

**PERCEIVED BARRIERS TO DECISION TO PURSUING BACHELOR OF
SCIENCE IN NURSING DEGEREE AMONG DIPLOMA
NURSES AT NAIROBI COUNTY**


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**A RESEARCH THESIS SUBMITTED TO THE SCHOOL OF MEDICINE AND
HEALTH SCIENCES IN PARTIAL FULFILMENT OF THE REQUIREMENT
FOR THE DEGREE MASTER OF SCIENCE IN NURSING EDUCATION OF
KENYA METHODIST UNIVERSITY**

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DECLARATION AND RECOMMENDATION


“I declare that this research thesis is my original work and has not been presented for degree in any other University”.

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DEDICATION

This thesis is dedicated to my parents, my late father and my Mum, who worked so hard to take me to school.

ACKNOWLEDGEMENT

I acknowledge the help of the living God who has given me this opportunity to further my education.

My sincere gratitude goes to my supervisors, Dr. Winfred Kithinji and Ms. Viola Siongei for their patience, support, and valuable guidance.

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ABSTRACT

There is empirical research evidence which associates a more educated nursing workforce with access to quality patient centered care among a nation's population. Specifically, Bachelor of Science in Nursing degree has been linked to safety and better patient outcome. However, it is approximated that the proportion of BScN educated nurses is less than fifty percent globally. Literature review indicates a low uptake of BScN upgrading program by the diploma nurses globally. In Kenya, only 4.4% of the 33,595 diploma nurses have upgraded to BScN degree while in Nairobi County, only 9% of 1131 diploma nurses have completed the same program. There is increasing concern globally as to why the diploma nurses are not upgrading their education level to BScN degree. This study purposed to assess barriers to the' decision to upgrade to BScN degree by diploma nurses. A cross sectional descriptive survey design was utilized. The target population was 1131 diploma nurses employed by the Nairobi County government. The study was conducted at Langata, Embakasi West and Kamukunji Sub Counties in 2021. A sample size of 286 diploma nurses was randomly selected through multistage and simple random sampling methods. Consent was sought from the participants. Data was collected for three weeks using a self-administered semi structured questionnaire. Computer package, SPSS version 22 was used to analyze the data using descriptive and inferential statistics. The findings indicated a statistically significant relationship between the following variables and the decision to pursue BScN degree by the diploma nurses ; nurses' age at, $p=0.032$, Lack of personal goal to achieve BScN degree, at $p<0.000$, heavy financial commitment at $p=0.005$, lack of financial support from the employer at, $p=0.047$ and inflexibility and inconvenience of RN-BScN program at $p< 0.000$.The study further showed that majority , 242(89.6%)) of the respondents, believed that a BScN degree is very important for the improvement of knowledge and skill. Conclusively, advanced nurses' age, lack of personal goal to achieve BScN degree, heavy financial commitment, lack of financial support and inflexibility and inconvenience of the upgrading program would negatively influence the decision to pursue BScN degree by the diploma nurses. The presumption is that the removal of these barriers would motivate the diploma nurses to upgrade their education to BScN degree. This study recommends that the Nursing Council of Kenya leads in the development of a policy regarding the upgrading of diploma nurses to BScN degree, the employer creates a fund to support the diploma nurses meet the tuition fee, the HELB to consider extending education loan to the diploma nurses while upgrading to BScN degree, and the County government of Nairobi to recognize those diploma nurses who have completed the BScN upgrading program by salary raise, promotions and to consider them when awarding managerial responsibilities.. The theory of change by Kurt Lewins (1951) was found applicable, and it's recommended for future use in studies related to upgrading of diploma nurses' education level.

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LIST OF ABBREVIATIONS AND ACRONYMS

AACN	: American Association of Colleges of Nursing
ANA	: American Nurses Association
BScN	: Bachelor of Science in Nursing
FICCI	: Federation of Indian Chambers of Commerce and Industry
ICN	: International Council of Nurses
HELB	: Higher education loan board
IOM	: Institute of Medicine
JONA	: Journal of Nursing Administration
KRCHN	: Kenya Registered Community health nurse.
NACNEP	: National Advisory council of Nursing Education and Practice
NCK	: Nursing Council of Kenya
RWJF	: Robert Wood Jonson Foundation
WHA	: World Health Assembly
WHO	: World Health Organization
NACOSTI	: National Commission for Science and Technology and Innovation.
SPSS	: Statistical Package for Social Science

CHAPTER ONE

INTRONDUCTION OF THE STUDY

1.1: Background

Traditionally, nursing was perceived as a career that does not require higher education (Scheckel, 2016). However, over the years, international leaders and stakeholders in health care delivery have come to terms with the fact that the quality of care and patient outcomes are highly dependent on the education level of the nursing staff. (American Association of Colleges of Nursing [AACN], 2017; Institute of Medicine [IOM], 2011; International Council of Nurses [ICN], 2017; World Health Organization [WHO], 2009). In September 2013, Robert Wood Johnson Foundation [RWJF] released a report that clearly stipulated the benefits that the employers, the patients and the nursing profession would leap from a well-educated nursing staff (AACN, 2017).

Nursing's role, as explained by the National Advisory Council on Nurse Education and Practice [NACNEP], requires Registered Nurses to manage care throughout a continuum, collaborate and coordinate the multidisciplinary care teams, and with the knowledge of the community resources to provide competent clinical care. This expanding and demanding role of Registered Nurses necessitates a nursing staff well equipped with adaptive, critical thinking, problem solving skills, and ability to apply evidence-based knowledge. These requirements, according to NACNEP are found among nurses trained at Bachelor of Science in Nursing [BScN] degree level, given its wider and robust scientific curricula (AACN, 2017).

Research evidence have specifically linked the BScN degree with safety and better patient outcomes within the health care setting (Aiken, 2014; Kutney et al., 2013;

Yakusheva et al., 2014). Furthermore, the findings of study by Blegen et al. (2013) pointed out that hospitals that had a larger percentage of registered nurses with a bachelor's degree had better patient outcomes as demonstrated by reduced cases of mortality associated with congestive cardiac failure, pressure sores, post-surgery deep venous thrombosis, and reduced period of hospitalization.

As a result, the leading nursing and health care organizations have proposed a minimum of a Bachelor of Science in nursing degree as a prequalification for the admittance into nursing practice. (IOM, 2011; National Advisory Council on Nurse Education and Practice [NACNEP], 2010; Robert Wood Johnson Foundation [RWJF], 2013; WHO, 2009).

However, over 60% of practicing nurses globally enter the practice at the diploma level (Anbari, 2015). Thus, pressure has been rising globally on the nursing profession to advance the level of education for diploma nurses providing patient care (IOM, 2011; ICN, 2017; Matthias, 2015; WHO, 2009). According to IOM (2011), rapid growth in the numbers of diploma nurses seeking to increase their education level to Bachelor of Science in nursing would be a crucial component in expanding the numbers of nurses trained at Bachelor of Science in Nursing degree rendering the bedside patient care. Much emphasis is being made on the need for seamless transition for the diploma nurses to Bachelor of Science in Nursing degree (IOM, 2011; WHO, 2013a).

Therefore, most nations globally are repositioning themselves, changing and developing policies to increase the numbers of BScN nurses at the bedside by having more diploma nurses complete the diploma -BScN program. In the United States, the state legislative proposals in New Jersey and New York, packaged as “BSN in 10” mandated progression of diploma nurses to BScN education within ten years of

obtaining initial registered nurse practice license (Lane & Kohlenberg, 2010). Currently, there are over 740 diplomas to BSN programs in the USA (National Academies of science, Engineering and Medicine, 2016).

In United Kingdom, the ‘‘Project 2000 ‘‘Program was not only aimed at increasing the numbers of practicing nurses educated at Bachelor of Science in nursing degree level but to allow nurses to acquire a professional Nursing degree as well (WHO, 2019). Other countries like Philippines, Canada, Mexico, India, and Middle East have developed similar policies (Alamri & Sharts-Hopko, 2015; Fawaz, et al., 2018; IOM, 2011).

South African change of Nursing education policy to adopt Bachelor of Science in nursing as the minimum entry into the nursing profession was promulgated in 2013 (Duane, et al., 2014). In Nigeria, nursing education at the bachelor’s level is not common and is only offered in a few Universities (Ezeonwu, 2013). Only 1.10% of the nursing workforce in Nigeria have a Bachelor of Science in Nursing degree and above (Golfa, et al., 2015). In Kenya the Diploma to BScN upgrading distance learning model curriculum was developed in 2009 and so far, over 30 universities are offering the program (Nursing Council of Kenya [NCK], 2017).

There has been claims of hesitancy among the diploma nurses in when deciding whether to pursue a BScN education. In the United States of America, only 40% of the BScN nurses had completed the diploma to BScN upgrading program by 2013. At such a slow pace, the goal of 80% BScN bedside nurses by the year 2020 could only be realized by the 2045 (Anbari, 2015; Future of Nursing Campaign for Action, 2015).

In Nigeria, Prof. Ojo lamented that most of the diploma nurses were unwilling to advance their professional education level. This, according to him was likely to

compromise the patient outcome, given that the research evidence had linked BScN to better patient outcome (Agbedia, 2012). In Kenya, only 4.4% of 33,595 diploma nurses had gone through the upgrading program by the year 2012 (NCK, 2017). Nairobi City County has a total of 1535 nurses. Out of these, 1131 nurses were employed as diploma nurses. So far, only 9% of the diploma nurses have completed the diploma to BScN upgrading program. (Nairobi City Council, 2017).

It's therefore important to find out why the diploma nurses are hesitant to upgrade to BScN education. So far there is Paucity of documented studies on this issue globally and more so in Kenya.

1.2 Statement of the Problem

Empirical research evidence has associated a more educated nursing workforce with safety and better patient outcome (ICN, 2017). Specifically, studies have linked BScN degree with safety and better patient outcomes (Aiken, 2014). However, 60% of practicing nurses globally hold diploma and below (Anbari, 2015). Therefore, globally the safety and quality of health care for most of the patient is not fully assured.

As such there is a concerted effort globally to raise the proportion of BScN prepared nurses to provide care at the patients' bedside. However, it is impossible for the pre-service BScN programs to produce the required number of BScN nurses (Kovner et al., 2012). Thus, pressure has been mounting on the nursing profession to transit the diploma nurses to BScN upgrading program (AACN, 2017). Yet, there is reluctance among diploma nurses, globally to embrace this paradigm (Ezeonwu, 2013). In Kenya, only 4.4 % of 33,595 diploma nurses have upgraded to BScN degree (NCK, 2017).

In view of this, World health Organization, Institute of Medicine and International Council of Nurses are advocating for the removal of all barriers for diploma nurses' access to a BScN degree education (ICN, 2017; IOM, 2011; WHO,2013). It's therefore, important to understand what these barriers are in order to remove them. Yet the literature search indicates limited output in this area. Therefore, the research aimed at determining these barriers and consequently raise the number of diploma nurses seeking to upgrade their education to BScN level.

1.3: Purpose of the study

This study purposed to establish the perceived barriers to diploma nurses 'access to BScN degree, among nurses working with the Nairobi County government and to make recommendations on strategies that could increase the proportion of diploma nurses upgrading to BScN.

1.4: Objectives of the study

1.4.1: Broad Objective

The major goal of this study was to establish the perceived barriers to diploma

1.4.2: Specific Objectives

1. To establish the perceived nurse related barriers to the decision by the diploma nurses to pursuing BScN degree.
2. To determine the perceived employer related barriers to the diploma nurses' decision to pursue a BScN degree.
3. To identify the perceived RN to BScN upgrading program related barriers to diploma nurses' decision to undertake a BScN degree.
4. To determine the relative strength of these perceived barriers in hindering the diploma nurses' decision to undertake to Bachelor of Science in nursing degree.

5. To identify the most important factors that would make the diploma nurses enroll for a BScN degree.

1.5: Research Questions.

1. What are the perceived nurse related barriers to the diploma nurses' decision to pursuing a BScN degree?
2. What are the perceived employer related barriers to the diploma nurses' decision to pursuing a BSN degree education?
3. What are the perceived diploma to BScN upgrading program related barriers that affect the diploma nurses' decision to pursuing a BScN degree?
4. Which of these barriers has the greatest impact on the decision to pursuing BScN degree among the diploma nurses?
5. What factors are likely to trigger the decision by the diploma nurses to undertake a BScN degree?

1.6: Justification of the Study

There is ample evidence associating BScN degree with better patient outcome (Aiken, 2014). Conversely, nurses are the majority primary care providers and coordinators of patient care among the multidisciplinary team; therefore, their actions have significant impact on patient's outcomes (Lane & Kohlenberg, 2010). Hence, it's appropriate to deduce that a nursing workforce that is well-educated would subsequently affect the patients or client's outcome positively). In the year 2013, Robert Wood Johnson Foundation released a report which stipulated how employers, patients, and the Nurses gain with higher education for the nurses (AACN, 2017).

Kenya, being a developing country, and with nursing staff spread across all frontiers of this nation, would benefit greatly from a well-educated nursing workforce.

However, there is evidence of slow uptake of RN –BScN program among the diploma nurses globally (Future of Nursing Campaign for Action, 2015). It is therefore, important to establish the reasons for the slow uptake. Since there is paucity of such documented studies in Kenya, the researcher sought to explore these perceived barriers.

1.7: Limitations of the study.

Limitations refer to constraints beyond the researcher's control (Kasomo, 2006). Following devolution, nurses working in the public health sectors in Kenya are managed by different County governments and therefore the terms and conditions of employment also differed. Besides, county governments have not, apparently, prioritized employment of BScN degree nurses. While some of the barriers identified were employer related, the situation may differ across the Counties. This to some extent is a limitation to the generalization of the study. Furthermore, there is no clear policy in Kenya regarding diploma upgrading which make it an individual choice. The dependability of the data relied on the honesty of the respondents. Some participants might have given responses that they thought would be favorable to the researcher. This may impact on the generalization of the study. The sample size is not adequate to allow generalization of the study across the Country. A similar study with a larger sample size is recommended.

1.8: Delimitations

These included the boundaries of the study in terms of contents and geographical spread. The study only involved the diploma nurses working with the Nairobi County Government and aimed at investigating barriers to diploma nurses' decision to pursue a BScN degree.

1.9: Significance of the Study

Though the importance of Bachelor of Science in Nursing degree in health care provision is well documented, the percentage of BScN nurses remains relatively low. In Kenya the proportion was at 4.6 % and 9.7% in Nairobi County. Furthermore, only 4.4% of the diploma nurses have completed the diploma-BScN upgrading program in Kenya. The study was intended to shed insight to nurse educators, managers, and employers into hindrances to the diploma nurses 'decision to enroll for a diploma -BScN program. This would inform the decision makers in the development of policies and strategies to have more diploma nurses seek a BScN degree and thus increase the proportion of BScN prepared nurses. Further, this study adds to the body of knowledge especially in Kenya regarding the diploma to BScN upgrading.

1.10: Assumptions of the study

That the diploma nurses would be willing to participate in the study and would give honest responses to the questions.

1.11: Operational definition of Terms

Bachelor of Science in Nursing degree (BScN) Nurse: A Registered nurse with a Bachelor of Science in nursing degree and licensed to practice by NCK.

Diploma Nurse: A registered nurse who graduated from a diploma nursing

	program and working in Nairobi County.
RN--BScN Program:	BScN degree upgrading program for diploma nurses.
Magnet hospital Status:	Hospitals with high quality nursing care, requiring 80% of the nursing staff to have a BSN degree.
NSM:	Nursing service Manager who supervises the nursing services within a hospital setting
SCPHN:	Sub County Public health nurse who supervises nursing services at the primary health care facilities
Level five (V) hospitals:	Also referred to as County referral hospital. It's a public health facility providing secondary and tertiary care

which includes specialized care.

Level four (IV) hospitals:

A county hospital providing both secondary and tertiary care.

Primary health care facility:

Level 3 and 2 facilities, includes health centers and dispensary, provide Immunization and other fundamental health care services and Maternity services. Mostly manned by nurses.

Nurse Manager:

A Sub County Public Health Nurse (SCPHN) or Hospital Nursing Service Manager (NSM), with responsibilities of supervising and coordinating nursing services, at the sub county or hospital level.

Nurse Educator:

A registered nurse whose area of interest and competence is the education of nurses at university, or diploma level.

Barriers:	Conceptualized as conditions, factors that prevent or that prohibit someone from achieving something.
Nurse related barriers:	Those barriers that are personalized to nurse social cultural and economic characteristics such as gender, marital status, personality, age. financial commitments, attitude and values, number and age of children
Employer related barrier:	Such include but not limited to promotion, salary increase, recognition in terms of responsibilities, conducive work schedule, financial scholarships, study leaves
RN-BScN Program barriers:	Include, inaccessibility, inflexibility, lack of financial support, mode of study, length of study, inconveniences.
Decision to Pursuing BScN:	The mindset of the diploma nurse in regard to undertaking a BScN upgrading program.

