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QUALITATIVE STUDIES

Exploring factors influencing nurses' continuing education needs: A qualitative study

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Abstract

Nurses' engagement in continuing nursing education (CNE) is a learning behavior influenced by multiple individual- and workplace-level factors. Identifying factors associated with CNE participation from the learners' perspectives can inform interventions to improve engagement in CNE. Yet, learning needs are often generated through a dynamic interplay among personal motivation, environmental conditions, professional expectations, job-related pressures, institutional support, financial considerations, career expectations, and family responsibilities. Therefore, this study was conducted to explore the factors affecting nurses' demand for continuing education. A qualitative study was conducted at a traditional medicine institute in Ho Chi Minh City using in-depth interviews and focus group discussions with 22 participants, including nursing managers and staff nurses. Data were collected from January 2022 to April 2022. Thematic analysis was employed to identify factors influencing the demand for CNE. This study documented that nurses' demand for CNE was influenced by both individual factors (age, sex, level of education, years of professional experience) and organizational factors (training programs, human resources, infrastructure, policies and regulations, institutional needs, and financial support). Nurses' demand for continuing education is shaped by multifaceted factors. To promote professional development and improve care quality, comprehensive interventions must encompass both relevant training content and a supportive implementation environment.

Keywords: Continuing nursing education, influencing factors, needs, nurse, Vietnam

Introduction

Over the past two decades, the global healthcare system has undergone transformations in terms of structure, service delivery models, and community expectations (Muscat & Kluge, 2024). Population aging, the rise of non-communicable diseases, rapid advancements in medical technology, and the growing demand for continuous care at the community level have placed increasing demands on healthcare providers (Stoumpos et al., 2023). In this context, nurses are no longer merely executors of medical orders but have become central figures in care coordination, health education, clinical decision-making, and interprofessional collaboration (McMenamin et al., 2023). To fulfill these expanding and complex roles, nurses must continuously enhance their professional competencies, adapt to change, and engage in lifelong learning (Merry et al., 2023). One of the best ways to improve nurses' performance is through Continuing Nursing Education (CNE) (Mohsen & Mahdi, 2025). CNE, therefore, is not only a means of updating knowledge but also a critical foundation for maintaining clinical competence and ensuring sustainable professional development (Wright et al., 2024). Continuing education programs for advanced clinical nurses should be rigorously developed, implemented and evaluated to support and promote the effectiveness of patient care (Wright et al., 2025).

The World Health Organization (WHO) has emphasized that investment in CNE is an investment in the quality and safety of health systems (World Health Organization, 2025). Furthermore, international studies have demonstrated a strong correlation between CNE and care quality, patient satisfaction, nurses' self-confidence, and work performance (Ali et al., 2025). Conversely, the lack of appropriate CNE has been identified as a contributing factor to increased clinical errors, reduced professional commitment, and higher turnover rates – issues that are especially critical in the context of the current global healthcare workforce shortage (Hakvoort et al., 2022). Thus, implementing CNE effectively in practice remains a challenge. In many low- and middle-income countries, CNE is often conducted in a perfunctory manner,

disconnected from needs, lacking supportive mechanisms, and failing to consider the learners' working conditions (Merry et al., 2023). This suggests that nurses' demand for CNE is not determined by policy requirements alone, but is shaped by how nurses perceive the value, feasibility, and professional relevance of continuing education. In the other side, the role of government in CNE is foundational, operating primarily through regulation, standardization, policy implementation, and funding (Shin et al., 2024). National and local health authorities govern CNE by establishing legal mandates and regulatory frameworks that tie ongoing professional development directly to license renewal to ensuring that the nursing workforce maintains baseline competencies.

