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Research on the Implementation Dilemmas and Countermeasures of Nursing Continuing Education Policies Based on the Smith Model

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Abstract: *Objective*: This study aims to analyze the practical dilemmas encountered in the implementation of nursing continuing education policies and propose policy optimization suggestions. It provides theoretical support and practical references for optimizing the implementation path of nursing continuing education policies, improving the mechanism for the continuous development of nursing talent, and enhancing the quality of nursing professional development. *Methods*: Using the Smith Policy Implementation Model as the theoretical framework, a multidimensional analytical framework was constructed from four aspects: idealized policy, implementing agency, target group, and external environment. Combining the latest national continuing education policy documents, a questionnaire was designed, reviewed by experts, and pre-tested on a small scale. The questionnaire was revised multiple times to ensure its quality. The survey was conducted among registered nurses working at Taizhou Second People's Hospital, who completed the questionnaire anonymously online. *Results*: During the implementation of continuing education policies, approximately 29.67% of nurses reported that the latest policy introduced in 2025 (uniform 25 credits) was unreasonable, particularly unfriendly to junior nurses, and that the continuing education content lacked specificity and practicality, as well as specialization. Nearly 92.31% of nurses reported that their motivation to participate in continuing education was solely driven by the need for career advancement and regular assessments. Difficulties encountered in personal continuing education included busy clinical work schedules, fragmented learning, and boring and useless content. Nearly half (45.58%) of nurses reported a lack of continuing education resources in their hospitals, and that hospitals mandated credit fulfillment without recognizing the value of high-credit/high-education individuals. Approximately 40.58% of nurses reported that economic downturns increased family burdens, and high course fees discouraged participation in nursing continuing education. *Conclusion*: Through targeted analysis of the above four aspects, future policy formulation and implementation should focus on addressing the specificity and practicality of nursing continuing education, emphasizing specialized training in key areas; enhancing nurses' motivation to participate in nursing continuing education by diversifying and enriching learning content to increase its appeal; improving hospital educational and training resources, such as inviting renowned experts from other hospitals to teach and breaking down regional resource-sharing barriers through university-hospital collaborations; and increasing the availability of free or

low-cost continuing education options.

Keywords: Smith policy implementation model; Nursing; Continuing education; Policy; Countermeasures

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1. Introduction

As a crucial component of the nursing professional talent cultivation system, continuing nursing education can effectively enhance the quality of nursing services and ensure medical safety. In 2025, the National Health Commission issued the latest version of the "Administrative Measures for Continuing Medical Education Credits", eliminating the traditional classification of Category I/II credits and implementing a uniform standard of 25 credits annually. This move aims to streamline management processes, improve learning efficiency, and promote the comprehensive development of nursing staff [1]. This paper aims to explore the implementation challenges and countermeasures of continuing nursing education policies based on the Smith Model, providing references and insights for the implementation of similar policies in other hospitals.

2. Research design

2.1. Smith's policy implementation model

The Smith Policy Implementation Model, proposed by American scholar Thomas Smith in 1973, is one of the most influential theoretical models in the field of policy implementation research [2,3]. In this model, the policy implementation process is depicted as a dynamic system composed of four interrelated and interacting variables: idealized policy, implementing organization, target group, and external environment. The idealized policy refers to the rationality, legality, clarity, and feasibility of the policy itself, serving as the foundation and prerequisite for policy implementation. The implementing organization comprises the organization and its personnel responsible for policy execution, with organizational structure, management capabilities, resource allocation, and implementation willingness directly influencing policy implementation outcomes. The target group represents the objects directly affected by the policy, with their cognitive levels, acceptance degrees, participation willingness, and behavioral patterns significantly impacting policy implementation. The external environment encompasses external factors such as politics, economy, culture, and society that influence policy implementation, serving as crucial conditions for its success. Therefore, the Smith Model emphasizes the interactive relationships among these four variables, explicitly stating that the success of policy implementation depends on their coordination and cooperation. Consequently, when contradictions or conflicts arise among these variables, policy implementation challenges emerge.

2.2. Research methodology

This study targeted registered nurses currently employed at Taizhou Second People's Hospital, conducting an online survey via the Questionnaire Star platform. A total of 95 questionnaires were distributed, with 91 valid responses collected, yielding an effective response rate of 95.79%. The survey utilized a self-designed "Questionnaire on the Implementation of Continuing Nursing Education Policies", which comprised six

sections: basic information, policy content awareness, evaluation of implementing organizations, experiences of target groups, impacts of the external environment, and open-ended suggestions. After undergoing reviews by three nursing management experts and a small-scale pre-test involving 10 nurses, the questionnaire underwent multiple revisions and improvements based on feedback, ultimately forming the formal version. The reliability analysis of the questionnaire revealed a Cronbach's α coefficient of 0.913, indicating good internal consistency. The validity analysis demonstrated a KMO value of 0.879, a significant Bartlett's sphericity test ($p < 0.001$), and a cumulative variance explanation rate of 60.68%, indicating good structural validity of the questionnaire.

