

## Nurses and Midwives' Perceptions about Benefits of Higher Education and the Barriers Faced by them in Undertaking Higher Studies

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### Abstract

*The study was conducted with the intention to comprehensively identify the nurses and midwives' perception about the benefits that motivate them for higher education and what 'they perceive as the barriers faced' to undertake higher studies. Many nurses would like to go for higher education, but some barriers were strong enough to stop them. Study intended to identify the barriers from their own perception. Survey method with structured questionnaire deployed for data collection. Quantitative and qualitative study design was employed for analysis. Survey on the RNs and RMs' perception about the benefits of higher education and the barriers to higher education (HE), conducted on 450 multinational nurses and midwives in a multi-specialty hospital in Dubai during September 2018, showed numerical variables like age and years of professional experience are having a significant association with the interest to undertake higher studies. 82.5% of those with DHA experience (21-25 years) shown interest whereas only 30.2% of them with experience more than 26 years Dubai Health Authority (DHA) experience, showed interest. RNs and RMs in the younger age group 22-30 years (73.1%) showed a greater interest for higher studies. No Significant difference in 'perception of interest to do higher studies' was observed among nurses and midwives, based on their designation. 61.6% had interest for HE but barriers prevented 83.6% respondents from going for it.*

**Keywords:** nurses' higher education; higher education benefits; barriers.

### Introduction

Higher education focus on the professional empowerment or upliftment of nurses and midwives. Professional enhancement, recognition and job security were the motivating factor for the RNs to undertake higher studies (Bahn, 2007). Health care industry is a fast-paced advancing industry with innovations happening on various aspects of patient care. To keep up with the pace, higher education could help nurses and midwives to remain updated about the information pertaining to latest developments happening around them. If more opportunities for higher education is made available to nurses and midwives at affordable fee and more distance/online-learning opportunities are out there to offer, many of them could enroll for higher studies.

The intention to do higher studies vary with gender, female RNs obviously more engaged with family obligations in addition to their job responsibilities have less opportunity for higher studies. Male RNs showed more inclination to higher studies than the female RNs. (Davey and Robinson, 2002). Employed RNs who went for higher studies are relatively young returned to higher studies and those with higher income that they could afford to do higher studies (Delaney & Piscopo, 2004).

### Background

Globally, a trend of obtaining higher education could be observed. The increasing number of educational opportunities for degree level programmes, P.G. Diploma, master's level and Ph. D programmes are available which offers the RNs and RMs, green pastures for higher education. Higher education could improve the cognitive ability in addition to the skills to go up in career and educational prospects. Online learning enables people from various countries and continents to network in addition to the professional enhancement. Barriers were found to exist even in distance education. Factors involved in distance education include social interaction and quality, faculty compensation and time, threat of technology, legal issues, access and student support services. Personal and social barriers, educational barriers and professional barriers could prevent RNs and RMs from undertaking higher education.

## Purpose

Primary objective was to identify the nurses and midwives' perceptions about the benefit/need for higher education. Study identify what proportion of the nurses and midwives think that undertaking higher studies is important and what do they believe as the benefits for higher education. Secondary objective was to identify nurses and midwives' perceptions about the barriers to undertaking higher studies. There are many barriers, which might prevent the nurses and midwives to undertake higher studies. Each individual may view the barriers from different angles. The study attempts to identify their perceptions about the barriers to undertake higher studies.

## Conceptual definition

**Barriers:** The obstacles/hindrane faced by the nurses in getting into higher education/continuing the studies.

**Benefits:** The privileges (professional/financial/personal/social) they can get on acquiring higher education/ qualification.

RNs- Registered Nurses

RMs-Registered midwives

HE-Higher education

DHA- Dubai health authority

## Theoretical framework

'Benefits' are pushing forces for the Nurses and midwives to go for higher education, on the other hand 'Barriers' are pulling forces which pull back the nurses and midwives in opposite direction. Therefore, the two forces which acts in opposite direction. Which force (pushing force or the pulling force)

is strong decides their journey to higher education. Determination is the 'anchor' which fix the nurses and midwives in their professional/career journey.

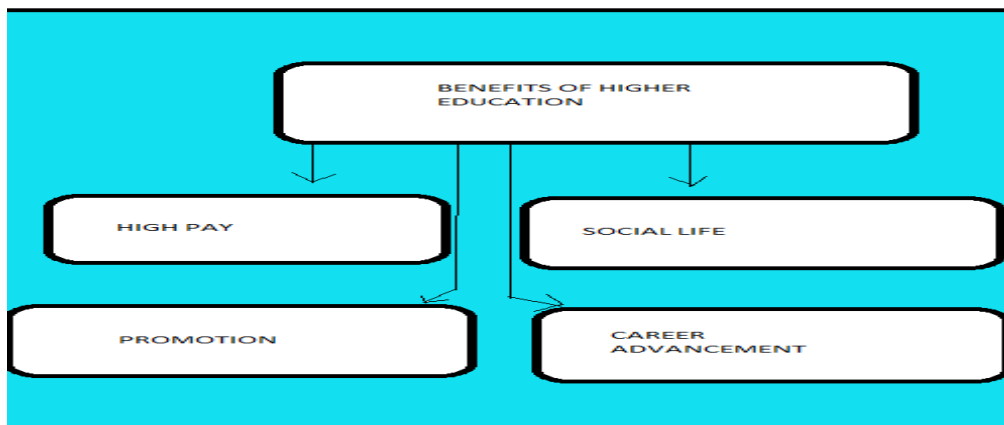


Figure 1

## “Benefits are pushing force/accelerators for he”

Benefits of higher education differ based on the individual's perception. Individual difference played a greater role in deciding what benefits each nurse and midwife perceive to be of priority to them. Some prefer high pay or promotion linked benefits, but few look for the improvement of their educational Qualification. Some perceive HE benefits in terms of a better status in social life, to feel proud in the colleagues' circle or friend circle. Few might find higher education as a great opportunity to utilize their leisure time effectively. Some might perceive that higher education add values to them in all domains of life. Some might prefer to get rid of their lonely life, where education provide opportunity to network with other students. Personal satisfaction might attract many. Few RNs and RMs perceive that higher education would increase their competency and help to do job better. Whatever be the perceptions, priority setting in 'benefits' is individual's choice.

