example, what is important is not to develop a democracy per se but to develop a situation in which people can grow and live meaningfully (Di Paula, 1981; "The ideals ...", 1982), both personally and collectively. If this requires the development of democratic ideals along the way, then so be it. Thus, as Skager and Dave (1978) noted, in discussing democracy and lifelong education, it is both an ideal and a principle.

In order to achieve the "quality of life" which serves as the goal of lifelong education, it must be recognized that the central function of education "is that of enhancing the human experience" (Skager and Dave, 1977, p.9). Education will be an experience in which each citizen has the right to personal development and the opportunity "for acquiring, supplementing, and renewing the necessary knowledge, skills, and abilities to enable his participation in working, social, and cultural life" ("Planning ... , 1981, p.4). Individuals must develop the characteristics which will allow them to participate fully in social change. Thus, the goal of lifelong education is to "enable people to maximally develop themselves vis-a-vis their society" (Overly, 1979, p.55). Faure et al (1972) identified this goal as being the development of the person who is ready to make a social commitment.

Individuals developing in a lifelong education environment will possess characteristics such that they are adaptable to the changing conditions of society (Faure et al, 1972; Parkyn, 1973), are trained to participate in democratic society, have learned how to learn (Faure et al, 1972), are capable of choosing the direction of their development (Parkyn, 1973), and have an "aptitude for continuous enrichment throughout life" (UNESCO, 1978, p.11). They will also understand the world around them and be characterized primarily by educability (Skager & Dave, 1977). Only this type of person can contribute to a quality of life both for the individual and for the rest of the society in which the individual lives.

Lifelong education therefore, will consist not of a set content and body of knowledge, but of a process. The specific purposes vary according to stages of individual and societal development (Overly et al, 1980). It's goal is to help people discover themselves (Faure et al, 1972) so that they can then reach their own personal maximum potential and contribute to society. As the Commission on Educational Planning in Alberta put it, a philosophy of lifelong education "seeks to make every individual truly a person and a full citizen of our society" ("A future ..." , 1972, p.38). Under the auspices of lifelong education, "it is hoped that education will be seen as being relevant to the totality of experience" (Lawson, 1982, p.101).

### Assumptions

Such lofty goals as are identified as being the desired outcomes of lifelong education are, of course, based on certain assumptions. The nature of the assumptions upon which lifelong education seems to be based are related to considerations concerning the learner, the society in which the learner exists, and the results of the learning process.

One of the key assumptions related to the learning process is the belief that the systematic learning provided by lifelong education can prepare a person to deal with the problems to be faced in the society of which the individual is a part. This belief places quite a burden on the shoulders of the proponents of lifelong education. Nevertheless, in the final analysis,

there may in actuality be no other way to deal with individual or societal problems, other than by "learning" toward the solutions.

A related assumption is that the fully self-actualized person will make a contribution to the society. The Faure Report (Faure et al, 1972) indicated that there "is a close correlation ... between changes in the socio-economic environment and the structures and forms of action of education" (p. 56). Of course, correlation does not necessarily imply causation. Nevertheless, if there is a correlation between education and what goes on in society, it may very well be that the mediating influence is the individual. Thus, perhaps it is realistic to assume that a fully developed and self-actualized person will influence society. This, of course, presupposes the "goodness" of humankind, a presupposition upon which the humanistic philosophy is based.

Proponents of lifelong education also assume that society as a collective will demonstrate a positive attitude toward the tenets of lifelong education. Value will be placed on the "learning-living experiences" (MacLean, 1981, p.12) which are so integral a part of achieving the goals of lifelong education.

A second assumption relating lifelong education to society is that education is synonymous with democracy, democracy being "the abolition of privilege and the promotion within society as a whole of the ideas of autonomy, responsibility and dialogue" ("Recommendations on the Development ...", 1976, p.1). This presumes that democratic ideals and processes are the only

appropriate ones.

The learner in this situation is imbued with a great number of worthy characteristics. It is assumed that the learner will be motivated to learn (McCannon, 1979), self-confident about and capable of identifying personal goals (Overly et al, 1980) and able to manage learning experiences (Di Paula, 1981). These characteristics relate back to the rather humanistic basis for lifelong education.

A further characteristic of the learner which is required and assumed for lifelong education is that the learner will not only have the desire to be involved in learning but that the learner has the capabilities required for doing so. This final assumption is probably the one which is most closely related to fact. Faure et al (1972) cited research which indicated that humans have a large unused intellectual potential. Cropley (1977) described research that promotes the idea that individuals, of all ages, are capable of continued learning. Cropley (1977) placed particular emphasis on the capacities and capabilities of adults for learning., This is an important feature when considering continuing learning in the professions.

Clearly, the idea of lifelong education is based on some important and far-reaching assumptions which presuppose positive attitudes and actions by the individual and society. Perhaps, however, in light of the present realities, the world can do little else than presume that the assumptions upon which lifelong education are based are true and work towards the goals

it puts forward.

### Principles

From any consideration of the goals and assumptions of lifelong education stem ideas about principles involved in making the goals a reality (ie. how the goals can be worked out in concrete situations). Since lifelong education is somewhat nebulous and idealistic, it has been difficult for writers on the topic to identify definite principles on which to base practice. Some authors have made noteworthy attempts.

Peterson et al (1979) identified three practical principles which they believed characterize what lifelong education is. These principles are:

- (1) there should be coordinated learning opportunities for people of all ages;
- (2) all manner of organizations - school and nonschool - concerned with the well-being of people should take part in facilitating learning; and
- (3) the community (or city or metropolitan region) should be the locus for planning and conducting learning activities ... (Peterson et al, 1979, p.5)

Although encompassing some of the ideas which are at the core of lifelong education, this list is by no means complete. Neither is it of a general enough nature that by implementing the three principles, one would have implemented the essence of what is lifelong education.

Cropley (1980) listed the principles of lifelong education. Key features that he identified as characterizing lifelong education are:

- (1) universality
- (2) comprehensiveness
- (3) articulation
- (4) flexibility
- (5) diversity
- (6) orientation towards self-fulfillment

Although the features listed by Cropley (1980) are more comprehensive, they also include some of the goals of lifelong education.