Recent Asian studies supported by showing that nurses' engagement in CNE is influenced by the relevance of training to clinical practice, career progression, professional confidence, workload, time constraints, financial costs, and family responsibilities (Aziz et al., 2025; Bit-Lian et al., 2022). Similar patterns have been reported in non-Asian contexts, where staff shortages, lack of protected learning time, limited funding, workplace learning opportunities, supportive leadership, and organizational culture can either facilitate or hinder continuing professional development (Aleo et al., 2024; Mamba & Dlodlu, 2025). Taken together, these findings indicate that CNE demand emerges from the interaction between individual motivation, workplace conditions, institutional support, career expectations, and work-family responsibilities. In Vietnam, nurses account for approximately 39% of the total healthcare workforce, making them a key pillar of the health system (Vietnam Ministry of Health, 2021). However, they face pressures including work overload, staffing shortages, suboptimal working conditions, limited opportunities for career advancement, and additional occupational stressors such as verbal abuse in clinical settings (Vietnam Nurses Association, 2024; Toan & Ha, 2026). According to the Vietnam Ministry of Health, the nurse-to-population ratio is only 15 per 10,000 people, markedly below the WHO's minimum recommendation of 25 per 10,000 (World Health Organization, 2023). At the same time, the growing complexity of healthcare requires nurses to demonstrate stronger analytical skills, critical thinking, and clinical management capabilities, reinforcing calls for an integrated and adaptable competency framework aligned with national standards (Ha et al., 2025). A literature identifies competency frameworks that transcend current national benchmarks, notably integrating core professional attributes, holistic values-based practices, and transcultural care capabilities (Ha & Nuntaboot, 2020).

Within this context, CNE in Vietnam is formally regulated by the Ministry of Health as a mechanism for maintaining and updating professional knowledge, skills, and competencies after initial qualification. Under the current regulatory framework, healthcare practitioners are required to complete at least 120 credit hours of continuing professional development over five consecutive years, through recognized activities such as short-term training and refresher courses, conferences, seminars, technology-transfer training, clinical practice-based training, online or offline professional learning, and other approved professional or scientific activities organized or recognized by authorized institutions and health authorities (Vietnam Ministry of Health, 2021). Although this regulatory framework establishes a formal basis for CNE, the actual ability of nurses to participate may still depend on institutional conditions, including financial support, protected learning time, workload arrangement, and whether CNE is meaningfully linked to career advancement. In addition, as shown in recent Asian evidence, family support and domestic responsibilities may further influence nurses' capacity to engage in continuing education (Aziz et al., 2025; Bit-Lian et al., 2022). Therefore, despite the existence of national CNE requirements, a gap may persist between policy expectations and nurses' actual learning needs. Even though several quantitative studies in Vietnam have reported CNE participation rates or preferred topics, few have examined the determinants of CNE demand from nurses' lived experiences, perspectives, and professional contexts. Yet learning needs are often generated through a dynamic interplay among personal motivation, environmental conditions, professional expectations, job-related pressures, institutional support, financial considerations, career expectations, and family responsibilities. Therefore, this study was conducted to explore the factors affecting nurses' demand for continuing education, generating practice-based evidence to inform the design and implementation of CNE programs that are appropriate, effective, and capable of strengthening the long-term quality of the nursing workforce.

Method

This study employed an exploratory qualitative descriptive design to explore factors influencing nurses' demand for CNE. This design was chosen because it enables a direct, practice-oriented description of participants' perspectives and experiences. It was considered appropriate for identifying and describing individual and organizational factors that shape nurses' CNE needs in clinical practice (Hall & Liebenberg, 2024; Villamin et al., 2025). The study was conducted at the Institute of Traditional Medicine in Ho Chi Minh City, a first-class public healthcare facility under the administration of the Ho Chi Minh City Department of Health. The institute is responsible for clinical services, scientific research, and professional training in the field of traditional medicine integrated with modern medical practices. With a medium-sized

workforce of over 300 staff members, nurses constitute a significant proportion, providing patient care across inpatient, outpatient, and rehabilitation departments. In the context of growing demands for integrated models of care, nurses at the institute are required not only to perform conventional clinical care but also to adapt to traditional therapeutic modalities, engage with patients who have specific care needs, and meet increasingly high standards of service quality. Although the institute has implemented CNE through various formats – including internal training sessions, short-term external courses, and collaborative programs with professional organizations – the implementation still faces several limitations. These include training content misaligned with practical needs, inflexible scheduling, and a lack of mechanisms to identify learning needs from the nurses' perspectives. These characteristics highlight the necessity of an in-depth exploration of how nurses at the institute perceive, evaluate, and develop demand for continuing professional education within unique context.

