Factors Influencing the Advancement of Professional Education of Nurses at a Magnet Hospital

A Scholarly Project

Presented to the Faculty

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Of Partial Fulfillment

Of the Requirements of the Degree

Master of Science

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by

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Section One

Introduction

In the United States, students have the opportunity to obtain nursing education through several avenues including; diploma programs, associate degree, accelerated degree or bachelor degree programs. Most bachelor degree programs offer the nursing student a four year course of study, including core nursing curriculum as well as research, lab sciences and English. In the U.S., the minimum requirement necessary to practice as a Registered Nurse (RN) is by completing a diploma or associate degree program, and passing a state licensure exam. Compared with other members of the healthcare team, the evolution of the profession of Nursing is sluggish and the educational requirements atypical. Currently, the U.S. nursing workforce is mostly comprised of associate degree prepared RNs (Spratley, Johnson, Sochalski, Fritz and Spencer, 2001). These statistics are discordant to national mandates issued in the past pertaining to RN’s educational goals. “The National Advisory Council on Nursing Education and Practice and the U.S. Secretary for Health and Human Services recommended at least 2/3 [(2 million)] of the nurse workforce hold nursing baccalaureate degrees and above by 2010” (AACN, 2009). Additionally, nursing continues to be one of the few professions that have yet to move, “from an apprenticeship model of training to more academic and scientific models of higher education” (Peter, 2004, p. 393). According to Scott (2004), these traditional apprenticeship methods of education have been proven inadequate, “because they are unable to address the increasing pace at which scientific knowledge is being produced (and then as rapidly superseded by superior knowledge) and technical skills are being upgraded” (p. 394). Nursing education programs should begin at baccalaureate level to be considered an equal member of the healthcare team, to
change perceptions within and outside of the field and to become more adept and skillful practitioners. By identifying educational barriers that nurses face, we can start to find ways to remove these barriers and increase rates of matriculation. Also, in studying reasons why nurses advance their professional education, we can improve upon supporting working nurses and nursing students to foster such experiences and attitudes.

**Problem Statement**

Since 1965, the American Nurses Association (ANA) has recommended a nursing baccalaureate educational degree (BSN) over an associate degree in nursing (Ramur, et al., 2005). Research has clearly shown, “Healthcare administration on all echelons, including business, medical, nursing, financial and legal, would benefit from examining ways to increase the proportion of BSN-level RNs employed at their institutions” (Megginson, 2008, p. 48). Prior studies have shown that with advanced nursing education there are improved patient outcomes, “a 10% increase of RN’s having a bachelor’s degree correlated with a 5% decrease in surgical patient’s deaths” (Aikens, Clarke, Cheung and Sloane, 2003). In order to advance the profession and provide excellent patient care, barriers that hinder nurses from advanced education should be identified and then properly addressed. In addition, by determining the factors that influence the reason nurses decide to advance their education, health administrators and nurse managers may be able to develop programs that will promote an environment that supports education advancement.
Purpose of Study

The purpose of this study is to explore the factors which influence a sample of nurses regarding their educational advancement. By clearly identifying the factors that influence or prevent nurses working in a Magnet hospital to continue their professional education, we will hopefully attain new knowledge that will lead to strategies that can be addressed by nursing administration to promote the continuation of advanced education for their nursing staff.

Research Question

Question 1: What are the factors that influence nurses in a Magnet Hospital to advance their professional education?

Question 2: What are the factors that prevent nurses in a Magnet Hospital from advancing their professional education?

Relevance to Nursing

More than forty years have elapsed since the ANA originally supported the mandate that all RN’s must obtain a BSN degree at minimum. Currently, in the U.S., approximately 70 % of practicing RN’s have been educated at the associate degree level or less (Spratley, et. al., 2001). Research has shown that better patient care is congruent to an increase in bachelor degree (BSN) prepared nurses (Aikens, et. al., 2003). Additionally, the field of nursing struggles to abandon the “apprenticeship” model of education and move towards the university model, which the majority of health care professions use (Scott, 2004). Sharing more similar education routes with medical doctors, physical therapists, occupational therapists, speech pathologists, can increase
collaborative efforts, and assist in providing better patient care. Therefore, it is in our best interest as a profession to explicitly list the “reasons why” nurses do not advance their professional education, which we aim to do in this study. Thus, we can begin to establish ways to assist and support the workforce in their educational endeavors.

**Theoretical Framework**

For this study we have utilized the Ajzen’s Theory of Planned Behavior (TPB) (2005), a newer version of the Theory of Reasoned Action, by Ajzen and Fishbein (1980). This theory focuses on behavioral beliefs, perceived sense of control and the normal behavior expected, which all influence the proposed outcome (http://people.umass.edu/aizen/tpb.diag.html). The perceived barriers that prevent nurses from educational advancement will be compared with this theory, with special attention to the attitudes of the nurse, subjective norms/culture of the nurse, the workplace as well as their perceived sense of personal control. The data collected from the survey will be analyzed to determine if these factors influence the proposed outcome, educational advancement.