CHAPTER TWO

LITERATURE REVIEW

2.1: Introduction

Traditionally, nursing was perceived as a career that does not require higher education (Scheckel, 2016). However, over the years, international health care and nursing organizations have learnt that higher education for nurses has a positive impact when it comes to nursing care and patient outcome (AACN,2017; ICN, 2017; IOM,2011; WHO, 2011). The level of education of the nursing staff impact on their comprehension as well as application the modern nursing concepts which include but not limited to nursing process, informed consumers, evidence-based practice, reflective practice, and advanced nursing care which are intended to improve quality of care provided by nurses globally (Agbedia, 2012).

On the other hand, nurses are rarely involved in the establishment of health-care human resource policies as well as strategic decision making for health care delivery. This is partly attributed to poor standing of midwives plus nurses in many nations as well as the low level of education of the nurse professionals. Nurses are therefore being called upon to upgrade their education level to a minimum of a university degree (IOM, 2011; WHO, 2011).

A report released by Robert Wood Johnson Foundation (RWJF) in 2013 illustrated how employers, patients and the nursing profession would benefit when nurses upgrade their education (AACN, 2017). The International Council of Nurses' President, Judith Shamian, in 2017 said that "Any country's wealth is determined by its population's health, and population health is influenced by nursing." (ICN, 2017). According to ICN, nurses are required at the policy table, and that nurses must

change how they view their responsibilities to their patients. Similarly, nurses need to value their contribution in the multidisciplinary care teams and play an active role (ICN, 2017).

Furthermore, a profession's level of education influences whether it has the training and infrastructure to establish its own expertise and then significantly interrelate with other highly qualified professionals across interdisciplinary teams (Stalter, et al., 2014). Nursing education impacts positively, not only on the knowledge and competencies of nurses, but also on other health care providers as well (Fawaz et al., 2018).

Nurses' educational demands are quickly growing as a result of technological advancements as well as society's shift toward health and self-care, necessitating higher knowledge, clinical competency, independence, and autonomy in clinical judgment. This is a positive development because better educational preparation for nurses will result in improved performance. Nowadays, most of the nursing education programs are provided at the universities or university affiliated colleges in many parts of the world. It is important to understand that university education provides growth and development of any profession (Kabir et al., 2019).

From the American Association of Colleges of Nursing's perspective, advanced education for the nurses, much as it does for other health care practitioners, has a substantial impact on the nurse clinician's knowledge and practices (AACN, 2017). As healthcare professionals, nurses have a scope of impact that goes beyond the persons, households, groups, and communities with whom they serve. It surpasses the health sector to nursing and midwifery colleagues and other health care professionals as well as management, and fiscal responsibilities (ICN, 2017).

Similarly, the Institute of Medicine (2011), observed that with the ever-rising complexity of the patients' needs, the nursing staff will be required to acquire advanced nursing skills in order to deliver quality nursing care to these patients. Skills such as research and scientifically proven practice, leadership, health care policy and system development, interdisciplinary collaboration, and expertise in areas such as society and public health and geriatrics should take preeminence.

It is from such a premise that the Institute of Medicine (2011) proposed an increase in proportion of Bachelor of Science in Nursing degree prepared nurses placed providing bedside care to 80 % by 2020. Likewise, National Advisory Council on Nurses Education and Practice, argues that the consistently widening scope of practice for the Registered Nurses, necessitates a workforce with critical thinking and problem-solving skills, capable of adapting to change, and able to apply evidence-based practice. These characteristics, according to NACNEP are distinguishable with Bachelor of Science in Nursing degree education level (NACNEP, 2010).

AACN (2017), elaborately claims that Bachelor of Science in Nursing degree prepared nurses have the capabilities to satisfy today's patients' and health care needs. This is because these nurses are well equipped with advance nursing skills such leadership, critical thinking case management health promotion and are able to provide care across continuum.

2.2: Importance of BScN degree in nursing

The requirement for a Bachelor of Science in Nursing degree as minimum prerequisite for admittance into the profession has been a significant progression in the professional development of nurses in recent years. (ICN, 2017; IOM, 2011;

WHO, 2009). A University degree in nursing sciences is necessary for one to cope with continuous evolution of patient and disease profiles, medical and information technological advancement, the use of scientifically proven care, and continuous inter professional health team collaboration among other rising health care demands (Fawaz, et al., 2018; WHO, 2019).

In a study by Ng et al. (2015), majority of the respondents agreed that a nursing degree ought to be the minimum entry requirement into the nursing profession because it boosts the competences and effectiveness of the registered nurses (Ng et al., 2015). Schwarz and Leibold, (2014) similarly opined that post registration Bachelor of Science in nursing degree upgrading program not only increased confidence and efficiency among the practicing nurses but improved skills of leadership and critical thinking as well.

According to IOM (2011), the significant relationship between nursing education and health outcomes appreciates the importance of the aspect of nursing education when it comes to addressing nursing workforce issues for future care delivery. According to one study, baccalaureate degree nurses in similar occupations reported higher levels of satisfaction than diploma nurses. Satisfaction associates with retention and thus a reason for the hospitals and employers to support the continued education for nurses (Lane & Kohlenberg, 2010). Similarly, Kovner et al. (2012) made comparisons among registered nurses according to their highest degree but had other factors constant. The findings indicated that those with Bachelor of Science in nursing degree reported greater rates of satisfaction with their jobs (39.2%), whereas those with diploma level education, reported moderate to extreme dissatisfaction (13.1%) compared with those prepared at BScN level.

Similarly, a survey conducted among chief nursing officers in the United States, exposed the differences in knowledge, skills and practice between the diploma and BScN degree prepared nurses. The survey demonstrated that BScN degree prepared nurses displayed better leadership and critical thinking skills, ability to provide care to various patients conducted themselves more professionally compared with the diploma nurses. The Chief Nurses therefore had preference for hiring nurses prepared at a Bachelor of Science in nursing degree level (Stalter, et al., 2014).

The curriculum of BScN programs includes all the syllabus for diploma training programs and a more advanced additional content that enhances production of better professionals, prepared more comprehensively, with a deeper grasp of the social- economical, and political aspects that influence healthcare delivery and impact on patients' outcome (AACN, 2017; Lane & Kohlenberg, 2010).

By expanding the accessibility of and sustenance for bachelor's in science in nursing degree, the nursing profession may encourage lifelong learning, enhance professional status of nurses, allow autonomy in nursing practice and escape the medical dominance, and strengthen the nursing discipline (Duane et al., 2014; WHO, 2019).

Besides, some of the scholars argue that nursing does not satisfy professional standards in terms of education due to various pathways of entrance and a lack of separation between educational degrees in terms of practice, recognition, and compensation (Lane & Kohlenberg, 2010). Professionalism symbolizes the appreciation of anticipations, and standards set for the healthcare providers by the public such as being knowledgeable and application of critical thinking skills in the provision of ethical and humane care and to actively participate in the development

of the discipline through knowledge and support. The ultimate constituent of a profession is education. Based on the features of professionalism, it would then, be possible for the clients of health care to establish mutual relationships with healthcare providers, such as nurses (Lane & Kohlenberg, 2010).

As a profession, nursing pride itself in promoting lifelong learning. By promoting and supporting the RN-BScN upgrading program, the nursing profession would be promoting lifelong learning for its members and produce nurses who see education as a means of advancing their discipline (Lane & Kohlenberg, 2010). Furthermore, nurses are at the forefront of the health care delivery, constituting the largest proportion of all health care professionals globally (Kithuci et al., 2017). By strengthening professional qualities in the majority of the healthcare workforce, it may be possible to improve the entire healthcare system's integrity and confidence (WHO, 2019).

Similarly, there is constant change in the health care environment and creation of new knowledge on daily basis. (Bellfield & Gesnner, 2010). This therefore requires the nurses to constantly upgrade their education level to achieve higher degrees or even masters to keep up with the new knowledge and practice. Nurses must regularly upgrade their knowledge and professional competencies, given the emphasis on evidence-based practice. (WHO, 2013b).

Nurses form a constituent of a multidisciplinary care team alongside other health care professionals educated at higher level. So far nurses are the majority primary care providers and the coordinators of the patient care within the team. Therefore, it is absurd to expect better patient outcome with nurses as the least educated members of the multidisciplinary care team (Ng' et al, 2015). Sometimes nurses find

themselves incompetently positioned in the overall order of patient care teams due of their deficient leadership skills and incompetence of the nurses. The nursing profession is therefore being called upon to acknowledge the intricacy of delivering patient care, and the importance of and the relationship of a more educated nursing work force. Other partners and players in the health care delivery recognize the value of education when it comes to the patient care (AACN, 2017).

The process of upgrading a nurse's first educational qualification to a higher level is referred to as upgrading. It allows nurses to expand their knowledge and abilities, as well as their professional value and self-esteem, and are ranked higher within nursing cadres as a result. When nurses upgrade, they improve their skills and attitudes after acquiring the necessary knowledge in their field of study (Hughes, 2017; WHO, 2019). These nurses become more autonomous in making clinical judgment and coming up with their diagnosis, plan of care and no longer must wait for instructions from the doctor (Kabir et al., 2019; WHO, 2013a). As such the patient can get required care at the expected time to avoid delay.

Upgrading of the diploma nurses' education to BScN has been associated with change in their confidence in clinical areas, professional behavior, and ability to clearly articulate clinical symptoms, time management, and adequate interaction with other health team professionals. Diploma nurses who have gone through the RN-BScN upgrading program report to have improved; their communication skills, critical thinking skills, better patient outcomes and that the upgrading program gives them a wider view of patient' and health care needs. They are enabled to view patient from a holistic perspective (Einhellig, 2015).

Though, it may be seen as an expensive venture, investing in nursing education is a direct investment into the health of a nation's population. Bachelor of Science in nursing degree may be a costly exercise, however this will inversely impact on the wealth of a nation by lowering the mortality rates and improving the patients' outcome (Aiken et al., 2014; Anbari, 2014). Similarly, the concept of flexibility and capability of a more qualified nursing staff to function in a progressively complex and safety-conscious workplace justifies the employment of a more skilled nursing workforce (WHO, 2013b).

Assuming the centrality of nurses in the health-care delivery system, changes in the nursing workforce's preparation, entry level education and scope of practice, are critical measures for enhancing the operational and effectiveness of the health care systems (WHO, 2015; WHO,2019)). Supposing the wide geographical distribution and nature of the nursing workforce which places a nurse even in the remotest parts of any country, whereas the numbers of other health professionals diminishes with an increase of the distance from the cities .It is essential to increase the efficacy and effectiveness of this cadre, in order to act responsively, with the necessary flexibility and expertise which is fundamental to the health of any nation and consequently have a positively impact the health outcome of the population (Hughes,2017 ; Ralph et al., 2014).

Research evidence has shown that improving the education level for the nursing workforce is one way of ensuring access to quality health care for any nation's population (Aiken et al., 2014). In 2014, Aiken and colleagues conducted a retrospective study in nine European countries, to investigate the impact of nurses 'education on patient's outcome. The research findings indicated that hospitals with

large numbers of BScN prepared nurses reported lower patient mortality. According to the findings of this study, an increase in the proportion of BSN prepared nurses translated to a 7% patient mortality reduction (Aiken et al., 2014).

Likewise, Yakusheva et al. (2014), positively associated BScN education with improved patient outcomes. The study findings irradiated that patient who were cared for by a higher proportion of BSN prepared nurses were less likely to die, shortened hospital stay and reduced hospital bills compared with those cared for by diploma nurses. The researchers concluded that engaging BScN prepared nurses was adequate to enhance the nurse dependent variables such as hospital acquired infections, hospital acquired ulcers or pressure sores, failure to rescue, and post-surgery complications among others.

A corresponding study by Kutney et al. (2013), compared post-surgery outcomes among patients cared for by diploma nurses and BScN prepared nurses. This study involved 134 major hospitals in the United States of America. The study findings demonstrated that a 10% increase in the number of nurses prepared at the Bachelor of Science in nursing degree reduced the death rate by 2.12 for every 1000 patients, and 7.47 deaths reduction for every 1000 patients with complications. The researchers concluded that around 500 deaths among post-surgery patients would be averted if the proportion of BScN prepared nurses was increased (Kutney et al., 2013).

Moreover, Blegen et al. (2013) conducted a research study investigate the impact of nursing education on patient outcomes. The study which involved twenty-one University Health System Consortium hospitals was intended to investigate the association between the Registered nurses' education and patients' outcome. The

study findings revealed a positive correlation between BScN prepared nurses and nurse dependent indicators. Hospitals with a bigger percentage of BScN prepared nurses, reported reduced cases of patients with hospital acquired pressure ulcers, deep venous thrombosis, reduced length of hospital stay, reduced cases of failure to rescue and reduced mortality of patients with congestive cardiac failure (Blegen et al., 2013).

In the January 2007, Dr. Tourangeau and colleagues carried out a study on the'' effect of Hospital Nursing Care on a 30- day mortality for Acute Medical Patients''. The study looked at 46,993 patients hospitalized with strokes, heart attacks, blood poisoning, and pneumonia. The study findings indicated that BScN-educated nurses had a favorable impact on lowering death rates. The researchers discovered a link between the proportion of nurses with a BScN and patient fatality rates. According to the data, a 10% increase in the proportion of nurses prepared at Bachelor of Science in Nursing degree corresponded to reduction of deaths by 9 per every 1,000 discharged patients (Tourangeau et al., 2007).

2.3: Global Pressure to raise the level of education of the diploma nurses

According to WHO (2009), the need for global standards for nursing education has been driven by various reasons such as the growing intricacy of delivering health care, the progressively increasing numbers of health providers, the urgent need for a guaranteed equitable access to health care, and the growing mobility of nurses around the world. Therefore, the discrepancies in the basic nursing education across the globe can no longer be overlooked. Initial nursing education is designed to educate individuals to be part of the professional workforce where they take responsibility for strengthening health delivery system to be aligned to the health needs of the

population. It is therefore important to standardize the initial nursing education all over the world (WHO, 2013b).

Further, WHO emphasized that the goal of the global standards is to establish nursing education criteria that assures the public of better health outcomes by providing scientifically proven care, promote a progressive nature of education that facilitates lifelong learning. This will ensure the employment of competent practitioners who will deliver quality health care that will impact positively on the health outcomes in the population that they serve (WHO, 2009). WHO further noted that the future of nursing education depends on good preparation at the professional level, as is being done at the Bachelor of Science in Nursing degree level. This level of education is already being provided in many countries.

Furthermore, WHO has observed that research evidence has demonstrated how a more educated nursing workforce would not only improve the quality of care but also save the lives of the population they serve (WHO, 2013 a). Similarly, Fawaz, et al. (2018) noted that, these impressive revelations of a remarkable mortality reduction and overall better patient outcome related to more educated nurses in hospitals signifies the implications of public policies to aid towards an eminent change by rationalizing the preparation of nurses at Bachelor of science in Nursing degree level.

In 2015, the Director General of WHO, Ms. Margaret Chan, while addressing the importance of change in the health care delivery asserted any sustainable and effective change agenda, must place the nurse at the center. She emphasized that as health-care knowledge and techniques advance and health-care needs become more complicated, the consumer of health care should be able to obtain safe, high-quality, efficient, and effective care that is timely and patient-centered (WHO, 2015).

Therefore, the Director General recommended that the entry point into Nursing practice should be at Bachelor of Science in Nursing degree. This is in agreement to the Geneva Declaration which urges all the countries to introduce university nursing education as the initial education for nurses (Bvumbwe & Mtshali, 2018; ICN, 2017). Moreover, it is expected that the nursing profession will be concerned with the rapid transformation of health care delivery environment, which is compounded by technological advancement, changes in patient characteristics, shortened period of hospitalization, and emerging nursing specialization (Lane & Kohlenberg, 2010). Subsequently, pressure has been mounting up globally on the nursing profession to advance the level of education of the diploma nurses providing direct patient care (IOM, 2011; Matthias, 2015).

2.4: Global Trends for increasing the proportion of BScN educated Nurses

The urgency to transform education of nurses in the advent of the 21st century became a global inducement to review and restructure old policies and standardize the education of nurses globally based on the emerging additional nurses' duties and the movement of nurses from one country to another (Alamri & Sharts-Hapko, 2015; ICN, 2015). International Council of Nursing Education Network (2010), released a report on the global nursing shortage, emphasizing on new international trend whereby the Registered Nurses are required to enter into practice after earning a Bachelor of Science in nursing degree. (ICN, 2013). More often, the rise in the number of universities with an accredited BSN program and RN-BScN upgrading programs signifies a focused, mostly authorized, policy agenda to expand the population of nurses with a BScN degree. Globally, Nations have been making notable shifts towards this direction. The Philippine Government regularized the BSN degree as the minimum requirement to join the nursing profession in the mid-

1980s. Canada has taken a similar position regarding nursing education. United Kingdom has moved to university preparation as initial nursing education while Mexico and India have phased out their non-bachelor's nursing training programs (IOM, 2011). Ukraine and Saudi Arabia have taken a corresponding position and trajectory to help develop the nursing profession and for better patient outcome (Alamri & Sharts-Hapko, 2015, IOM, 2011).