A purposive sampling strategy was employed to recruit participants with roles and experiences relevant to the research objectives. The study population included key stakeholders involved in nursing education, management, and clinical practice at the Institute of Traditional Medicine in Ho Chi Minh City, including the Vice Director in charge of training, the Head of the Department of Training, Research and Outreach, the Chief Nursing Officer, head nurses of clinical departments, and staff nurses working in clinical settings. This sampling strategy was intended to capture diverse perspectives on CNE from institutional management, departmental nursing management, and direct clinical practice. Eligibility was determined according to participants' roles and their exposure to CNE-related activities at the institute. Institutional leaders and managers were eligible if they held positions related to nursing administration, training, research, or professional development and had been directly involved in planning, organizing, supervising, or evaluating CNE activities. Head nurses were eligible if they were currently responsible for nursing staff management, work allocation, or training coordination at the departmental level. Clinical nurses were eligible if they were registered nurses working in clinical departments, directly involved in patient care, and had at least one year of professional nursing experience at the institute. This minimum work experience was required to ensure that participants had sufficient exposure to the institutional working environment, CNE requirements, and career development expectations. To capture variation in learning needs across career stages, nurses with different years of professional experience and different levels of CNE participation were intentionally included, including those who had fulfilled and those who had not fulfilled the required CNE hours during the previous period. Participants were excluded if they had less than one year of professional nursing experience, were newly recruited or on probation, were on long-term leave, maternity leave, sick leave, or secondment during the data collection period, or were not directly involved in nursing practice, nursing management, or CNE-related activities. Individuals who were unable to participate in an interview or focus group discussion because of work schedule constraints, or who declined or withdrew informed consent, were also excluded.

The data collection instruments included a semi-structured interview guide and a focus group discussion outline, both developed based on the study objectives and a literature review in nursing. After drafting the initial version, the tools were reviewed by two experts with experience in nursing education and qualitative research to assess clarity, relevance, and the potential to elicit in-depth information. Feedback received was used to refine the wording of the questions and organize the topics in a more logical sequence. The revised tools were then pilot-tested with three nurses who were not part of the main study sample to evaluate their practical applicability and to make final technical adjustments before official use. The final semi-structured interview and focus group guides consisted of five open-ended core questions. These questions were designed to explore participants' perceptions of nurses' CNE needs, their experiences with CNE activities, and the conditions that facilitated or hindered participation. The same core questions were used for both in-depth interviews and focus group discussions, while follow-up questions were used flexibly to clarify participants' responses or obtain concrete examples when relevant issues emerged during the interviews or discussions. The interview guide covered several main areas: nurses' current needs for CNE at the institute; perceived relevance of CNE activities and training content to clinical work; personal and professional characteristics influencing nurses' demand for and participation in CNE; workplace and institutional facilitators and barriers to CNE participation; and recommendations for improving the design, organization, and implementation of CNE programs. Follow-up probes were used flexibly to clarify or deepen participants' responses, particularly when they referred to issues such as professional experience, family responsibilities, workload, staffing arrangements, training infrastructure, institutional policies, or financial support. This approach helped maintain the openness of the interviews while ensuring that relevant factors affecting CNE demand were explored in sufficient depth.

Data were collected from January 2022 to April 2022 through four in-depth interviews with institutional leaders directly involved in managing and implementing nursing education programs, and three focus group discussions with head nurses and clinical nursing staff. Focus groups were stratified based on participants' level of CNE engagement over

the past two years, to capture potential differences in perceptions and experiences. Each session was facilitated by a moderator trained in qualitative research, with the support of a research assistant responsible for note-taking. All participants received written information about the study and signed informed consent forms prior to participation. Discussions were conducted in a private meeting room within the institute, ensuring confidentiality and a quiet environment. Each session lasted between 30 and 60 minutes. Data were audio-recorded using digital devices and supplemented with field notes to capture contextual elements, attitudes, and non-verbal interactions. Data collection was carried out over a period of three consecutive months. In total, four in-depth interviews were conducted with senior leaders to gather strategic and policy-level insights on CNE. In parallel, three focus group discussions were held to explore practical influencing factors as perceived by nursing staff. Focus Group 1 included six head nurses; Group 2 included six nurses from various departments who had fully complied with the Ministry of Health's CNE requirements; and Group 3 included six nurses from departments that had not completed the required CNE hours during the same period. The inclusion of participants across management and staff levels with varying levels of CNE participation was intended to provide rich and diverse insights.