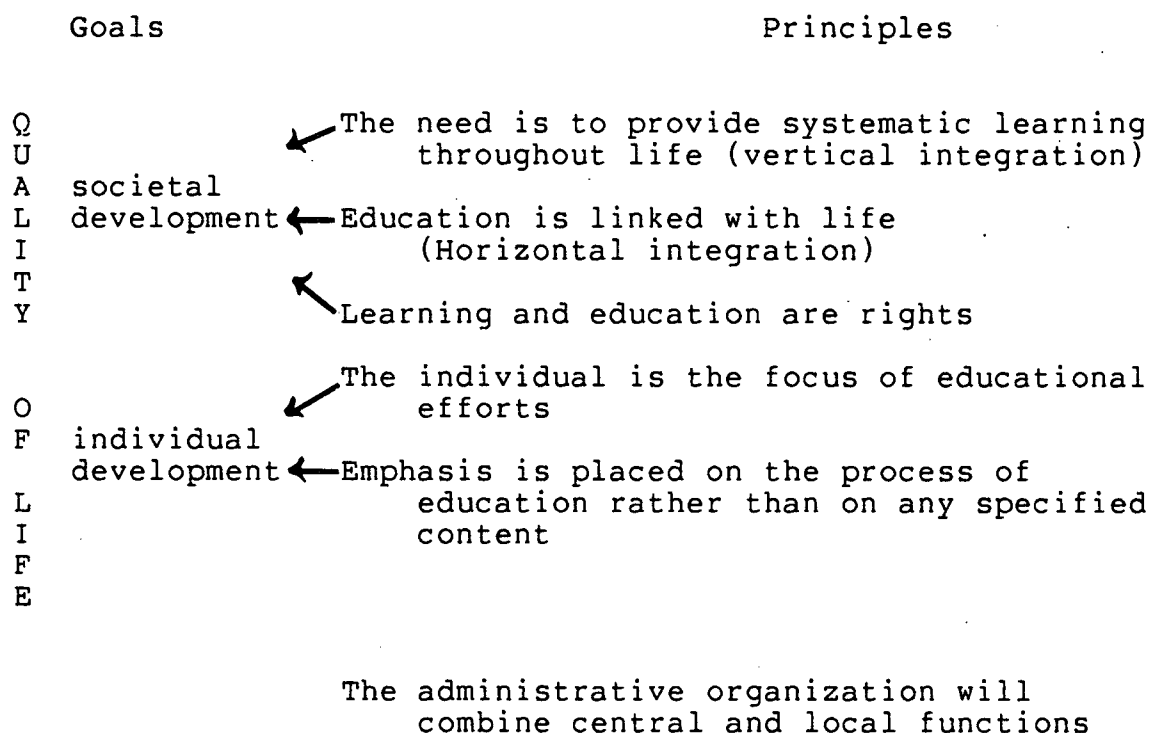
Dave (1983) has also done extensive work toward identifying principles of operation for lifelong education. That author listed 20 "concept-characteristics" which were posited as being the key ideas and principles upon which a system of lifelong education can be based. Although some of the features Dave (1983) identified were clearly related to overall principles of practice, many of the statements are what could be viewed as categories within overall principles. Also, some of the features identified as being principles, are in actuality, the goals of lifelong education.

In order to put lifelong education into practice, what is needed are general principles which can be applied in any of a variety of situations. A review of the literature related to lifelong education indicates key features, as indicated in Figure 2, which can be put forward as principles of operation which would characterize the implementation of lifelong



education in any of a variety of situations. As is evident in the figure and as will be discussed in the text to follow, the principles of operation stem directly from the stated goals of lifelong education.

Figure 2: Goals and Principles of Lifelong Education



Each of the principles has, in some form, been described in the literature related to lifelong education although perhaps not under the title used here. Each of the principles encompasses a considerable number of implications for practice -- many of which have been described in the literature. The implications of each principle will be discussed and expanded

upon.

1) The need is to provide systematic learning throughout life.

A central idea of lifelong education is that significant learning opportunities should be available to people of all ages. Cropley (1980) pointed to "the establishment of a new relationship between age and education" (p. 18) as being one of the key tenets of lifelong education which differentiates it from traditional education. Faure et al (1972) made specific recommendations concerning areas where traditional educational institutions can make modifications toward this end. Faure et al (1972) recommended the development of educational opportunities for pre-school children, adults, and the elderly -- groups which have not traditionally been the focus of the educational enterprise -- and indicated that learners should be able to move freely through an open educational system. Cropley (1977) referred to this as vertical integration.

Lowbeer (1978) cited the Swedish example of guidelines for policy-making in relation to this very far-reaching principle of systematic learning throughout life. That author indicated that one of the guidelines related to lifelong education in Sweden is that every citizen should have the right "to receive as much education over as long a period as he or she may possibly use given the individual's intellectual capacity and society's overall priorities in terms of education resources" (Lowbeer, 1978, p.30). This guideline places some qualifications, in terms

of anticipated benefit to society on the utilization of the principle. Clearly, however, the education of individuals of all ages within a society is, in most cases, an advantage in terms of the society's development.

Faure et al (1972) stated the principle given above in this way: "Every individual must be in a position to keep learning throughout his life" (p. 181). This would indicate that if a person is not in such a position, it is possible to get there either by self efforts or with the assistance of the educational system that exists. Society has some responsibility and a vested interest in promoting personal development. In order for the individual to continue to develop personally and to make a significant contribution to society throughout life, learning must be a continuous process.

The danger, and indeed, this is one of the criticisms of lifelong education is that learning will be equated with schooling and that the need to continue to learn will be equated with a perception of the individual as being permanently inadequate to deal with the world and requiring permanent schooling (Gueulette, 1972). This would make learners dependent rather than the independent self-directed learners that proponents of lifelong education envision.

This brings us to a second principle of lifelong education -- the emphasis being not on schooling as an end in itself but an integration of schooling and education with other aspects of life.

## 2) Education is linked with life.

As indicated in Figure 2, this principle stems directly from one of the goals of lifelong education, that of societal development. If learning and education are to have any use, they must be relevant to the situation in which individuals in the society find themselves. If education is to be linked with life, it becomes neither possible nor desirable for all educational experiences to take place under the auspices of schools. The validity of educational experiences outside of the school must be recognized. Thus, a key idea on which lifelong education is based is what Cropley (1977) described as "horizontal integration" (p.33), an integration, for the purposes of education, of all the components of society in which learning occurs. Skager and Dave (1977) described this as "functional integration of all social agencies fulfilling educational functions, as well as among elements of the curriculum at any given level and among learners with different personal characteristics" (p.50).

Such a conceptualization could have profound implications for the working out in practice of a philosophy of lifelong education. First, the emphasis in terms of the learner, will not be to mold a given individual to the requirements of the particular educational situation, but to deal with the learner in whatever his present status and situation in life are (Di Paula, 1981). Teachers, as leaders in educational experiences, will make use of the learners life experiences. If as Alanen

suggested "self-actualization can take place only through membership in a community" (p.6) and self-actualization is one of the goals of lifelong education, then it can be achieved only by making the educational process meaningful in terms of the situation in which the individual finds himself. Therefore formal schooling and educational experiences must be integrated with opportunities outside the formal setting. This may mean that there is a decreased emphasis on schooling (Christoffel, 1977) and an increased emphasis on educational opportunities outside of the school situation. Such opportunities have been referred to by Mocker and Spear (1982) as nonformal and informal educational opportunities. Perhaps this is what Dave (1976) meant when stating that "lifelong education seeks to view education in its totality" (p.35).

Education would have a role in aiding the functioning of society and in turn, society would have a hand in the educational process. Gelpi (1979) referred to this as the dialectic between society and education.

Such a view would mean that under a system of lifelong education, there would have to be a closer relationship between education and work. Practical outcomes of this would have to include policies facilitating transitions between the school environment and the working situation, academic credit for working experience, work/learn combinations (Gross, 1977; O'Toole, 1974), on-the-job training (O'Toole, 1974), and credit for life experiences (Dowd, 1979; Gross, 1977). Of course, the

integration of education and work would not be without difficulties because there are basic philosophical differences between the goals of educational institutions (presuming they have adopted lifelong education) and the goals of employers in the work setting. Problems could also arise in the areas of certification and credentialing. For the professional, the outcome would be the pursuit of continuing education in the workplace, rather than, exclusively, in the classroom.

