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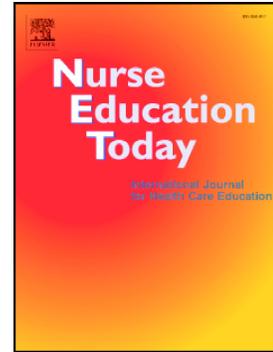
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Title

The experiences of diploma registered nurses returning to undergraduate study in Qatar: A descriptive qualitative study

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Conflict of Interest

The contents expressed in this article are solely the responsibility of the authors and do not represent any organization.

Ethical Approval

Ethical approval obtained from Conjoint Health Research Ethics Board REB15-1304, University of Calgary, Calgary, Canada.

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Abstract

Background

Qatar aspires to provide world class healthcare comparable with Western countries. Compelling evidence demonstrating the positive effects of bachelor of nursing (BN) educated nurses on patient outcomes is creating a global demand for these graduates, particularly in contexts such as Qatar where historically RN-to-BN programs were unavailable.

Objective

The aim of this study was to examine the return to education experiences of diploma educated registered nurses (RNs) undertaking a bachelor program.

Methods

This descriptive qualitative study included 19 diploma educated registered nurses enrolled in a BN program in a Qatar campus of a Canadian university. Focus groups and thematic analysis were used.

Results

Three major themes described RNs experiences of returning to education: the right time, balancing act and rewards. The convergence of timing, BN program availability and employer sponsorship were significant levers. Returning to education was challenging and required balancing competing demands of work, home, and study. The exposure to enquiry-based learning required rapid development of study skills to enable learning. Previous education was often seen as incongruent with requirements for academic success. A notable omission from accounts was reference to professional identity. Undertaking the program brought returns such as increased self-esteem, enhanced knowledge and potential for career progression. Organizational culture and commitment appeared to impact on students' experience.

Conclusions

Completing a BN program was reward for the challenges engendered by returning to education. Effective partnerships and structural support between academic and service providers are required to ensure the benefits of BN attainment become embedded and impact on professional identity.

Key Words

Diploma nurses return to education; RN-to-BN; international nurses.

Journal Pre-proof

The nursing workforce in Qatar depends on inward migration of RNs to supplement the small number of locally educated nationals and permanent residents. “Most nurses (93%) in Qatar are recruited from Asia, particularly the Philippines and India” (Gkantaras et al., 2016, p. 3036). In 2015, there was almost an equal distribution of BN and non-BN trained nurses working at the major healthcare organization in Qatar (Gkantaras et al., 2016). A small country on the Persian Gulf and a member state of the Gulf Cooperation Council (GCC) (State of Qatar Profile, 2016),

Qatar aspires to provide a world-class healthcare system. Qatar has prioritized a well-educated and sustainable nursing workforce as a requirement to achieve that aim (Government of Qatar, 2008).

Evidence regarding the value of BN prepared nurses in acute care settings on improved patient outcomes is compelling (Aiken, 2014; Blegen, Goode, Park, Vaughn, & Spetz 2013). As a result, a report, *“The Future of Nursing”*, recommends a benchmark that calls for the proportion of BNs in the workforce delivering care to be increased to 80% by 2020 (Institute of Medicine, 2010). In response to these global influences and where traditionally in-country education was unavailable to non-national RNs, Qatar commissioned an in-country BN program in 2007 with a diploma RN entry option (University of Calgary, 2007). The aim of this study was to explore the experiences of diploma RNs returning to education to achieve a BN degree in Qatar.

Background

A literature search was extended to the last decade because research relevant to our topic from the GCC was scarce and evidence from outside the region, primarily from a Western perspective and though somewhat dated, provided salient findings.

Many RNs want a BN degree yet time, cost, work and family obligations serve as barriers (Broussard & White, 2014; Duffy et al., 2014; Jezuit & Luna, 2013; Megginson, 2008; Sportman & Allen, 2011). Their decision to return to education is influenced by a number of factors. Personal motivators include timing, personal development, long-held goal and job dissatisfaction (Jezuit & Luna, 2013; Kalman, Wells & Gavan, 2009; Megginson, 2008, Harris & Burman, 2016). Professional drivers such as a desire to expand knowledge, gain credibility, enhance qualifications, comply with employer’s policies and improve mobility and career opportunities are reported (Broussard & White, 2014; Megginson, 2008; Romp et al., 2014; Alamri & Sharts-Hopko, 2015; Winokur, Rutledge, & Hayes, 2016; Arunasalm & Burton, 2018). Family and peer support, employer incentives and organizational change also stimulate a return to education (Megginson, 2008; Alamri & Sharts-Hopko, 2015; Winokur et al., 2016).