Thematic analysis was employed to analyze the data, following the six-step process proposed by Braun and Clarke (Braun & Clarke, 2019). This method allows for the identification and abstraction of meaningful patterns emerging from the content of interviews and focus group discussions. First, all transcripts were read repeatedly to develop an understanding of the data and to enhance sensitivity to contexts. Segments of text relevant to the research topic were then assigned initial codes. These codes were reviewed and grouped into conceptual categories, from which preliminary themes were generated. Themes were further refined, reviewed, and adjusted to ensure internal coherence and distinctiveness across content areas. Final theme names and definitions were developed to reflect the data. The synthesis and interpretation of themes were conducted with reference to the study's objectives and contextual background. Coding and analysis were performed by two members of the research team. Any discrepancies in theme classification were discussed and resolved through consensus. Field notes and non-verbal observations were used as supplementary data sources to clarify the context of responses and enrich the depth of analysis. Because the sample included participants from different organizational levels, divergent responses were considered an important part of the data rather than inconsistencies to be removed. During analysis, the research team first examined responses within participant and then compared findings to identify shared, complementary, and contrasting perspectives. When differences or conflicting views emerged, the researchers returned to the original transcripts and field notes to examine the context of each response, the participant's role, and their level of involvement in CNE planning, management, or participation. Differences between managerial and clinical perspectives were discussed within the research team and retained when reflected distinct responsibilities, experiences, or priorities. This comparative approach allowed the analysis to integrate multiple viewpoints without forcing artificial agreement. The method provided a better understanding of how CNE demand was shaped at both individual and organizational levels.

Rigor and trustworthiness were addressed according to the criteria including credibility, transferability, dependability, and confirmability (Lincoln & Guba, 1985). Credibility was strengthened by collecting data from participants with different roles and levels of CNE engagement, including institutional leaders, head nurses, nurses who had fulfilled the required CNE hours, and nurses who had not fulfilled the required CNE hours. The use of both in-depth interviews and focus group discussions allowed the research team to capture strategic, managerial, and practice-based perspectives on CNE. Transferability was supported by providing contextual information about the study setting, participant groups, sampling strategy, eligibility criteria, and CNE implementation at the institute. Dependability was enhanced by documenting key methodological and analytic decisions, including revisions to the interview and focus group guides, pilot-testing, field notes, coding discussions, and theme development. Confirmability was strengthened by using direct quotations in the results section to support the interpretation of each theme and to allow readers to assess the connection between the data and the findings. All transcripts and study documents were anonymized and securely stored in accordance with the approved ethical protocol. The study was approved by the Ethics Committee of the Hanoi University of Public Health, under approval number 402/2021/YTCC-HD3. All participants took part voluntarily and provided written informed consent after receiving a full explanation of the study's objectives, potential benefits, and associated risks.

Results

A total of 22 participants were involved in the study, including 4 individuals who took part in in-depth interviews and 18 who participated in focus group discussions. The table shows that most study participants were female; the majority were aged over 30, and 72.8% were married. Most participants were staff nurses (54.6%) and held a bachelor's degree

(81.8%). Clinical experience in hospital was relatively evenly distributed across the three groups, with the largest proportion having 5–10 years of experience (36.4%) (**Table 1**). Based on the thematic analysis, two main categories of factors influencing the demand for CNE were identified as follows individual factors and organizational factors. Each theme comprises sub-themes that reflect specific conditions, experiences, and contextual elements shaping how nurses perceive, evaluate, and engage in continuing education activities. These sub-themes are presented along with illustrative quotes to highlight key aspects of participants' perspectives (**Figure 1**).

Table 1. Characteristic of the participants.