3. Research findings

3.1. Current status of continuing nursing education policy implementation

(1) Idealized policy

As the foundational condition for policy implementation, this study investigated the idealized policy from four aspects: the rationality of credit standards, the clarity of credit classification, the practicality of course content, and the strictness of policy supervision. The results are shown in **Table 1**. Although the new policy implemented in 2025 has achieved positive outcomes in simplifying management and unifying standards, with relatively high overall acceptance, significant implementation challenges persist. Firstly, the uniform design of 25 credits overlooks the heterogeneity of the nursing population, being less friendly to nurses with low seniority (1–5 years), low educational qualifications (secondary vocational/junior college), and those working in emergency/ICU departments, demonstrating insufficient group adaptability. Secondly, the course content lacks targetedness and practicality, with severe homogenization, a shortage of specialized practical content in emergency and critical care, and a disconnect from clinical needs. Notably, 50% of senior nurses (with over 20 years of experience) found the content boring. Lastly, although overall supervision is effective, lax review practices exist in emergency/ICU departments due to busy work schedules, highlighting the need to strengthen the consistency of policy supervision.

Table 1. Survey results on idealized policy

Item	Group	Number of people	Percentage (%)
Reasonableness of the 2025 credit standard	Reasonable/Very reasonable	66	72.52
	Fair/Unreasonable	24	29.67
Clarity of credit classification rules	Clear/Very clear	84	92.31
	Fair	7	7.69
Relevance and practicality of course content	Strong/Relatively strong	64	70.32
	Fair/Poor	27	29.68
Strictness of policy supervision mechanism	Strict/Relatively strict	78	85.72
	Fair/Relatively lenient	13	14.28

(2) Implementing agencies

This study investigated the policy's implementing agencies from five perspectives: the completeness of the management system, the stringency of the review process, the adequacy of resources, the timeliness of policy communication, and the reflection of salary value. The results are shown in **Table 2**. Although

the surveyed hospitals have established a relatively complete management system for nursing continuing education, there are still certain deficiencies at the implementation level. Firstly, despite the high coverage of the system, the implementation details for departments such as Emergency/ICU do not align with their work characteristics, making it difficult for the system to be effectively implemented. Secondly, there are significant differences in the implementation of the credit review process across departments ($F = 3.769$, $p = 0.007$), with the Emergency/ICU department having a relatively lenient review (mean score of 1.64), which affects the fairness of policy implementation, as shown in **Table 3**. Finally, there is a severe imbalance in the allocation of continuing education resources, with abundant resources in the surgical department and a scarcity in the Emergency/ICU department, leading to a significant gap in the comprehensive abilities of nursing staff in these two departments, as shown in **Table 4**. Additionally, although the overall policy communication is good, a few night-shift nurses experience information delays. The most prominent issue is that the salary system fails to fully reflect the value of individuals with "high credits/high abilities", with low correlations between credits, salary, and promotion, resulting in ineffective incentive mechanisms.

Table 2. Survey results of implementing agencies

Indicator	Category	Number of people	Percentage (%)
Completeness of credit management system	Established and comprehensive	85	93.41
	Not comprehensive	6	6.59
Strictness of credit review process	Very strict / Strict	86	94.50
	Average	5	5.49
Adequacy of continuing education resources	Abundant / Relatively abundant	75	82.42
	Average / Scarce	16	17.58
Timeliness of policy dissemination	Very timely / Timely	85	93.41
	Average	6	6.59
Value reflection of salary system	Very well reflected	44	48.35
	Moderately reflected	32	35.16
	Average	15	16.48

Table 3. Departmental implementation of the credit review process

Option	Sample size	Mean	Standard deviation
Internal Medicine	20	1.10	0.31
Surgery	32	1.22	0.42
Emergency/ICU	25	1.64	0.81
Outpatient	3	1.00	0.00
Others	11	1.18	0.40
F		3.769	
p		0.007	

Table 4. Allocation of continuing education resources across departments

Option	Sample size	Mean	Standard deviation
Internal Medicine	20	1.25	0.44
Surgery	32	1.50	0.67
Emergency/ICU	25	2.16	1.03

Outpatient	3	1.00	0.00
Others	11	1.91	0.70
F		5.561	
p		0.000	

(3) Target group

This study conducted a survey on the policy implementation among the target group from four aspects: the level of policy awareness, motivation for participation, learning difficulties, and channels for obtaining credits. The results are shown in **Table 5**. The surveyed nursing staff generally had a relatively high level of awareness of the policy, but there were significant issues with their participation behavior and learning experience. Firstly, the motivation for participating in continuing education was highly utilitarian, with the vast majority viewing it as a basic requirement for career advancement and professional registration, while lacking intrinsic motivation to learn. Only among the high-level title group (chief nurses) did personal interest account for a relatively high proportion. Secondly, learning time was scarce, as most nurses in the Emergency/ICU departments reported being too busy with work to engage in learning. Additionally, many nurses indicated experiencing certain financial burdens and had doubts about the quality of the learning content. Finally, the channels for obtaining credits were limited, with online learning being the dominant method, but with varying quality. Opportunities for external training and participation in research were scarce, making it difficult to meet the diverse learning needs of nursing staff.