## “Barriers are pulling forces away from he”

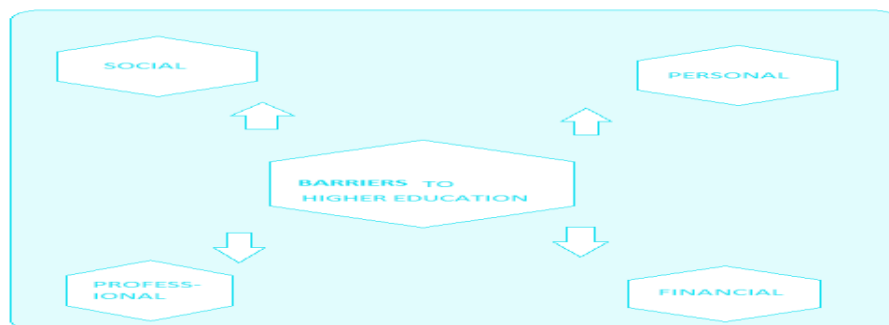


Figure 2

As illustrated in figure 2, many barriers could prevent the RNs and RMs in stepping towards higher studies. Personal and family obligations affect both gender but the female population was found to be most affected. Females were observed to be ‘multi taskers’ in general. Keeping aside quality time for learning and academic writing might be strenuous for many, as they had to pull it along with their job and personal life responsibilities. Educational barriers pertain to the barriers arising from Higher education like cost of education, travel time, travel expenses, class schedule, assignments etc. University fee could not be affordable to many. Professional barriers like no motivation from the direct manager/line manager or from administration, no facility to take educational leave for 2-3 years as there arise a probability of losing the current job pose barriers. RNs and RMs planning and engaged with migration formalities could not concentrate on higher education as many other factors divert their attention away from undertaking higher studies. They might have to save money required for migration rather than investing on higher education. All these barriers vary according to the individual nurses and midwives’ perception of the barriers. If they perceive barriers are strong, they might get discouraged and distracted from going for higher education.

## Review of literature

The inferences derived from the study could form a baseline measure for assessing the nurses and midwives ongoing attitudes and engagement around higher degree/post graduate learning. According to a study in Oman (Dianne 2015), the benefits which the nurses found in undertaking higher studies are a) improved nursing practice and quality of patient care b) career aspiration and self-growth and c) knowledge and skill acquisition. Analysis published by CEDEFOP (2003), the reasons for future learning were to achieve more personal satisfaction, increase general knowledge (31% each), do a job better (27%) and obtain a qualification (20%). Hardwick & Jordan (2002) identified a number of motivating factors that influenced nurses and midwives to undertake graduate level education including the need to extend personal knowledge of nursing as well as a need to update academic qualifications. Spencer (2006) conducted a United Kingdom phenomenological study to explore motivations for undertaking higher education courses, found that the ability to challenge practice was related to an increase in knowledge. Participants indicated that their graduate education had a positive to strongly positive effect on their self-esteem (Pelletier et al., 1998) with 75% reporting this had a positive effect on their ability to carry out their role (Pelletier et al., 2005). Motivational factors for adult participation in Higher Education (CEDEFOP (2008): Socio-communication improvement, career advancement, escape to get rid of loneliness & Personal development (discover one’s potential, improvement of thinking skills, etc.). Studies conducted among professionals in other disciplines identified a number of reasons for doing a higher degree including the enhancement and development of career or promotional prospects (Hardwick and Jordan,2002), the ability to increase earning potential (Astin,1993), the need to acquire advanced professional and research capabilities (Atkins & Redley,1998) or the desire to change career (Burgess, 1997).

## **Studies conducted on the constraints/barriers/ challenges faced by the nurses in undertaking higher studies**

(Essa,2011) conducted a qualitative study which explored the barriers to higher education in nursing who were unable to complete their Masters, the results were work place responsibilities, student's attitude towards their study, inadequate program information, inadequate skills for advanced studies, unexpected circumstances, feelings of disappointment, failure and regret and administrative shortcomings were the drop out reasons. Those were the interesting findings from the perspective of South African nurses. Work schedule, shift duty, constraints were found to be barriers for the RNs to do higher studies (Bahn, 2007). Cost identified as yet another barrier (Bahn 2007; Delaney & Piscopo,2004). Inconvenience with the class schedules (Reilley,2003; Delaney & Piscopo,2004), long distance travel to University (Penz et al 2007; Jukkala et al,2008; Delaney & Piscopo,2004) identified as yet another barrier.