Socio-demographic characteristics	Frequency (n)	Percentage (%)
Sex		
Female	19	86.4
Male	3	13.6
Age (years old)		
< 30	6	27.2
30 – 40	8	36.4
> 40	8	36.4
Marital status		
Single	5	22.7
Married	16	72.8
Divorced	1	4.5
Job position		
Managerial position	10	45.4
Staff nurse	12	54.6
Educational level		
Bachelor's degree	18	81.8
Master's degree	3	13.6
Doctoral degree	1	4.6
Clinical experience in hospital (years)		
< 5	7	31.8
5 - 10	8	36.4
> 10	7	31.8

Theme 1: Individual factors

Thematic analysis revealed four prominent individual-level factors influencing nurses' demand for CNE: age, sex, level of education, and years of professional experience. These factors were consistently reflected across both in-depth interviews and focus group discussions, indicating their multidimensional impact on nurses' motivation, capacity, and prioritization of learning needs. Regarding age, participants commonly observed that younger nurses tended to be more active, open to new experiences, and eager to engage in training programs. In contrast, senior nurses often encountered both physiological and personal-family constraints that limited their participation. *"Younger nurses, especially those who recently graduated, tend to be more dynamic, creative, and interested in joining training courses to gain more knowledge and experience..."* (ID14). *"In reality, senior physicians and nurses rarely seek changes in their work routines; they mostly rely on experience and require more rest time..."* (FG2).

Female nurses were often perceived to face more difficulties arranging time for training, particularly when sessions were held outside regular working hours, due to family responsibilities. *"...I have to take care of my children's schooling, so it's difficult to attend evening or weekend training sessions..."* (FG3). Additionally, in the context of traditional medicine, certain specialized techniques were considered more suitable for male nurses, which created disparities in training access. *"...male nurses tend to be more interested in techniques like spinal manipulation and manual adjustments than female nurses..."* (FG1). However, when discussing learning needs more broadly, participants generally agreed that there was no significant gender-based difference. *"Whether male or female, when we work, we give it our best... everyone wants to learn something new, there's no real difference."* (FG2).

Most nurses at the institute held associate degrees or transitioned from vocational training, and therefore predominantly prioritized clinical skill-oriented training. In contrast, those with bachelor's or postgraduate degrees

expressed greater interest in topics such as soft skills and scientific research. “...scientific research feels like something very distant to us... I don’t find it as necessary as clinical care techniques...” (FG3). “...even though we know soft skills are important... we’re not very familiar with them, so we struggle...” (FG2). “Among head nurses... those with higher qualifications are the ones who support training on research and soft skills.” (FG1). These findings suggest that higher education levels correlate with broader expectations for training content, extending beyond technical competencies.

More experienced nurses were generally less engaged in continuing education activities and exhibited lower levels of enthusiasm compared to early-career nurses. “...the longer someone works, the more they rely on experience... they don’t attend CE courses as much...” (FG2). “...newcomers are usually more eager to learn, but after 5–6 years, the motivation fades...” (FG1). Nonetheless, some participants countered this view, emphasizing that experience cannot replace the need for updated knowledge, and that CNE remains essential regardless of seniority. “...I firmly believe this is a field that requires constant updates with new medical knowledge...” (IDI4). “...even if we’re familiar with the work, nurses at the institute still need to stay updated more proactively...” (IDI2).

Theme 2: Organizational factors

The analysis identified six organizational-level factors influencing nurses’ demand for CNE: training programs, human resources, infrastructure, policies and regulations, institutional needs, and financial support. Participants consistently emphasized that the content of training programs played a decisive role in their willingness to attend CNE sessions. Clinical topics such as nursing techniques, patient care, and safe injection practices were highly favored, while topics like computer literacy or public speaking received less interest. “...The content of the training program directly affects the decision to participate or not...” (IDI2). “...We usually only attend training courses related to patient care, like nursing techniques and safe injections... we’re less interested in computer skills or public speaking...” (FG3). Institutional leaders also acknowledged efforts to improve training quality and coordination to balance staffing needs. “...Collaborating with external partners to organize in-house training has improved care quality while maintaining sufficient staffing levels...” (IDI2).

There were limitations in the availability of qualified trainers, both in terms of numbers and pedagogical skills. “...Currently, there are very few staff capable of delivering training sessions; it’s mostly limited to a few individuals...” (IDI1). Staff shortages also created challenges in releasing nurses for training. “...Within each department, we have to balance workloads... sending two or three nurses from the same department to training at the same time is very difficult...” (FG1). Training infrastructure at the institute has been significantly upgraded in recent years, facilitating both in-person and online training delivery. “...Since 2020, the leadership has equipped multiple screens and devices in conference rooms to support online training...” (IDI3). Although the institute has established formal policies and guidelines on CNE, existing training programs remain more promoted to physicians than to nurses. “...Most CNE programs and materials are designed for doctors rather than nurses...” (IDI2).