**Figure 1: The Theory of Planned Behavior** (Ajzen 2005)
FACTORS INFLUENCING ADVANCEMENT OF PROFESSIONAL EDUCATION OF NURSES

(This graph was modeled from the TPB diagram copyrighted in 2006 by Icek Ajzen

http://people.umass.edu/aizen/tpb.diag.html)

Conceptual Definitions

For the purpose of this study, the following terms and definitions will be used:

Accelerated Degree Nurses – Those nurses who already possess a Bachelors degree in another field, whom then undergo an “accelerated” course of study to earn their BSN degree.

ADN – Registered Nurses whose highest degree is an Associate’s degree

APN- Advanced Practice Nurse - RN’s who possess a Masters or Doctoral degree.

BSN- Registered Nurses whose highest degree is a Bachelors degree of Science in nursing. Also is referred to as a baccalaureate education.

Diploma – Registered Nurse who has graduated from a diploma nursing program.

“Educational advancement” is the act of pursuing a higher level degree in any profession, taught at an institution of higher learning. Certifications and career/clinical ladder achievements will not be considered for this study.
Magnet – Recognition awarded “by the American Nurses’ Credentialing Center (ANCC), to hospitals that satisfy a set of criteria designed to measure the strength and quality of their nursing” (Center for Nursing Advocacy, 2008).

Assumptions

For the purpose of this study, the following assumptions will be made:

1. Nurses that are available to participate will choose to participate.

2. Nurses who participate will respond honestly.

Section Two

Review of the Literature

For the research of this topic, databases such as Ovid, PubMed, CINAHL and Google Scholar were utilized. Key terms used in the search were “nursing education”, “continuing education”, “advance degree” and “graduate nursing”. From the literature review, three major barriers for nursing educational advancement were identified; the common barriers identified were, funding, attitudes and efforts of the nurse, and anti-intellectualism.

According to the American Association of the Colleges of Nursing, (ACCN), BSN degree nurses are better prepared clinicians to meet the demands of today’s patients. They are “prized for their skills in critical thinking, leadership, case management, and health promotion, and for their ability to practice across a variety of inpatient and outpatient settings” (ACCN, 2009, para 1). The ACCN undeniably supports the impact of education on nursing practice. They have shown their support for major institutions such as the United States Military and the National Advisory Council on Nurse and Practice who offer advanced degree programs
in nursing. These are both respected professional organizations that believe in the importance of the BSN and advanced practiced nurse versus a vocational nurse (ACCN, 2009).

As the national voice for BSN and graduate nursing, the ACCN believes “education has a significant impact on the knowledge and competencies of the nurse clinician” (ACCN, 2009, para 1). BSN prepared nurses have additional course work and credit hours in their education to enhance the professional development that concentrates on cultural, political, economic, and social issues to better care for their patients and to improve outcomes on interdisciplinary levels in the health care industry (ACCN, 2009, para 4).

According to Aikens, et. al., (2003), of the University of Pennsylvania identified higher proportions of nurses educated at the baccalaureate or higher degree level show that surgical patients have a “substantial survival advantage” (p. 1621). By increasing the proportion of BSN nurses by only 10%, Aikens reported there was a direct decrease by 5% of patient deaths (Aikens, et. al., 2003). More research shows that health care facilities with Magnet status are models for the best patient care provided, and these institutions employ 59% of the nurses with BSN degrees as opposed to 34% BSN in non-Magnet hospitals (ACCN, 2009, para 23).

AACN’s March 2009 Fact Sheet lists an abundance of highly reliable professional organizations and government policymakers who strongly believe that a BSN prepared nurse is the future of our health care and beneficial to our patient’s outcomes. According to a study by physicians titled, “RN to BSN education: What do RNs think,” BSN nursing programs are showing a decline in enrollment (Lillibridge and Fox, 2005). This study affirms the importance of identifying barriers and motivators that nurses experience, so that we can encourage and support our peers to continue their professional educational journey.
Financial constraints during a recession are huge barriers in persons pursuing advanced education in all professional fields. Many nurses are working parents, husbands/wives, and professionals trying to juggle school and work to support family and provide security for their future. Morgenthaler identifies that nurses often do not want to add economic burden to their family’s current financial situation. Opportunities as staff nurses to “work extra shifts to increase family income is attractive and weighs heavily on the decision to return to school” (Morgenthaler, 2009, p. 335). Nurses who are considering obtaining advanced degrees may not qualify for scholarships and will have to be responsible for the full amount of educational costs and these costs will have come from personal loans or saving (Morgenthaler, 2009, p. 335).