Adult participation in education had three barriers identified 1) Institutional barriers (flexibility in admission procedures/requirements, flexible attendance options), 2) Dispositional barriers (motivation, individual attitude) and (3) Situational barrier (cost of education, geographical location, time, accessibility for provisions etc.). (Fentahun & Molla, 2012) cross- sectional study in Ethiopia showed 71.8% participants reported lack of support from employers, 42.3% - lack of funding and 9.4% - lack of resources as main reasons. Analysis by Harold. J. Peach and Jeffery Bieber reported – difficulty in finding time to research, write, travel, increased planning and preparation time required for online classes, and the encroachment of work into personal or social time. Study by Bell, Rominski, Bam, Donkor, and Lori (2013) to describe the strength, challenges and current status of bachelor nursing education in Ghana showed that severe shortage of nurses, qualified nursing faculty and substandard infrastructure are the challenges faced by the nursing education. Main reasons for cancellation were: no theatre time due to over-run of previous surgery (18.7%); no postoperative bed (18.1%); cancelled by patient (17.5%); and change in patient clinical status (17.1%). Procedural reasons (including patient not ready, no surgeon, list error, administrative cause, and communication failure) totaled 21.0%. Ear, nose and throat surgery experienced the most cancellations (19.6%), followed by cardiothoracic surgery (15.8%).

## **Methodology and study design**

### **Methodology**

A qualitative as well as quantitative study design with a structured approach was employed. The data analysis was focused on unique case orientation and inductive analysis. Analytical/ inferential statistics would be focused on in finding the correlation between different variables. Data analysis using SPSS, to do an inductive analysis to determine the relation/association between different variables. Qualitative analysis used in studying the correlation between the nurse nationality and their tendency to go for higher education. Conducted a comparative analysis based on the gender (male and female nurses) and their perception about the benefits and the barriers. Qualitative analysis on the association between the nurses social and family related obligation, which act as a barrier in pursuing higher studies. Quantitative analysis was used when comparing the correlation between the employees' age (quantitative variable) and their perceptions about the benefits and barriers. Also, the correlation between the quantitative variable (years of service) and their perceptions about the benefits of going for higher studies and the barriers. Determined the weightage of the personal & social barriers, professional barriers and educational barriers that blocked the nurses and midwives from pursuing higher studies.

### **Data collection methods**

Survey questionnaire was distributed to 450 respondents- the multi-national nurses and midwives working in a multi-specialty hospital in Dubai. Respondents were in the age 20-62 years who were holding different job titles-Staff nurses, Senior staff nurses, Assistant nurses, Charge nurses and Nurse Supervisors. Comprehensive Survey questionnaire tool was designed by the researcher, and validated by piloting the tool. Survey questionnaire consisted of 35 questions, the first part consisted of demographic details (age, gender, nationality, educational qualification, years of experience in Dubai Health Authority and their total experience as well. The second part of the questionnaire comprised of questions about "Are they interested in undertaking higher studies?", "Are they currently pursuing higher education?", "What they think are the benefits they would achieve from higher studies?". Five types of benefits were listed where the respondent chose to tick which they perceive as the real benefit of higher education, from their

point of view. Individual differences in their perception of benefits could be observed in this part. Other questions included in this part were “Do they face any barriers in undertaking higher studies?” and “Do they have any future plan to undertake higher studies?”. To be noted that even if the nurses and midwives had interest for higher studies or believe in benefits, barriers could prevent their present or future plan for higher studies. If the response is “yes”, they proceed to the third part where the questionnaire (22 questions) on barriers were listed. Barriers are classified into three (i) personal and social barriers (13 barriers), (ii) educational barriers (5 barriers) and (iii) professional/job related barriers (4 barriers).

## Results

Among the 450 participants, precisely 61.6% of respondents showed interest to do higher education. 9.3% of the respondents were currently pursuing higher education whereas 53.1% indicated that they have future plan to do higher studies. Numerical variables like age and years of professional experience had a significant association with the interest to undertake higher studies. Nurses and midwives who were in the younger age group 22-30 years (73.1%) showed a greater interest for higher studies (Table 7). The interest for higher education decreased over the age group (28.3%) interested in the age group 51-60 years). 68.5% of respondents with DHA experience of (0-5 years) showed greater interest in going for higher studies. An important observation noted was that 82.5% of those with DHA experience (21-25 years) has shown interest whereas only 30.2% those with experience more than 26 years of DHA experience showed interest as they are nearing retirement age.

## Respondents' demographic characteristics

**Table 1.** Age distribution of the respondents

Age	Frequency(n)	Percentage (%)
22-30	78	17.3
31-45	273	60.7
46-50	39	8.7
51-60	60	13.3
Total	450	100

**Table 3.** Gender

Gender	Frequency (n)	Percentage (%)
M	61	13.6
F	389	86.4
Total	450	100

**Table 2.** DHA Experience

Years	Frequency(n)	Percentage (%)
0-5	168	37.3
6-10	62	13.8
11-15	102	22.7
16-20	48	10.7
21-25	17	3.8
26+	53	11.8

**Table 3.** Gender

Gender	Frequency (n)	Percentage (%)
M	61	13.6
F	389	86.4
Total	450	100

**Table 4.** Future plan for HE

Future plan	Frequency(n)	Percentage (%)
Yes	239	53.1
No	211	46.9
Total	450	100

**Table 5.** Interested to do HE

Interest in HE	Frequency(n)	Percentage (%)
Interested	277	61.6
Not Interested	173	38.4
Total	450	100

**Table 6.** Perception about barriers

Barriers	Frequency(n)	Percentage (%)
Yes	376	83.6
No barriers	74	16.4
Total	450	100

**Table 7.** Age \* Interested for HE- Chi-Square test & cross tabs

Chi -Square	Value	df	Asymptotic Significance (2-sided)
Pearson Chi-Square	34.216 <sup>a</sup>	3	.000
Likelihood Ratio	33.663	3	.000
Linear-by-Linear Association	29.395	1	.000