Developing the nursing workforce was identified as a strategic priority. As a result, CNE activities have been increasingly promoted and expanded in terms of scope, content, and duration. “...The institute has disseminated information to all staff and encouraged them to proactively enroll in bridging or advanced training programs...” (IDI2).

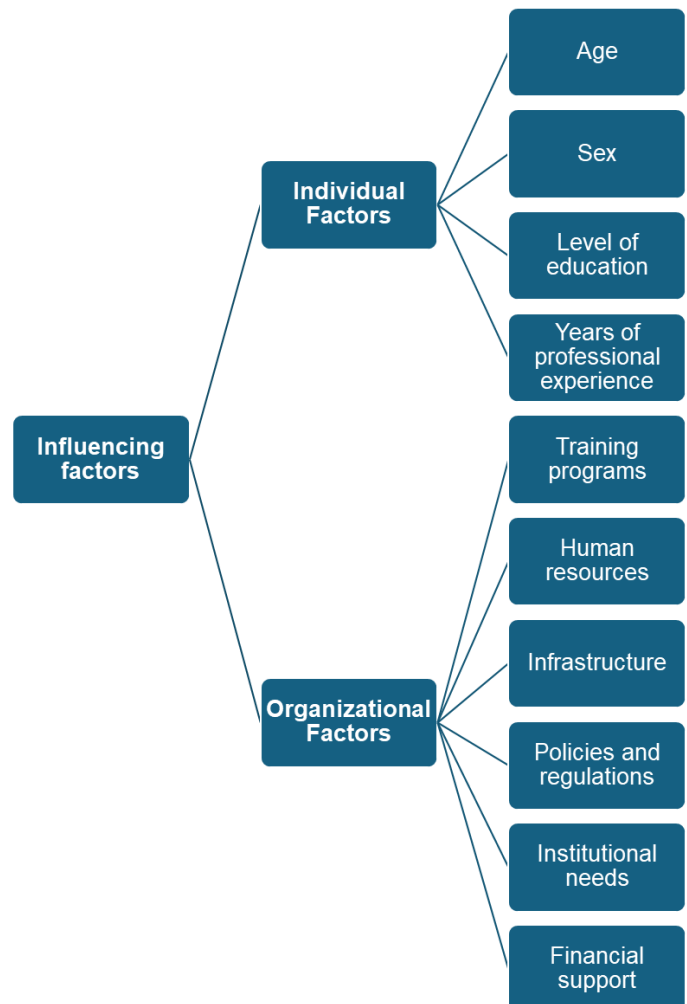


Figure 1. Themes representing key factors influencing on nurses’ demand for CNE.

Subsidized tuition fees were noted as a key facilitator in encouraging participation in CNE. Partial financial support boosted nurses' confidence and willingness to register for training. "...Providing financial support for training courses is part of our general policy... we also sign contracts to ensure accountability..." (ID13).

Discussion

At the personal level, unique characteristics act as critical triggers that catalyze or inhibit a nurse's engagement in CNE. Overall, younger nurses and those with fewer years of experience demonstrated higher levels of participation in CNE programs. This trend aligns with findings from studies conducted in the Greece (Aidonoudis et al., 2023). In contrast, senior nurses and those with longer work tenure tend to show declining interest in formal learning activities. However, this observation differs from some countries such as China, where institutional policies have effectively integrated CNE into performance evaluation and career advancement systems (Sherman et al., 2024; Yang et al., 2025; Yu et al., 2022). This suggests that age or seniority are not absolute barriers; rather, the key lies in whether CNE implementation strategies are personalized to different career phases. Additionally, level of education influences the orientation and breadth of training content. Nurses with higher academic qualifications tended to pursue broader topics such as scientific research or soft skills. This difference does not reflect varying learning needs, but rather stems from prior academic exposure and confidence in engaging with new knowledge (Qtait, 2025). Although there was no difference in learning needs between male and female nurses, actual participation was influenced by family responsibilities – particularly among female nurses. In the Southeast Asian context, where caregiving roles often fall disproportionately on women, this creates inequities in access to learning opportunities (Women's Empowerment Principles, 2025). This issue is particularly relevant to CNE in Asian healthcare settings, where mandatory training requirements may coexist with heavy clinical workloads, seniority-based workplace cultures, and family responsibilities. Recent studies show that time constraints, family responsibilities, financial concerns, and perceived career value influence nurses' engagement in CNE (Aziz et al., 2025; Bit-Lian et al., 2022). Executing CNE initiatives across regions proves highly efficacious when structural participation barriers are minimized. This optimization can be achieved by integrating adaptive scheduling, hybrid learning methodologies, and direct pathways connecting educational attainment to professional promotion.

