

Characteristics of Nurses Upgrading to Higher Levels of Nursing Education at a Regional Referral Hospital in Eastern Kenya

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Abstract

Upgrading refers to the process of nurses improving their initial educational qualification to a higher level. It enables nurses to add to their knowledge and skills, professional value, self-esteem and are rated higher within the nursing cadres. The number of nurses upgrading in Kenya has continued to increase over the years with adult students becoming the new majority in the student body. The upgrading nurses enter the academic programs with varied characteristics making them a unique group. This study sought to describe the characteristics of nurses upgrading to higher educational levels at a regional referral hospital in Eastern Kenya. The study design was a descriptive cross-sectional survey. Data was collected from 160 nurses using a structured self-administered questionnaire. Data collected was checked for accuracy, coded and analysed using STATA Version 10. Results showed that 63.2% of the respondents were above 35 years with a mode age of 40-44 years and >50 years. The ratio of male to females was 1:5. 53.2% of the respondents had Enrolled Community Health Nursing (ECN) as their initial qualification. 47.7% of the respondents had upgraded while 20% were currently upgrading. Age and initial qualification significantly influenced nurses to upgrade ($p= 0.000$ and $p= 0.04$ respectively) with the younger and those with certificate qualification more likely to upgrade. The preferred mode of study was distance learning with 83.65% of those upgrading opting for it. It was recommended that institutions of higher learning should strive to provide upgrading programs in nursing via distance learning mode and work closely with the professional bodies and the hospital to see how best to have it delivered. Nurses could also benefit from continuous medical education especially on the significant characteristics of age and initial qualification to use them for their advantage to take up upgrading.

Keywords: *Upgrading, Higher education, Further education, Characteristics of Upgrading nurses*

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Introduction

An estimated 35 million nurses and midwives make up the greater part of the global health-care workforce (WHO, 2007). In Kenya Enrolled Nurses (ENs) comprise 70% of all nurses and 45% of the health care workforce (AMREF, 2012). Commonly, nurses are the first point of contact for the communities and the frontline health care providers, particularly for the poor, who often live in remote and inaccessible parts of the country. According to AMREF, (2008) these nurses are not always adequately skilled to handle the challenges posed by new and re-emerging diseases in the communities they serve. Nurses are seldom involved in policy development for human resources for health or in high-level strategic decision-making. In many countries this may be due to the perceived low status of nurses and midwives. It could also be a result of the general low level of education of the nurse professionals (Fleming, 2006). For these reasons nurses have continually sought to upgrade their education levels.

Upgrading refers to nurses improving their educational qualifications within the nursing profession. It usually leads to promotion through re-designation (Skela, 2009). Upgrading enables the nurses to acquire the necessary knowledge, skills and attitudes that will enable them to handle situations in the ever evolving health care arena. Changes occur in technology, the population dynamics and re-emerging diseases; necessitating, the nurses to keep abreast with the changes in healthcare. Coherill (2011) cited better communication skills, confidence and self-esteem, and better decision making skills as benefits of upgrading while Kenny et al (2007) added

that desire to prove themselves to others, to be a role model and simply feel intelligent were some other reasons nurses sought to further their education.

In developed countries like the U.S.A, U.K and Australia, the recommended minimum level of entry into the nursing profession is Bachelor of Science degree in Nursing and this is the same level that the International Council of Nurses (ICN) recommends. Masters programs and doctoral programs are available and proliferated in these countries. In Kenya where majority of the nurses are enrolled nurses, opportunities to progress to higher level in nursing education were limited in the past such that the highest education level was a Diploma in Advanced Nursing (DAN). The DAN was offered at the University of Nairobi but was phased out in 1997 after the same institution started a Bachelor of Science degree in Nursing. Nurses who wanted to upgrade often sought higher education outside the country or did post basic diploma courses which only helped them progress horizontally. Enrolled nurses were particularly disadvantaged as they could not progress further. The situation is not the same today as various institutions have initiated programs that provide for upgrading of nurses at all levels.