CROSS TABS			Interested for HE		Total
			not intereste d	intereste d for HE	
Age	22-30	Count	21	57	78
		% within Age	26.9%	73.1%	100.0%
	31-45	Count	94	179	273
		% within Age	34.4%	65.6%	100.0%
	46-50	Count	15	24	39
		% within Age	38.5%	61.5%	100.0%
	51-60	Count	43	17	60
		% within Age	71.7%	28.3%	100.0%
Total		Count	173	277	450
		% within Age	38.4%	61.6%	100.0%

No Significant difference in perception of interest to do higher studies was observed among the nurses and midwives, regardless of their designation (Pearson square 0.322). Designation does not have any significant relation on nurses and midwives' perception difference about the interest for higher studies (Appendix Table 32). Categorical variables like gender and perception of benefits have significant association with the interest to go for HE. Regarding the gender, 75.4% males were interested in higher studies whereas 59.4 % females were interested to undertake higher studies. There was significant

correlation between gender and the interest to undertake higher studies (Fischer exact 0.011) (Table 8). Respondents (61.6%) with interest in higher education showed a significant relation/ association with a future plan to undertake higher studies (Table 10). Those who perceived that higher education would bring benefit (67.3%), showed interest in higher studies. 83.6% of respondents expressed that they were facing barriers that prevented from going for HE. Relation between RNs 'perceptions of barriers' was found statistically significant (Fischer exact test) with the interest for higher studies (Table 11). 68 % of respondents who were interested in higher studies were prevented from proceeding to HE, by the barriers.

**Table 8.** Gender \* Interested for HE

Chi- Square	Value	df	Asymptotic Significance (2-sided)	Exact Sig. (2-sided)	Exact Sig. (1-sided)
Pearson Chi-Square	5.723 <sup>a</sup>	1	.017		
Continuity Correction	5.066	1	.024		
Likelihood Ratio	6.040	1	.014		
Fisher's Exact Test				.016	.011
Linear-by-Linear Association	5.711	1	.017		

Age, Professional experience, 'currently doing HE,' and 'future plan to do HE' were found to have statistically significant relation with the perception of 'benefits of HE' (Tables 12, 13, 14). RNs 'designation' have no significant difference in their perception about the benefits of higher education (Pearson chi square value 0.372). There is no difference in perception of benefits for higher education irrespective of what job position/roles they were holding in the hospital (Appendix Table 31). In addition, gender have no significant difference in their perception about the benefits of higher education (Fischer exact value 0.343 (Appendix Table 33). Similar pattern of perception was found among the male and female RNs and RMs about the benefits of higher education.

**Table 8.** Gender \* Interested for HE

Chi- Square	Value	df	Asymptotic Significance (2-sided)	Exact Sig. (2-sided)	Exact Sig. (1-sided)
Pearson Chi-Square	5.723 <sup>a</sup>	1	.017		
Continuity Correction <sup>b</sup>	5.066	1	.024		
Likelihood Ratio	6.040	1	.014		
Fisher's Exact Test				.016	.011
Linear-by-Linear Association	5.711	1	.017		
N of Valid Cases	450				

**Table 9.** DHA Experience \* Interested for HE- Cross Tabs & Chi-Square test

CROSS TABS			Interested for HE		Total
			not interested	interested for HE	
DHA Experience	0-5	Count	53	115	168
		% within DHA Experience	31.5%	68.5%	100.0%
	6-10	Count	27	35	62
		% within DHA Experience	43.5%	56.5%	100.0%
	11-15	Count	37	65	102
		% within DHA Experience	36.3%	63.7%	100.0%

	16-20	Count	16	32	48
		% within DHA Experience	33.3%	66.7%	100.0%
	21-25	Count	3	14	17
		% within DHA Experience	17.6%	82.4%	100.0%
	26+	Count	37	16	53
		% within DHA Experience	69.8%	30.2%	100.0%
Total		Count	173	277	450
		% within DHA Experience	38.4%	61.6%	100.0%

Chi- Square	Value	df	Asymptotic Significance (2-sided)
Pearson Chi-Square	29.935 <sup>a</sup>	5	.000
Likelihood Ratio	29.711	5	.000
Linear-by-Linear Association	12.074	1	.001
N of Valid Cases	450		

**Table 10.** Future plan for HE \* Interested for HE

Chi -Square	Value	df	Asymptotic Significance (2-sided)	Exact Sig. (2-sided)	Exact Sig. (1-sided)
Pearson Chi-Square	130.737 <sup>a</sup>	1	.000		
Continuity Correction <sup>b</sup>	128.526	1	.000		
Likelihood Ratio	138.159	1	.000		
Fisher's Exact Test				.000	.000
Linear-by-Linear Association	130.447	1	.000		
N of Valid Cases	450				

**Table 11.** Barriers/no \* Interested for HE

Chi -Square	Value	df	Asymptotic Significance (2-sided)	Exact Sig. (2-sided)	Exact Sig. (1-sided)
Pearson Chi-Square	26.124 <sup>a</sup>	1	.000		
Continuity Correction	24.805	1	.000		
Likelihood Ratio	25.438	1	.000		
Fisher's Exact Test				.000	.000
Linear-by-Linear Association	26.066	1	.000		
N of Valid Cases	450				

**Table 12.** Age \* Benefits

Chi-Square Tests			
	Value	df	Asymptotic Significance (2-sided)
Pearson Chi-Square	24.812 <sup>a</sup>	3	.000



Likelihood Ratio	19.869	3	.000
Linear-by-Linear Association	22.129	1	.000
N of Valid Cases	450		