Another practical outcome of the linking of education with life is the broadening of the conceptualization of the arena of education. Alanen (1982) referred to this as a "global way of thinking" (p.5). Thus, any educational endeavour will strive to enlighten on the interrelationships present between various factors being studied. An overall view of these factors will be important. Education will no longer be confined to being one way of thinking, but will be interdisciplinary -- a characteristic which the Faure Report (Faure et al, 1972), Dougan (1978) and MacLean (1981) call for. This interdisciplinarity will be of importance in the implementation of educational activities and planning.

### 3) Learning and education are rights.

In a society where education is so closely tied to the experience of life, opportunities for learning and education will be considered as being "rights" for every individual. The process of education will be "democratized" (Cropley, 1980;

Dave, 1983 ; Gelpi, 1979) so that each individual has access to education and learning opportunities. The right to education is enshrined, so to speak, in society.

This democratization has two components. On the one hand, it will make provision for equality of access to educational opportunity, so that such opportunities are not limited to a few. This universality of access does not, however, guarantee unconditional equality. That is, there will be some selectivity in ensuring that individuals receive an education well suited to their unique set of capabilities and aptitudes. In essence, the placement of this condition on equality of access, while helping the individual mature and grow in appropriate ways, also conserves society's resources and thus could be instrumental in promoting the overall goal of societal development.

The aspect of democratization that ensures equality of access also means that the educational system must accept learners at any level of experience. It must serve participants at any of a multitude of different levels. Similar to the way education is linked with life, it must serve individuals where they are.

While the democratization of education serves to ensure education as an individual right, it also requires of the individual their active involvement in the process of education. Thus, the learner is no longer a passive recipient of education but has a responsibility to be an active participant. More than a consumer, the individual is to be involved in decision-making

and policy-making. One of the recommendations of the Faure Report ("Recommendations of the Faure ...", 1972) was that "students and the public as a whole should be given a greater say in decisions affecting education" (p. 10). This is a recommendation for participatory democracy. Individuals should be involved in running the educational enterprise. Part of what Cropley (1980) saw as democratization involves the self-determination that comes with participation. This educational process is not imposed by external forces but results in a sense of ownership in the educational enterprise. So, while Faure et al (1972) indicated that democracy in a political sense, will play an important part in the future of various societies, this must not be confused with the democratisation of education which can be considered an apolitical movement. A democratic educational enterprise could exist in any of a variety of political contexts. It is one of the premises of lifelong education that the working out of the idea can and must be molded to the context in which it is placed. Therefore, theoretically at least, democratization of the educational enterprise could take place in any political setting.

#### 4) The individual is the focus of educational efforts.

An outcome of viewing education as a right and the individual as an active participant in the educational process is that trust and reliance (Di Paula, 1981) is placed on the learner. This relates back to the assumptions about man discussed previously.



The first prerequisite of this is that the learners be conscious of themselves as learners throughout life (McCannon, 1979) and understand themselves in that role (Cross, 1979). A certain amount of the energy expended in accomplishing the goals of lifelong education must be directed toward developing these characteristics in the learner, so that, the goals of lifelong education can, in turn, be achieved.

The attitude of the learner is crucial. Faure et al (1972) indicated that the "study of motivation is the key to every modern educational policy" (p. xxviii). These authors pointed out that individual motivation in relation to education depends on 1) the search for employment and 2) the desire for learning. This would indicate that motivation for learning has external and internal variables. Clearly, if the individual is to be an active participant in the educational process, as described above, and even self-directed, any motivation that exists must be capitalized upon and fostered.

In regard to internal motivation for learning, Shukla (1971) stated that "the first task...is to develop in the pupils a keenness to acquire more knowledge" (p.47). Individuals as learners must be encouraged to value learning for its own sake.

As well, learners will come to value learning for what it can do for them in the context of their society. External variables that affect motivation for learning will become more powerful if society as a whole exhibits a positive attitude toward learning. The establishment of a dynamic link between

education and work will stimulate motivation for learning.

The learner is the central focus of lifelong education. As indicated earlier, the learner is to be accepted as is. Implications of this are that various learning styles are perfectly acceptable and are taken into consideration in the educational process. Individualization of the educational process, to make it more meaningful in terms of the unique characteristics of the learner is important. Obviously, if one of the goals of lifelong education is to foster personal development, then it cannot be expected that all individuals will develop in the same direction nor possess the same characteristics.

The learners and the unique characteristics they possess are to be at the center of lifelong education. Nevertheless, since there is a common goal of contributing to the quality of life then there must be certain common skills that every learner should achieve. For Cropley (1980), these desirable skills included "the ability to set goals and evaluate the extent to which they have been achieved, a realistic appraisal of one's own potentials, a constructively critical attitude to oneself, society, and knowledge" (p. 6,7). It would seem logical, if learners are to be active participants and planners, as indicated previously, they must possess these skills. In essence, people must become self-directed in their approach to learning. Lifelong education is a form of self-directed education (Cross, 1979; Gelpi, 1979).

If the learner is to be at the centre of the entire process, he must be supported in his role. Such support services as the provision of information on learning opportunities and counselling (Gilder, 1979; Peterson et al, 1979) related to directions and means will be crucial.

Along these lines, the traditional role of a teacher will change significantly. Faure et al (1972) noted that the person in the educator role will no longer act as the transmitter of knowledge since the goal of the educational process is no longer to fill the student with a prescribed content. Instead, educators will act as liasons between learners and the resources which they require (Galosy, 1978). The traditional student/teacher relationship will have to be re-evaluated in terms of the new goals of education and in light of some of the principles which have been described. In some respects, the teacher will be as much a student as the learner is (Shukla, 1971).

Not only will the role of the teacher change, but the number of individuals who can act in that role will increase substantially. Gelpi (1979) pointed out that educators could, in fact, be members of the community who have not been formally admitted into the teaching profession. Under this system, the expertise and experience of skilled workers in the trades and professions could well be tapped.

5) Emphasis is placed on the process of education rather than on any specified content.

The development in the individual of the skills related to fostering the ability to "learn how to learn" will go much further in accomplishing the goals of lifelong education and fostering the development of an individual who is adaptable to changing social conditions, than will any requirement for dealing with a specified content. Lifelong education is a process of skill development. The skills developed are generalizable to a variety of situations in which the individual may find himself. Desirable skills relate to the ability to identify and locate needed information, problem-solving strategies, being self-directed in setting goals as well as identifying appropriate goals, and capabilities for self-evaluation.

Faure et al (1972) identified the common thread in all useful educational experiences as being training "in science and in the scientific spirit" (p. 148), presumably meaning the methods and techniques of scientific thought. The authors went as far as advocating "the principle of a general, polytechnical education at secondary level -- an education which would guarantee professional mobility and lead to lifelong education" (Faure et al, 1972, pp. 67,68).

In a slightly different vein, several authors advocate the usefulness of a general liberal education. As Cross (1979) pointed out, "the academic disciplines form too narrow a base on

which to build a society" (p. 28). It does seem logical that the adoption of the global perspective that could be provided by a liberal education is a sound approach to dealing with an ever-changing society and is consistent with the other ideas of lifelong education.

6) The administrative organization will combine central and local functions.

The application of the principles of lifelong education will create administrative difficulties for organizers. By its very nature, that of possessing and requiring horizontal and vertical integration among and between different elements of the traditional educational system and society, it would be unwieldy to implement. In the literature related to the topic, authors (Cross, 1979; Faure, 1972) seemed to agree that an appropriate administrative structure is one which has a central body but which gives considerable freedom to local authorities.