The experience of RNs returning to education is described as hectic and stressful. Maintaining work-life balance is a struggle. Strains occur when RNs find themselves unprepared for the program workload, with outdated academic skills, unfamiliar with technology, with fears of failing (Duffy et al., 2014; Kenny, Kidd, Nankerris, & Connell, 2011; Megginson, 2008) and experiencing cultural dissonance with the higher education institution (Arunasalam & Burton, 2018). Managing time and taking time away from family and friends to study are difficult (Kalman et al., 2009; Megginson, 2008). Support from family and others help regain work-life balance and positively influence the experience of returning to studies (Duffy et al., 2014; Kalman et al., 2009; Osterman, Asselin & Cullen, 2009).

In summary, the overall experience of RNs returning to education appears multidimensional. The lack of research examining this group of RNs in the context of the GCC region initiated this study.

Methodology

A descriptive qualitative approach using focus groups was conducted. Approval was obtained from the university's ethical review board. A convenience sample of 19 diploma nurses undertaking the BN program at a university in Qatar were recruited using a poster campaign, email invitation and visits to classrooms. During the in-class visits, potential participants were informed of their right to withdraw from the study without consequences, and procedures to protect the rights of confidentiality and anonymity were emphasized, such as no participant identifiers on data and storage of data in a locked cabinet within the principal investigator's office. Written consent was obtained from volunteers prior to data collection.

The research team consisted of 3 nursing faculty and 1 nursing leader from the sponsoring healthcare agencies all with research experience, and 6 BN nursing students. Having nursing students as co-researchers directly involved in actual research was a requirement of the Qatari funding body and stipulated by the government as a research capability and capacity building

strategy. A poster announcement called for students' interest in engaging in the research.

Candidates were interviewed by the principal investigator and chosen based on their expressed level of interest and availability in their study schedules. Providing equal opportunity for students from both the undergraduate and diploma entry programs was important, therefore 3 students from each program were selected. While meeting regularly as a large group, it was also decided by consensus to divide the team into triads to better mentor the students' learning experience. Thus, each faculty member was responsible for guiding 2 students over the course of the project.

Participants were offered focus group timings convenient for their study schedule, resulting in 5 focus groups. Focus group sessions were audio-recorded, lasted approximately 1 hour and were guided by a semi-structured interview guide and probing questions for deeper understanding of the responses. Trained student co-researchers conducted the focus groups. This approach was adopted to enable skill acquisition in qualitative interviewing and on the assumption peers would generate richer data.

Data were analyzed using 6 stages of the Framework Method; transcription, familiarization with the data, coding, developing a working analytical framework, applying the framework and interpreting the data (Gale, Heath, Cameron, Rahid, & Redwood, 2013). Each member of the research team first read the professionally transcribed focus group texts in order to familiarize themselves with the data and check for errors. The first interview was coded collectively to reach line-by-line agreement resulting in a working analytical framework with tentative codes and descriptions. Coding of the remaining transcripts occurred in triads followed by regrouping of the team to add any additional codes generated with descriptions to the analytical framework. Emergent thematic categories were used to clarify and collapse codes. Subsequently, all data were charted against emergent categories to generate understanding of the RNs' return to education experience.

Data saturation was achieved after the 5th focus group "when no new ideas emerged" (LoBiondo-Wood & Haber, 2013, p 552). Trustworthiness of the data analysis was ensured

through peer checking the coding and theme development, and a detailed paper trail from interviews through to the final themes (LoBiondo-Wood & Haber, 2013).

Findings

Sample characteristics were: 17 females /2 males, 18 non-nationals/1 Qatari, married (89%), ranged in age from 31 to 50 years, had 16 years or more since completing their diploma (63%), had 11-20 years of nursing experience (63%) and worked full-time (100%).

Three major themes with subthemes emerged from the data analysis and are shown in Table 1.

(Insert Table 1)

Right Time

Participants shared particular events that converged to make it the right time in their lives to pursue further study.