A typical person seeking a BSN degree is expected to pay an average of $20,000-$27,200 for four year programs as an in-state resident each year. Out-of-state residents expect to pay $36,000-$99,200 per year. Students attending community colleges have an average tuition of $4600 in-state, or $10,000-$21,600 for a two year out-of-state programs (Nursing School, n.d.). RN to BSN programs are typically offered at universities with the total price depending on cost per credit hour. These programs typically are completed in two years, making them more affordable than an average BSN degree. At Georgetown University, advanced nursing degrees at a master’s degree level will cost the student an average of $1500 per credit for 35-46 credits, totaling $52,500-$69,000 (Office of, n.d.).

However, since the need for nurses continuously grows, many new programs have been developed to aid the student with the costs. Many institutions recognize the burden of funding for nurses who wish to pursue advance degrees. The Foundation for California Community Colleges and Kaiser Permanente announced grant funding for new programs aimed at creating a better-
educated nursing work force for California. The grant is an outcome of the study conducted by California Institute for Nursing and Health Care, “recent studies clearly demonstrate that a higher prevalence of baccalaureate and masters-prepared RNs at the bedside positively impact patient outcomes” (AACN, 2009, para 5).

The Helene Fund Health Trust is the largest private foundation devoted to student nurses and higher education. The trust is to give funding for BSN and higher degree nursing programs due to the “increased complexity and sophisticated knowledge required for health care delivery” (ACCN, 2009, para 32). Having funding provided by private and public sources will be necessary to offset some of the costs of higher education in nursing and may help with increasing the number of nurses with these degrees.

Registered Nurses who work in higher education currently as members of school faculty are making roughly $20,000 less than the national average of graduate registered nurses (West, 2009). Associate degree nurses and baccalaureate prepared nurses are earning the same salary at entry-level positions; “Once licensed, American RNs are frequently employed in positions with little differentiation, either in pay or job assignment” (Rambur, McIntosh, Palumbo & Reinier, 2005, p. 185). RNs are more likely to pursue education mobility to the BSN level if there are significantly pay differentials (Megginson, 2008). We can also expect a continual shortage of undergraduate nurses as a result of not having enough faculty members to teach them (West, 2009).

Attitudes and the efforts of Registered Nurses have been identified as one of the barriers that influence whether a Registered Nurse who is not baccalaureate prepared seeks to advance their degree. According to Smith, Phillips, and Turner, all of whom are advanced degree nurses,
addressed some of the attitudes of registered nurses who are not baccalaureate prepared. In their study, the nurses surveyed felt that their current practice as a nurse was sufficient for their career and that there was no need to pursue higher degrees. They did not see a direct benefit of obtaining a bachelor’s degree in nursing because there was no guarantee that their “role(s), perspective, and environment” would alter their current roles as nurses (Smith, Phillips, & Turner, 2007, p. 423). They also discovered that there is a presence of self-directed hostility if the baccalaureate program is too unfamiliar and does not prove to be better than their previous jobs. These nurses were taken out of their comfort zone and thrust in a situation of accelerated learning, a situation in which they were unfamiliar (Smith, et. al., 2007).

“The Returning-to-School syndrome” was used to describe the three different stages in the RN-BSN educational process and are; the honeymoon, conflict, and reintegration (Utley-Smith, Phillips, and Turner, 2007). Once the nurse begins school, they feel great about deciding about going back to school and are very hopeful to do their best in their course of study. As the nurse gets further into the semesters and the core of the curriculum, they may have trouble with learning the new information and keeping up with their lives outside of the classroom. Once they are able to effectively study and complete projects needed for school while being able to manage their personal life, they begin to handle the stress better and complete the program. According to the study, if these stages are addressed at the beginning, continuously and as needed during the process of considering obtaining second degree, the transition would not be as difficult (Utley-Smith, et. al, 2007).

Some nurses also felt there was no need to advance their education because they felt content with their current positions. They are making enough money to sustain their lifestyle and
most are working on a unit or in a doctor’s office where they have settled into a routine and a schedule. Drs. Lillibridge and Fox, (2005) addressed contentment of non-bachelor prepared nurses with their current roles. They discovered that the nurses in this study understood the advantages of a BSN degree for increasing their base of knowledge and reaching their career goals. Ultimately, they did not value advancing their education because there appeared to be more emphasis on the level of education, and not the relevance to the changes in health care nor the contributions they could make with having an advanced degree.

Additionally, some Registered Nurses felt intimidated by the thought of having to begin school again. Some school’s criteria for their nursing program can have major differences and it can create anxiety. Morgenthaler (2009) addressed the attitude of effort when deciding whether or not non-bachelor prepared nurses should attend school and identified the need for nurses to have a plan and goals while pursuing an advanced degree. They have to be realistic and prepared for lifestyle changes such as lack of personal time, and restricted time for family and friends, all which can deter some nurses from pursuing advanced degrees (Morgenthaler, 2009).