This is consistent with some of the characteristics of lifelong education. This can be illustrated by considering the criteria, taken from lifelong education, that would relate to an ideal organizational structure. The criteria are:

- 1) lifelong education is attempting to achieve optimum usage of resources so that it is possible ultimately to ensure access to educational experience for everyone
- 2) a wide variety and scope of organizations could conceivably make a contribution to the educational process under a system of lifelong education
- 3) education can be accomplished in numerous ways

Therefore, the most desirable system and the one which could best ensure that these criteria are met would have a strong central organization -- strong in terms of ensuring the enforcement of the principles of lifelong education and establishing directives in that regard -- but nonetheless flexible in terms of allowing for a variety of approaches on the local level. For example, the central organization would have a role in outlining the general skills that it is desirable to foster in individuals, while the local organization would work out how to accomplish those ends in a given context.

Such a distribution of administrative duties would combine the ideas presented by authors who have written about the organizational problem related to lifelong education and would at the same time be consistent with the principles of lifelong education that have been outlined previously.

### Conclusion

An examination of historical thought indicates that the idea of lifelong learning has been present for centuries. The need for concepts of lifelong learning and lifelong education in our modern-day existence has been established on the basis of changes taking place in our society. The literature related to the topic indicates that the goals of lifelong learning and its supporting educational philosophy, lifelong education, are directed toward personal and societal development, both ultimately contributing to an improvement in quality of life.

In an attempt to discern how these goals can be met, the diverse literature of lifelong education has been examined and definite principles of operation have been distilled. These general principles should be applicable in a variety of situations. The concern in the next chapter will be to apply the concept of lifelong education to CNE.

## CHAPTER FOUR

APPLICATION OF A PHILOSOPHY OF LIFELONG EDUCATION TO CONTINUING  
NURSING EDUCATION

An assessment of the present state of continuing education in nursing clearly indicates that it could benefit from a coherent approach. The problem with CNE does not stem from a lack of energy or imagination but from lack of direction. Lysaught (1974) noted that if CNE "is to be soundly planned and conducted, there must be some more systematic approach taken in the future than there has in the past" (p. 296). CNE needs a vision to influence goals, means, content, administration, and the approach to learners. Such a perspective could be provided by an appropriate philosophy.

Some authors have identified what they deem to be appropriate characteristics for a philosophy of CNE. Loucks (1973) indicated that CNE must utilize a democratic approach. The choice of philosophy must be influenced by concern "for the development of persons based on a deep conviction of the worth of every individual" (Loucks, 1973, p. 26). This belief will be demonstrated in the educative environment that will ultimately exist. Popeil (1976) stated the belief that CNE must be viewed as a basic human right. Philosophical perspectives will flow from this. Cooper and Hornback (1973) stated that "a viable philosophy of continuing education encompasses various aspects of life and is not limited to professional education" (p. 47). Further to this, an appropriate philosophy would be one that



focuses on the learner. Finally, Cooper (1983) indicated that it must encompass a wide range of beliefs relating to nursing, nursing education, education, and continuing education.

Many of these ideas are included in the philosophy of lifelong education described in Chapter Three. Writers in continuing education in nursing have acknowledged the need for attitudes consistent with lifelong learning and have issued "motherhood" statements indicating that to improve continuing education in nursing, there should be a commitment to lifelong learning. There is little evidence that this has occurred. Perhaps this is because, for nursing, the concepts of lifelong learning and lifelong education have not been well understood.

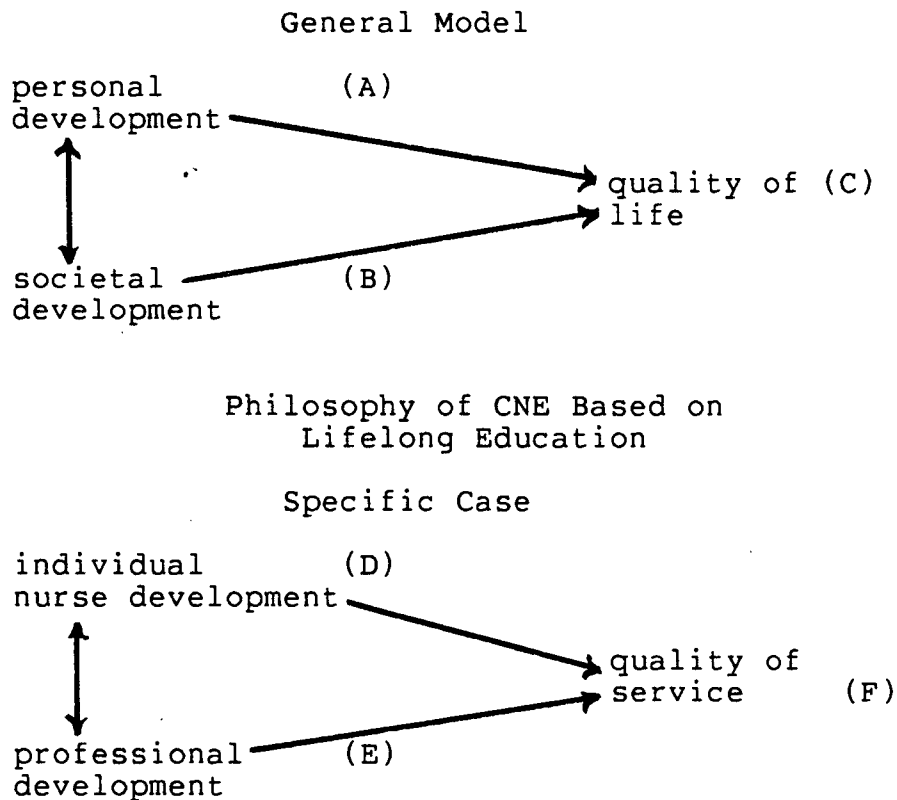
This chapter represents an attempt to apply the principles of a philosophy of lifelong education to continuing education in nursing. The application of such a conceptual framework was made in an effort to provide a useful system on which to base action.

### A Philosophy of CNE Based on Lifelong Education

#### Goals

Delineating the goals of continuing education in nursing as they would be under a philosophy of lifelong education can be conceptualized as an application of a general model in a specific case. This is illustrated in Figure 3.

Figure 3:      Philosophy of Lifelong Education - Application



Whereas the goals of lifelong education are personal development (A) and societal development (B) both of which ultimately contribute to an improvement of quality of life (C) for all, the goals of CNE in the context of a lifelong education philosophy will include individual nurse development (D) both on a personal level and in terms of knowledge required for practice in the profession, and development of the profession (E), both ultimately contributing to the quality of service (F) provided. Thus, the continuing education of the individual nurse should contribute to development on three levels: 1) the development of the nurse as a person, 2) the development of the nurse as a

practitioner, and 3) the development of the nurse as a member of the profession.

Thus, rather than the continuing educator being concerned solely with whether or not the individual nurse has the necessary knowledge and skills to be competent, he or she must also be concerned with the development of the nurse as a person. At the minimum, there must be acknowledgement of the personhood of the individual nurse practitioner in terms of unique personal developmental needs. Ideally, there should be a melding of personal development and furtherance of the nurse as a competent practitioner.