In 2010, Robert Wood Johnson Foundation supported the IOM to release a landmark report on the future of nursing, leading change and advancing health (IOM, 2011). The famous report by IOM outlines the strategies to address the rising demand of quality safe and effective universal health care. The report created a demand to increase the percentage of BSN prepared nurses providing bed side patient care to 80 by 2020 (IOM, 2011).

Likewise, the New York and New Jersey State Nurses Associations have adopted a strategy known as "BScN-in-10" initiative, which challenges the diploma-prepared nurses to upgrade their education level to that of BSN within ten years after their initial practicing license (IOM,2011). These organizations have aggressively lobbied in their respective states for change in the nursing licensing law in favor of the said concept (Stalter et al., 2014). The "BScN in 10" has sparked a rise in the RN-BScN programs across the United States with more diploma nurses seeking to upgrade their education for fear of losing their career.

The move was supported by the Carnegie Foundation for Advancement of Technology [CFAT] with a persistent demand that Bachelor of Science in Nursing degree be the minimum the entry into professional nursing practice and requiring all the diploma nurses to earn BScN degree in ten years of initial licensure (Benner, et al.,2009). The American Nurses Association (2008) resolved that a three-level

strategic approach was necessary for the advancement of nurses' education. To start off, was to lobby for support in the legislation of laws demanding that diploma nurses should complete their Bachelor of Science in nursing degree within ten years after their initial practice licenser, encourage inter-school partnerships, and advocate for financial support for higher education at the legislative level (Lane & Kohlenberg, 2010).

In 2015, Health Impact begun a statewide campaign in partnership with leading nursing organizations in the State of California and the American Nurses' Association. Other nurse leader's associations and education stake holders in California were invited to lead the initiative. The aim was to analyze the changing setting in healthcare, nursing practice, and education. These leaders performed widespread literature appraisals, identifying new initiatives and outstanding nursing practices, and got inputs from across the state and National experts (Health Impact, 2016). One of their most important recommendations was that the state of California should encourage all registered nurses to attain a bachelor's degree in nursing or above by 2030 (Health Impact, 2016).

The Bologna Process in Europe, whose initial focus was Europe and its neighborhood, finally attracted international attention since harmonizing nursing standards across such a large geographic setting will have global ramifications (IOM, 2011). It has raised awareness of the importance of Bachelor of Science in nursing education in many nations, driving the nursing profession to adapt the BScN degree as their entry-level into practice. In the United Kingdom, Project 2000 signified a huge reorientation of nurse education: "the separation of education from direct and persistent control by the service." Underneath it all was a desire to raise nursing education to the level of other professions and ensure that nurses were ready to

practice, with the knowledge and clinical decision-making skills required in today's health care system (Alamri & Sharts-Hapko, 2015). The schools of nursing were transformed to higher education institutes with increased theoretical component and students were not part of the staff (WHO, 2019). Currently, in Alamri and Sharts-Hapko, (2015) the United Kingdom, practicing Diploma-Registered Nurses are reported to be seeking desperately to join an RN-BScN upgrading program to achieve a Bachelor of Science in Nursing degree for fear of loss of jobs as more educated Registered Nurses have joined their institution, threatening their employability (Kovner et al., 2012).

Since September 2013, England has exclusively offered degree-level pre-registration nursing programs, providing UK nursing entirely graduate-level entry. Degree-level nurses, according to the Nursing and Midwifery Council (2010), would provide a higher standard of care and develop a workforce which is more autonomous and innovative, as well as able to use professional judgment and decision-making skills in a complicated care setting. The Council also stated that Bachelor of Science in Nursing degree prepared nurses would be members, and often leaders, of multidisciplinary teams where other health care providers have already completed at least a graduate level of education and would assume leadership in promoting and sustaining change and improving clinical services (WHO, 2019).

The South African government has enacted a policy that adopted the Bachelor of Science degree in nursing as the minimum requirement for one to join the professional nursing. Likewise, they abolished the training of Certificate nurses (Duane et al., 2014). Globally, much emphasis is now being made on the need for seamless transition of the diploma nurses to Bachelor of Science in Nursing degree to allow many diploma nurses to upgrade their education. Further, employment

organizations and training institutions are being called upon to lead by removing any barriers towards this course (AACN, 2017; IOM, 2011; Pittman et al., 2014).

2.5: Slow uptake of RN-BScN programs among diploma nurses globally

However, there has been claims of laxity among the diploma nurses in embracing the idea of returning to school to upgrade their education to BScN level. In his study on “transition of RN-BSN ‘’, Anbari (2015) noted that 60 % of nurses joining the nursing practice in the United States had a diploma and its equivalent level of education. This is despite the persistent urge by the leading healthcare and nurses’ organizations that entry into professional nursing practice should be at BScN degree.

Anbari further observed that though there were 700 RN-BScN upgrading program in the United States, only 40% of the diploma nurses had gone through the upgrading program. At such a slow pace, the proposal by the IOM to raise the percentage of BScN prepare nurses at patient bedside to 80 % by year 2020 could only be realized by 2045 (Future of Nursing Campaign for Action, 2015).

Kovner et al. (2012), stated that a 30% working Registered Nurses (778879) have to attain a BSN degree if the Institute of Medicine goal would be realized. Over the next decade, it seems unlikely to double the number of nurses graduating from Bachelor of Science in nursing degree programs. Furthermore, even if they did, it is still difficult for the United States to meet the IOM goal. Therefore, transitioning the diploma nurses to diploma –Bachelor of Science in nursing degree upgrading programs, is the only reasonable way of achieving this goal. Moreover, the success of this is dependent on the willingness of the diploma nurses to upgrade their education level to BScN degree (IOM, 2011).

Lane and Kolhenberg (2010), in an article titled ‘‘ the future of BScN Nurses’’ noted that even though nursing prides itself as being a profession of lifelong learning, many diploma nurses have not embraced the idea of enrolling for a diploma to BSN degree upgrading program. Yet healthcare is on a constant change and new knowledge is being created on daily basis. Equally, a research study by Kovner et al, (2012) revealed that there was a group of diploma nurses who had shown no interest in returning to school to upgrade their level of education. These nurses disclosed that they did not see the need of returning to school since they already had jobs and were not interested in getting new ones.

Likewise, Duffy’s et al. (2014) and Stalter, et al. (2014) studies, discovered that some participants reported that there was no need for them to return to school because they felt their knowledge is adequate for the work they do. These findings are analogous to the study by Gessner and Bellfield (2010) where some of the participants argued that there was no need of a higher education for practical skills.

In England, despite adopting a policy to have BSN as the minimum entry BScN as the minimum entry requirement into nursing practice since 2013, shift to all graduate entry has been rather slow. The completion rate of the entrants is low, and the removal of the bursary further complicated the matter by reducing proportion of new applicants for many institutions of higher learning (WHO, 2019). In 2017, there was a 23% decline in the new nursing applicants and the situation was worse among the cohort of older applicants (WHO, 2019).

In his inaugural lecture at Igbinedion University in Nigeria, Prof A.O. Ojo gave a detailed analysis of issues facing nursing care in Nigeria. Among them is the fact that nurses were sluggish to embrace university education, restricting their

possibilities for career advancement and the rate of improvement in the care they provided. He further noted that the level of education of these nurses will impact their ability to comprehend and apply the most recent nursing concepts and models which include but not limited to nursing process, nursing process, scientifically proven practices, and advanced nursing technologies among others, whose primary aim is to better the quality of nursing care all over the world (Agbedia, 2012 ; Kabir, et al.,2019).

Similarly, Ezeonwu (2013) stated that there is little value for any nursing education beyond the diploma level in Nigeria. The researcher further argued that only a few Universities in Nigeria provided this level of education. She further emphasized that only four Universities offered a Bachelor of Science in nursing upgrading program for the diploma nurses to Bachelor of Science in Nursing degree upgrading program.

Kenya has over 30 Universities accredited by Nursing Council of Kenya to offer Bachelor of Science in nursing degree upgrading program for the diploma nurses. The diploma BScN upgrading distance training curriculum was launched in 2009 (NCK, 2017). A report released by the Ministry of Health [MOH] in 2015 on health care workforce indicated that the country's nursing workforce constitute a 65 % (n=33595) of diploma nurses compared to 4.6 %(n=2373) Bachelor of Science in nursing degree (MOH,2015). So far only 4.4% of the diploma nurses have gone through the RN-BSN upgrading program (NCK, 2017). From this report, it is evident that the proportion of Bachelor of Science in Nursing degree prepared nurses is very low compared to the diploma nurses. This is so, despite the fact that all the over 30 Nursing Council of Kenya accredited Universities are offering the diploma to

Bachelor of Science degree upgrading program. This situation substantiates the observation by IOM (2011) that, the willingness of the diploma nurses to go through the RN-BScN upgrading program is of utmost importance if the numbers of BScN educated nurses will be expanded. Yet it is obvious that the diploma nurses are not embracing this upgrading concept as would be expected. There are increasing concerns globally why the diploma nurses are reluctant to upgrade their education level to acquire a Bachelor of Science in nursing degree, despite the many benefits associated with this level of education (IOM, 2010; Ng et al., 2015). This is the premise behind this research, for the researcher to unravel the barriers to the diploma nurses' decision to pursue a BScN degree.

2.6: Perceived barriers to diploma nurses' decision to pursue a BScN degree

The attempt to enroll for a diploma to Bachelor of Science in nursing degree (BScN) is characterized by an analysis of the benefits and hindrances to attaining this level of education (Kovner et al., 2012). However, to alleviate the barriers to improving the education level of the nursing workforce multiple stake holders such as, policymakers, donors, employers, and educators ought to collaborate (Kovner et al., 2012).

A research study by Duffy et al. (2014) expounded that some nurses had mixed feelings in regard the worth and benefits of a BScN degree. Some diploma nurses reported that they did not think it was necessary for them to have a bachelor's of science in nursing degree for them to 'work on the floor' while older diploma nurses reported that going back for an upgrading to BScN degree would not benefit them given that they were approaching retirement. Nonetheless, majority of the respondents with diploma in nursing reported that upgrading to bachelors of science

in nursing degree would improve their critical thinking skills, autonomy and improve their professional growth.

This study aimed to assess the barriers to the diploma nurses' decision to pursue a BScN degree and make recommendations on effective strategies to raise the number of diploma nurses enrolling for a Bachelor of Science in Nursing upgrading program. The specific objectives are categorized into perceived nurse related barriers, perceived employer related barriers and perceived RN-BScN program related barriers.

2.6.1: Objective 1; To establish the Perceived nurse related barriers to diploma nurses' decision to pursue a BScN degree.

This specific objective is to assess the nurse related barriers to the diploma nurses' decision to pursue a BSN degree. IOM has recommended for the removal of barriers to the diploma nurses obtaining a BScN degree (IOM, 2011). The researcher began by reviewing the nurse related barriers. Nurse related barriers reviewed in this study included the following.

According to Stalter et al. (2014), the commonest nurse related barriers to the diploma nurses' decision in regard to pursuance of BScN degree include social and economic factors such as time, attitude, age, marital status, financial commitment, number of children, love for learning, personal goals, and ability of the individual diploma nurse. One study by Ng et al., (2015) on deterrent to diploma nurses' decision in regard to pursuance of a Bachelor of Science in Nursing degree, found that most of participants identified financial and family as deterrents to their goal of achieving a Bachelor of Science in Nursing degree. Likewise, Duffy et al. (2014) carried out a study on to assess barriers, challenges, plus incentives affecting the RN-

BScN completion in 5 hospitals located in the Mid-Atlantic region of the United States of America. The findings of the study indicated that respondents found it rather difficult to balance between the family, work, and school.

The findings exposed some consistence with the study by Romp *et al.* (2014), which highlighted family responsibilities as the major deterrents to the diploma nurse's pursuance of a bachelor's degree in nursing. Moreover, family responsibilities go along with financial commitment. Kamau and Mwangi (2021) indicated that it was difficult for the diploma nurses to enroll for a nursing degree while heavily burdened with other financial responsibilities for self and their families.

Marital status has been cited as a barrier to the diploma nurse's decision to pursue a BScN degree. Kithuci *et al.* (2017) conducted a study on factors that would make nurses upgrade their education among enrolled nurses at Meru level five hospital. The cross-sectional study that utilized census method of sampling, had a sample size of 201 nurses. The study had 160 participants. The findings of the study indicated that some nurses would not pursue higher education because they were afraid of losing their marriages. These findings support Ng *et al.* (2015) report that married respondents were more demotivated to pursuing a BScN degree due to high family commitment.

Number of children and their ages has been identified as a barrier to the diploma nurses' decision to pursue a BScN degree. Duffy *et al.* (2014), reported that nurses without children had more likelihood of enrolling for a BScN degree whereas those with younger children had more family commitment and therefore chose to delay returning to school until their children were older enough. More still, the older children were reported to increase the nurse's financial commitment, thus hindering

her from enrolling for a nursing degree. Similarly, Ng et al. (2015) noted that financial commitment increased with the number of children and thus increasing financial burden to the individual nurse, making it difficult to decide to upgrade from diploma to BScN degree.

Nurse's perception and attitude is also a significant barrier to the diploma nurses' decision to pursue a BScN degree. Duffy et al. (2014), reported that some nurses argued that one did not need a BScN degree to practice nursing, but doctors, nutritionists and physiotherapist do require higher education. Likewise, Kovner et al., (2012) observed that despite the fact that education is a critical component of professionalism, the majority of nurses delivering patient care had a minimal level of education. Furthermore, some of the nurses were not willing to upgrade their professional education.

In Nigeria, the education of nurses at the Bachelor of Science and beyond is not valued and is provided by a few universities (Golfa et al., 2015). It has been observed that most of the diploma nurses had no motivation to upgrade their education to that of Bachelor of Science in Nursing degree (Ezeonwu, 2013). Similarly, Stalter et al. (2014) noted that some nurses think that the skills that they have are adequate and they do not need to go back to college for additional skills.

Nurse's age is an important factor in their decision to pursue a BScN degree. Kithuci et al. (2017), study findings indicated that 10% of the participants reported that advancing education was not a priority because they were about to go for their retirement. This revelation is congruent to the findings by Kovner et al. (2012) where a majority of the respondents cited their age as a hindrance to their achieving a Bachelor of Science in Nursing degree. The participants argue that the worthiness of going back to college and the possible profitability proceeding on retirement is

insufficient. All these findings agree with Duffy et al. (2014) that the older nurses did not see the need of a BScN degree because they were about to go retirement.

Fear has been reported as a barrier to the diploma nurses' decision to pursue a BScN degree. Bellfield and Gesner (2010) conducted a study on factors that influenced the advancement of professional education among the nurses. The study findings identified fear as a deterrent to nurses' decision to advance their professional education. The researchers reported that the participants expressed fear that they did not know where to start from in case they were to return to school. The findings concur with Einhellig (2015), that the participants expressed fear that they could not make it through the BScN degree because it's too difficult and they were never good students previously.

In a study to examine RN- BScN students' ability and the influence of value regarding graduate education, Plunkett et al. (2010) found that the value that a diploma nurse attaches to a Bachelor of Science in nursing degree had a great influence in regard to pursuance of a BScN degree. The study revealed that the average participant was unsure in terms of how much he or she values graduate studies. In a similar study, Robbins and Hoke (2013) explored RN –BScN students' culture of success Model among the Hispanic students in United States. This study had 109 participants and used twelve focused group discussions to collect the data over a four-year period. The results showed a positive correlation between the value the students put on the BScN degree and the successful completion of the program. Lack of personal lifelong goals and love of learning are other factors found to hinder the diploma nurses' decision to pursue a BScN degree. Einhelligs (2015), conducted a phenomenological study to explore the experiences impacting on the diploma nurses' decisions to enroll for RN-BScN program in Colorado State of the United

States. The researcher used semi structured interviews to collect the views. The study participants were ten diploma nurses who had enrolled for RN-BScN program. The researcher reported a positive relationship between the nurses 'individualized goal, love for learning and the decision to pursue a BScN degree. Those nurses without such attributes had no plans to pursue a BScN degree. Similar findings were reported by Bellfield and Gesnner (2010) that nurses with a lifelong goal to pursue a BScN degree would do it regardless of the difficult financial situation.