Those obtaining a BSN degree can perceive the additional responsibilities or job qualifications such as reviewing research papers, advocating for the patient and working with hospital or medical facility leaders as either an incentive or burden in the profession. These additions to the job description may not be as appealing as one would think if there was not an incentive such as pay or other tangible benefits. As a nurse increases his/her levels of knowledge through certifications and advanced degrees, the level of skill and competencies are looked upon most when it comes to determining pay scale and promotion. However, different skill and competency levels between the separate degrees are not uniformly recognized in inpatient or
outpatient work settings by compensation or role differentiation. “This situation has been cited as a disincentive for nurses to raise their educational level,” (JCAHO, 2003). On the other hand, a study by Ingersoll, et. al., (2002) illuminated that the mostly highly educated nurses were the most satisfied and the associate degree nurses were the least satisfied. The most valid indicator of competence in a Magnet institution is a BSN, MSN, and certification.

Nursing has many challenges to overcome within the realm of professional advancement. Anti-intellectualism is a cultural barrier within the field that impedes progression to advancement. According to Miers (2002), a major barrier in nursing is anti-intellectualism. It is one of the “cultural factors which contribute to nursing's problems gaining equal status in higher education” (p. 212). As the profession of nursing attempts to transition toward a university-based education, there is friction within our own field regarding the task-based training RNs receive. According to Miers, “Anti-intellectualism in nursing can be seen as a defensive reaction against an academic culture that defines practical activity as inferior to abstract thinking skills,” (Miers, 2002, p. 212). Miers describes that femininity has affected these cultural beliefs and explains that in the 1950s, academic standards were low for women who wanted to become nurses. Young women who got A’s in class and women described as “brilliant”, or “bright” were discouraged from becoming nurses (Miers, 2002, p. 215). These beliefs in part continue to affect the perception of nurses today.

Compared with many members of the healthcare team, the education of an average RN is far less.

“RNs today work as a part of an interdisciplinary team with colleagues educated at the master’s degree or higher level. Health professionals who are part of the interdisciplinary team
include physicians, pharmacists and speech pathologists, whom all recognize the complexity involved in providing patient care and understand the value and need for high education” (AACN, 2009). For example, other licensed health care professionals require education at the master’s level and beyond. Nurses should not be the least educated member of the multidisciplinary healthcare team; they are the primary care provider and coordinator for direct patient care (AACN, 2009). They should not be the least educated member of the health care team” (AACN, 2009). This fact could be one of the reasons why many universities hold medicine in higher regard than other healthcare professions (Miers, 2002). Tame (2009) described “secret study,” which is defined as individuals enrolled in a university nursing program that have chosen not to disclose this information with their peers and thus, study in secrecy (p. 262) and recommended this concept be further explored by future research. However, it is noted that “the pursuit of education was implied negatively by coworkers resulting in horizontal violence” (Tame, 2009, p. 259). Horizontal violence, also described as lateral violence, is “hostile and aggressive behavior by individual or group members towards another member or groups of members of the larger group. This has been described as “inter-group conflict” (Duffy, 1995, p. 5). This statement also alludes to the aforementioned theme of anti-intellectualism.

The major themes identified by the researchers in the literature review are funding, attitudes and efforts of the nurse, and anti-intellectualism. Attitudes of the nurse affect the rates of BSN prepared nurses as well as their job satisfaction. The theme of unprofessionalism and anti-intellectualism has shown to be a barrier to the advancement of the profession and gaining equal status to other healthcare disciplines. Only when these cultural beliefs have been changed can the profession begin to change for the better. Financial aspects of nursing education appear
to be challenging for many prospective students. Many do not see an incentive to educational advancement. However, there are services dedicated to assisting those in their studies. Those who successfully advance their education seem to experience higher levels of self confidence, better retention rates and comply with mandates set by regulatory agencies and experts in nursing. A study identifying reasons why nurses chose to advance their professional education despite life’s challenges will prove useful to nursing administrators and educators in the future. Educators and administrators can try to inspire future nurses as well as foster attitudes shown by the motivated nurses in this study. Reasons why nurses identify as barriers to education can be addressed by administrators and educators on all levels. By clearly identifying specific reasons preventing nurses professional educational advancement, perhaps they can be assisted to overcome such barriers in the future.

Section III: Research Design and Methods

Research Design

A cross-sectional descriptive design will be used in this study to explore the factors which influence nurses regarding their educational advancement. The independent variables are the factors of funding, attitudes and efforts, previous educational experiences, support from family, support of management, and job satisfaction, which influence nurses to advance their professional education. The dependent variable is their level of education.