In 2004, the Nursing Council of Kenya (NCK) and Ministry of Health (MOH) approached African Medical Research Foundation (AMREF) to develop a curriculum to up-skill 22,000 enrolled nurses through distance learning. AMREF in collaboration with Accenture implemented the program through an innovative electronic learning (e-Learning) programme to increase the number of registered nurses in Kenya (AMREF, 2010). The training program commenced

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in September 2005. The collaborative effort of AMREF, NCK and MOH was meant to up-skill the nurses' knowledge to be able to face the challenges posed by modern day health care arena and be able to be part of policy development and decision making. According to AMREF (2010), 5448 nurses had been enrolled as at March 2009 with 590 nurses having graduated with a diploma in nursing as at September 2009. These numbers were spread out in the whole country as upgrading centers were in all the eight provinces hence giving the country's picture. These numbers have since then increased as the upgrading programs are still ongoing.

Traditionally, nursing has pre-dominantly been a female's gender profession. The enrollment of more men in nursing programs in recent years is having a significant impact on nursing education and profession as a whole. Men and women whether a nurse or patient tend to have significantly different communication styles, come from differing cultural, ethnic, and religious traditions with distinct role expectations and gender norms (Strong, 2008). Some patients have gender preference when it comes to care provision.

According to Bednarz et al (2010) adult students are becoming the new majority in the student body. Cantro, (2011) indicated that age was a driving factor to seeking further education if the nurse was younger with less obligations but a restraining factor, especially to the older nurses who had other family and financial responsibilities. Bednarz et al (2010) further echoed that an adult's decision to return to school is the product of multiple factors that include a change in family, individual situations and occupational changes and pressures, that is, loss of a job position or the pressure to move

to a higher or different position. Individual factors can also motivate an adult towards education, such as the children growing and leaving the adult time for personal educational pursuits. Diversification within the nursing student body and thereby in the nursing profession is acknowledged as a desirable goal that promises to benefit both the practice discipline and the people nurses serve (Bellfield & Gessner, 2010).

This paper is set out to describe the characteristics of nurses upgrading at a regional referral hospital in Eastern Kenya. These characteristics will be limited to age, gender, initial qualification, the proportion of nurses who have upgraded and those currently upgrading including the program enrolled in and mode of study. A description of the characteristics of those nurses is given in addition to relating them to the population of nurses as it is at the hospital.

This research hypothesized that age, gender and initial qualification were not a significant characteristics that would influence nurses upgrading,

Materials and Methods

This was a descriptive cross sectional study conducted at Meru Level 5 hospital in Eastern Kenya which is a public health facility. It acts as a referral hospital to neighboring counties and districts in the region. Out of the 201 nurses working at the hospital, 184 met the inclusion criteria and were therefore all used in the study. The inclusion criterion was all nurses working at the hospital at the time of the study and those who consented to participate.

A structured open and closed ended, pre-tested self-administered questionnaire

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was used to collect data. Upon obtaining permission from the study site, the researchers approached the respondents for their informed consent and administered the questionnaire. Questionnaires were filled and returned either the same day or the following day in cases where the respondent was not able to fill it immediately. In addition, the questionnaires were serialised for the purpose of follow up.

The data was checked for completeness, cleaned for accuracy then coded. Analysis was done using STATA version 10 and enumerated using both descriptive statistics and inferential statistics. Chi square test was used to determine significance. The tests were computed at the significance level of $\alpha = 0.05$. The results were presented using frequencies, percentages, tables and figures, besides narrative descriptions.

Ethical clearance was sought beforehand from the Research Ethics Committee of Kenya Methodist University and

permission sought to collect data from the hospital management. Informed consent was obtained from the participants and they were at will to drop out of the study at any time if they felt they need to do so.

Results

A total of 160 questionnaires were filled and returned. This made up 87% response rate which was found adequate for analysis.

Bio-Demographic Information

Out of 160 respondents, 101 nurses (63.2%) were above 40 years with a mode of 40-44 years and >50 years. The ratio of male to females was 1:5. 59.5% of the nurses had certificate in nursing as their initial qualification. The researchers also sought to know whether age, gender and initial qualification had significance to nurses upgrading. The demographic information is summarized in (Table 1).

Table 1: Bio-Demographic Characteristics of the Respondents to include Age, Gender and Initial Nursing Qualification.