Lack of family support is another important barrier to the diploma nurses 'decision to pursue a BScN degree. Einhellig (2015) indicated that nurses rely on spouses, and their children to both emotional and material support. In the absence of such, nurses reported that it is difficult for them to decide to pursue a BScN degree. These findings show consistence with the study by Ng et al. (2015) in which half of the participants reported that family support was an important factor for the Registered Nurses to enroll for a BScN degree.

2.6.2: Objective 2; To determine the Perceived employer related barriers to diploma nurses' decision to pursue a BScN degree.

One study in Nigeria has identified the lack of government's commitments and good will to develop and implement policies on quality nursing education and the unwillingness to fund education for nurses willing to upgrade their education as barriers to diploma nurses' pursuance of Bachelor of Science in nursing degree (Kabir et al., 2019).

Furthermore, Kamanyire and Achora (2015) noted that not all diploma nurses can meet the financial requirements of a Bachelor of Science in nursing degree education. The AACN encourages healthcare providers and employers to provide conducive

work environments that support lifelong learning by offering motivations to enhance their decision making in regard to achievement of a Bachelor of Science in Nursing degree.

Additionally, diploma nurses claimed that the lack of distinction between various nursing certifications in terms of recognition, job description, or compensation was a barrier to them pursuing BScN schooling (Matthias, 2015). Therefore, hospital managers and employers need to demonstrate their willingness to support diploma nurses who have enrolled for Bachelor of Science in Nursing degree nurses with clinical career ladders and financial incentives upon completion of their degrees (Kamau & Mwangi, 2021).

A research study done in Malaysia on deterrents to diploma nurses' decision to upgrade their education level to achieve a Bachelor of Science in Nursing degree, illuminated rigidity in duty scheduling and increased patient numbers prevented the diploma nurses from pursuing post diploma nursing degree because of nursing staff shortages (Ng et al., 2015). The participants stated that obtaining study leave was frequently challenging. Diploma nurses had to perform extra shifts in order to take care of the needs of these many patients. This meant that they could not get time for study because of the staff shortages. The finding concurs with the study by Anbari (2015), which stated that workplace environment was not consistently supportive to the RN-BScN upgrading nurses. Managers are sometimes inflexible in making work schedules and allowing for time off for nurses to attend the training. This meant that most nurses pursued their post registration nursing degree program concurrently with their work which is very strenuous. Therefore, lack of workplace support is major barrier as amplified by Nash (2013) who reported that many diploma nurses

could not pursue their post registration nursing degree owing to lack support from their workplaces.

Moreover, Anbari (2015) raised the concerns of unsupportive environment whereby some diploma to BScN upgrading program student's encountered discouraging remarks on the usefulness of BSN degree from their peers. Equally, Bellfield and Gessner (2010) noted that diploma nurses who decided to pursue a BScN degree experienced horizontal harassment from their colleagues and supervisors who attached no value to a BScN degree.

Lack of educational differentiation by the employer is another barrier. Matthias (2015) conducted a Systematic literature review to explore different nursing education pathways in the United States of America. He was prompted to do so by the fact that, despite the research findings associating BScN with better patient outcome, multiple educational pathways for the nurses continue to thrive throughout the globe. The literature review illuminated that most of the hospitals often disregarded the RNs education when hiring for bedside patient care. This somehow discouraged the diploma nurses from upgrading their education level to BScN degree since there was no explicit benefit. The review associated the low uptake of RN-to-BSN program with lack of educational differentiation by the nurse employers.

These findings compare to the views of Agbedia (2012), who in a paper in the Open Journal of Nursing in Nigeria, entitled "Re-envisioning nursing education and practice in Nigeria", associated lack of differentiation by education among nurses with the slow uptake of RN-BScN program by the diploma nurses. Her views are that differentiation should be both in salaries and recognition in terms of responsibilities and promotions.

Kamanyire and Achora (2015), in an article published in Sultan Quabos University Medical Journal, titled “A call for more nurses of diploma certification to attain Bachelor of Science in Nursing degree” identified lack of proper distinction between various nursing qualification levels in terms of acknowledgement of education, job description and remuneration as reasons for diploma nurses’ failure to sought after BScN education. According to the authors, hospitals and employers need to demonstrate their willingness to support Bachelor of Science in nursing degree by developing proper clinical career ladders and financial motivations for the nursing practitioners upon completion of their educational advancement. Moreover, Aiken (2014) found that some diploma nurses viewed the BScN degree as an added burden whereby nurses are given more responsibilities without tangible recognition.

The study findings by Golfa et al. (2015), indicated poor remuneration after training and lack of proper placement as some of the barriers to nurses’ advancing their professional education. This agrees with Ng et al. (2015), that there is no significant impact in pay between advancing education or not. As pay differentials are not always significant between the different levels of education. This can thwart the desire to acquire advanced nursing education and more so the Bachelor of Science in nursing degree (Golf et al., 2015).

Likewise, Kamanyire and Achora (2015), reported that lack of recognition of the past achievement, equal treatment for those nurses who had completed the bachelor’s in science degree with the diploma nurse as barriers to diploma nurses ‘decision to pursue a Bachelor of science of in nursing. Similarly, Anbari (2015) illuminated that majority of respondents viewed a BSN degree as path to their career and professional

mobility, and in the absence of such conditions, the participants reported that there was no need to upgrade their education.

Similarly, Einhellig (2015), noted that some participants viewed a BScN degree as a vehicle to their promotion and career progression. These findings show congruence with the report by Kithuci, et al. (2017), which associated promotions with the nurses' decision to further their education, whereby 89% of the respondents cited better salaries and promotion as a major incentive to their decision to upgrade their education. Thus, lack of assured promotion is here viewed as a hindrance to the diploma nurse' pursuance of a BScN degree.

Bellfield and Gesner, (2010) found that many diploma nurses lack the financial ability to sustain themselves through their baccalaureate education requirements. A committee appointed to assess the progress of the "Future of nursing report " expressed concern that the funding for the education of nurses in the United States had not been increased for the past one decade, thus creating problems of logistical nature for the nursing students. This was identified as barrier to obtaining a Bachelor of Science in Nursing degree (National Academy of Sciences, Engineering and Medicine, 2016).

This report is consistent with the study findings by Anbari (2015) that highlighted inadequacy of financial support from the employers as an important barrier to the diploma nurses' decision to seek after a BScN degree. Similarly, a research study by Duffy et al. (2014) sought to assess the barriers and facilitators to the diploma nurses' decision to upgrade their education to Bachelor of Science in Nursing degree. These findings underscored the lack of financial support from employers as a major hindrance to the diploma nurses' decision to pursue a BScN degree. The researchers

also admitted that financial support supersedes all other employer related factors in determining the diploma nurses' decision to pursue a BScN degree.

Likewise, Einhellig (2015) noted that nurses who received financial support, in terms of tuition fees from their employers were more likely to pursue a RN-BScN program. The findings indicated that 49% of the participants cited financial support as the most important factor that would determine their decision to pursue higher professional qualifications.

2.6.3: Objective 3; To identify the RN-BScN Program related barriers to diploma nurse's decision to pursuing a BSc N degree

Golfa et al. (2015), noted that financial concern and cost of the program are major barriers to advancing professional nursing education. This agrees with Ng et al. (2015) report that highlighted that the exaggerated education cost was one major deterrents to the diploma nurses' pursuance of Bachelor of Science in nursing degree. Most of the respondents in this study, affirmed strongly that the course fee for the upgrading program was too expensive making it difficult for them to afford to upgrade to Bachelor of Science in Nursing degree, particularly given their current income. Romp et al. (2014), had made similar observation. These study findings show congruency with Kithuci et al. (2017) that the high cost of academic education is a deterrent to nurses' decision to pursue higher academic qualifications.

Golfa et al. (2015) further identified lack of in-service training program and lack of entry requirement into university as some of barriers fronted by the respondents. An efficient and effective in-service programmed is crucial to advancing professional education. These study findings agree with Duffy et al. (2014) which indicated that most of the respondents did not know how to join a RN-BScN program, some nurses

saying they didn't know how to decide on the program to join beside the fear of navigating through the system.

Innovative methods of education that lead to facilitate job mobility, improve satisfaction, and derive a boost retention must be developed by education providers. Flexibility has been raised as a fundamental component to the success of bridging programs, because it allows students to study alongside other obligations. However, providing a flexible and comprehensive degree education has been reported as a challenge for faculty at some institutions (Kamanyire & Achora, 2015). Furthermore, RN to BScN upgrading students have been reported to appreciate faculty support when educators acknowledge experience, provide a caring environment, and empower their students. Diploma nurses upgrading to BScN degree reported that they felt empowered when the faculty treated them as mature colleagues in the profession and acknowledged their built on past clinical experience during learning sessions (Anbari, 2015). They also wished to be treated with empathy, especially when faced with family and social obligations. It has been found that diploma nurses easily accept upgrading programs that recognize them as adult with multiple roles.

Similarly, Anbari (2015) found that diploma nurses frequently felt that their past nursing curriculum and experience are undervalued by nursing schools. When they are grouped with undergraduate students, this belief is exacerbated. This finding is confirmed by a study by Duffy et al. (2014), which found that RN to BScN students want to be respected and valued for their considerable nursing knowledge. Regrettably, this is not always the case. The recognition should affect the training period and the course content.

Lack of support from academic institution is another barrier to diploma nurses' decision to upgrade to BSN degree. Robbins and Hoke (2013) reported that academic institutions can support the diploma to BScN upgrading students by providing academic and financial support assistants. Similarly, ambiguous curricula have featured as a hindrance to diploma nurse's decision to seek after a BScN degree. According to Robbins and Hoke (2013), respondents preferred a transparent curriculum with clearly outlined course responsibilities for easy planning and preparations. Moreover, the attitude of the faculty has been identified as a barrier to the diploma nurses' decision to seek after a BScN degree. Unfriendly and inaccessible faculty members make it difficult for the nurses to navigate through the education system, until the end of course (Robbins & Hoke, 2013).

Likewise, White (2017), in a study on the effects of faculty behaviors on the decision of diploma nurses to upgrade to a BScN degree, found a statistically significant relationship between the faculty behaviors and the intention to pursue a graduate education among RN-BScN students. The researcher reported the faculty behavior as an important inducement for the diploma nurse's decision to pursue a BScN degree. According to the researcher, nursing faculty are viewed positively by the diploma nurses undertaking RN-BScN upgrading, when they are accessible and offer flexible assignment.

A major factor for consideration in the choice of a program is convenience. Anbari (2015) noted that convenience takes precedence over the quality of the institution, curricula, and professors in the program selection process. Geographic proximity, mode of instruction, flexibility of learning schedules, program availability, and user-friendliness are all factors to consider (Schwarz & Leibold, 2014).

A research study by Ng et al. (2015) indicated that the mode of study is such an important aspect to consider before a diploma nurses decided to enroll for BScN upgrading program. The findings indicated that majority of the respondents associated inflexible mode of study with their indecision to pursue a BScN degree. The study illuminated that majority of the respondents preferred online or distance learning because of the flexibility in that it permits them to strike a balance between their duties, family commitments, and study. Similarly, Alamri and Sharts-Hopko (2015) noted that nurses who pursued their nursing degree through online or distant learning had superior study conditions.

Lack of financial support in form of scholarships or educational loans is a barrier to diploma nurses' decision to pursue a BScN degree. In England, reduction in the graduate support fund had led to a 23% drop in applications for the diploma to BScN upgrading program and the decline adversely affected the cohort of older applicants (WHO, 2019). Both Ng et al. (2015) and Kithuci et al. (2017) agree that scholarships, personal loans, and higher educational fund grants would help to reduce the financial burden. Einhellig (2015) preferred that scholarships and tuition fee reimbursement be provided to the Registered nurses since majority could not afford to pay the college fees alongside other family commitment.

2.6.4: Objective 4; To determine the relative strength of these barriers in hindering the diploma nurses' decision to pursuing a BScN degree.

The study by Ng et al. (2015) identified that one of the significant factors discouraging diploma nurses from getting a nursing degree was the expensive cost of college fees. Many of the survey participants felt that the cost of an RN to BScN upgrade program is too costly in terms of program fees, making it inaccessible to

them, considering their low earnings. This is supported by the findings by Romp et al., (2014).

Similarly, the study by Kovner et al. (2012) identified three major factors that deterred the diploma nurses from enrolling for Bachelor of Science in Nursing degree upgrading program. According to this study, high cost of the program was identified by the respondents as a top barrier, followed by heavy financial burden, and lack of study time.

Correspondingly, the study by Gessner and Bellfield (2010) on factors determining the attainment of professional education among nurses, isolated the high cost of education program and time constraint as the major deterrents to diploma nurses pursuing Bachelor of Science in nursing degree. Likewise, Golfa et al. (2015) identified financial constraints and high cost of BScN upgrading program as the major barriers militating against the pursuance of a Bachelor of Science in nursing degree among the diploma nurses in Nigeria.

2.7: Objective 5; To identify the factors that would trigger the diploma nurses' decision to enroll for RN-BScN upgrading program.

Before a diploma nurse contemplates to enroll for RN to BScN transition program, Kamau and Mwangi (2021) argues that a decision-making process is involved. This involves a critical analysis of gains versus sacrifices that comes with the idea of going back to College for a BSN upgrading program (Kovner et al., 2012). In selecting a Bachelor of Science in nursing upgrading program, Robins and Hoke (2013), found that tuition expenses, accreditation, and flexibility were shown to be more important to diploma nurses than other characteristics such as the campus location, quality of the program .and the Course duration.

On the contrary, Schwarz and Leibold (2014) found that to the diploma nurses, convenience surpasses other elements to consider during the program selection and goes beyond factors such as the quality of the college, curricula and faculty. Convenience entails proximity, instruction design and delivery, learning scheduling, program accessibility, and the perceived user friendliness of the program.

The study by Einhellig (2015) indicated that the diploma nurses associated personal and professional growth with the degree completion, but acknowledged that striking a balance between work, family commitment and study remain a hard nut to crack. Likewise, Robbins and Hoke (2013) indicated that individualized goals, a love for continuous learning, and mounting pressure at workplace plus fear of losing their employment, would trigger the diploma nurses' decision to enroll for a Bachelor of Science in Nursing degree upgrading program.

The view of obstacles to diploma nurses' decision to pursue a BScN degree is contradictory and subjective. Some diploma nurses who choose not to enroll for a Bachelor of Science in Nursing upgrading program cited family commitment, lack of finances, and advanced age as the major impediments to their decision to upgrade to a Bachelor of Science in Nursing degree (Anbari, 2015; Duffy et al,2014; Kovner et al., 2012). However, in a different scenario, diploma nurses reported that family commitment, advanced age and lack of finances are not substantial barriers to diploma nurses' access to a Bachelor of Science in Nursing degree. On the other hand, these diploma nurses argued that employers' and academic institutions' support determined their decision to enroll for a diploma to BSN upgrading program (Anbari, 2015).

Those diploma nurses who were undecided about upgrading to Bachelor of Science in Nursing degree preferred tuition reimbursement and education grant as incentives from employers and educational institutions (Ng et al., 2015). Equally, other diploma nurses felt that a simplified application process, can make the BScN upgrading program to be more attractive (Anbari, 2015; Dufy et al., 2014).

The individual diploma nurses' belief that a Bachelor of Science in Nursing degree can speed up career transition or mobility as well as increase professionalism accompanied by the desire to have this happen is enough motivation to enroll and determines the timing of enrollment (Adorno, 2010; Duffy et al., 2014; Einhellig, 2015; Robbins & Hoke, 2013).

2.8: Theoretical framework

2.8.1: Kurt Lewin's Force Field Theory and its Application in this Study

Kurt Levin's theory is famous for its application in introducing changes in an organization. The theory focuses on forces for the changes and forces against the changes, and thus the Name 'Force Field Theory'. This theory is not limited to an organization but can be applied by an individual in introducing any form of change in their lives.

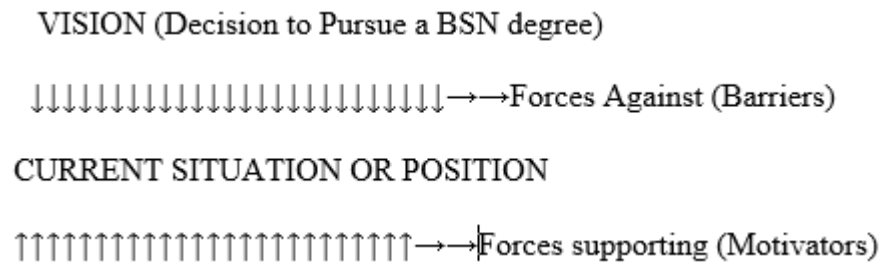
Lewin believed that to comprehend any situation, one must first consider the current state, or status quo. (Of which in the study is the diploma nurses not enrolling for BScN upgrading program) as being maintained by certain conditions or forces as factors under investigation in the study (Lewin, 1951). Lewin argues that, if one could ascertain, plan and determine the power of these forces (in this case, the relative strength of these barriers), it would be make it possible to comprehend not only the individual, groups and organizations behavior as well as the forces that need

to be weakened and in this case, the barriers to be removed or reinforced in order to bring about change. As such this theory is relevant to this study because by understanding the forces that deter diploma nurses from pursuing the BScN degree program, the policy makers, the administrators, and nurse managers would work towards removing these deterrents in order to increase the proportion of diploma nurses enrolling for BScN upgrading program.