Sample
For this study, the researchers will use a convenience sample (N=100) consisting of Licensed Practical Nurses and Registered Nurses who are prepared at all educational levels such as Diploma, Associate, Bachelor, Master, and Doctorate degrees on six identified nursing units: 7 Bles (General Surgery/ENT), 7 West (Oncology Research), 2Bles (Bone Marrow Inpatient), 3 Bles (Gynecology/Oncology), 5 North (Outpatient Infusion), 6 Bles (Transplant), 6 Main (Orthopedics) at a large, urban teaching hospital with Magnet status (GUH) Georgetown University Hospital. Inclusion criteria for participants in this study will be nurses currently employed at Georgetown University Hospital in a full-time, part-time or per diem employment status. Exclusion criteria will include any nurse not working on the six identified nursing units at GUH.

Instrumentation

Data will be collected using a paper and pencil survey titled Factors Influencing the Advancement of Professional Education of Nurses at a Magnet Hospital. The survey tool was developed by the researchers based upon the factors found in the literature review. Also, a panel of Registered Nurses was consulted to assist the research team in a brainstorming session. The survey tool used has a total of 19 questions, which are divided into four sections. Section I, the demographic section, has four questions asking participants about their current level of education, job position, and age. The questions are multiple choice and write-in (questions 1 through 4). Section II education and support, consists of seven multiple choice questions (questions 5 through 11). These questions explore the independent variables such as support from family and managers, and previous educational experience. Section III, questions 12 through 14, is to be answered by those nurses who have chosen to advance their professional education. It is comprised of three multiple choice and one yes-or-no question. Upon the
completion of section III, these nurses have completed the survey. Nurses who have not chosen to advance their professional education are instructed to skip section III and to answer section IV, which is five questions, three of which are yes-or-no and two are multiple choice (questions 15 through 19). The survey was sent to experts in the field of nursing education to be evaluated for content validity.

**Procedure**

To recruit participants for the survey, the researchers will send emails to the various nurse managers of 7West (Outpatient Oncology Research), 7Bles (General Surgery/ENT), 5North (Outpatient Infusion), 2Bles (Bone Marrow Transplant Inpatient), 3 Bles (Gynecology/Oncology), 6Bles (Transplant), 6Main (Orthopedics), asking them permission to survey the nurses on their respective units. In the email, the researchers will explain the purpose and goals of the project to the managers and coordinate with them a convenient and unobtrusive time to distribute the surveys, be it at a staff meeting or in an envelope in their break room. Once verbal or written consent is obtained from the nurse managers, the researchers will post flyers around the units stating the title, purpose, goals, time frame and researchers conducting the study. Once a time is established, the researchers will begin promoting the study a week before the surveys are distributed. Surveys will then be distributed during staff meetings (if applicable) and to the break rooms of each unit in a manila envelope and allowed two weeks for completion. The surveys will contain a cover sheet that consists of the consent and instructions to the respondent to place in another provided manila envelope, which will be marked “completed surveys” when it is complete. The researchers will monitor and collect the surveys twice weekly. Should the response rates be low, then the researchers will visit the units personally and encourage staff to participate. Should the response rates remain low after two weeks, the
completion date for the surveys will be extended for an additional two weeks. Completed surveys will be kept in a secured locked file which will be only accessible by the researchers. Small incentives such as food items may be delivered to units to encourage participation.

**Data Analysis**

A statistician will be consulted for review of the survey questions to assure they are formatted for appropriate statistical testing. A two by two contingency table (Chi Square Test) was used to determine association and statistical significance. Descriptive statistics will also be used.

**Protection of Human Rights**

Permission to conduct this study will be obtained from the IRB at Georgetown University prior to implementation. The anonymous survey will have an informed script which explains to the participants the risks, benefits, incentives, no cost, and purpose of the study. The participants will be informed that there are no foreseen risks of participating in this research study and that they can stop participation at any time. The benefits include gaining knowledge regarding the subject and advancing the profession of nursing through this research. Participants may receive an incentive to complete the survey with a value of less than $5.00. The survey is estimated to take less than 5 minutes to complete. The surveys will be placed in a sealed envelope and collected from the researchers who will keep the data in a locked file which is accessible only to the researchers.

**Survey Tool**

*Factors Influencing the Advancement of Professional Education of Nurses at a Magnet Hospital*
Section I-Demographics

1. What is your highest level of education?
   a. LPN
   b. Diploma RN
   c. Associate RN degree
   d. Bachelors Degree
   e. Masters Degree
   f. Doctoral Degree

2. What is your current job title?
   a. Licensed Practical Nurse
   b. Registered Nurse
   c. Nurse Practitioner
   d. Clinical Educator
   e. Clinical Specialist
   f. Nurse Manager
   g. Nurse Administrator
   h. Other____________________________________

3. What is your age? _____

4. What is the highest degree of education achieved in your immediate family (meaning brothers, sisters, spouse, parents and children)?
a. Some High school or less

b. High school graduate

c. Some college

d. College Degree (Bachelor)

e. Graduate Degree (Master)

f. Doctoral or Professional (M.D., PhD, J.D.)