Variable		Total (% of the Variable)	Not upgraded (%)	Upgraded (%)	P value
Age	20-24	15(9.4)	86.7	13.3	0.000
	25-29	22(13.8)	59.1	40.9	
	30-34	22(13.8)	45.5	54.5	
	35-39	17(10.6)	17.6	82.4	
	40-44	30(18.8)	33.3	66.7	
	45-49	24(15.0)	37.5	62.5	
	>50	30(18.8)	73.3	26.7	
		N=160			
Gender	Male	26(16.4)	46.6	53.4	0.08
	Female	133(83.6) N=159	65.4	34.6	
Initial qualification*	Certificate	94(59.5)	40.6	59.4	0.04
	Diploma+	64(40.5) N=158	64.1	35.9	

*Initial qualification- Certificate Enrolled Nurse (EN)-10(6.3%), Enrolled Community Nurse (ECN) =84(53.2%)
Diploma+= Kenya Registered Nurse (KRN) =14(8.9%), Kenya RegisteredCommunity Health Nurse (KRCHN) =49(31.0%), Bachelor of Science in Nursing (BScN) =1(0.6%)

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Upgrading of Nurses

47.7% (74) of the total respondents reported that they had upgraded. Out of the 47.7%, the majority 64 (84.2%) had upgraded from ECN to KRCHN as shown in (Table 2)

Nurses Currently Enrolled into an Upgrading Program

Thirty two of the respondents (20%) were enrolled in various upgrading programs. When asked on the modes they were using, 15 (51.72%) cited distant learning through print media followed by 11 (37.93%) who

used e-learning. Some of the 11 (37.93%) respondents who opted for distance e-learning preferred it because it was flexible and convenient enabling them to work and study. For those 15 (51.72%) who used distance learning via print media preferred it because it was flexible, convenient, the only option and affordable. There was only 1 (3.45%) participant who used the full time mode citing convenience and was able to get study leave. This is summarized in Table 3.

Table 2: Level of Upgrading of Nurses

Upgraded	N=154	Yes	No	
		74 (47.7%)	80 (52.3%)	
Level of upgrading	N=74	No.	%	
		ECN-KRCHN	64	84.2%
		EN- KRCHN	8	11.8%
		KRCHN- BSCN	2	3.9%

Table 3: Distribution of Information of those Currently Enrolled

Variable	Frequency	%
Currently enrolled	N=158	
Yes	32	20
No	126	80
Program enrolled	N=32	
Bachelor	13	40.6
Diploma	18	56.3
Masters	1	3.1
Mode of study	N=29	
Distance e-learning	11	37.93
Distance print	15	51.72
Fulltime	1	3.45
Part time	2	6.90

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Discussion

Age was a significant factor that influenced upgrading therefore the hypothesis that age was not a significant characteristic to influence upgrading among nurses was rejected ($P=0.000$). Younger nurses had more years to use the new qualifications in the profession to enjoy the benefits of upgrading. The seemingly older nurses (≥ 35 years) upgrading was attributed to the fact that upgrading was a relatively new concept in furthering education in nursing in Kenya. Hence those nurses who did not have opportunities to upgrade were now able to do so. The periodic employment by the government coupled by almost zero resignations from government owned hospitals made the nursing workforce seem elderly too. Notably, more than half of the nurses were above the age of 35 years. This was consistent with a study by Cantro, (2011) who stated that age was both a driving and restraining force to furthering education in nursing depending on individual situations. Further Bednarz et al (2010) stated that adult students were becoming the new majority in the student body. A change in family situations often motivated an adult return to school.

Majority of the respondents (83.6%) were females. This was linked to the general perception that nursing was a woman's profession and the same pattern is replicated in the schools of nursing where females have always been the prominent gender. This is consistent with Strong (2008), who argued that the well-educated, articulate, and influential, Nightingale advocated for nursing as an ideal occupation for gentlewomen and opposed men's involvement in nursing, even stating that their "Horney hands" were detrimental

to caring. By focusing on the natural characteristics of women, in which nursing was equated with caring and caring was an inborn trait fostered by mothering; nursing and femininity seemed an ideal fit. Thus men were excluded, as it was perceived that they did not have the capacity for caring. The researchers attribute the fewer numbers of the male gender to these perceptions. However the number of men joining the nursing profession is currently increasing. Gender was not found to influence the upgrading of nurses at this hospital though ($p=0.08$). Therefore the findings of this research failed to reject the hypothesis that gender was not a significant characteristic that would influence the upgrading of nurses. Either gender could therefore upgrade their level of education.