Individual nurse development (D), both on personal and practice levels, will have a role in the development of the profession (E) as a whole. In addition, as the profession itself develops, a contribution will be made to the development of the individual nurse. As the importance of the interaction between development of the profession and the development of the individual nurse is recognized and fostered by continuing educators, there will be a contribution to the enhancement of the ultimate goal of CNE, quality of service.

#### Administration

The most appropriate administrative organization for implementing lifelong education would be one which distributes functions centrally and locally. The major purpose of such a structure is to coordinate activities and avoid duplication and

gaps, while allowing local needs to take precedence. Applied to nursing, it is obvious that just as lifelong education, on a broader scale, is to provide coordinated opportunities for education for people of all ages and walks of life, so CNE should, in a coordinated way, provide access to educational opportunities for all nurses.

There should be a body designated as having the central planning function. There are at least two possibilities as to what body could be utilized for this purpose.

Kotaska (1981) noted that, for B.C., the Ministries of Education, Health, and Universities could do well to cooperate in the area of post-basic nursing education. The RNABC ("Continuing Education for Registered ...", 1978) recommended that a "decision making structure to coordinate the delivery of continuing education in British Columbia be organized at two levels:

- a. a decentralized level, with a continuing education coordinating council for each community college region;
- b. a centralized level, with a provincial authority (eg. a provincial adult education council)" (p.15).

Probably the most obvious possibility is that a nursing association representing the profession assume this function. In Canada, this association could be either the Canadian Nurses Association or a provincial association. A difficulty with having the Canadian Nurse's Association assume this role is the dramatic regional differences in Canada. Problems with having

individual provincial organizations as coordinating bodies relate to the same regional similarities and differences. Thus, regional coordination of CNE activities would seem more appropriate. Obvious geographical considerations make this a feasible proposal.

In the nursing situation in the United States, there has already been some consideration of regional coordination. Cooper and Byrns (1973), in making recommendations for a plan for continuing education in 5 states, recommended that a regional center within a Department of Nursing be established. Lysaught (1974) recommends interstate organization of CNE.

Having a nursing organization responsible for coordination of CNE activities may not, however, be the ideal approach. Goldberg (1975) suggested that perhaps an educational institution might be better equipped than a nursing organization as a coordinating body for CNE. Clearly, as Tobin (1976b) indicated, to achieve the goals of CNE requires collaboration of more than just nursing organizations. Coordination of CNE requires the support of colleges, universities, health, and community organizations, and, of course, government. However, a consortium of contributing organizations could be overseen by either a nursing or an educational organization. Considering other characteristics of lifelong education (ie. that opportunities for broader forms of education should be available), this type of approach could have advantages for nursing. Use of an educational institution as the central agency

might result in greater interdisciplinarity. The use of a consortium approach, in which there is agreement on the sharing of personnel, physical and fiscal resources, could reduce conflict.

What would the coordinating function of the central agency involve? Beyond avoiding duplication, the coordinating function would involve the development of guidelines to determine future directions for CNE so efforts could be aimed at common goals. The central agency would be responsible for the development of these guidelines in the context of broader health-related needs and resources available. Thus, in the broader sense, continuing education opportunities would be linked with the life of the society in which nurses exist. In addition, long-range planning would tend to decrease the incidence of continuing education opportunities developed in response to the onset of crisis.

The central agency itself may not be responsible for the provision of continuing education opportunities. Instead, application of a philosophy of lifelong education will result in an expansion of possible providers. A broader conceptualization of what is appropriate education would contribute to this. The purpose of the central agency will be to ensure adequate access and availability of continuing education opportunities to nurses in all areas.

A major responsibility of the central agency will be the dissemination of information about educational opportunities. Cropley (1980) noted, in relation to lifelong education, that

planning is "essentially a matter of providing information to those who have to make the necessary decisions (p. 83). Along these lines, McNally (1972) suggested that the creation of a clearinghouse for CNE information would be valuable. A clearinghouse would have to include a registry of continuing education offerings in the area that the central agency serves. This would require cooperation of all providers of continuing education services. A central office would have to be established for this purpose. There would have to be development of mechanisms for dissemination of information. Carlley (1974) suggested publishing a calendar of CNE activities.

Regional coordination of CNE would increase the likelihood that credit for CNE activities would be transferable ("Standards ...", 1975). This would prove particularly important in a population of workers who are as mobile as nurses. Also, regional coordination might increase acceptance of the need for CNE by acknowledging participation.

The organization of CNE on a local basis would also allow for sensitivity to specific needs among the nursing population. Keeney (1980) pointed out that it would also allow the maintenance of a "sense of program ownership" (p. 3). This would undoubtedly contribute to the quality of the offerings and might even effect participation patterns.

### The Learners

Cropley's (1977) ideas of lifelong education included what were referred to as horizontal and vertical integration. Efforts to implement horizontal integration were described in the previous section where administrative arrangements to coordinate educational opportunities for nurses were discussed. Vertical integration, which relates specifically to the learner, is an area which must be discussed in relation to CNE. Coordination on a broad level can be accomplished by administrative and organizational arrangements, but coordination of CNE activities in the lives of specific individuals has not yet been dealt with.

There must be coherence in the life of the individual nurse in seeking and participating in educational opportunities. Cooper (1972b) said that "effective continuing education for the individual requires continuity, and this depends upon planning" (p. 580). One of the benefits of such planning is that it will facilitate an "easier flow of life for all persons from one endeavour to another" (Carnegie ..., p. 15). This "easier" flow could in itself be a motivating force in continuing education activities. If individuals are aware that the goals sought are likely to be reached, they are more inclined to participate.

Of course, neither agencies for whom individuals work nor individual institutions can accomplish this planning for individuals. And this is as it should be, since in the context of lifelong education, the primary responsibility for learning



rests with the individual (Houle, 1970; Jessup, 1969). The type of planning required is that which only an individual can do. As indicated previously, coordinating agencies, local institutions of education, and workplaces can and should provide individuals with information on which to base their planning. However, only individuals can choose directions and personal goals which will influence selection of opportunities. This fits in well with the UNESCO (1978) conceptualization of lifelong education that it is not "periodic forced feeding" but rather "its final objective must be to stimulate an aptitude for continuous enrichment throughout life" (p. 11).

One of the assumptions behind these ideas is that individuals possess the tools and motivations required to plan continuing education activities. If the individual does not possess these attributes, then steps must be taken to help the individual acquire or develop them.

The nurse must be able to select goals for personal and professional development. As nursing changes, the nurse must be able and willing to specify the direction most suitable for his or her abilities and desires. This is not to say, necessarily, that all nurses will have as a primary concern a direction of professional development. However, for reasons related to how rapidly obsolescence in any job can occur, anyone who practices nursing must realize that to not pick a direction for development is to take a step backwards. Once directions have been selected, the individual must identify the role that formal

continuing education can play in helping to achieve the goals specified.

A further characteristic that a philosophy of lifelong education in CNE requires of nurses is that they are self-directed, not only in selecting goals, but in seeking resources for their continuing education. Continuing education can include formally planned activities such as classes and workshops, as well as those that individuals design for themselves. Such self-direction requires that the individual possess a certain amount of confidence in their own abilities in that regard. Individuals must also possess skills in acquiring or knowing how to acquire information on other resources available. These traits are learnable. The individual who has not previously acquired these traits through experience, can do so through an appropriate process.