Nonetheless, Lewins also noted that certain circumstances such as personal, organizational, or societal crisis can cause a shift in the field as quickly and radically. Thereby breaking the status quo can easily stirrup new patterns of behavior rapidly and new equilibrium is formed (Lewin, 1951). This is what happens in case of policy change affecting nursing education, the nurses are pressurized to take personal initiative to upgrade their education. In the United States and other countries where BScN has been declared the minimum entry into the professional nursing, more RN-BScN programs are being registered, and the number of nurses enrolling for RN-BScN program has increased remarkably (National Academies of Science Engineering & Medicine [NASEM], 2016). A similar situation was experienced in Kenya after a policy to have all the practicing nurses trained at diploma level was passed (NCK, 2017).

Figure 2. 1

Force Field Analysis

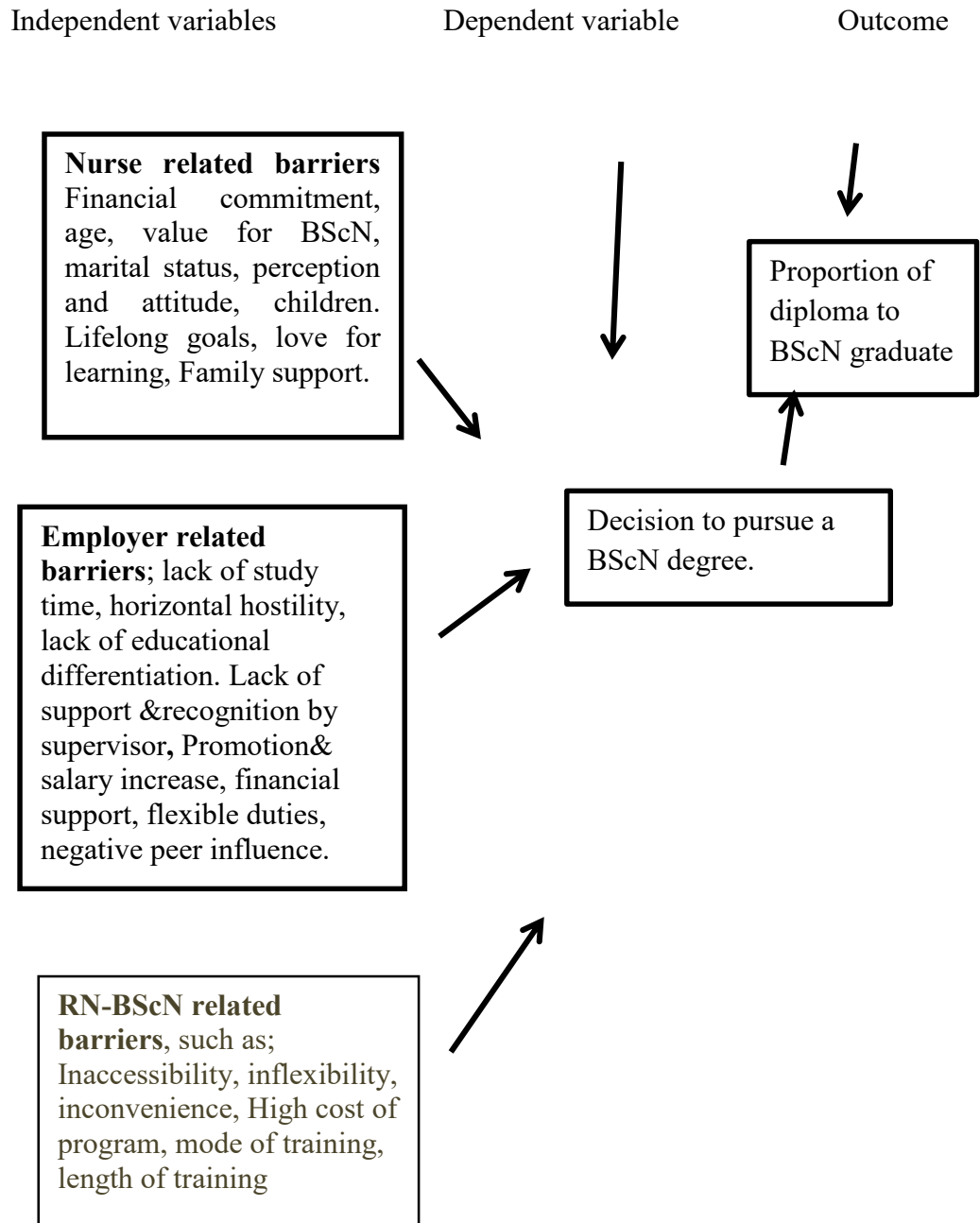


2.9: Conceptual Framework

Figure 2.2 displays the Conceptual framework. This conceptual framework demonstrates the relationship between the dependent variable (decision to pursue a BScN degree,) and independent variables which in this study were categorized into three major categories: Nurse related barriers; employer related barriers, and BScN program related barriers, respectively

Figure 2. 2

Conceptual Frame work



2.10: Summary of Literature Review and Gap Identified

The broad objective of this study was to determine the barriers to diploma nurses' decision to pursue a BScN degree. The literature review demonstrates a positive correlation between the nurse-related barriers, the RN-BScN program related

barriers, and employer related barriers and the diploma nurses' decision to pursue a BScN degree.

Four studies done in the United State and Canada had utilized an in-depth qualitative study design, some of them with as few participants as five. Though the findings of these studies are relevant, their generalization is limited by the small numbers of participants. The fifth study by Bellfield and Gessner (2010) adopted a cross-sectional descriptive quantitative design but had a limited number of 80 participants. Moreover, the study was not specific on the nursing educational pathway under investigation as the researchers investigated the factors influencing the advancement of professional education of nurses, which included Diploma to BScN degree, degree to Master of Science in Nursing, and Doctorate level (PhD). Furthermore, the researchers recommended for a similar study in a different geographical and environmental settings.

Ng et al. (2015) carried out a quantitative descriptive study on deterrents to diploma nurses' decision to pursue a BScN degree. The study site was a private hospital in Malaysia. The study had 150 participants who had been conveniently sampled. The data was analyzed using frequencies, percentages and mean. Furthermore, the Malaysian environment is also different from Nairobi County, both geographically and administrative wise. Their policy on nursing education is different too, with the Malaysian government having adopted the IOM recommendations of having 80% of the nursing workforce at the patient bedside attain a BScN degree, by the year 2020. It is therefore not appropriate to adopt the findings of this study in making decisions regarding the barriers to the diploma nurses' decision to pursue a BScN degree among diploma nurses working with the Nairobi County government.

Golfa et al. (2015) conducted a study on assessment of factors that influenced the advancement of education in the field of Nursing among nurses working in Adamawa State of Nigeria. The cross-sectional study had 200 participants selected using the multistage and simple random sampling from six large hospitals spread across the state of Adamawa. The researchers focused on the advancement of professional nursing education starting from diploma, all the way to the doctorate level. Therefore, the findings of this study could not answer the questions under investigation in this study.

This study was conducted in Nairobi, Kenya. Since there was limited literature output on the subject within the Country, the County government of Nairobi, nurse managers, policy makers and educators may utilize the findings of this study to make important decisions regarding nursing education and approaches to motivate the diploma nurses to upgrade their level of education to Bachelor of Science in Nursing degree.

CHAPTER THREE

RESEARCH METHDOLOGY

3.1: Introduction

This chapter discusses the research method utilized in the study. They include the following: the study area, target population, sample size determination, sampling procedures, development of research instruments, validity and reliability, data collection procedures, data analysis techniques, and ethical considerations.

3.2: Research Design

The study applied a cross sectional descriptive survey design to explore the perceived barriers to diploma nurses' decision to pursue a BSN degree among the diploma nurses working at Nairobi County.

3.3: Study Area

This study was conducted at Kamukunji, Embakasi West and Langata Sub Counties. These sub counties were purposively selected because they have the largest proportion of the nurses since they host the three major County hospitals namely, Mama Lucy Kibaki, Pumwani Maternity hospital, and Mbagathi County hospital, including other smaller primary health facilities as shown in table 3.1.

3.4: Target Population

The study targeted the 1131 diploma employed by the Nairobi County government. However, the study population only included the 669 diploma nurses deployed by Nairobi County within the three selected sub counties as shown in Table 3.1.

Table 3. 1
Target Population

NAME OF SUBCOUNTY	HOSPITAL/HEALTH FACILITY INVOLVED	DIPLOMA NURSES
Langata	Mbagathi Hospital, Langata Health Centre Kibera Amref health center, Kibera South Health Centre, Lindi Beyond Zero dispensary Karanja Road beyond Zero dispensary, Makina beyond Zero dispensary, Gatwekera beyond Zero dispensary, Kianda 42 beyond zero dispensary, Woodley dispensary,Ngong Road dispensary, Raila beyond zero dispensary,,Silanga dispensary, Jimna dispensary	253
Embakasi West	Mama Lucy Kibaki Hospital, Kayole 1 Health Centre, Kayole 11 Health center, Umoja 1 Health Centre, Kariobangi South dispensary,Moulem dispensary	260
Kamukunji	Pumwani Maternity Hospital, Eastleigh Health Centre, Pumwani Majengo dispensary, Biafra dispensary,Shauri Moyo dispensary	156
Total		669

3.5: Inclusion Criteria

- All the diploma nurses employed by the Nairobi County government and stationed in the above Sub counties at the time of data collection.
- Have worked with County government for a minimum of two years by the time of the study. This is a prerequisite within the county, for one to qualify to return to school.

3.6: Exclusion Criteria

This study excluded persons or individuals with the following characteristics.

Diploma nurses employed by partners or non-governmental organizations and seconded to Nairobi County government. Diploma nurses not working in the selected sub counties. Diploma nurses with managerial responsibilities

3.7: Sample of size Determination

The sample size for the study was determine following formula from Fisher et al,1998 as quoted by Mugenda and Mugenda (2003).

$$N = \frac{z^2 pq}{d^2} = \frac{z^2 p(1-p)}{d^2}$$

Where;

N= sample size when the target population >10000

Z= standard deviation at the confidence level of 95% =1.96

P=Proportion of the target population estimated to have the characteristic being measured, in this case, 50% was used.

Q= 1=p

D= 0.05, level of statistical significance set

Therefore, $N = \frac{z^2 p(1-p)}{d^2}$, which is equal to,

$$(1.96)^2(0.5)(0.5) / (0.05)^2 = 384.$$

Because the population of diploma nurses under investigation was less than 10000, the formula; $n_f = n / 1 + n/N$

Where,

n_f = Estimated sample size when the target population is less than 10000

n = Estimated sample size when the target population is more than 10000. = 384

N = estimated total population of diploma nurses at Nairobi County = **1131**

$n_f = 384 / 1 + (384 / 1131) \approx \mathbf{286}$; So, a sample size of **286** diploma nurses was used.

3.8: Sampling Procedure

The study utilized multistage sampling technique. Stage one involved the adoption of the eleven (11) sub counties as assumed by the health sector, thus forming 11 clusters. Stage two involved purposefully selecting the three sub counties, Embakasi West, Kamukunji and Langata because the majority of the diploma nurses are deployed here since these sub-counties host the three major county referral county hospitals, which are Mama Lucy Kibaki, Pumwani Maternity hospital and Mbagathi county referral hospital respectively. At stage three, proportionate sample distribution was done based on the number of diploma nurses per health facility as indicated on table 3.2. Proportionate sample distribution was also used to determine the number of participants per department within the hospitals using the sampling frame provided by the hospital managers. At the primary health care facility, the sampling frame or the numbers were provided by the Sub County public health nurse. At stage four, simple random sampling was used to select the study participants from departments using the sampling frame provided by the ward managers and officers in charge of the primary health facilities. Pieces of papers were prepared and written either, 'yes' and 'no'. In the absence of the participants, the written pieces of papers were placed in a bowl and mixed thoroughly. The participants were then called upon

to each pick a piece of paper from the bowl. All the individuals who picked the ‘Yes’ were taken in to form the sample. However, only those who voluntarily gave their consents participated in the study. The process of simple random sampling was repeated to replace those who had declined to consent. A total of 286 participants were selected through this process and the distribution within the hospital and the primary level facilities was as shown on table 3.2.

Table 3. 2
Sample Proportionate

Sub county Name	Target population	Procedure	Minimum Sample size	Health facility	Diploma nurses	Sample selected
Langata	253	253/669×86	108	-Mbagathi -15(4Health centers, 11dispensaries)	170 83	73 35
Kamukunji	156	156/669×86	67	-Pumwani Maternity - 5(IHealthcenter, 4dispensaries)	120 36	52 17
Embakasi West	260	260/669×86	111	-Mama Luc Kibaki -6(3Hcs,3 dispensaries)	180 80	77 34
Total	669		286		669	286

3.9: Instruments for Data Collection

A self-administered questionnaire was adapted from Bellfield and Gessner (2010) and modified to suit the variables under investigation. The use of the study objectives facilitated the process of modifying the questionnaire to suit the variables under investigation. The questionnaire had several items that were in form of multiple-choice questions, dichotomous questions, the Likert scale type of questions, and the open-ended questions. All the items were intended to measure the different concepts under investigation in this study.

3.10: Reliability

A pretest was conducted with an aim to identify inconsistency and lack of clarity of questions. The questionnaire was pretested among 28 diploma nurses, deployed at Dagoretti Sub County and stationed at Mutuini sub county hospital and Waithaka health center respectively. Mutuini hospital had 30 diploma nurses whereas Waithaka health center had 20. Using proportionate sampling, 17 and 11 diploma nurses from Mutuini and Waithaka were randomly selected to participate in the pretest. This agrees with Conley, (2008) recommendations that a sample size for a pretest should be at least 10% of the sample projected for the parent study. The self-administered questionnaire was distributed to the pretest group, Afterwards, the participants were asked to appraise the questionnaire using the following points: the readability, the length of the questionnaire, clarity of questions, and the time it took the individual to complete the questionnaire The Cronbach Alpha test for internal consistence was calculated which yielded a score of 0.78. This, according to Mugenda and Mugenda (2013), show a moderately good degree of reliability of the data. The feedback from the pretest was used to adjust the questionnaire as appropriate.

3.11: Validity of the Study

Peer review that involved the nurse managers of Mutuini, Waithaka health facilities and the Sub County Public health nurse of Dagoretti Sub County was used to check the content validity. The literature review was guided by the study objectives. The measurement instruments and items included were assessed to ensure that all the construct or content domain was well represented. Each item was also evaluated for face validity by the supervisors. The input from each group was used to amend questionnaire before being presented for the main study. Clear instructions were also

included, well bolded at the beginning of the questionnaire. Finally, after all the amendments, the questionnaire was printed on power font 14, on black and white papers for easy readability by the respondents.

3.12.1: Procedure of Data collection

A structured, self-administered questionnaire with both closed and open-ended questions was utilized in data collection. Data collection was done by the researcher for a period of three weeks, from 8am to 5pm, every working day, except for the weekends. The purpose and benefits of study were clearly explained to the participants before they were given the questionnaire. Only those participants who signed the consent were allowed to fill the questionnaire. Any other assistance that was deemed important was given to the participants. Adequate time was allowed for the participants to complete the questionnaire. Completed questionnaires were returned to the researcher. Majority of the respondents were able to return their filled-up questionnaire before the end of their shift. Those participants on night shift were allowed to return the completed questionnaire on the following day to allow them adequate time. Any arising difficulties in the completion of the questionnaire was appropriately addressed by the researcher.

3.12.2: Data Cleaning and Storage

After collection of the questionnaires, the researcher verified them for accuracy, consistency, and completeness. The errors identified during the verification exercises were confirmed by checking from the hard copy questionnaire. The cleaned-up data was coded, integrated and entered into the computer. Completed questionnaires were stored in a lockable cabinet by the researcher whose access was restricted to

authorized persons only. This was aimed at ensuring confidentiality and protecting the integrity of the data.