**Table 13.** Doing HE \* benefits

Chi -Square	Value	df	Asymptotic Significance (2-sided)	Exact Sig. (2-sided)	Exact Sig. (1-sided)
Pearson Chi-Square	4.519 <sup>a</sup>	1	.034		
Continuity Correction <sup>b</sup>	3.390	1	.066		
Likelihood Ratio	8.229	1	.004		
Fisher's Exact Test				.040	.016
Linear-by-Linear Association	4.509	1	.034		
N of Valid Cases	450				

**Table 14.** Future plan for HE \* Benefits

Chi -Square	Value	df	Asymptotic Significance (2-sided)	Exact Sig. (2-sided)	Exact Sig. (1-sided)
Pearson Chi-Square	32.765 <sup>a</sup>	1	.000		
Continuity Correction <sup>b</sup>	30.893	1	.000		
Likelihood Ratio	36.514	1	.000		
Fisher's Exact Test				.000	.000
Linear-by-Linear Association	32.692	1	.000		

### RNs and RMs perception about the barriers

PERSONAL & SOCIAL BARRIERS: Many personal and social barriers were blocking the nurses and midwives from undertaking higher studies. Table showed that 25.6% of them want to concentrate on children education, so could not concentrate on their educational prospects. 31% expressed that their children were too small, so cannot focus on HE, 10.2% feared that going for higher education would compromise their social life and leisure time, 22.2% feared that they might break he studies in the middle, they lack determination. 17.1 % believed that it was 'late to start' higher studies (they were nearing retirement age of 60).

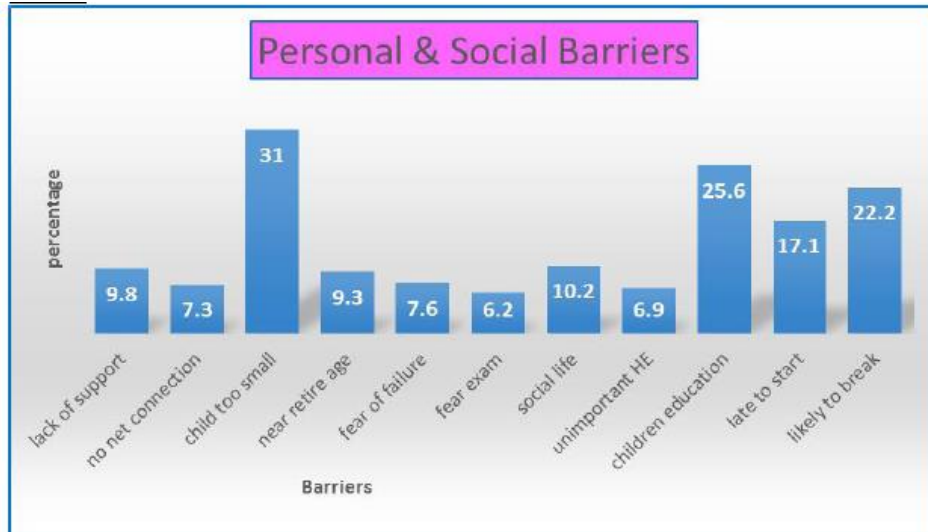
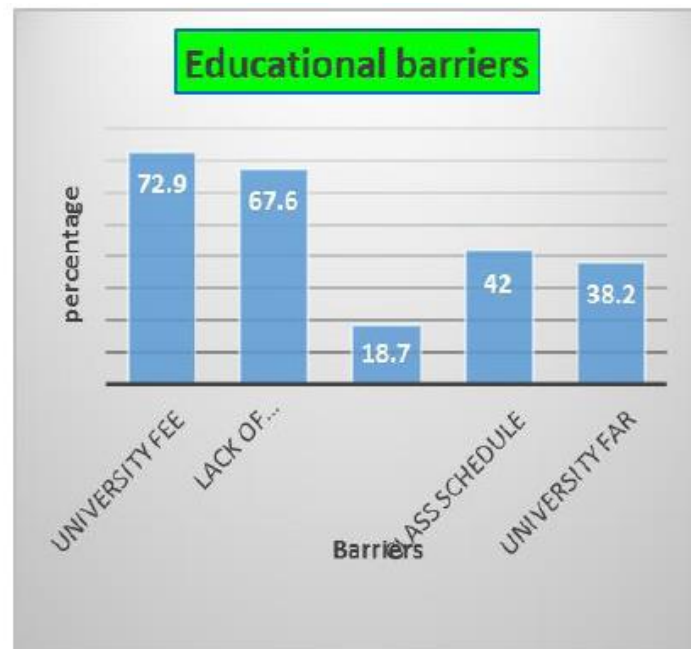


Figure 1.