Finally, the individual must possess the motivation required to be involved in continuing education activities. Without motivation, the prior planning is not likely to take place. If motivation is absent, expenditure of energy in the direction of continuing education activities is not likely to occur.

Such motivation has internal and external determinants. An internal determinant is the individual's belief in the value of further education. There are many indications (Bevis, 1975) that nurses do not necessarily possess this belief which is at the heart of the idea of lifelong education. Much work should be

done in assisting nurses to value lifelong education (Schweer, 1978).

External determinants include rewards for continuing education. These rewards are related to the characteristics of the environment and expected outcomes.

These, then, are the areas that the nurse educator must consider in relation to being of assistance to the learner and in promoting the cause of continuing education in nursing. Cooper and Hornback (1973) pointed out that when a nurse educator accepts lifelong education as a philosophy, a more limited role is also accepted. Obviously, the role of the educator is more learner-oriented. The nurse educator in continuing education will continue to assess needs, plan, implement, and evaluate programs. However, the educator will also have to deal with the aspects of the learner described here.

Educators and/or providers of continuing education in nursing will have to assist nurses to value learning. This can be accomplished and might be approached in several ways. First, educators and persons in prominent positions in nursing will themselves have to model appropriate behavior. Cooper (1972) stated that nurses have not yet learned to respect each other's knowledge and skill. This is detrimental when trying to create a situation where learning is to be altruistically valued for its own sake and where continuing education is to contribute to improvement of practice.

Secondly, in order to take into consideration personal goals and aspirations, educators will have to place more emphasis on the personhood of the learner. Although it is not possible for each educator to have personal contact with each learner, flexibility must be built into CNE. Requests for alterations of formal continuing education offerings on an individual basis will have to be dealt with. This could create an unwieldy system of continuing education. Alternatively, it could result in the creation of a system of continuing education where instructional planning is conducted with the need for flexibility in mind.

One solution to the need for emphasis on the unique person of the learner while clinging to the tenet that the individual is primarily responsible for the choice of direction in continuing education is the provision of counselling services for learners. This area has largely been disregarded in CNE. However, with the changes in the nursing profession itself and the increasing diversity of continuing education as well as the requirement of the philosophy of lifelong education that the individual develop skills related to seeking education, counselling will assume increasing importance. A comprehensive career and continuing education counselling scheme for all nurses will benefit potential learners and CNE planners.

### Content

Under a philosophy of lifelong education the goals of

continuing education in nursing will relate to the development of competence in the field and personal development but the concern will be directed more toward the development of a "continuing" competence and a "continuing" personal development. This purpose must, of necessity, be reflected in the content of CNE.

No longer will continuing education be used as a firefighting mechanism in which courses are used to meet immediate and pressing needs. Instead continuing education will be used to meet the anticipated needs of the future.

This approach will alter the content of CNE so that rather than a concentration on the distribution and storage of a knowledge base required by the immediate situation, there will be more emphasis on generalizable skills related to acquiring knowledge. The nursing focus will, however, be preserved and the knowledge requirements of "immediate" situations that nurses may find themselves in will be acknowledged.

Several authors have identified the generalizable content that would have to be included in CNE if a philosophy of lifelong education is utilized. Cooper and Byrns (1973) have identified one area that nurses need further help in. This area is related to learning how to learn. They indicated that "nurses need to learn how to gain access to available information and how to use it after it is secured" (Cooper & Byrns, 1973, p. 27). They also need assistance in identifying their own learning needs.

Nurses must be helped in learning how to gain access to learning resources, such as libraries. Once these types of skills have been adequately developed, attention can be turned to higher level skills such as problem-solving. Problem-solving is a generalizable skill many nursing situations demand. It requires an analytical and critical approach which can be used in almost any practical nursing situation. Because it is generalizable, the ability to problem-solve is an asset to any practicing nurse. A focus on problem-solving is not limited to or specific to any one profession. Educational opportunities providing practice in problem-solving could be interdisciplinary.

To this point, the content of CNE based on a philosophy of lifelong education has been identified as including the acquisition of skills related to problem-solving, obtaining resources, and utilizing them. These two areas would seem to be requirements of a philosophy of lifelong education. However, it may be found that including these types of skills will do much to aid the nursing profession itself, in addition to the development of the individual professional as a person and as a practitioner.

As Chapman (1983) indicated, individual nurses need to be free to "pursue their own continuing education by the provision of the appropriate tools" (p. v). Once these tools are acquired, the nurse is in a powerful position, both in her practice and in her actions as a professional. The possession of these

generalizable skills will mean that, in their actions, nurses will be able to take into account both the requirements of their own personalities and the needs of the society in which they find themselves (Houle, 1980). This is an ideal which Houle (1980) indicated as being an appropriate outcome of continuing professional education. Thus, the content of CNE based on a philosophy of lifelong education broadens the content of CNE considerably. In fact, the content is the process of acquiring the skills indicated.

Aside from the generalizable skills described above, CNE in the context of lifelong education will also have a liberal education component. Such a component is consistent with the goal of the development of the individual as a person. It is assumed that a person with a well-rounded knowledge and life-skill base will be a better practitioner. The person who feels personally fulfilled will be a more valuable professional. As Felton (1980) pointed out, most nursing academics seem to agree that there should be a focus on liberal education. The focus is not on specific facts, but a broader understanding of situations and the development of "insight, understanding, and attitudes" (Cooper & Hornback, 1973, p. 56) that are appropriate to professional practice and utilizable in a variety of situations.

Such an approach to content in CNE can go a long way toward preparing nurses who are ready and able to work on the "unpredictable, complex, and dynamic problems of the future" (Felton, 1980, p.7) that may appear in their personal lives or

in the profession as a whole. In addition, the development of individuals who are prepared to "think" and utilize a framework in approaching their practice will facilitate the development of theory in nursing -- a further step toward professionalization.

### Means

The changes in administration, goals, approaches to learners, and content that have been discussed in previous sections of this chapter will not exist without changes in the "means" or approaches. To make the changes previously described as being needed without implementing changes in "means" would diminish the impact of the whole approach prescribed by lifelong education.

Before any of the previously described changes in the system of continuing education in nursing can be implemented with great impact, there must be changes in basic nursing education. To introduce the ideas of lifelong education only in application to continuing education would be another "fire-fighting" mechanism. The overall approach to nursing education, from the initiate onwards, must be altered. Bell and Rix (1979) recommended that training related to the skills required for lifelong education be incorporated into basic nursing education. Once these skills have infiltrated the beginning levels of nursing education, it is more likely that a follow-through to continuing education can occur.

Before the tenets of lifelong education can be put in



place, there will also have to be changes in the nursing profession itself. For example, career paths in nursing will have to be created so individuals can identify specific goals toward which they wish to work. McNally (1972), Russel (1971), Lysaught (1974), and Goldberg (1975) all identified the need for career paths in nursing. These will serve to further motivate nurses to participate in lifelong education activities since internal motivation will be stimulated by obvious external motivators. Definite career paths and career mobility are motivators. In addition, the identification of definite career paths will stimulate systematic planning for continuing education by individuals and institutions.

However, other changes in the system in which nurses practice will have to occur. Changes in ways of looking at goals, ways of approaching content, and in skills that are identified as being desirable cannot occur without the overall structure of nursing changing in the same direction. Cranstoun (1981) stated that although changes can be introduced in continuing education activities, corresponding changes must occur where the individual actually practices. Cooper (1982) identified basically the same requirements of the overall structure of nursing.