Conditions

Changes in local conditions that provided access to a BN program and workplace sponsorship were levers for participants to return to study. Suddenly the “*golden chance to study*” became geographically available. At the time of this research, BN attainment through distance learning as a possible option was not recognised in the credentialing process required for nurse licensure (Gkantaras et al., 2016). Workplace sponsorship, available through healthcare agencies in Qatar, provided financial support and protected release for study. The value of this support was clear: “*The main thing is the financial support. With our salary, it's very impossible.*”

Job Security

The major employer of nurses in Qatar introduced a career framework making a BN a condition of career advancement (Cannaby et al., 2017). This appeared to raise RNs’ anxiety about job security and triggered some to return to education: “*We are afraid. Anytime they [government*

or health care agency] can tell us go back to your country ... they will throw all diploma nurses out.” This framework also set BN education as the minimum requirement for promotion. Many participants felt aggrieved: *“I am eligible to be a charge nurse but I did not get my post because I am a diploma nurse. So if I will get my degree only I will get my post.”*

Balancing Act

The realities of being a student were described as stressful by all participants. The majority had to juggle the demands of multiple roles as student, nurse, parent and spouse together with fulfilling employment and academic commitments. Participants emphasized the importance of support to get them through these challenges.

Study/Work/Family

Participants perceived the adjustment to study as *“hard”*. Coping with a fear of failure and self-doubt were major stressors: *“Maybe in the first days ... to be like honeymoon. Then we went to the shock state ... maybe we cannot continue [leave the program].”*

Allocating time to manage the responsibilities of studying along with family and work was demanding. The tension between a sense of duty toward family and guilt associated with time away from them to study were common themes: *“For me in the beginning I was not able to balance between my family life and studying. ... sometime my husband was getting angry especially when my children are very small.”*

The addition of university into the busy lives of the mostly female participants highlighted family relationships and gendered domestic expectations irrespective of cultural background: *“We cannot ask our husband to go to the kitchen even though we have an exam today. We have to help the children go to school. This is a big challenge in my life.”* Participants made it clear that university was only a part of their lives, and one that had to be managed along with other demands.

Relearning to Learn

It had been many years since the majority of participants had completed their RN diploma studies. Contemporary pedagogical approaches, proficiency with academic English, the mixed

gender classroom and study skills emerged as challenges, making *relearning to learn* a significant aspect of the returning to education experience.

The pedagogical approach of the BN program with emphasis on critical thinking was unfamiliar to participants: *“Our [diploma RN] curriculum was just like spoon feeding. You will read the text book... you will regurgitate it to the paper. It was easy. But now we have to be creative and produce. For us we never learn to write like article.”*

Lack of confidence with English language skills in the academic environment was noted: *“We need to use own words, paraphrasing, summarization. This one need language bank, big language bank ... for us as English is our second language. That was maybe the biggest challenge for us.”*

Studying in a mixed gender classroom caused discomfort for some participants. In the Qatari culture, men and women mixing outside the immediate family is uncommon: *“You never study with other gender. For us we do not do things together except with our brother and husband.”* Students could distribute themselves in the classroom to minimize physical proximity, though some learning strategies, such as group work, inevitably demanded interaction.

Relearning also related to learning essential skills to engage with the educational approach: *“Courses like how to get acquainted with university library, and ...basic writing skills and computer skills ..., it would have been really helpful. Because we really struggled ... we are not used with such practices.”* The gaps in knowledge and skills coupled with studying in a Western university were markedly different from their past nursing educational experience.

Support

Participants identified support from family, peers, faculty and the sponsoring healthcare agencies as significant for developing the persistence needed to stay in the program. Most significant was family support: *“He's [husband] encouraging me to study and keep on going.... After I deliver my baby, I thought I will drop the course ... He told me, if you drop this time, you will keep on dropping other courses. Just go through.”*

Classmates provided support through mutuality and sharing of the experience. Faculty was also perceived as facilitating adjustment to academic life. Participants respected faculty who appreciated the needs and life situation of mature learners who were “*suffering*” as they navigated university, work and home.

All participants expressed gratitude to their employers for financial sponsorship as the cost of tuition was otherwise perceived as prohibitive. Other sponsorship support included having colleagues who recognized the demands of study and managers who accommodated rostering requests: “*They [employer] are supportive because they are adjusting our duties and even though the unit is busy ... and they are sacrificing their staff for us.... So we need to thank them.*”

However, some RNs felt that there was inconsistency in the operationalization of sponsorship policies and that their pursuit of a degree contributed to discord among colleagues: “*Until now we [all diploma and degree nurses] were doing all the [same] work and then differentiation come with the career framework.... It makes a lot of confusion among nurses.*” Cumulatively these experiences impacted on managing release and study time and created some workplace disharmony.

Rewards

Across all focus groups, the experience of returning to education brought rewards, both personal and professional.