3.13: Ethical Considerations

The study proposal, informed consent form, and questionnaire were reviewed and approved by the KeMU ethical committee and research permit was obtained from National Commission for Science, technology and Innovation [NACOSTI] to ensure the respondents' rights and interests before the commencement of the data collection process. Likewise, the researcher sought the approval for data collection from the Directorate of Health services, Nairobi County. Informed consent was sought from the participants by ensuring that they signed the consent form before being given the questionnaire. Information concerning the study was given to respondents before signing the consent. Participants were not required to write their identification on the research instruments or to identify themselves in any other way. Participants joined the study voluntarily and no coercion was used. Participants were allowed to freely withdraw in course of the study, without any victimization or discrimination. Confidentiality of the respondents was protected by ensuring that once returned, completed questionnaires were kept under lock and key

3.14: Operational Definition of variables

Independent variables for this study were as follows.

Perceived nurse related barriers are those that emanate from the individual nurse. Under this, the researcher focused on, demographic factors such as age of the respondent, negative nurse's attitude and value put on acquiring a BScN degree, financial constraint, children's ages, and love for learning and lifelong goal.

Perceived employer related barriers are those that spring from the employer. The researcher confined herself to the following areas: lack of recognition of BScN educated nurse when awarding of managerial positions, lack of salary increases and promotion for diploma nurses who upgraded to BScN degree, lack of financial support granted during the study period, lack of study leaves and in flexible work schedules, and negative peer influence, lack of differentiation of BScN educated nurse from a diploma prepared nurse.

Perceived RN-BScN upgrading program related barriers stem from the upgrading program itself. Under this, the areas of interest included the following: awareness of the alternative modes of study by the diploma nurses, perception of flexibility of the mode of study, the perception of the of the training period, inconvenience of the program, cost of the program, lack of scholarship and unfriendly curriculum.

Dependent variable is that whose value is affected by an action on independent variable. In this study, it was “the diploma nurses’ decision to pursue a BScN degree” and was measured as, already decided to pursue a BScN degree, decided never to pursue a BScN degree or undecided. Among the decided, those already enrolled, enrollment plan,” immediately (have applied), after one year or will pursue other education pathways”.

3.15: Methods of data analysis and presentation

The completeness of the returned questionnaires was assured through examination before being entered into the computer for analysis. Quantitative data was entered into the computer after cleaning and coding. Statistic Package for Social Statistics (SPSS) version 22 was used for analysis. Both descriptive and inferential statistics were used to analyze the data. Descriptive statistics such as frequencies, percentages, and mean were used to group the data in such a way as to make it easier for the

researcher to make inferences by use of as frequencies, percentages, mean and the mode. Descriptive statistics helped to describe sample characteristics such as age, gender, marital status, and the most and least common responses. The findings were presented in tables, bar graphs and pier charts.

The dependent variable 'the decision to pursue a BScN degree 'was measured using a five-point Likert scale where participants had options such as, 'strongly disagree, disagree, not sure, agree or strongly agree''. The scale was a composed of eight (8) statements or items. A score or numeral was apportioned to each response option such that score 1 represented the option 'strongly disagree' while score 5 on the scale represented the choice 'strongly agree '. An overall score was generated by aggregating the scores. The maximum attainable score was 40. A percentage score was generated and classified as' Decided to pursue' and' Decided not to pursue BScN degree'. The code was either yes or no as per the indicated classification. The decision to pursue BScN was coded 'yes' if a respondent's score on the scale was higher than 20 or 50%. 59 % of the respondents had decided to pursue BSN degree. The strength of association between the independent and dependent variables was assessed using inferential statistics, the Chi square test. The Chi square test, with a P value of less than 0.05, was computed for different independent variables under the three categories, the nurse related barriers, the employer related barriers and the RN-BScN program related barriers and the dependent variable 'decision to pursue BScN'. This helped to measure and compare the relative strength of association between the independent variables and dependent variables. The results were presented in Chi square tables. Additionally, the open ended questions within the structured questionnaire were analyzed using content analysis in order to reveal common patterns and themes. These themes or categories were then analyzed

quantitatively. Since this section was short, the content analysis was carried out manually by the researcher.

CHAPTER FOUR

RESEARCH FINDINGS

4.1: Introduction

In this chapter, the researcher presents the results and interprets the findings in relation to the objectives to the study. A total of 286 questionnaires were given out for self-administration to participants who voluntarily consented to participate in the study. Of these, 280 questionnaires were returned. During cleaning of the data, ten (10) questionnaires were noticed to have serious omissions, leaving 270 questionnaires for analysis which is a 94% response rate. This according to Mugenda and Mugenda (2013), is a good response rate. The results are presented in tables, bar graph, and pie chart.

4.2: Social demographic characteristic of the respondents

The distribution of the social demographic characteristics of the study participants was as displayed in Table 4.1. The findings also indicate that 108(40%) of the respondents were aged between 30-39 years, while the majority 132 (48.9%) of the respondents were within 40-49 years and the oldest age group was 50-59 with a minority 30 (11.1%) of the respondents.

Male participants were the minority at 57 (21 %) while females were the majority at 213(79%). Majority of the respondents 180 (66.7%) were married while 33.3% (n=90) fell in other categories as shown in Tables 4.1 &4.2 and Figures 4.1 &4.2 respectively.

Table 4. 1
Age Distribution of the Participants

Statistic	
Mean	42.05
Mode	39; 40
Range	23
Maximum	56
Minimum	33
Std. deviation	4.926

Table 4. 2
Number of children of Respondents

No. of children	Frequency (n)	Percent (%)
1	25	10.70
2	140	59.30
3	58	24.60
4	10	4.20
5	2	0.80
6	1	0.40
Total	236	100.00

Figure 4. 1

Gender of the Respondents

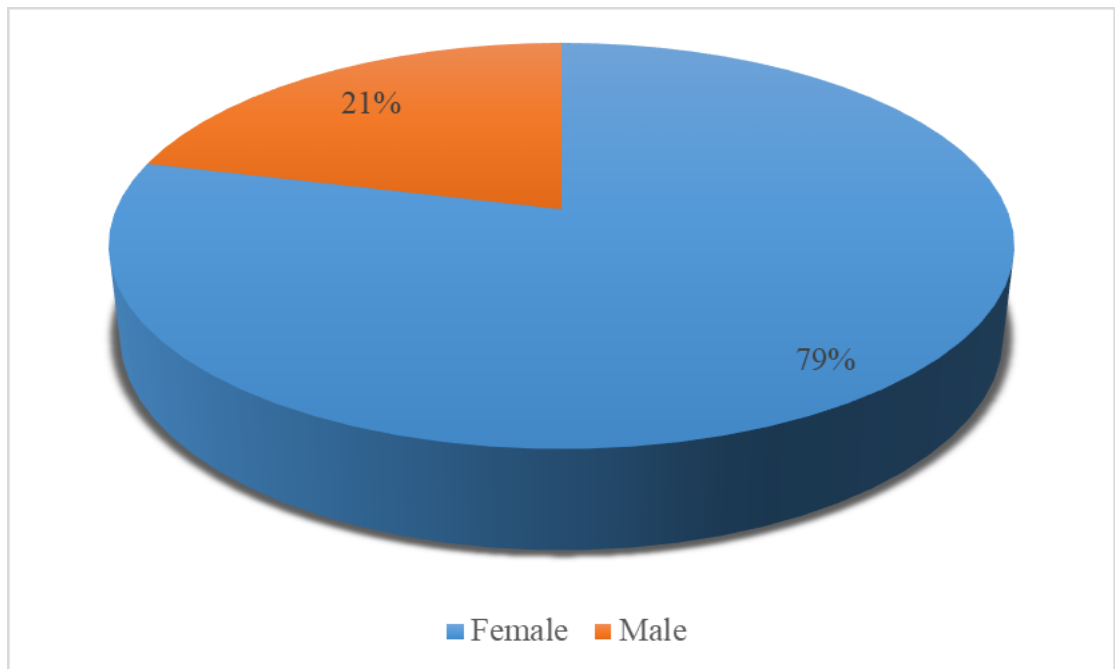
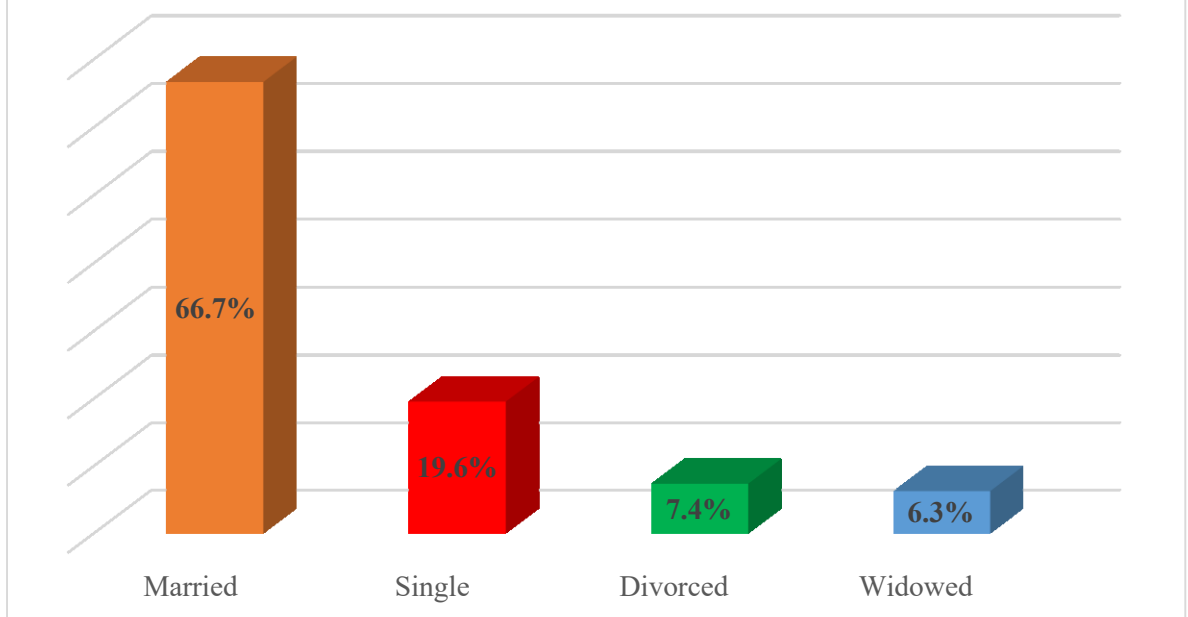


Figure 4. 2

Marital Status of Respondents



4.3: Perceived nurse-related barriers to the diploma nurses' decision to pursue a BScN degree.

Table 4.3 demonstrates the descriptive analysis of the nurse-related barriers in relation to the diploma nurses' decision to pursue a BScN degree as assessed using 6 Likert type questions. The participants were required to rate the level at which they regarded BScN degree nursing. The results were presented in frequencies and percentages as shown on table 4.3. The result show that majority of the respondents 130 (48.1%) agreed that BScN degree improves skills, knowledge and competency and facilitates professional development. With regards to Lack of family support hindering the respondent from enrolling for a BScN degree, the majority, 148 (54.8 %) of the respondents disagreed while a minority, 49 (18.1%) of the respondents agreed. Concerning finances, majority of the respondents 54 (57%) agreed that their finances were so committed to the welfare of my family, making it difficult to enroll for a BScN. Majority 84 (31.1 %) of the respondents disagreed that BScN degree was their goal and would pursue it, no matter the cost. Additionally, with regards to children, majority, 146 (54.1%) disagreed that children were too young for the respondent to get time to pursue a BScN degree. With respect to the difficulty of BScN degree, majority, 81(30.2%) disagreed that BScN degree was too difficult and demanding, and they feared failing in case one enrolled for the degree.

Table 4. 3

Nurses' attitude, perception and commitment to BScN degree

Characteristic.	Strongly disagree	Disagree	Not Sure	Agree	Strongly agree
N=270					
BcSN degree improves skills, knowledge and competency and facilitates professional development	2(0.7%)	16(5.9%)	17(6.3%)	30(48.1%)	10.5(38.9%)
Lack of family support has hindered me from enrolling for a BScN degree	42(15.6%)	148(54.8%)	28(10.4%)	49(18.1%)	3(1.1%)
My finances are so committed to the welfare of my family, making it difficult to enroll for a BScN.	13 (4.8%)	39(14.4%)	16(5.9%)	154(57%)	48(17.8%)
BScN degree is my goal, and I will pursue it, no matter the cost.	21(10.7%)	62(31.1%)	52(26.3)	51(25.6)	13(6.3)
My children are too young for me to get time to pursue a BScN degree	79(29.3%)	146(54.1%)	12(4.4%)	31(11.5%)	2(0.7%)
BSN degree is too difficult and demanding, and I fear I may fail in case I enrolled for it	77(28.7%)	81(30.2%)	78(29.1%)	30(11.2%)	2(0.7%)

4.4: Perceived employer related barriers in regard to the diploma nurses' decision to pursue a BScN degree.

To assess the perceived employer related barriers, the participants were asked to rate the level at which the mentioned barriers affected their intent to pursue a BScN degree. The descriptive analysis of the responses was as presented on table 4.4. Majority, 135(50.2%) of the respondents agreed that their employer provided study time for the diploma nurses enrolled on RN to BScN program. With regards to managers valuing BScN degree, the majority,111 (41.3%) of the respondents disagreed with the statement that the nurse manager valued BScN degree and gave priority to BScN nurses when giving management responsibilities. Further, majority,150 (56.2%) of the respondents disagreed with the statement that their employer provided financial support to diploma nurses pursuing a BScN degree. With regards to promotion, majority,145 (53.9%) of the nurses disagreed that nurses with a BScN degree are given priority in promotions and salary increase. Majority,178 (66.2%) strongly disagreed to the statement that it was a policy that all the diploma nurses upgrade their education to a BScN level. With regards to discouragement, majority,110(41%) disagreed with the statement that “many of my colleagues discourage me from pursuing a BScN degree”.

Table 4. 4

Perceived employer related barriers to decision to pursue BScN degree

Characteristic.	Strongly Disagree	Disagree	Not Sure	Agree
My employer provides study time for the diploma nurses enrolled on RN to BScN program	21(7.8%)	49(18.2%)	39(14.5%)	135(50.2%)
My Nurse manager values BScN degree and gives priority to BScN nurses when giving management responsibilities	52(19.3%)	111(41.3%)	43(16.0%)	52(19.3%)
My employer provides financial support to diploma nurses pursuing a BScN degree.	151(56.2%)	82(30.3%)	16(6.0%)	15(5.6%)
Nurses with a BScN degree are given priority in promotions and salary increase	144(53.9%)	73(27.1%)	29(10.8%)	12(4.5%)
It is now a policy that all the diploma nurses upgrade their education to a BScN level	178(66.2%)	62(23.0%)	23(8.6%)	5(1.9%)
Many of my colleagues discourage me from pursuing a BScN degree	53(19.8%)	110(41.0%)	43(16.0%)	58(21.6%)

4.5: Perceived RN-BScN program related barriers to the diploma nurses' pursuance of a BScN degree

The descriptive analysis of the perceived RN-BScN program related barriers is shown in table 4.5, measured on a five-point Likert scale using 7 statements. The respondents rated the extent to the said RN-BScN program related barriers were a hindrance to their decision to pursue a BScN degree. Majority, 118 (43.7%) agreed that they were aware of all available modes of study for the RN-BScN programs, and the process of applying for the program. With regards to convenience, the majority 125 (46.3%) agreed that BScN upgrading programs are convenient and offer flexible modes of study. Concerning financial support, the majority, and 165 (61.1%) strongly disagreed that educational financial support is available to the diploma nurses. Further, with regards to the length of the program, the majority, 88 (33.3%) were not sure that RN to BScN program is too long. With regards to curriculum, majority, 90 (33.5%) were not sure that RN to BScN curriculum considers the experience and knowledge of diploma nurses, give credit hours for theory and clinical experience to learners. With regards to expense, the majority, 108 (40.1%) of the respondents agree that RN to BScN programs is too expensive for the respondent to afford. Finally, with regards to accessibility of the universities, the majority, 97 (36.1%) of the respondents agreed that geographically, Universities offering RN to BScN upgrading programs are accessible to them.

Table 4. 5

Perceived RN-BScN upgrading program related barriers to decision pursue BScN

Degree

Characteristic.	Strongly Disagree	Disagree	Not Sure	Agree	Strongly Agree
N=270					
I'm aware of all available modes of study for the RN-BSN program, and how to apply for the program	4(1.5%)	26(9.6%)	8(14.1%)	118(43.7%)	84(31.1%)
BScN upgrading programs offer convenient and flexible modes of study	28(10.7%)	25(9.3%)	52(19.3%)	125(46.3%)	39(14.4%)
Educational financial support is available to the diploma nurses.	165(61.1%)	42(15.6%)	20(7.4%)	34(12.6%)	9(3.3%)
RN to BScN program is too long	45(17.0%)	43(16.3%)	88(33.3%)	51(19.3%)	37(14.0%)
RN to BScN curriculum considers the past experience and knowledge of diploma nurses, give credit hours in their theory and clinical experience	57(21.2%)	58(21.6%)	90(33.5%)	42(15.6%)	22(8.2%)
RN to BScN programs is too expensive for me to afford	8(3.0%)	24(8.9%)	45(16.7%)	104(40.1%)	84(31.2%)
Universities offering RN to BScN upgrading programs are accessible to me	18(6.7%)	34(12.6%)	71(26.4%)	97(36.1%)	49(18.2%)

4.6: Decision to Pursue a BScN degree among the diploma nurses.