One structural change that must occur is a further integration of education and service in nursing. It was indicated earlier that the goals of these two facets of nursing are somewhat different. These two factions must agree on goals

and pool resources to meet them. This action will result in more efficient utilization of resources.

CNE in the context of lifelong education will mean that the providers will make greater use of clinical practice than at present. The fact that learning will take place in the workplace in which a nurse finds herself is an application of the principle that learning should be associated with the life (in this case, the work) of the learner. Such practical application of learning is more likely to result in changes in nursing practice (Cooper, 1982). Huber (1972) emphasized the ANA's position on this by indicating that "putting new knowledge into practice involves far more than just requiring a person to be exposed to a learning situation .... opportunities must be available in the actual work setting to share knowledge, to try it out, to succeed, and to fail" (p. 29,30). An NLN paper ("The community ...", 1978) indicated that "not having an opportunity to use what one has learned can inhibit an individual's motivation to continue learning" (p. 13). Nurses must be able to expect to apply what they learn in CNE activities.

Since the individual is the focus of lifelong education, it is the individual who will have to be stimulated and motivated to participate in CNE. More emphasis will have to be placed on rewards and incentives for participation in CNE. Such changes in nursing as the identification of career paths, and the application of learning in, at least, practice situations, will be important means toward implementing lifelong education.

As Huber (1972) noted, this kind of application requires teamwork. It may be that the type of "teamwork" of most use to CNE will be that of the interdisciplinary variety. The type of problem-solving skills that will comprise the content of CNE in the context of lifelong education will not necessarily be unique to nursing. Therefore, interdisciplinary efforts at continuing education will play an important role.

This is consistent with the principles of lifelong education which state that "emphasis is placed on the process of education rather than on any specified content" and "education is linked with life". Life is linked to reality and the reality of nurses' working conditions are that they work with other professionals. If an overall goal of lifelong education is that society will benefit, then a goal of continuing professional (and nursing) education must be similar. This can be better accomplished if the professions work together. Hence, it appears that one means of implementing lifelong education in CNE will be interdisciplinary approaches.

Cooper and Byrns (1973) reaffirmed this by stating that "in the foreseeable future, it is the interprofessional activity that needs attention ... programs should be built on the process of inquiry into patient care in which the professionals are jointly involved" (P. 23). The "process of inquiry" referred to above could be taken to mean the process of problem-solving which is so central to lifelong education.

This does not mean that by participating in

interprofessional continuing education the nursing profession will loose its identity. In fact, Cooper and Byrns (1973) went on to state that the "concept of continuing interprofessional learning, in which patient-centered dialogue and study with one's professional colleagues should also result in further individual study. For to contribute to the group, each professional must pursue his own unique knowledges and skills" (p. 23).

An advantage of interdisciplinary educational offerings are that they are conservative of educational resources, time, and money.

### Conclusion

The preceding pages have provided a description of CNE as it would be in the context of lifelong education. Changes to the goals, means, treatment of learners, content and administration of CNE stem from principles characterizing lifelong education. From a consideration of the changes, it would seem that lifelong education may be a viable alternative for CNE. The concluding chapter examines questions related to the appropriateness of the application.

## CHAPTER FIVE

### CONCLUSION

An examination of CNE has revealed deficiencies. Its organization lacks a framework on which to base action in providing continuing education opportunities. There is a demonstratable need for change.

Lifelong education has been examined as a solution to the dilemma which CNE faces. This concept has been identified as an educational philosophy which will influence goals, content, means, administration, and treatment of learners. As an educational philosophy, lifelong education is suitable for use in situations where change is a factor. The difficulty in applying lifelong education stems from the apparent nebulous nature of the concept and the lack of clearly identified principles related to it. It has been necessary to identify, from a review of the literature, such "principles", or the characteristics of the philosophy which suggest strategies for implementation.

#### Testing as a Framework

Assuming that a commitment is made to lifelong education as being suitable for adoption as a philosophy of CNE, certain considerations will have to be taken into account in determining its usefulness as a framework. In the early stages, it's feasibility would need to be examined. Following adoption, outcomes would need to be considered.

### Feasibility

As has been pointed out in previous chapters, the application of lifelong education will require that radical changes in the current state of CNE take place. Certain prerequisites must be met in order for implementation to occur.

As in all change situations, it is conceivable that attempts to implement lifelong education will meet resistance. Although it has been demonstrated in previous chapters that lifelong education can, in principle, be applied to CNE, it may be that resistance to the number and types of changes required would overwhelm any move in that direction. One of the first prerequisites to implementation must be flexibility and open-mindedness on the part of individuals and institutions involved.

Because lifelong education is a philosophy, there is a "belief" factor which must be acknowledged when considering implementation. Lifelong education is an untested belief system and a certain amount of "faith" is required before a commitment can be made to it. Individuals, whether potential participants or educators, will more likely be induced to adopt lifelong education as a philosophy if they can be convinced that the current state of CNE is inadequate. This will be the first step to creating a situation in which it is feasible to think that lifelong education can be adopted.

An important prerequisite to implementation is cooperation among institutions. Institutions will have to demonstrate

decreased territoriality. An interest in a common goal -- to promote the knowledge level of professionals and thereby improve quality of service - must be fostered.

Cooperation will have to exist between similar and different types of institutions. For example, nursing service and nursing education institutions will have to plan mutually determined goals. Service institutions will have to forestall some of the demand for immediate reaction to situations in which education would be of help. These institutions must be involved in longer term planning and anticipation of needs. Education institutions will have to be prepared to work closely with service institutions in the planning process. Consultation between the two types of institutions must take place. The probability of such cooperation increases as purse-strings are tightened and institutions are forced into situations in which they must use creative means to be of service.

The feasibility of the application of lifelong education will also depend on the ability of different groups of health professionals to collaborate. Vested interests (and the ability to give them up) would be important. Changes in society, such as those induced by consumer rights and sexual equality movements, increase the likelihood that collaboration between professional groups will occur.

A further prerequisite to implementation is the need to adopt a more global and long-term perspective on planning. Educational institutions will have to be allowed to spend money

on areas where results may not be highly or immediately visible. For example, institutions might hire nursing education planning advisors to help nurses decide on career directions. Also, funds would need to be directed to developing individuals as learners. Since lifelong education places emphasis on and trust in the learner's capabilities, this would be particularly important.

Along the same lines, funding, educational, and service agencies must be involved in long-range and anticipatory planning, taking into account changes in the health care system as a whole and identifying directions consistent with the overall goals of lifelong education. Although the emphasis in CNE based on lifelong education will always be on developing the individual, there will be a need for a master plan to organize this on a large scale.

In order for lifelong education to be successfully implemented, there will also have to be changes in the work setting so that the ideas are reinforced and supported in the workplace. Examples of such changes could include more acknowledgement of learning that has taken place and encouragement of sharing of knowledge between nurses themselves. This kind of activity would be particularly important in clinical situations.

In clinical situations, an attitude of inquiry could be stimulated by clinical instructors developing their expertise in asking leading and thought-provoking questions of nurses, thus stimulating them to think for themselves. This sort of outcome



can only occur as educators change their conceptions of the "teacher" role. Educators will be resource persons for learners but not the only resource. They will be supporters of the learning process. This will require a dramatic change in approach on the part of some educators.