Section II

Education and Support

5. Have you advanced your formal education since you have obtained your nursing degree (meaning you are currently enrolled and/or have completed a degree program. Clinical ladder/certifications not included)?
   a. YES
   b. NO

6. How would you rate your level of satisfaction in your prior nursing education program?
   A. Not Satisfied
   B. Somewhat Satisfied/ Somewhat Not Satisfied
   C. Satisfied

7. How important is it to have a Bachelor’s degree to be a registered nurse?
   a. Not Important
   b. Somewhat Important/ Somewhat Not Important
c. Important

8. How supportive do you think your direct manager is regarding educational advancement of the staff on your unit?
   a. Not supportive
   b. Somewhat Supportive/ Somewhat Not Supportive
   c. Supportive

9. My family would emotionally support me in advancing my professional education.
   a. Yes
   b. No
   c. Maybe
   d. N/A

10. My family would financially support me in advancing my professional education by paying for some or all of my tuition.
    a. Yes
    b. No
    c. Maybe
    d. N/A

11. How would you rate your current level of job satisfaction?
    a. Not Satisfied
b. Somewhat Satisfied/ Somewhat Not Satisfied

Section III - Please answer the following questions if you have advanced your professional education (currently enrolled and/or completed a degree program). If you have not advanced your professional education, please skip to Section IV, question number 15.

12. Lack of job satisfaction influenced me to advance my education.
   a. Disagree
   b. Somewhat Agree/ Somewhat Disagree
   c. Agree

13. Please select the statement that best describes your feelings.
   a. I chose to advance my professional education in order to earn more money
   b. I chose to advance my professional education for my own personal satisfaction
   c. I chose to advance my professional education because I no longer wanted to work at the bedside
   d. I chose to advance my professional education due to encouragement from my manager.

14. I think advancing my professional education has made me a better nurse
    a. True
    b. False
This is the end of Section III, you have completed the survey. Thanks for participating.

If you have not advanced your professional education, please continue to Section IV.

**Section IV: I have not advanced my professional education**

15. How do you think you would benefit if you decided to advance your professional education? (please answer the most applicable)
   
   a. Earn more money
   
   b. Gain respect in the workplace
   
   c. Increased self-pride
   
   d. Better Schedule
   
   e. Gain respect with friends/family
   
   f. Other _______________
   
   g. There is no benefit in advancing my professional education

16. Do you have any fears or concerns about advancing your professional education?
   
   a. Yes
      
      If yes, please list_________________
   
   b. No

17. Have you explored options about advancing your professional education in the past?
   
   a. Yes

   b. No
18. What factors have deterred you from advancing your professional education? (Select all that apply)
   a. Family responsibilities
   b. Cost of program
   c. Lack of income while attending the program
   d. Lack of program availability
   e. Unable to be accepted into the program of your choice
   f. Do not find it necessary for the job that I have right now
   g. Other __________________
   h. I have not tried to advance my education

19. In general, do you think you would earn more money as a nurse if you were to advance your professional education?
   a. Yes
   b. No

Thank you for participating in this study.

Findings
From the survey, findings revealed that personal satisfaction (60%) was the main reason nurses chose to advance their professional education and money was the second reason (20%). Respondents were also given other choices such as manager encouragement and non-bedside
nursing, which yielded results of 3.6% and 17% respectively. Figure 2 below illustrates the percentage of responses.

**Figure 2. Factors Influencing Educational Advancement**

When asked about the perceived benefits of one advancing their professional education, majority of the respondents chose increased self pride and earning more money, both responses had a 53% response rate. Better schedule (28.6%), gain of respect in the workplace (26.5%), and gain of respect with family and friends (20.4%), were not far behind. Approximately 4% of the respondents did not see any benefit. Career advancement, less workload, and more knowledge and better care of patients were also advantages which were responses that were written in. See Figure 3.

**Figure 3. Benefits of Educational Advancement**
Respondents were asked to choose factors that would deter them from advancing their education. Cost was picked as the most deterring factor, 49%. Family responsibility and lack of income followed with 40% and 31% of the responses respectively. Other responses included lack of program availability (6.1%), unnecessary for current job held (22.4%), and the fact that some had been denied acceptance into certain programs (2%). Written-in answers included gaining more job experience, motivation, schedule requirements, loan payments from first degree, and unsure of what program. See Figure 4.

Figure 4. Factors that Deter Educational Advancement

Sample

A convenience sample was obtained from seven nursing units at a large urban teaching hospital including five inpatient units which were general surgery/ENT, transplant, orthopedics, hematology/bone marrow transplant, and gynecology/oncology. Two outpatient units were surveyed including outpatient infusion and outpatient oncology research. All nurses were included in the sample, nursing techs and certified nursing assistants were excluded.