The decision to pursue BScN degree among the participants was measured using a five-point Likert scale using 8 statements as indicated in table 4.5. The participants

were asked to rate these statements in regard to the impact on their decision to pursue a BScN degree. Majority, 83 (31.1%) and 21(7.9%) of the respondents agreed that they had decided to pursue a BScN degree. Further, majority, (48.3%, n=129) disagreed with the statement that “I will never pursue a BScN degree”. Asked whether the respondent had already enrolled for a BScN degree, the majority,187 (70.3%) disagreed. Regarding the statement, “I have applied for a BScN degree, to enroll next year”, the majority,157 (59.5%) disagreed. With regards to future application for BScN, the majority,80 (30.2%) said they were not sure. With regards to having a degree in another field, the majority,145 (54.5%) disagreed with this statement. Asked if one intends to pursue other education pathways, other than a BScN degree, the majority, 110(40.8%) agreed to the statement. Finally, asked about their perception about other education pathways, such as higher diploma and other degrees offering better career progression opportunities than BScN degree, the majority109 (40.2%) of the respondents disagreed with this statement.

Table 4. 6**Decision to pursue a BScN degree.**

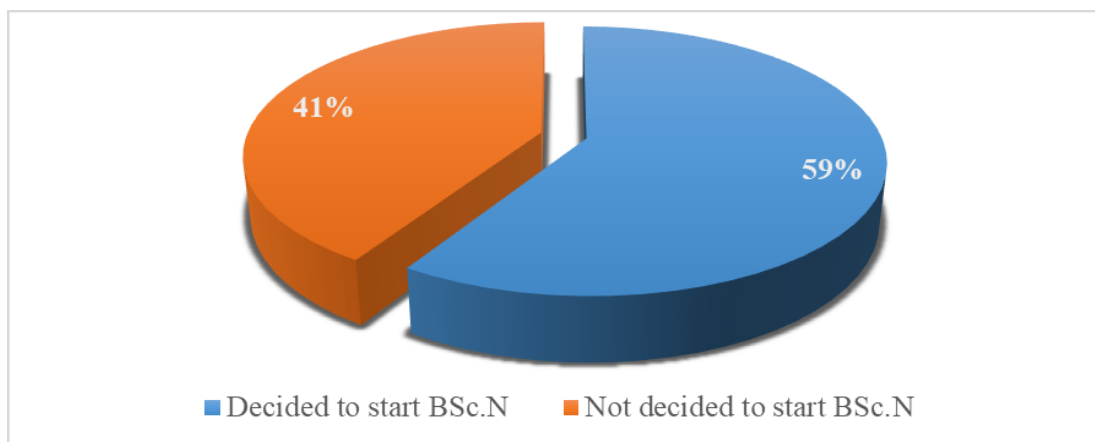
Characteristic	Strongly Disagree	Disagree	Not Sure	Agree	Strongly Agree
N=270	Disagree		Sure		Agree
I have decided to pursue a BScN degree	41(15.0%)	65(24.0%)	59(22.1%)	84(31.1%)	21(7.9%)
I will never pursue a BScN degree	59(21.7%)	130(48.3%)	49(18.0%)	23(8.6%)	9(3.4%)
I have already enrolled for a BScN degree	61(22.9%)	190(70.3%)	13(4.9%)	4(1.5%)	11(4%)
I have applied for a BScN degree, to enroll next year	74(27.3%)	161(59.5%)	16(6.1%)	16(6.1%)	3(1.1%)
I may enroll for a BScN after one year or more	35(12.8%)	79(29.1%)	82(30.2%)	65(24.2%)	10(3.8%)
I already have a bachelor's degree in other fields; hence BScN is not my priority	78(28.9%)	147(54.5%)	16(6.0%)	21(7.9%)	7(2.6%)
I intend to pursue other education pathways, other than a BScN degree	13(4.9%)	37(14.0%)	57(21.1%)	110(40.8%)	52(19.2%)
Other education pathways, such as higher diploma and other degrees offer better career progression opportunities than BScN degree	50(18.4%)	109(40.2%)	41(15.0%)	45(16.5%)	29(9.8%)

4.7: The overall decision to pursue BScN among the nurses.

The overall decision to pursue BSN degree was measured using a five-point Likert scale composed of eight statements as shown in Table 4.6. Score 1 was apportioned to the option ‘strongly disagree’ whereas score 5 measured the option ‘strongly agree’. The scores were aggregated to get the overall score for each respondent. The highest achievable score was 40. A percentage score was calculated for each respondent, Scores above 50% were classified as ‘Yes’ while those scores below 50 % were classified as ‘No’. Yes, in this case meant ‘Decided to pursue’ and No stood for ‘decided not to pursue’. 159(59 %) of the respondents had decided to pursue BScN degree while 111(41%) of the respondents had not, as depicted in figure 4.3.

Figure 4. 3

Decision to pursue BScN Degree



4.8: Bivariate Analysis of the Decision to Pursue BScN Degree among the Respondents.

4.8.1: Relationship between decision to Pursue BScN degree and demographic factors.

To assess whether decision to pursue BSN degree is statistically dependent on social demographic characteristics, a chi-squared test of association was employed. The dependent variable, decision to pursue BScN degree was arrived at as described in section 4.7. The decision was dichotomized based on mean scores of the composite score on the decision to pursue BScN degree scale. The subgroups of the independent variable under the socio demographic characteristics were compared with the decision to pursue the BScN degree using the Chi –square test, with a p value equal or less than 0.05. The results are as shown in table 4.7.

The study established a statistically significant relationship between the respondents' age and the decision to pursue BScN degree. The results show that respondents younger than 42 years;101 (63.5%) appear to have a higher decisional latitude ($\chi^2=4.589$, $df=1$, $p=0.032$) to pursue BScN degree as opposed to individuals 42 years and above in age58;(36.5%). Though, there was no statistical significance in the decision to pursue BScN degree in relation to gender, ($\chi^2=0.605$, $df=1$, $p=0.437$), descriptive statistics show that female diploma nurses have higher decisional latitude towards starting BScN degree. In African culture, it is assumed that men are the provider for their families. Given the heavy financial commitment, and lack of other financial support system for the academics, it may be more difficult for men to consider enrolling for RN-BScN upgrading program.

Table 4. 7

Chi-square test for demographic factors influence on the decision to pursue BScN

Social Demographic Factors		Decision to pursue BSN degree.			
		Yes n (%)	No n (%)	N (%)	p≤ 0.05
Age of the respondent	≤ 42 years	101(63.5)	56 (50.5)	157(58.1)	$\chi^2= 4.589,$ df=1,
	>42 years	58 (36.5)	55 (49.5)	113(41.9)	
	Total	159 (100)	111(100)	270(100)	p=0.032
Gender	Female	128 (80.5)	85(76.5)	213(78.9)	$\chi^2=0.605,$ df=1,
	Male	31 (19.5)	26 (23.5)	57(21.1)	
	N	159 (100)	111(100)	270(100)	p=0.437
Marital status	Married	107(67.3)	74 (66.7)	181(67)	$\chi^2=0,012,$ df=1,
	Other*	52(32.7)	37(33.3)	89(33)	
	N	159 (100)	111(100)	270(100)	p=0.914
Have children.	Yes	136(85.5)	101(91.0)	237(87.8)	$\chi^2=1.814$ df=1,
	No	23(14.5)	10(9.0)	33(12.2)	
	N	159 (100)	111(100)	270(100)	p=0.178

4.8.2: Nurses’ perception, attitude, and commitment in relation to the decision to pursue BScN Degree.

A chi-squared test of the association between decision to pursue BScN and nurses’ perception, attitude, and commitment to pursue BScN is shown in table 4.8. The result show that majority, 132(86.8%) of the nurses who had decided to pursue a BScN degree believed that BScN would improve their skills, knowledge and facilitates professional development. This result is however not statistically significant ($\chi^2=$

0.021, $df=1$, $p=0.886$). Concerning the decision to pursue and an individual's life goal, majority 64 (73%) of those who had decided not to pursue BScN degree, had reported that BScN degree was not their goal. These results were statistically significant ($\chi^2=16.342$, $df=1$, $P<0.000$).

Regarding financial commitment, a majority of those who had decided not to pursue a BSN degree 98 (88%), had also reported that they had a heavy financial commitment. The analysis revealed a statistically significant relationship between the participants' financial commitment and the decision to pursue a BScN degree ($\chi^2=7.866$ $df=1$, $P=0.005$).

Table 4. 8

Chi-square test for perceived nurses' related barriers and the decision to pursue BScN

Nurses' perception, attitude and commitment.		Decision to pursue BScN degree.			p≤ 0.05
		Yes n (%)	No n (%)	N (%)	
BScN improves skills, knowledge and facilitates professional development	Yes	138(86.8)	97(87.4)	235(87)	$\chi^2=$ 0.021, df=1, p=0.886
	No	21 (13.2)	14 (12.6)	35(13)	
	Total	159 (100)	111(100)	270(100)	
Lack of family support has hindered me from enrolling for BScN degree.	Yes	31 (19.5)	21(18.1)	52(19.2)	$\chi^2=0.014$, df=1, p=0.906
	No	128(80.5)	90 (81.9)	118(80.8)	
	N	159 (100)	111(100)	270(100)	
My finances are so committed to the welfare of my family, making it difficult to enroll for a BScN	Yes	108(67.9)	98 (88)	206(76.3)	$\chi^2=7.866$, df=1, p=0.005
	No	51 (32.1)	13 (12)	64(23.7)	
	N	159 (100)	111(100)	270(100)	
BSN degree is my goal, and I will pursue it, no matter the cost.	Yes	62 (56)	24 (27)	86(43.2)	$\chi^2=16.34$ 2, df=1, p= <0.000
	No	49 (44)	64 (73)	113(56.8)	
	N	111 (100)	88(100)	199(100)	
My children are too young for me to get time to pursue BScN	Yes	23 (14.5)	10 (9)	33(12.2)	$\chi^2=1.814$, df=1, p=0.178
	No	136(85.5)	101 (91)	237(87.8)	
	N	159 (100)	111(100)	270(100)	
BScN degree is too difficult and demanding, and I fear I may fail in case I enrolled for it.	Yes	23 (14.6)	9 (9.1)	236(88)	$\chi^2=2.646$, df=1, p=0.104
	No	134(85.4)	102(91.9)	32(12)	
	N	157 (100)	111(100)	268(268)	

4.8.3: Perceived employer related barriers and the Decision to pursue BScN degree.

A chi-squared test of the association between employer related barriers and commitment to pursue BScN is shown in table 4.9. The results show that majority of the nurses, 96 (60.8%) who had made the decision to pursue BScN degree had also reported that their employer provided study time for the diploma nurse to complete RN to BScN program. This result was not however statistically significant ($\chi^2= 0.260$, $df=1$, $p=0.610$)

Further, a majority, 85 (76.6%) of the nurses who had decided not to pursue BScN degree believed that their nurse managers did not value BScN degree and neither gave priority to BScN nurses when giving management responsibilities. This result, however, was not statistically significant ($\chi^2= 0.000$, $df=1$, $p=0.999$).

Regarding financial support, a majority of the diploma nurses who had decided not to pursue a BScN degree 106 (95.5%) were of the opinion that their employer does not provide financial support to diploma nurses pursuing a BScN degree. The result yielded a positive relationship between employer's education financial support and the decision to pursue a BScN degree, among the diploma nurses, as demonstrated by the Chi square test ($\chi^2= 3.956$, $df=1$, $p=0.047$).

Concerning promotions and salary increase, majority of the diploma nurses who had made a decision not to pursue a BScN degree, 105 (94.6%), stated that priority was not given to the BScN trained nurses when it came to issues of promotion and salary increase. However, these results were not statistically significant.

Table 4. 9

Chi-square test for perceived employer related barriers to pursue BScN degree.

Employer related barriers.	Decision to pursue BScN degree.			
	Yes	No		
	n (%)	n (%)	N (%)	p≤ 0.05
My employer provides study time for the diploma nurse enrolled on RN to BScN program.	Yes 96(60.8)	No 64(57.7)	109(40.5)	$\chi^2= 0.260$, df=1, p=0.610
My nurse manager values BSN degree and gives priority to BScN nurses when giving management responsibilities.	Yes 37(23.4)	No 26(23.4)	63(23)	$\chi^2= 0.000$, df=1, p=0.999
My employer provides financial support to diploma nurses pursuing a BScN degree.	Yes 18(11.4)	No 5(4.5)	23(8.6)	$\chi^2= 3.956$, df=1, p=0.047
Nurses with BScN degree are given priority in promotions and salary increase.	Yes 16(10.1)	No 6(5.4)	22(8.2)	$\chi^2= 1.935$, df=1, p=0.164
Many of my colleagues discourage me from pursuing BScN degree.	Yes 39(24.8)	No 23(20.7)	62(23.1)	$\chi^2= 0.621$, df=1, p=0.431

4.8.4: Perceived RN-BScN degree program related barriers and decision to pursue BScN Degree.

With regards to perceived RN-BScN degree program related barriers, the findings are as shown in table 4.10. A majority of the diploma nurses, 123 (77.4%) who had resolved to pursue a BScN degree, were aware of the available modes of study and the process of applying for a BScN degree. However, the results were not statistically significant.

Regarding the convenience and flexibility of the upgrading program, a majority 48 (71%) of those who were of the opinion that the BScN upgrading program was neither convenient nor flexible, had also decided not to pursue a BScN degree. This result was statistically significant as conveyed by the Chi-Square test, ($\chi^2= 13.294$, $df=1$, $p< 0.000$).

Concerning financial support, a majority, 97 (87.4%) of those who had decided not to pursue a BScN degree had reported lack of financial support for the diploma nurses. Similarly, majority, 84 (75.5%) of the diploma nurses who decided not to pursue a BScN degree had reported that the upgrading program does not regard the diploma nurses past experiences. It is also notable that majority 80 (72.7%) of those who had decided not to pursue a BScN degree were of the opinion that the upgrading program was too expensive. However, the results were not statistically significant.

Table 4. 10

Chi-square test for the RN-BScN program related barriers and the decision to pursue BScN Degree

RN-BScN degree program related barriers.	Decision to pursue BScN degree.	Decision to pursue BScN degree.			$\chi^2=$	$p \leq 0.05$
		Yes n (%)	No n (%)	N (%)		
I'm aware of all available modes of study for the RN-BScN program, and the process of applying for the program	Yes	123(77.4)	79(71.2)	202(75)	$\chi^2= 0.166,$ df=1, p=0.683	
	No	36(22.6)	32(28.8)	68(25)		
	N	159(100)	111(100)	270(100)		
BScN upgrading programs are convenient and offers flexible modes of study	Yes	115(85.2)	87(64)	202(75)	$\chi^2= 13.294,$ df=1, p< 0.000	
	No	20(14.8)	48(36)	68(25)		
	N	135(100)	135(100)	270(100)		
Educational financial support is available to the diploma nurses.	Yes	29(18.2)	14(12.6)	43(16)	$\chi^2= 1.545,$ df=1, p=0.214	
	No	130(81.8)	97(87.4)	227(84)		
	N	159(100)	111(100)	270(100)		
RN to BScN program is too long	Yes	57(37)	31(28.2)	88(33)	$\chi^2= 2.252,$ df=1, p=0.133	
	No	97(63)	79(71.8)	176(67)		
	N	154(100)	110(100)	264(100)		
RN to BScN curriculum considers the experience and knowledge of diploma nurses and give credit hours	Yes	37(23.4)	27(24.3)	64(24)	$\chi^2= 0.030,$ df=1, p=0.864	
	No	121(76.6)	84(75.7)	205(76)		
	N	158(100)	111(100)	269(100)		

RN to BScN programs is too expensive for me to afford	Yes	112(70.4)	80(72.7)	192(71)	$\chi^2= 0.166,$ df=1,
	No	47(29.6)	30(27.3)	77(29)	
	N	159(100)	110(100)	269(100)	p=0.683
Geographically, Universities offering RN to BScN upgrading programs are accessible to me	Yes	92(57.9)	54(49.1)	146(54)	$\chi^2= 2.015,$ df=1,
	No	67(41.1)	56(50.9)	123(46)	
	N	159(100)	110(100)	269(100)	p=0.156

4.9: Discussion

4.9.1: Objective1; to establish the perceived nurse related barriers to diploma nurses' decision to pursue a BScN degree.