Studies demonstrate that CNE is highly effective when individual differences are translated into differentiated learning pathways rather than uniform training requirements including career stage, professional confidence, and perceived career value (Hakvoort et al., 2022). Study findings indicate that nurses' demand for CNE arises from individual motivation and shaped by six organizational factors. Among these, the relevance of training content emerged as a key driver. For instance, courses focused on clinical competencies were most frequently prioritized such as nursing techniques, patient care, or safe injection practices. However, content relevance was not sufficient to overcome organizational barriers (Vázquez-Calatayud et al., 2021; Merry et al., 2023). A persistent shortage of bedside nurses and a lack of internal trainers with adequate pedagogical skills made scheduling CE participation difficult, despite high interest (Coventry et al., 2015; Merry et al., 2023). This finding is consistent with studies shown that nurses tend to prioritize training that offers immediate clinical benefits, while common organizational barriers remain key obstacles (Dyck & Kim, 2018). Moreover, evidence suggests that learning needs vary across career stages and do not always reflect actual learning desires (Hakvoort et al., 2022). A strength of the study setting was the institute's investment in infrastructure upgrades, particularly for online training, which improved accessibility by reducing time and geographic constraints. Nevertheless, without adequate technical support or proper integration into work shifts, online learning risks being relegated to nurses' personal time, diminishing both engagement and learning outcomes (Alfaleh et al., 2023; Guillaume et al., 2022).

One major factor influencing nurses' continuing education needs was the nature of shift-based, high-intensity nursing work, which led participants to favor CNE content that addressed immediate clinical issues. In contrast, foundational skills were perceived as less attractive when not clearly linked to routine clinical duties including computer literacy or communication. Furthermore, with limited staffing, sending nurses to CNE often meant increased burdens for remaining staff (Coventry et al., 2015). This finding has practical significance because it shows that improving CNE requires more than increasing the number of available courses. For nurses to benefit from CNE, learning opportunities need to be embedded within staffing arrangements, protected learning time, trainer capacity, and financial support (Coventry et al., 2015; Merry et al., 2023; Wehabe et al., 2024). This is relevant to Vietnam and healthcare systems facing similar constraints, as recent CPD literature continues to identify workload, staffing shortages, limited organizational support, and funding barriers as major obstacles to meaningful participation (Hakvoort et al., 2022). Policy context also plays a critical role in shaping CNE implementation. For example, in the UK, the Nursing and Midwifery Council mandates 35 hours of CPD every three years, including at least 20 hours of participatory learning, all aligned with the nurse's scope

of practice (Nursing and Midwifery Council, 2021). In Vietnam, Circular No. 22/2013/TT-BYT stipulates 48 hours of CE every two years and emphasizes the responsibility of healthcare facilities to organize and ensure conditions for CE delivery. This legal framework supports the development of blended learning models that combine in-person and online formats. The broader implication is that regulation provides an important foundation, but it does not automatically translate into meaningful professional development unless institutions create the conditions for nurses to participate without compromising patient care or personal time. With linking CNE with clinical roles, workforce planning, financial support, and career development, healthcare organizations can make continuing education more useful for nurses as a strategy for maintaining competence, improving care quality, and supporting nurse retention (Coventry et al., 2015; Hakvoort et al., 2022; Merry et al., 2023). Such measures are essential to position CE as a strategic component of sustainable nursing workforce development.