Of the 80 surveys received, 78 answered correctly. Table 1 illustrates the highest level of education indicated by the respondent. Table 2 illustrates the current job title as indicated by the
respondent. The range of ages was 35 with the youngest being 22 and the highest being 57. The mean age was 32.3, median age 29 and the mode was 25.

**Table 1. Highest Level of Education**

<table>
<thead>
<tr>
<th>Level of Education</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>LPN (Licensed Practical Nurse)</td>
<td>2.6%</td>
</tr>
<tr>
<td>Diploma</td>
<td>0%</td>
</tr>
<tr>
<td>Associate Degree</td>
<td>5%</td>
</tr>
<tr>
<td>Bachelors Degree</td>
<td>79%</td>
</tr>
<tr>
<td>Masters Degree</td>
<td>11.5%</td>
</tr>
<tr>
<td>Doctoral</td>
<td>1.3%</td>
</tr>
</tbody>
</table>

**Table 2. Current Job Title**

<table>
<thead>
<tr>
<th>Job Title</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>LPN (Licensed Practical Nurse)</td>
<td>1.3%</td>
</tr>
<tr>
<td>Registered Nurse</td>
<td>93.6%</td>
</tr>
<tr>
<td>Nurse Practitioner</td>
<td>1.3%</td>
</tr>
<tr>
<td>Clinical Educator</td>
<td>2.6%</td>
</tr>
<tr>
<td>Clinical Specialist</td>
<td>0%</td>
</tr>
<tr>
<td>Nurse Manager</td>
<td>1.3%</td>
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Discussion

Responses from participants were aimed at answering the research questions of; what factors influence nurses to advance their professional education and what factors deter nurses from advancing their professional education. Nurses who had advanced their professional education were able to select the statement that best described their feelings of what specific factor was most influential in advancing their professional education in question thirteen. The majority of respondents chose personal satisfaction (64.3%). This response is in concordance with results found in the literature as a major factor in educational advancement (Tame, 2009). The second highest response was that nurses had advanced their education in order to earn more money. This response is of interest particularly in comparing those who have not advanced their education; 25/47 respondents selected that they think they would benefit from increased pay from educational advancement. Previous research by Megginson showed that RNs are more apt to advance their professional education if increases in pay are significant (2008). In this study, more than half of nurses surveyed who perceived pay increase as a benefit to educational advancement have not yet advanced their own education. Salary increase may not be a strong enough factor to encourage nurses to pursue educational endeavors although many respondents think their salary would increase. Perhaps those who have not advanced their education feel as though they are satisfied with their salaries.

Nurses who had advanced their education were asked to rate their current level of job satisfaction. We also asked these nurses if lack of job satisfaction influenced them to advance
their education. Of those who were currently satisfied and had advanced their education, approximately ¾ of respondents disagreed that lack of satisfaction played a role in educational advancement. Of those who were not satisfied with their current job, the majority agreed that lack of job satisfaction had influenced them to advance their education. Data showed that nurses who are dissatisfied with their jobs are more likely to have advanced their education. From the data, further education does not seem to be analogous with increased job satisfaction. However, research in the past has shown that the highest educated nurses are the most satisfied (Ingersoll, et. al., 2002). Perhaps a reason for such results could be the large portion of nurses who are currently enrolled in school and have not yet completed their programs. These nurses are more likely to be employed in their bedside roles until they can utilize their advanced degree for better job opportunities; this could be a reason for such high rates of dissatisfaction. Further studies may be needed to remove such variables from this population.

Similarly, we compared advancement of professional education to current level of job satisfaction. Those who had not advanced their education were mostly satisfied (72%). In previous studies, nurses who had not advanced their professional education had stated they felt a sense of contentment in their current positions and could not identify any real need for educational advancement (Lillibridge & Fox, 2005). These results would suggest that job satisfaction could be an indicator of nursing retention so much so it can deter staff from advancing their education. Of those who had advanced their professional education, the majority were unsatisfied. These results are inconsistent with previous research which has shown that the least educated nurses are the least satisfied while the highest educated nurses are the most satisfied (Ingersoll, et. al., 2002). As stated before, perhaps a contributing reason for such results could be those currently enrolled in advanced degree programs.
Financial concerns were frequently found as factors which prevent professional advancement. When nurses were asked if they had any fears or concerns about advancing their professional education, the majority of responses were regarding financial concerns, with the second most common being time. Additionally, 23/47 selected “cost of program” as a factor which had deterred them from advancing their education. Participants were asked if they believed their family would support them financially by paying for some or all of their tuition. These results were compared with those who had or had not advanced their professional education. Results showed that nurses who responded that they would receive financial assistance from their families, about half had advanced their education. Of those who responded that they would receive no financial assistance, the majority had not advanced their education. Financial assistance from family seems to be an important contributing factor in educational advancement. Of those who had financial support, approximately half had advanced their education. This support seems to have made returning to school less difficult for nurses in this population. Conversely, the alternate half of nurses did not have financial support from family but were able to advance their education despite the fact. This suggests that this subgroup was motivated by other factors more strongly and found a way to overcome financial issues which may have surfaced.