Most of the nurses' initial qualification (59.5%) was a certificate in Nursing. This relates with Rakuom, (2006) who stated that 66% of nurses had enrolled certificate education, which was the most basic nursing qualification. Slightly over 25 % were registered nurses (RNs), while only 6% of the country's nurses had a nursing degree. It is further echoed by AMREF, (2008) who stated that enrolled Community Health Nurses comprise 70% of the nurses and 45% of the health workforce in Kenya. A large proportion of nurses with certificate qualification 64(84.2%) had since upgraded to diploma (KRCHN). This was attributable to the NCK, AMREF and Ministry of Health collaboration to upgrade certificate holder nurses. Initial qualifications significantly influenced upgrading ($P=0.004$) hence the hypothesis that initial qualification was not a significant qualification that influenced the upgrading of nurses was rejected. Nurses with an initial qualification of certificate (EN and ECN) were compared to those with initially diploma and above

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(KRN, KRCHN and BScN). Nurses who had certificate were more likely to upgrade than those who had a diploma as initial qualification. According to AMREF, (2008) nurses needed to upgrade so as to add to their knowledge and skills, as Certificate in Nursing alone rendered them inadequately skilled to handle new and re-emerging diseases in the communities they served. Further, low education hindered nurses' participation in policy development and strategic decision making.

Of the 32 nurses who were currently enrolled into an upgrading program, 56.3% were enrolled for KRCHN while 40.6% for BScN. These findings were comparable to AMREF (2010) who found that of the 22,000 enrolled nurses in the country; approximately 6,000 had enrolled as at March 2009 to upgrade (35%). This also relates it to the fact that those who had a certificate in nurses were more likely to upgrade compared to those who had diploma ($p= 0.004$). The policy by the Ministry of Health in collaboration with NCK and AMREF to upgrade certificate nurses to diploma contributed significantly to the high numbers of nurses who had upgraded. The researchers also inferred that the proximity of the Hospital to a Medical Training College and a University offering nursing could have influenced nurses at this hospital to upgrade. This continuing trend in upgrading was commendable since nurses with higher education were better placed to respond to increasing demands for quality health care and respond effectively to emerging health care challenges posed by changes in technology as well as new and re-emerging diseases. AMREF (2008) also observed that better educated nurses were able to use their initiative, were better equipped with knowledge and skills and did not always waiting for

instructions from the doctor, could question diagnosis and provided more holistic care. Higher education also ensured nurses were well equipped with managerial and administrative skills

Majority (83.65%) of the nurses upgrading, preferred distance learning (both through print and e- learning). This could be explained by the fact that most nurses were working and studying at the same time. Distance learning provided the required flexibility to balance between work and study. This agreed with studies by Mergenthaler (2009) and Mensah et al (2008) who observed that a viable solution to overcoming geographical, time and cost barriers in pursuing higher education was distance education and time management as it was even cheaper. Cantro, (2011) in his study also enlisted flexible modes as one of the driving forces to pursuing further education by nurses.

Conclusion

Age and initial qualification significantly influenced the upgrading of nurses at ML5H. Younger nurses were more likely to upgrade than older ones as they had more years in employment to tap the benefits of upgrading. Nurses with certificate as the initial qualification were more likely to upgrade than those with higher qualifications in this study, though there was an increasing trend of those upgrading currently from diploma to degree. Majority of the nurses were of the female gender.

A large number of nurses had upgraded their educational level from their initial qualification. The preferred mode was the distance learning. This mode enabled nurses to remain in employment as they pursued

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further education. Upgrading is one of the ways nurses in the profession practice continuous professional development and hence nurses are able to base their practice on knowledge and research evidence as well as form a strong scientific base for the profession.

Recommendations

In view of the research findings, the authors proposed that,

- Institutions of higher learning and nursing colleges should strive to providing upgrading programs for nurses through the distance learning mode as this is likely to benefit more nurses. In line with this, the institutions and the professional bodies at the hospital should work with the hospital on how best to provide this.
- Continuous medical education is conducted in the hospital in view of the significant characteristics of age and initial qualification and how nurses can exploit them to their advantage.

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