Based on these findings, several recommendations can be proposed. At the institutional level, healthcare facilities should establish regular needs assessments to identify nurses' continuing education priorities and align training content with clinical practice, career stage, educational background, and departmental roles. Continuing education programs should be delivered through flexible and blended formats that are compatible with shift-based work to ensuring that online learning is supported by appropriate infrastructure and integration into working hours. Institutions should also strengthen the capacity of internal trainers, provide protected time and adequate staffing arrangements for participation in training, and maintain transparent financial support mechanisms to reduce barriers to engagement. In addition, training topics should not only focus on immediate clinical competencies but also progressively incorporate soft skills, digital competencies, and research-related capacity according to nurses' qualifications and professional development pathways. However, this study has several limitations that should be acknowledged. First, it was conducted in a single specialized public institute of traditional medicine in Ho Chi Minh City; therefore, the findings may not be fully transferable to other healthcare settings, such as general hospitals, private facilities, or institutions in other regions of Vietnam. Second, although the study included 22 participants and reached thematic saturation for the main individual and organizational factors, the sample size remained modest. In particular, the focus group with head nurses did not include head nurses from all departments within the institute. Therefore, some department-specific perspectives on staffing arrangements, workload, and CNE implementation may not have been fully captured. Third, the study relied on self-reported perceptions collected through interviews and focus group discussions; as a result, responses may have been influenced by recall bias or social bias. Finally, as a qualitative study, the findings reflect participants' views within a specific institutional and temporal context.

Conclusion

Nurses' demand for continuing education is influenced by a wide range of interrelated factors. Individual factors driving this demand comprise personal traits such as age, gender, education, and experience. In contrast, organizational elements focus on training material, staffing, infrastructure, policies, and institutional funding. To meet this demand, training programs must match nurses' competencies and job roles. To succeed, they require adequate resources, optimized infrastructure, and clear, sustained institutional support. These steps are vital to motivate nurses and build the necessary environment for their ongoing professional growth. Future studies should be conducted across diverse healthcare settings and regions using a mixed-methods approach to validate and expand these findings. Furthermore, such research is needed to better understand how continuing education needs evolve over time and across different professional contexts.

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AI statements

The authors used ChatGPT solely to improve the English wording and language clarity of the manuscript. All scientific content was developed by the authors and was reviewed and approved in its final form. The authors take full responsibility for the content of the manuscript.

Author's declaration

DHP contributed to conceptualization, methodology, investigation, and formal analysis. DTH participated in methodology, supervision, project administration, writing – review & editing. PMT worked on the methodology, writing – original draft, writing – review & editing. All authors performed validation, interpretation of findings, and provided final approval of the manuscript.

Availability of data and materials

All relevant data are contained within the manuscript. However, the detail data used in this study are not publicly available due to participant privacy, data confidentiality, and research data management requirements. Data sharing is therefore subject to controlled access in order to ensure compliance with research ethics principles. Inquiries regarding the study materials should be addressed to the corresponding author.

Competing interests

The authors report no competing financial or personal interests that could have influenced this work.

Ethical clearance

The study was approved by the Ethics Committee of the Hanoi University of Public Health, under approval number 402/2021/YTCC-HD3. All participants were adequately informed about the objectives and content of the study, and their written informed consent was obtained before participation.

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Publishers and journal's note

Continuing professional education is critical to advancing nurses' analytical capabilities and clinical efficacy. Although the geographic scope being centered in Vietnam, the Editor notes that the findings carry global significance for international research development, supported by a methodology that perfectly addresses the study's aims.

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Authors' insight

Key points

- The publication focuses directly on identifying "needs," meaning the findings likely highlight gaps in current training curriculum, institutional resource limitations, and unmet professional competencies.
- The exploration of "influencing factors" typically addresses a mix of individual variables (e.g., career stage, motivation) and organizational elements (e.g., institutional funding, staffing levels, workplace support).
- The study delves deeper than surface-level statistics to capture the firsthand perspectives, lived experiences, and professional realities of nurses.

Emerging nursing avenues

- What specific nursing cohort or clinical specialty (e.g., community health, high-tech ICU, primary care) was sampled, and how do their specific work environments shape their educational needs?
- Which qualitative methodology (e.g., thematic analysis, grounded theory, or interpretative phenomenological analysis) was chosen to code the interviews and focus groups?
- How can hospital administrators and academic institutions translate these identified factors into continuing education policies that improve retention and care quality?

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