### Educational barriers

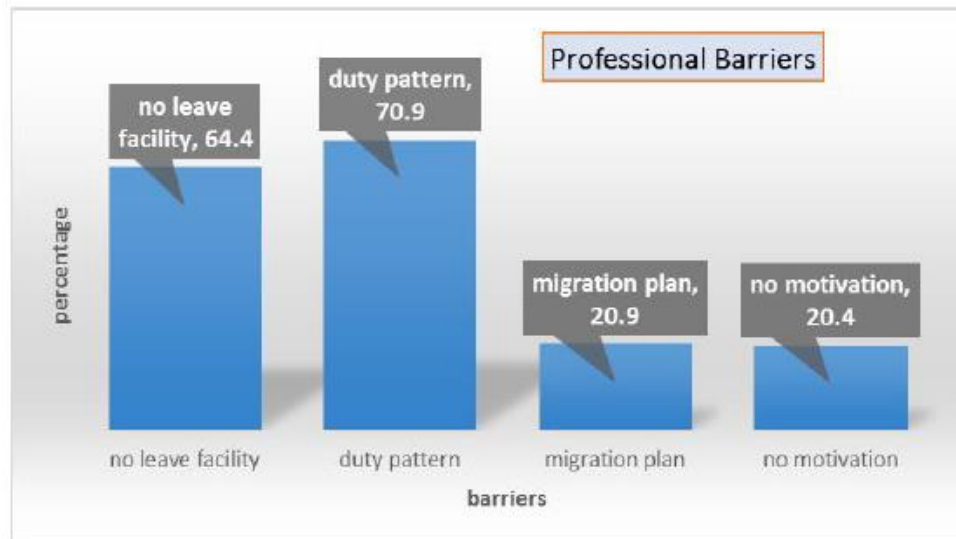


**Figure 2.** Educational barriers

Educational barriers formed obstacle for many respondents. Unaffordable University fee excelled other barriers in the group (72.9%), lack of scholarship facility (67.6%), difficulty to adjust to the class schedule for 42%, University too far-so need to travel long distance for 38.2% and don't want to do research/assignments/academic writing for 18.7% for the respondents.

### Professional barriers

Chart:3 show that out of the professional barriers, shift duty pattern was the barrier for 70.9%, no leave facility for 2-3 years from the job to do higher studies for 64.4%. Their plan to migrate to other countries prevents them from enrolling to higher studies at present (20.9%) and No motivation from the direct manager was a barrier for 20.4% respondents.



**Figure 3.** Professional barriers

### Rating given by the respondents to the benefits of higher education

Respondents rated the benefits of the higher education. As per the response obtained (Table 15), the benefit 'Gain more knowledge' was rated the highest score (76.9%), followed by 'Improve the Qualification' (71.1%), 'helps to do job better' (63%), Personal satisfaction (57%) and chance for Promotion (55.8%).

**Table 15.** Rating of the benefits

Benefits	Percentage
Gain more knowledge	76.9%
Improve Qualification	71.1%
Helps do Job better	63
Personal Satisfaction	57%
Promotion	55.8%



**Figure 4.** Rating of the benefits

### Discussion

There was no any recent research found, which holistically try to identify the RNs and RMs perception of benefits and their perception of the barriers in Higher education, in a single study. The inferences derived from this study could form a significant measure for assessing the nurses and midwives ongoing

attitudes and engagement around higher degree/post graduate learning. Through this study tried to explore the nurses and midwives' perception about the benefits. Five benefits of Higher education were identified by the respondents. The weightage of the benefits was determined through their opinion inputs. Interestingly observed that 'gain more knowledge' was rated as the greatest benefit by the respondents (76.9%). Other benefits according to the decreasing order of weightage/rating was 'improve one's qualification'-71.1%, 'help to do job better- 63 %, personal satisfaction- 57 % and 'get promotion' – 55.8%. When compared to other studies on the similar topic, more detailed observations were obtained about 'the benefits' and the rating given to each benefit according to their perspective. The findings (Zainab Zahran,2013) obtained were that master's level education help to broaden their career opportunities, improve practice and help in self- development when explored the motivational factors for Jordanian nurses to undertake master level education.

Another finding was that there was no difference in perception of benefits for higher education irrespective of what job position/roles they were holding in the hospital (Appendix Table 31). In addition, gender have no significant difference in their perception about the benefits of higher education (Fischer exact value 0.343 (Appendix Table 33). Similar pattern of perception was found among the male and female RNs and RMs about the benefits of higher education. An important observation noted by this research study, based on years of DHA experience was that 82.5% of those with DHA experience (21-25 years) has shown interest to undertake higher studies whereas 68.5% of respondents with DHA experience of (0-5 years) showed greater interest in going for higher studies. The (21-25 years) DHA experience group of RNs and RMs' children had grown up and have lesser obligations and engagement that they have now enough time to take up higher studies. This study was able to clearly identify that numerical variables like age and years of professional experience have a significant association with the interest to undertake higher studies. Nurses and midwives who were in the younger age group 22-30 years (73.1%) showed a greater interest for higher studies. The interest for higher education decreased over the age group (28.3% interested in the age group 51-60 years).

A similar finding was observed in (Delaney & Piscopo, 2004) study where employed RNs who went for higher studies are relatively young returned to higher studies and those with higher income. Categorical variables like gender and perception of benefits have significant association with the interest to go for higher education. Regarding the gender, 75.4% males were interested in higher studies whereas 59.4 % females were interested to undertake higher studies. Similar finding was found in the study by Davey and Robinson, (2002) where male RNs showed more inclination to higher studies than the female RNs. No Significant difference in perception of interest to do higher studies was observed among the nurses and midwives, regardless of their designation. Those who perceived that higher education would bring benefit (67.3%), showed interest in higher studies.

Respondents (61.6%) interested in higher education showed a significant relation/ association with a future plan to undertake higher studies (Table 10). In addition, the study explored their perception about the impact of various barriers hindering their way to higher education. 83.6% of the respondents expressed that they were facing barriers that prevented them from going for HE. Personal and social barriers, educational barrier and professional barriers were identified as the stumbling blocks. RNs and RMs perceived that Unaffordable university fee was the greatest barrier (72.9%), lack of scholarship facility (67.6%) was the second greatest barrier, whereas difficulty to adjust with the class schedule was found to be a prominent educational barrier (42%) too. Regarding the professional barrier, the greatest barrier was the shift duty pattern (70.9%), the other significant barrier being 'no facility to take educational leave of 2-3 years from job. which prevented them from undertaking higher studies. Identified that the prominent personal-social barrier were that RNs wanted to care their small children (31%) followed by the barrier that 'they want to concentrate on children education'. This prevented them from the opportunity to undertake higher studies. About 22.2% feared that they might break the studies in the middle, they lacked determination. 17.1 % believed that it was too 'late to start' higher studies (they were nearing the retirement age of 60), whereas 10.2% feared that going for higher education would compromise their social life and leisure time. This study observed that educational barriers were higher than professional barriers followed by personal and social barriers.