Perhaps the most crucial prerequisite to implementation is related to development of motivation for learning. As has been emphasized previously, the learner is a central component in the scheme of lifelong education. Without learner participation, lifelong education cannot be implemented. Learner motivation can stem from innate curiosity and interest but is more likely to be stimulated as learners see tangible and intangible external benefits and rewards from involvement in learning.

Finally, such changes to CNE as would occur under a philosophy of lifelong education would be most useful and ultimately successful only in the context of similar changes to the basic nursing education system. This has been elaborated upon previously.

Providing these types of changes occur, the application of lifelong education to CNE is a feasible proposal. It may be that the changes will have to be introduced over a number of years in an attempt to forestall resistance. It may be that the assumption that these changes can and will take place, is only an assumption.

### Evaluation

Another part of testing the utility of lifelong education as a framework for CNE will be an evaluation of the application itself. Two major questions will have to be answered related to those areas.

The first area for questioning relates to whether or not CNE was altered in the directions that the context of lifelong education would require. Questions stemming from that will deal with whether or not goals, content, means, and administration used are consistent with lifelong education.

The second area of questioning will relate to the goals and purpose of using lifelong education as a framework. The goal of using lifelong education in application to CNE is to meet the continuing learning needs of nurses so that quality of service can be maintained and improved. Whether or not this outcome has occurred will have to be tested. This will be difficult, since evaluation techniques for CNE are not well developed. What will be sought after is a differential evaluation in an attempt to identify whether CNE based on lifelong education is any more useful than any other type of approach.

Given these overall questions for evaluation, some specific areas to be explored can be presented. Bennett's (1975) hierarchy of evaluation evidence provides a framework for specific explorations.

## Inputs

### Facilities

- 1) Are facilities being used to their maximum potential?
- 2) Do learners have access to facilities at a variety of times?
- 3) Are a variety of different facilities being utilized?
- 4) Are work settings being used for continuing education activities?

### Instructors

- 1) Are educators taking a positive view of learners' capabilities?
- 2) Are educators spending more time helping learners find resources?
- 3) Are the counselling skills of educators being developed and utilized?

### Individuals

- 1) Are nurses spending time planning their own CE?

### Costs

- 1) Does the monetary expenditure required outweigh any possible present or future benefit of lifelong education?
- 2) Is there an overall plan for CNE?
- 3) Do the administrative difficulties involved in organizing lifelong education outweigh any possible present or future benefits?

## Activities

- 1) Are the administrative tasks involved in organizing CNE under a philosophy of lifelong education overwhelming?
- 2) Do the goals and content of CNE offerings reflect a philosophy of lifelong education?
- 3) In presenting content, is there an emphasis on problem-solving and process?
- 4) Do stated objectives of formal CNE offerings reflect an emphasis on process?

## People Involvement

- 1) Do educators and administrators acknowledge the importance of problem-solving?

- 2) Do educators and administrators support the implementation of lifelong education?
- 3) Compared to current CNE activities, what are the effects of implementation of lifelong education on participation in CNE activities?
- 4) Is there increased participation in formal CNE activities?
- 5) Are different people involved in CNE activities? (Are different populations of nurses being reached?)
- 6) Is there increased participation in nonformal activities? eg. use of libraries, subscription to journals, study-groups?
- 7) Is there ease of access to educational opportunities for individuals in remote areas?

### Reactions

- 1) Is there increased satisfaction with formal CE activities?
- 2) Are individual nurses demonstrating more enthusiasm about seeking learning opportunities?
- 3) Do nurses acknowledge the contribution that colleagues can make to their own CNE?

### Learning Change

- 1) Do nurses exhibit more nursing knowledge?
- 2) Do nurses exhibit more knowledge related to the physical and social sciences which border on nursing?
- 3) Are nurses more knowledgeable about the world in which they live?

### Practice Change

- 1) Can nurses demonstrate greater ability to problem-solve in clinical situations?  
eg. Are they identifying problems more accurately?  
Are they using a wider range of resources in seeking answers to questions?
- 2) Are nurses more tolerant of change in the workplace?
- 3) Are nurses more able to adapt to change?

### End Results

- 1) Is there an increased perception of nurses as knowledgeable professionals?
- 2) Is there a greater identity with the profession

- among nurses?
- 3) Is the quality of health care enhanced?
  - 4) Are more nurses staying in nursing?
  - 5) Do more nurses have identifiable career goals?

### Conclusion

Lifelong education, as a choice of educational philosophy on which to base CNE, has much to offer. Careful examination proves it to be an internally consistent philosophy, the characteristics of which, yield principles which can be utilized to influence actions in several areas. Lifelong education could very well be an appropriate organizing principle for CNE.

The question of whether or not lifelong education can be applied to CNE can be answered in the affirmative. Such an application is a mechanical task of defining and delineating the principles of lifelong education and applying them to the various aspects of the process of continuing education. This study was initiated in the hope that, in the final analysis, it would be possible to make such an application.

Having answered that question, another arises. Whether or not lifelong education should be applied to CNE is a qualitative, value-laden question. The answer is dependent on the value criteria being used to measure outcomes.

Value criteria used may be economic in nature. There are at least three possible approaches from an economic perspective and, for each, the answer to the "should" question will be different. Economic value criteria which involve consideration

of only short-term costs to the education system may result in the conclusion that lifelong education is not an appropriate approach. Alternatively, economic value criteria may take into account cost to the educational system on a more long-term basis. Finally, and these may be the criteria which are most likely to result in an affirmative answer regarding the possible application of lifelong education, economic criteria used in making the judgement may take into account cost and benefits to the education system as well as to the health care system as a whole.

Alternatively, value criteria used may be humanistic. Questions that would arise from this approach to considering the usefulness of lifelong education to CNE include "Are individuals developing as people?" and "Are those individuals better able to serve others?" and "Are those individuals making a greater contribution to the profession as a whole?"

Value criteria used to make the judgement as to whether lifelong education for CNE is an appropriate philosophy may be purely pragmatic and service-oriented. Questions that would have to be asked in evaluating lifelong education from this perspective would be "What effect is CNE under a philosophy of lifelong education having on the quality of service delivered by nurses?" and "Is patient care improving?"

There are several possible approaches to judging the appropriateness of lifelong education as a philosophy for CNE. No matter which approach is finally decided upon, its use as an

educational philosophy has two advantages which are particularly important to CNE and the nursing profession as a whole.

One advantage is the emphasis on processes rather than a specified content. Resultant learning will be useful in a variety of situations. In light of the current specialization of nursing practice, this would be particularly helpful.

Secondly, lifelong education emphasizes the development of the individual as a person. It is reasonable to assume that an individual who has reached a higher level of personal development than would ordinarily be the case will be better prepared to make a contribution to the profession of which they are a part. The nursing profession can only benefit from having such individuals in its ranks.

The final analysis of CNE may result in the conclusion that nursing educators have few alternatives but to grapple with the principles of lifelong education and begin to apply them. The current situation in CNE clearly requires action on the part of educators. Lifelong education can serve as a blueprint for this. It is conceivable that it could also be applied as a framework in other professions. Whether or not it will be utilized as such, for nursing or any other professional group, is a question yet to be answered.

9

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