Personal Growth

A sense of accomplishment, increased confidence and pride were rewards highlighted: “*I finished my [previous] study 24 years before. I feel more younger than before. ...I know I can cope with all situations.*” Increased self-esteem from gratification in becoming a role model for their children was another benefit: “*I want to be an inspiration to her [my daughter] and study. Without studying we cannot reach to any goal.*”

Professional Growth

The value of BN education in gaining new knowledge, particularly knowledge about research and evidence-based practice, was seen positively: *“If it was before, I don't know anything about research. But now ... I can explain to staff what it is, it means, and we can participate.”* Several participants viewed the degree as opening up further opportunities in their professional career: *“I'm interested in teaching and education. I need to prepare myself for the next step ... a master degree.”*

Discussion

The primary reason most participants delayed educational advancement was lack of access to a BN program in Qatar. In developing countries, access to tertiary level nursing programs are often scarce or unavailable (Alamiri, 2011; Alamri & Sharts-Hopko 2105). Inaccessibility to BN programs as a barrier was not apparent in the literature likely because most studies were conducted in Western countries where BN transition programs are common and online education is deemed credible and recognised for credentialing and licensing purposes. In the context of Qatar and when this study was conducted, the significance of an internationally credible BN was significant.

Congruent with previous research (Broussard & White, 2014; Maneval & Teeter, 2010; Jezuit & Luna, 2013; Sportman & Allen, 2011; Alamri & Sharts-Hopko, 2015)), the cost of the BN program (in the absence of sponsorship) together with the demands of full-time employment and family responsibilities were perceived as barriers to returning to education for this study sample. The incentive of sponsorship for RNs in this study appeared to mitigate any of these factors as real deterrents to seeking a BN degree.

It was apparent participants felt inadequate as professionals with *“just diploma level preparation”*. Being *“overlooked”* for promotions despite having the skills and being long-time employees of the sponsoring agencies, gave them a sense of being *“less valuable”* than BN nurses. The desire for career advancement and professional credibility shows support in the literature as motivators for returning to education (Megginson, 2008; Romp et al., 2014).

The need for job security in response to the introduction of an organizational career ladder structure requiring BN qualifications spurred interest to return to education by RNs in this study. Supportive evidence exists that degree level credentials internationally and strategies like career laddering contribute to fears of career stagnation and being replaced by BN prepared RNs (Winokur et al., 2016). These concerns gave the BN a status, as a perceived protection against an ambiguous future.

Employer sponsorship and collaborative partnerships between healthcare agencies and the university were recognized by participants as instrumental in furthering their nursing education and contributing to their success while undertaking the program. While organizational incentives and service-academia collaborative models have been noted as topmost factors in the decision returning to education in Western countries (Duffy et al., 2014), such evidence is lacking in the GCC region.

Similar to other research (Duffy et al., 2014; Kalman et al., 2009; Osterman et al., 2009) returning to education was a “*balancing act*” between studies, work and family obligations. “*Stealing time*” away from family to study was reported as stressful with cultural gender roles appearing as additional stressors not reported in the literature.

Participants repeatedly expressed that the initial excitement about commencing university soon declined into feelings of “*shock*” and then uncertainty about whether academic demands could be met; a common story in other studies (Duffy et al., 2014; Morgenthaler, 2009; Osterman et al., 2009). The anxiety and vulnerability induced by the academic culture felt by experienced and mature RNs slowly eased once they learned what was expected of them, how to access resources and how to approach study.

Participants had to adapt to new teaching methods and learning expectations. They quickly discovered that teaching to the test and regurgitation of material in an exam was not the measure of learning in the BN program. Active learning and the development of critical thinking skills were requisites to *relearn to learn*. Most participants expressed anxiety about their English language

proficiency - “*need a big bank of vocabulary*”. Literature related to non-native English speakers attending international English-speaking universities highlights language abilities as a particular challenge in the adjustment to academia (Boylston & Jackson, 2008; Mitchell, Del Fabbro & Shaw, 2017). Time management, writing-papers, completing library searches and use of technology were additional stressors to participants. As in other studies (Duffy et al., 2014; Kalman et al., 2009), RNs need support to overcome these academic challenges and develop the necessary skills to succeed. To help participants relearn, additional supports were provided such as writing, computer and library skill tutorials and formation of study groups.

Support is an essential component of the stamina to complete BN study (Kalman et al., 2009; Osterman et al., 2009; Winokur et al., 2016; Arunasalam & Burton, 2018). RNs in this study were sustained through the ups and downs of the program first by their families who provided encouragement and practical support such as child minding. Secondly, by peers who provided emotional and academic support despite some discomfort of a mixed gender classroom and thirdly from managers and colleagues who facilitated flexible working schedules and offered encouragement.