## **Suggestions and recommendations**

Many respondents faced the educational barriers (unaffordable university fee and lack of scholarship facility). If the Universities offer scholarship facility, there could be more and more nurses and midwives who might come forward to undertake higher studies. Time constraint 'to travel to the University Campus' and 'the time schedule of the class' prevented many of them. Online learning/distance education could be a better option to be encouraged. Motivation from the direct manager could help many in attaining higher education. Fear of assignments/research/ fear of academic writing/exam/lack of confidence could be averted by the proper guidance by a competent mentor/academic support team.

## **Ethical considerations**

Ethical approval obtained from the Ethics Committee. Informed written consent was obtained from the participants before participating in the study. Survey questionnaires were directly distributed to and collected from the respondents in sealed envelopes by the researcher. Respondent's anonymity was maintained, they were asked not to enter the name, designation and specialty. Confidentiality and privacy of the respondents ensured during and post research.

## **Limitations of study**

No limitations experienced in conducting the research. Study achieved a good sample size which provided a good power for the test. In addition, obtained the responses from respondents performing different job roles/ designations. Multinational respondents added more depth for the study; perceptions of the multinational RNs RMs are an added advantage as cultural variations and lingual variations add to the strength of the sample. Approval from the Ethics and approval and cooperation from the respondents was obtained without delay.

## **Scope for further research**

There is scope for future research about the RNs and RMs engagement around higher studies. With many new avenues opening up for the online and blended learning, there could be scope for improvement in the field of higher education in Nursing. Cultural differences, technological advancements and the future advances in the field of education and research, there could be opportunity for future researchers in the field of Higher education and Nursing arena.

## **Conclusion**

Organization's performance and standards remain high with the educated and competent clinical workforce. Engagement of the RNs and RMs with higher studies help them to gain more knowledge, improve their qualification, give them personal satisfaction and eventually help them to get promotion and incentives which further may increase their job satisfaction. As per their own perception that higher education would give them the benefit of doing the job better, obviously increase their knowledge and skill required for their daily job responsibilities. It is popularly known that patient care and communication is mostly centered on the nurses and midwives who render the quality care, observing the safety standards. The knowledge, skill and attitude of the nurses are the corner stone for ensuring quality care and patient safety. Though all the health care workers have an important role in the patient care, the quantity and quality time spend by the nurses and midwives for their patients are comparatively high. Therefore, their engagement in higher education, their perception of benefits and their perception of the hindering barriers are indeed a significant topic for research study in Nursing Education.

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**Table 16. Nationality**

Nationality	Frequency(n)	Percentage (%)
Arabic	24	5.3
Indian	268	59.6
Philippine	150	33.3
Others	8	1.8
Total	450	100

**Table 17. Designation**

Designation	Frequency(n)	Percentage (%)
AN	37	8.2
SN	364	80.9
SSN	29	6.4
CN	18	4.0
NS	2	0.4
Total	450	100

**Table 18.** Educational qualification

Designation	Frequency(n)	Percentage (%)
Diploma	89	19.8
BSN	330	73.3
Masters	27	6.0
PG Diploma	1	0.2
PHD	3	0.7
Total	450	100

**Table 19.** Total experience

Years	Frequency(n)	Percentage (%)
0-5	21	4.7
6-10	156	34.7
11-15	94	20.9
16-20	73	16.2
21-25	39	8.7
26+	67	14.8
Total	450	100

**Table 20.** RNs & RMs doing Higher education

Doing HE	Frequency(n)	Percentage (%)
Yes	42	9.3
No	408	90.7
Total	450	100

**Table 21.** Perception about Benefits

Interest HE	Frequency(n)	Percentage (%)
Yes	410	91.1
No benefits	40	8.9
Total	450	100

**Table 22.** Personal social barrier

Personal- Social barriers	Percentage (%)
lack of support	9.8
No-net connection	7.3
child too small	31
near retire age	9.3
fear of failure	7.6
fear exam	6.2
social life	10.2
unimportant HE	6.9
children education	25.6
late to start	17.1

Likely to break	22.2
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**Table 23.** Educational barriers

Educational Barrier	Percentage
university fee	72.9
Lack of scholarship facility	67.6
assignments/research	18.7
class schedule	42
university far	38.2

**Table 24.** Professional social barrier

Professional Barrier	Percentage
no leave facility	64.4
duty pattern	70.9
migration plan	20.9
no motivation	20.4

**Table 25.** Total experience \* Interested for HE- Chi square test

	Value	df	Asymptotic Significance (2-sided)
Pearson Chi-Square	35.823 <sup>a</sup>	6	.000
Likelihood Ratio	36.687	6	.000
Linear-by-Linear Association	16.549	1	.000
N of Valid Cases	450		

**Table 26.** Future plan for HE \* Interested for HE- Chi square test

	Value	df	Asymptotic Significance (2-sided)	Exact Sig. (2-sided)	Exact Sig. (1-sided)
Pearson Chi-Square	130.737 <sup>a</sup>	1	.000		
Continuity Correction <sup>b</sup>	128.526	1	.000		
Likelihood Ratio	138.159	1	.000		
Fisher's Exact Test				.000	.000
Linear-by-Linear Association	130.447	1	.000		
N of Valid Cases	450				