Family obligations and time were important issues of concern with regards to educational advancement. Approximately 40% of nurses who had not advanced their education listed “family responsibilities” as a deterrent from educational advancement. A question asked in the first section asked participants if their family would support them emotionally in advancing their professional education. The vast majority responded yes to this particular section. Although it is not explicitly defined as to what “emotional support” entails, one can guess that most families
would try to assist the nurse in her educational journey. Many nurses who listed family responsibilities as a deterrent also listed that their family would support them. People who advance their education typically have responsibilities to others outside of work, yet they are able to achieve their goals. These results are further proof that returning to school is requires a lifestyle change, which some are not willing to accept (Morgenthaler, 2009).

An interesting finding from nurses surveyed who had not advanced their professional education is that 65% thought that they would earn more money if they were to advance their professional education. Despite these perceptions, these nurses had not chosen to advance their education. Interestingly, the increase in pay with an advanced degree is not always true. Throughout the course of the study, certain nurses had discussed certain situations about how they had advanced their degree and actually made less money practicing in their new role. Pay differential is not always significant between different educational levels (Megginson, 2009).

**Limitations**

The following limitations were identified for this study:

1. Participants may answer questions in a manner based on how they believe the researcher expects them to answer.

2. Participants will be selected from a convenience sample of 100 participants therefore not making the findings generalizable to other populations.

3. Our sample lacked variation, most of our respondents were BSN prepared (79%).

4. Our sample had little variation in job title (93.6% identified themselves as an RN).
5. Lower response rate than expected (approximately 80%).

6. Our sample consisted of many nurses who had started their careers and first job within the year, this large sub-population potentially had an effect on results.

**Clinical Implications**

In a magnet institution, most RNs are expected to be bachelor degree prepared, as well as at least 75% of nursing managers and administrators (AACN). We have found from our study that lack of financial resources and incentives is a deterrent from educational advancement. Nurses hold such positions and are paid based on the job title, not their educational level. Incentive for advancing ones education is not evident. Nursing administrators need to recognize and reward staff monetarily for educational advancement. The nurse bears the burden of paying for his or her own schooling and unless they change job roles, they receive no promotion or increase in pay.

As shown in our study, an increase in self pride and personal satisfaction were strong indicators of educational advancement. Educators and administrators can continue to encourage and support staff that is currently in school by offering flexibility with scheduling and alerting staff to conferences and opportunities in the community which may be of benefit to their field of study. Perhaps managers can reward those nurses with charge nurse and nurse leadership responsibilities to help foster such attitudes in staff.

Our results also showed that of nurses who had not advanced their education, most were satisfied. This could mean that nurses in such positions are complacent in their roles and lack
incentive for continuing their education. Educators and administrators must create a culture of professionalism and intellectualism in nursing where our practice is based on scientific evidence. Nurses who have not advanced their education should be challenged by the institution of employment to participate in research and take classes at the university level. This study has strengthened the association between personal satisfaction and pride being a major cause of educational advancement. By recognizing these individuals for their achievements, we can hopefully increase their satisfaction, improve retention and most importantly, provide excellent care to the patient.

**Future Recommendations**

It is recommended that this study be replicated in non-magnet institutions with greater populations of Associate and Diploma prepared nurses as well as LPN’s, so that we can examine reasons listed why this population in particular does not advance their professional education. This group is encouraged perhaps the most strongly to attain a bachelor degree and information yielded from such a study could be utilized to implement strategies to encourage and facilitate such educational endeavors. Also, a replication of this study in a different geographical setting could prove beneficial. The sample population largely consisted of young adults less than thirty employed at a large urban teaching hospital. Perhaps a replicated study in a more rural setting with a broader age range would yield different and potentially more useful information.

Cost and time were also major deterrents found that hindered nurses from advancing their professional education. A comparison study may be performed with nurses who work at facilities that provide financial assistance and/or programs that facilitate and promote professional development and facilities that do not. By somewhat removing the extraneous
variable of cost, the researcher could better compare the populations to more clearly understand interpersonal barriers.

A mixed study using more qualitative measures for collecting data could prove useful in replications of this study. One to one interviews with nurses who have not chosen to advance their education could yield rich descriptive data regarding barriers perceived to educational advancement. This could help nursing administration to understand the thought process and better assist this population.
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