Yet not all managers and co-workers were perceived as supportive. Colleagues who believe years of practice are more valuable to patient care than level of education or fail to appreciate the knowledge and skills acquired through completing BN education may trigger workplace strain (Boylston & Jackson 2008; Duffy et al., 2014; Alamri & Sharts-Hopko, 2015). Further, returning to study can be transformative to RNs as they reset professional values, examine familiar practices afresh and apply new knowledge to practice, thus causing tension among teammates (Allen & Armstrong, 2013).

Faculty support in ameliorating the effects of maturity and cultural context on participants’ engagement within the classroom and management of their studies was perceived to ease the transition back into education and foster persistence in the program. This finding emphasizes the importance of learner-centered educational approaches which are mindful of the maturity,

diversity of backgrounds and cultural norms of this unique group of students and how these may influence their academic behaviors and performance expectations.

Although returning to study was demanding, personal rewards were beyond just achieving a degree, for example becoming “*a better person*,” “*increased inner strength*” and “*ability to cope with anything*”. Similar results are noted in the literature (Morgenthaler, 2009; Swartz & Leibold, 2014).

Recognizing knowledge expansion and the application of research through evidence-based practice as core to professional change emerged in this study and is documented in other research (Osterman et al., 2009). In addition, changes in attributes of professional identity as an outcome of returning to study appear in the literature. Attribute descriptions include acquiring a broader view of nursing, gaining skills to advance the profession, becoming a more effective leader, exercising greater autonomy and acting as a change agent (Duffy et al., 2014; Osterman et al., 2009). These attributes of professional identity were strikingly absent from the accounts of this study sample. One explanation of this difference may be attributable to context. In Qatar, nurses have historically functioned within a limited scope of practice and a medical model of care. Another possibility may be that participants were interviewed as students and before having the time to internalize concepts and consolidate performance at a higher professional level in these areas. If this locally prepared BN workforce is to make an impact, nursing educators and healthcare administrators will need to preference the professional gains of a BN program in order to effect change in healthcare delivery and promote working practices that allow nurses to perform at full capability.

Limitations

The self-selected, largely female participants recruited from a single site setting may limit the transferability of findings to other RN populations returning for BN education. Those RNs who held negative feelings or felt that their feedback might not make a difference may have chosen not to participate. Some participants may not have felt safe expressing their views about the nursing program or sponsorship.

Recommendations

Several recommendations from this study may be considered by nursing educators and healthcare leaders. For educators, skill development critical for academic success such as academic writing, computer and library skills must be presented before theoretical courses and reinforced during the program. An introduction about the realities of being a mature student and a buddy system would support RNs in their return to education. Learning activities within practice settings that deliberately develop and expand professional growth and identity to the capability of the BN role are recommended. Partnerships between educators and healthcare providers reinforcing the contribution of BN prepared nurses on patient outcomes is essential. This may also foster a deeper understanding of the contribution and ultimately value of nursing.

For healthcare leaders, employer assistance through sponsorship with consistent implementation of policies is required. Nurse managers must foster a workplace culture that supports professional education and intervene to lessen any workplace discontent directed toward RNs completing a BN program. Providing opportunity for RNs to share accounts of the positive impacts of BN study could enable institutional understanding.

This study examined the experiences of largely internationally recruited RNs returning to education completing a Western BN curriculum in the GCC context. Further study is required to examine whether student and employers' needs are fully met and/or if cultural adaptation is required to maximize educational coherence. Future investigation on the effect of sponsorship on organizational loyalty is suggested. This may be significant for workforce planning particularly in contexts dependent on inward migration of nurses. Finally, research examining the impact 'mature' BN education has on nursing practice following graduation and specifically professional identity is suggested.

Conclusion

The value of baccalaureate nursing education on improved clinical outcomes is well established, therefore investing in BN education seems justifiable. Yet educators and healthcare

leaders must recognize the challenges of diploma nurses gaining a degree and put in place support structures to maximize transition, educational success and ultimately facilitate graduates to practice at the level of their academic award. This study illuminated the motivations, challenges, supports, transition, and rewards experienced by a group of diploma RNs returning to baccalaureate education in Qatar.

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Table 1

Experiences of RNs returning to BN studies: Major themes and subthemes

Major Theme	Subthemes
Right Time	Aspirations Conditions Job Security
Balancing Act	Study/Family/Work Relearning Support
Rewards	Personal Growth Professional Growth

Credit Author Statement

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