**Table 27.** Benefits\* Interested for HE- Cross tab & Chi square test

CROSS TAB			Interested for HE		Total
			not interested	interested for HE	
Benefits	no	Count	39	1	40
		% within Benefits	97.5%	2.5%	100.0%
	yes	Count	134	276	410
		% within Benefits	32.7%	67.3%	100.0%
Total		Count	173 (38.4%)	277 (61.6%)	450

Chi Square	Value	df	Asymptotic Significance (2-sided)	Exact Sig. (2-sided)	Exact Sig. (1-sided)
Pearson Chi-Square	64.701 <sup>a</sup>	1	.000		
Continuity Correction <sup>b</sup>	61.991	1	.000		
Likelihood Ratio	72.059	1	.000		
Fisher's Exact Test				.000	.000
Linear-by-Linear Association	64.557	1	.000		

**Table 28.** Barriers/no \* Interested for HE- Cross tab & Chi square test

CROSS TABS			Interested for HE		Total
			not interested	interested for HE	
Barriers/no	No barriers	Count	48 (64.9%)	26 (35.1%)	74
	yes, there are barriers	Count	125 (33.2%)	251	376
Total		Count	173	277	450
		% within Barriers/no	38.4%	61.6%	100.0%

Chi Square	Value	df	Asymptotic Significance (2-sided)	Exact Sig. (2-sided)	Exact Sig. (1-sided)
Pearson Chi-Square	26.124 <sup>a</sup>	1	.000		
Continuity Correction <sup>b</sup>	24.805	1	.000		
Likelihood Ratio	25.438	1	.000		
Fisher's Exact Test				.000	.000
Linear-by-Linear Association	26.066	1	.000		

**Table 29.** Doing HE \* Benefits- Cross tab & Chi square test

CROSS TABS			Benefits		Total
			no	yes	
Doing HE	no	Count	40	368	408
		% within Doing HE	9.8%	90.2%	100.0%
	yes	Count	0	42	42
		% within Doing HE	0.0%	100.0%	100.0%

Total	Count	40	410	450
	% within Doing HE	8.9%	91.1%	100.0%

Chi Square	Value	df	Asymptotic Significance (2-sided)	Exact Sig. (2-sided)	Exact Sig. (1-sided)
Pearson Chi-Square	4.519 <sup>a</sup>	1	.034		
Continuity Correction <sup>b</sup>	3.390	1	.066		
Likelihood Ratio	8.229	1	.004		
Fisher's Exact Test				.040	.016
Linear-by-Linear Association	4.509	1	.034		

**Table 30.** Future plan for HE \* Benefits- Cross tabs & Chi-Square test

CROSS TABS			Benefits		Total
			no	yes	
Future plan for HE	No	Count	36	175	211
		% within Future plan for HE	17.1%	82.9%	100.0%
	yes	Count	4	235	239
		% within Future plan for HE	1.7%	98.3%	100.0%
Total		Count	40	410	450
		% within Future plan for HE	8.9%	91.1%	100.0%

Chi- Square	Value	df	Asymptotic Significance (2-sided)	Exact Sig. (2-sided)	Exact Sig. (1-sided)
Pearson Chi-Square	32.765 <sup>a</sup>	1	.000		
Continuity Correction <sup>b</sup>	30.893	1	.000		
Likelihood Ratio	36.514	1	.000		
Fisher's Exact Test				.000	.000
Linear-by-Linear Association	32.692	1	.000		

**Table 31.** Designation \* Benefits – Cross tabs & Chi-Square test

CROSS TABS			Benefits		Total
			no	yes	
Designation	AN	Count	6	31	37
		% within Designation	16.2%	83.8%	100.0%
	SN	Count	28	336	364
		% within Designation	7.7%	92.3%	100.0%
	SSN	Count	4	25	29
		% within Designation	13.8%	86.2%	100.0%
	CN	Count	2	16	18
		% within Designation	11.1%	88.9%	100.0%
	NS	Count	0	2	2

		% within Designation	0.0%	100.0%	100.0%
Total		Count	40	410	450
		% within Designation	8.9%	91.1%	100.0%

Chi-Square Tests			
	Value	df	Asymptotic Significance (2-sided)
Pearson Chi-Square	4.263 <sup>a</sup>	4	.372
Likelihood Ratio	3.911	4	.418
Linear-by-Linear Association	.084	1	.772
N of Valid Cases	450		
a. 5 cells (50.0%) have expected count less than 5. The minimum expected count is .18.			

**Table 32.** Designation \* Interested for HE – Chi Square test

Chi-Square	Value	df	Asymptotic Significance (2-sided)
Pearson Chi-Square	4.678 <sup>a</sup>	4	.322
Likelihood Ratio	4.919	4	.296
Linear-by-Linear Association	.102	1	.749
N of Valid Cases	450		

**Table 33.** Gender \* Benefits

Chi-Square Tests					
Chi-Square	Value	df	Asymptotic Significance (2-sided)	Exact Sig. (2-sided)	Exact Sig. (1-sided)
Pearson Chi-Square	.474 <sup>a</sup>	1	.491		
Continuity Correction <sup>b</sup>	.199	1	.655		
Likelihood Ratio	.510	1	.475		
Fisher's Exact Test				.632	.343
Linear-by-Linear Association	.473	1	.492		
N of Valid Cases	450				