Table 5. Survey results of the target group

Item	Category	Number of personnel	Percentage (%)
Level of policy awareness	Very aware / Aware	81	89.01
	Neutral / Not very aware	10	10.99
Motivation for continuing education participation	Promotion of a professional title	84	92.31
	License registration	54	59.34
	Skill improvement	50	54.95
	Personal interest	13	14.29
Main difficulties in continuing education	Too busy with work, no time	75	82.42
	High course fees	41	45.05
	Complex application process	22	24.18
	Dull and useless content	18	19.78
Ways to obtain credits	Remote online platform	86	94.51
	Academic conferences	70	76.92
	In-hospital training	64	70.33
	Offsite advanced study	29	31.87

(4) External environment

This study conducted a survey on the policy implementation in the external environment from three aspects: the convenience of online platforms, the intensity of the academic atmosphere, and the level of external support. The results are shown in **Table 6**. The overall convenience of online learning platforms is good, and the academic atmosphere for nursing in our hospital is also relatively strong. However, there

are still factors in the external environment that constrain policy implementation. Firstly, although the user experience of online platforms is generally good, there is a widespread lack of interactivity and practicality, which affects learning outcomes. Secondly, the absence of a regular academic exchange mechanism makes it difficult to sustain learning motivation. Lastly, although the overall support from families and society for nurses to participate in continuing education is relatively high, some nurses still have reduced willingness to learn due to reasons such as the economic downturn and high course fees. Therefore, economic burden has become an important external factor constraining the participation of nurses in continuing education.

Table 6. Survey results of the external environment

Item	Category	Number of participants	Percentage (%)
Convenience of online platform operation	Very convenient / Convenient	82	90.11
	Moderate	9	9.89
Nursing academic atmosphere	Very strong / Strong	78	85.71
	Moderate	13	14.29
External environmental support	Supportive / Relatively supportive	70	76.92
	Moderate / Not very supportive	21	23.08

4. Optimization strategies for the implementation of nursing continuing education policies based on the Smith model

4.1. Implement hierarchical and categorized credit management and curriculum systems

In response to the characteristics and needs of different groups, a flexible, hierarchical, and categorized credit system should be established [4]. For example, for nursing staff with low seniority and low educational qualifications, credit requirements should be appropriately reduced, with an increased emphasis on credits for basic theory and skill training. For nursing staff with high professional titles, credit requirements should be raised, with a greater focus on credits for research, teaching, and management ability training. For nursing staff in high-intensity departments, differentiated credit reductions should be implemented to alleviate their learning burden. Simultaneously, a "clinical demand-oriented" curriculum development mechanism should be established, involving frontline clinical nursing experts in curriculum design and teaching to ensure the integration of course content with clinical practice.

4.2. Optimize resource allocation and improve incentive mechanisms

Firstly, a specialty-resource matching database should be established to precisely allocate learning resources based on the learning needs of nurses in different departments. Collaboration with superior hospitals, universities, and research institutions should be strengthened to introduce high-quality educational resources [5]. Secondly, continuing education credits should be linked to salary, professional title promotion, job appointments, and merit evaluations to establish an integrated incentive mechanism that combines credits, abilities, and salaries, encouraging and assisting nursing staff in various departments to engage in continuing education learning activities.

4.3. Alleviate learning barriers and stimulate intrinsic motivation

It is recommended to adopt a blended online-offline teaching approach and promote a fragmented learning

model to minimize time conflicts between nursing work and learning. Special subsidies for continuing education should be established to increase the availability of free or low-cost continuing education courses, with priority given to opening in-house training and online learning resources [6]. Simultaneously, a learning organization culture should be cultivated to create a strong academic atmosphere, encouraging nurses to take the initiative to learn and communicate with each other. Education on professional identity should be strengthened to promote the value and significance of the nursing profession and alleviate occupational burnout among nurses.

4.4. Strengthen internal organizational support and resource integration

Hospitals should be encouraged to establish flexible work schedules to provide time guarantees for nursing staff to learn and enhance humanistic care for them, helping to resolve practical difficulties in their work and personal lives. Family support and psychological counseling should be provided to nurses in need [7]. The participation enthusiasm of governments, hospitals, universities, and society should be promoted to establish a multi-party collaborative nursing continuing education system. By integrating resources from various parties, social forces should be encouraged to participate in nursing continuing education, thereby providing more learning options for nursing continuing education.

5. Conclusion

In summary, based on the analysis using the Smith Model, this study finds that the challenges in implementing nursing continuing education policies primarily lie in the application of actual policies, resource allocation, and objective constraints such as personnel scheduling and economic burdens. During the actual implementation of policies, sustainability and personalization principles should be followed to maximize the improvement of in-house nursing continuing education policies.

Disclosure statement

The authors declare no conflict of interest.

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