As indicated earlier, the average age of the participants in this study was 42.05 years, with a minimum age of 33 years and a maximum age of 56 years. The results also show that 213 (79%) were females while 180 (66.7%) were married. Further, the results of this study show that 237 (88%) had children. Moreover, the findings of this study, have demonstrated that there is a high probability of younger nurses, aged 42 years and below to upgrade their education to BScN degree level compared to their older counterparts above 42 years of age. There is a significant relationship between the respondent's age and the decision to pursue a BScN degree as shown by the Chi square test ($\chi^2= 4.589, df=1, p=0.032$). This finding therefore associates older age with the decision not to pursue a BSN degree. This could be as a result of responsibilities and commitments that sometimes arise with increased individual's age. These findings are congruent with previous study by Kovner et al. (2012) which in which a majority of the participants identified age as a barrier to the decision to

pursue higher education among nurses. According to Kovner et al. (2012), the average age of the respondents was 41 years and majority of them reported that it was not beneficial to return to school given the time left before retirement. Similarly, the findings compare to those of prior study by Bellfield and Gessner (2010) which described the majority of the older nurses as lacking interest in upgrading their level of education because they were about to go for retirement. Whereas the findings by Duffy et al. (2014) associated the presence of children and their ages with the decision to pursue a BSN degree, this study showed no such a relationship. Duffy et al. (2014), reported that nurses without children were more likely to pursue BScN degree. Nurses with younger children had more family commitment and therefore chose to delay returning to school until their children were older enough. More still, the older children were reported to increase the nurse's financial commitment, thus hindering her from enrolling for a nursing degree. Similarly, Ng, et al. (2015) reported that financial commitment increased with the number of children and their ages. However, contrary to this literature review, the majority 225(83%) of the respondents in this study either disagreed or strongly disagreed with the statement that " my children are too young for me to get time to pursue a BScN degree". Similarly, the results of this study indicated no relationship between the marital status and the decision to pursue a BScN degree. Majority, 107(63.7%) of those who had decided to pursue a BScN degree were married. This contradicted the finding of the previous study by Kithuci et al. (2017) that revealed that some nurses would not pursue higher education because they were afraid of losing their marriages. The results further disagreed with the study by Ng et al. (2015) which indicated that married respondents were more demotivated to pursuing a BScN degree due to high family commitment. Regarding gender, the descriptive statistics indicated that

female nurses had a higher decisional latitude than males 128 (80.5%). From this study, it may be difficult to point out the possible reasons for the differences, and the literature search has not yielded either. This area may require further research. However, culturally, it is assumed that men carry more financial responsibilities within the family.

Concerning the individual nurse's attributes such as perception, attitude and commitment to BScN degree, a majority, 138 (86.8%) of the diploma nurses who had decided to upgrade agreed that BScN degree would improve their skills and knowledge. This result was reaffirmed by Schwarz and Leibold (2014), who argued that RN-BScN upgrading program increased the competence of nurses working, and prepared them to work and deliver quality care, even in a more difficult working environment (Einhellig, 2015). Research has also established that Nurses with a Bachelor of Science in nursing degree have a wider scope of knowledge, which contributes to improved patient's outcomes and better hospital workforce. Nurses prepared at the Bachelor of Science in Nursing degree level have been associated with reduced hospital mortality rate, increases rescue rate and reduced medication error incidents (Aiken, 2014; Bellfield & Gessner, 2010 ; Blegen et al., 2013;). However, the findings of this study contradict the argument by Megginson (2008) as quoted by Bellfield and Gessner (2010) that most of the diploma nurses viewed nursing as an inferior profession that required lower education compared to other health care professions.

Regarding family support, majority 90 (81.9 %) of those who had decided not to pursue BScN degree did not identify lack of family support as a hindrance. This was antagonistic to the findings by Bellfield and Gessner (2010) which illumined that the

diploma nurses would advance their study if they found assistance and emotional support from their families.

Concerning financial commitment, majority 98 (88%) of the participants who had decided not to pursue a BScN degree had reported that they had a heavy financial commitment within their families. Further, statistical analysis revealed a statistically significant relationship between the financial commitment and the participants' decision to pursue a BScN degree as shown by the Chi square test ($\chi^2=7.866$, $df=1$, $p=0.005$). Subsequently, this study has identified financial commitment as one of the barriers to the diploma nurses' decision to pursue a BScN degree. These findings are analogous with the literature review. According to Robins and Hoke (2013), the financial obligations associated with enrolling for a diploma to BScN upgrading program are often viewed as an additional financial burden and therefore a hindrance to the diploma nurse's decision to pursue a BScN degree. Therefore, financial considerations remain omnipresent and are a major component of the diploma nurse's decision-making process when it comes to joining a BScN upgrading program. Furthermore, Anbari (2015) argues that the diploma nurses have to continue bearing the financial burden of their families, maintain current lifestyles, not forgetting the fact that the pursuit of the diploma to BSN degree program comes with an additional financial demand, yet their salaries or earnings do not rise correspondingly. Similarly, Bellfield and Gessner (2010), in a study on factors affecting the advancement of professional academics among diploma nurses, reported that 40% of the respondents had family financial obligations that made it difficult for them to contemplate enrolling for an RN-BScN upgrading program.

It was rather interesting to note that irrespective of the obstacles, the diploma nurses who had set the BScN degree as their goal, would pursue it. The findings of this

study revealed that diploma nurses who had set a BScN degree as their goal were more likely to pursue it irrespective of the challenges. The results of this study further demonstrated that a majority 64 (73%) of diploma nurses who had resolved not to pursue a BScN degree had also not set the BScN degree as their goal. The statistical analysis established a statistically significant relationship between having a BScN as a personal goal and the decision to pursue a BScN degree as portrayed by the Chi square test, ($\chi^2=16.342$, $df=1$, $p<0.000$). This is probably the reason why most of diploma nurses advance in age without upgrading their education to BScN degree. This means that it is more difficult for diploma nurses without a personal goal of upgrading their education to BScN degree to make a decision to do so. These findings are in agreement with the literature review. Previous studies have established that, personal lifelong goals, a love of learning are important determinants of the diploma nurses' decision to pursue a BScN degree. The studies have emphasized that diploma nurses with such characteristics were internally motivated and could overcome any obstacles to achieve their goal (Einhellig, 2015; Robbins & Hoke, 2013).

4.9.2: Objective 2; To determine the perceived employer related barriers to diploma nurses 'decision to pursue BScN degree.

Majority, (75%, $n=202$) of the respondents in this study reported that offering study leaves, staff promotion, financial support, organizational support, and a motivating working environment that recognizes and rewards the BScN degree holders would act as an incentive for the diploma nurses to pursue their post registration degree in Bachelor of Science in nursing. The findings concurred with those of the prior studies by Anbari (2015) and Robins and Hoke (2013), which identified supportive Nurse Managers and employers as a catalyst to the diploma nurses' efforts to seek a BScN

degree. Factors such as promotion opportunities for nurses with a Bachelor of Science in nursing degree and recognition by both the employer and Nurse Managers when giving responsibilities would go a long way in motivating the diploma nurses to enroll for a BScN degree. However, the absence of these factors would not deter nurses from upgrading to BScN as has been demonstrated in this study. Further, majority 206 (76.8%) of respondents believed peer influence would not determine their decision either to pursue a BScN degree or otherwise. This contradicts the findings of the past study by Einhellig (2015) which indicated that negative peer influence hindered nurses from advancing their professional education.

In this study, a majority 106(95.5%) of the diploma nurses who had decided not to pursue a BScN degree, were of the opinion that their employer does not provide financial support to diploma nurses pursuing a BScN degree. The result of the statistical analysis has positively linked the employer's provision of financial support with the diploma nurses' decision to pursue a BScN degree as demonstrated by the Chi square test ($\chi^2= 3.956$, $df=1$, $p= 0.047$). Therefore, according to this study, lack of financial support from the employer is one of the barriers to the diploma nurses' decision to pursue a BScN degree. The results are consistent with Ng et al. (2015) study which strongly associated the lack of financial support in the form of tuition reimbursement with poor advancement of professional academics among the nursing staff.

The finding of this study further reveals that a majority 105 (94.6%) of the diploma nurses who had decided not to pursue a BScN degree, also noted that priority was not given to the BSN trained nurses when it came to promotion and salary increase. These findings concur with a previous study by Golfa et al. (2015) whose findings

indicated poor remuneration and lack of placement after training as a barrier to the diploma nurses' decision to advance to BScN level. Similar observations were made by Matthias (2015) where participants noted that there was no grantee of better pay even after completing the training.

4.9.3: Objective 3; To identify the perceived RN-BScN Program related barriers to the diploma nurses' decision to pursue a BScN degree.

In this study, a majority 123 (77.4%) of the diploma nurses who had resolved to pursue a BSN degree, were aware of the available modes of study and the process of applying for a BScN degree. These findings are contrary to those of prior studies by Duffy et al. (2014) which stated that nurses did not know where to begin and had no information on the available modes of study. This discrepancy could be as a result of the area where this study was conducted, Nairobi City, the capital city of Kenya hosts majority of the higher institutions of learning.

This study further reveals that majority 80 (72.7%) of the respondents who had decided not to pursue the BScN degree, had also noted that the cost of the program was expensive. Though the results were not statistically significant, it is notable that this group of diploma nurses could not upgrade to BScN degree due to the cost of the program. Equally, majority 97(87.4%) of the respondents who had decided not to upgrade to BScN had also stated that there was no financial support offered to the diploma nurses at the program level. The findings are in harmony with the literature review. Three previous studies have unanimously identified the high cost of the program as major barriers to advancing professional nursing education (Bellfield &Gessner, 2010; Golfá et al., 2015; Ng et al., 2015).

According to the findings of this study, 84 (75.5%) of the participants who had decided not to pursue a BScN degree stated that the RN-BScN program does not regard the Diploma nurses past experience and knowledge. However, given that the RN –BScN upgrading program in Kenya take between two and a half to three years, this is not a true representation of current situation. This argument could have been out of ignorance or further research may be recommended to find out if the respondent expect a more drastic training time reduction and the rationale behind such a premise. This is congruent to the literature review other study findings indicated that the diploma nurses desire respect and wanted their vast knowledge and experience in nursing to be valued and recognized (Anbari, 2015; Duffy et al., 2014).

Similarly, this study identified lack of flexibility and convenience of the BScN upgrading program as a barrier to the diploma nurses' decision to pursue a BScN degree. A majority 48 (71%) of the participants who reported that the upgrading program was neither convenient nor flexible, had also decided not to pursue a BScN degree. This result was statistically significant using a chi square test ($\chi^2= 13.294$, $df=1$, $P<0.000$). This study therefore found a strong relationship between the inconvenience and inflexibility of the program and the diploma nurses' decision to upgrade their education to BSN degree level. However, these findings require further research to explore more, especially given that the RN-BScN upgrading program in Kenya is blended, and there are over 30 universities offering the RN-BScN upgrading program in the Country. So it's important to clarify what the diploma nurses meant by 'lack of flexibility and inconvenience of the program'.

4.9.4: Objective 4; To determine the relative strength of these barriers to hindering the decision by diploma nurses to enroll for a BScN degree

One of the objectives of this study was to establish the relative strength of these barriers in hindering decision by the diploma nurses to enroll for a BScN degree. This study has exposed the following as the strong barriers to the diploma nurses' decision in regard to pursuance of a BScN degree.

This study has identified lack of individualized goal of pursuing a BSN degree among the diploma nurses as one of the strongest barriers hindering the decision by the diploma nurses to undertake the BScN upgrading program at $P = 0.000$. This agrees with the findings from previous studies that revealed lack of willingness by the diploma nurses to upgrade their education to a BScN level. Kovner et al. (2012) noted that there is a set of diploma nurses with no interest to advance their professional academics. Some participants in their study argued that right from employment, they had no interest in taking the duties of a BScN prepared nurse and that they were contented in their current job. Similar observations were made by Prof. Onjo in Nigeria, that diploma nurses were not willing to pursue higher nursing education (Agbedia, 2012).

Similarly, the findings of this study have strongly linked lack of program flexibility and inconvenience with the indecisiveness by the diploma nurses in pursuing a BScN degree, at $P = 0.000$. Though the researcher has recommended a further study in this area, inflexibility and inconvenience of the RN-BScN program has featured as one of the strongest barriers affecting the decision by the diploma nurses to upgrade their education level to BScN degree.

Likewise, this study has associated the older age of the nurses with the indecision by diploma to enroll for RN-BScN upgrading program, at $P = 0.032$. The age of the

diploma nurse has moderate impact in the decision to pursuing a BScN degree by the diploma nurses. From the study findings, it is clear that as the diploma nurses grow older, their decision-making latitude in regard to pursuance of BScN degree is reduced.

Lack of financial support for the diploma nurses has also been identified as somehow a strong barrier to diploma nurses' decision to pursue a BScN degree, at $P = 0.047$. These findings concur with those from previous studies which identified lack of financial support and high cost of the program as some of the deterrents to diploma nurses' decision to pursue a BScN degree (Golfa et al., 2015; Kovner et al., 2012; Ng et al., 2015). The findings of this identified financial commitment as one of barriers to diploma nurses' decision to pursue a BScN degree at P value of 0.005. The study findings are congruent with the studies by Kovner et al. (2012) and Ng et al. (2015), that associated heavy financial burden among the diploma nurses with the reluctance to upgrading their professional education level

4.9.5: Objective 5; To identify factors that are likely to trigger the diploma nurses' decision to enroll for a BScN

Asked what would be the single most important thing that would drive one to seek BSN training, majority 216 (80%) of the respondents identified financial rewards like salary increase, promotion, being given managerial posting and improving in the recognition profile of the BScN. This compares with the findings of studies by Golfa et al., (2015) and Ng et al. (2015) where majority of the respondents reported that salary raise, and promotion opportunities would motivate the diploma nurses to enroll for Bachelor of Science in Nursing degree.

4.9.6: Decision to Pursue the BScN degree among the diploma nurses

The decision to pursue the BScN degree among the diploma nurses was measured on a five-point Likert scale. The statistical analysis of the data revealed that 59% of the participants had decided to pursue a BScN degree. However, the question is ‘when are they going to enroll for a diploma to BScN upgrading program’? In response to the statement ‘I have already enrolled for a BScN degree’, 251(93 %) of the respondents either disagree or strongly disagree. In response to the statement ‘I have applied for a BSN degree, to enroll next year’, 235(87 %) of the respondents either strongly disagreed or disagreed. The answer to the statement ‘I may enroll for a BScN after one year or more’ was no different, with 113 (42%) of the respondents either strongly disagree or disagreed, while another 82(30.2%) of the respondents were not sure. These findings concur with the study by Kovner et al. (2012) where a majority of the respondents said that they planned to upgrade their nursing professional education to Bachelor of Nursing degree but could not specify when exactly that was likely to happen. As such, it is the researcher’s view that it is important to put structures or guidelines in place to enhance the diploma nurse’s enrolment for a BScN degree, within a specific period after their licensure with the Nursing Council of Kenya. Otherwise, the aspect of age would catch up with them.

CHAPTER FIVE

SUMMARY, CONCLUSION AND RECOMMENDATIONS

5.1: Introduction

This chapter presents an overview of the entire study, conclusion and recommendations as guided by the study findings.

5.2: Summary

The aim of this study was to establish the perceived barriers to the decision by diploma nurses to enroll for RN-BScN upgrading program at Nairobi County. The specific objectives of the study includes, to determine the nurse related barriers to the decision by the diploma nurses to pursue a BScN degree, to establish the employer related barriers to the diploma nurses' decision to pursue a BScN degree, to identify the RN-BScN program related barriers that hinder the decision by the diploma nurses to pursue the BScN degree, to determine the relative strength of these variables in hindering the diploma nurses' decision to pursue a BScN degree, and to identify the factors most likely to trigger the diploma nurses' decision to pursue a BScN degree.

The study utilized a cross sectional descriptive study design. The target population was the 1131 diploma nurses employed by the Nairobi County government. The sample size was determined by use of Fisher et al. (1998) formula for sample size determination. Multistage and simple random sampling methods were used in sample size selection. A structured questionnaire was used to collect the data. Data was analyzed using statistical package for social sciences (SPSS) version 2022. Both descriptive and inferential statistics were used in the data analysis. Results were presented in bar graphs, pie charts, frequency tables and percentages.

The first objective was to determine the nurse related barrier to diploma nurses' decision to pursue a BScN degree. Independent variable under this objective included social demographic factors such the age, marital status, gender, and variables under the nurses' perception and attitude towards a BScN, such as the value, the goal to have a BScN degree, financial commitment. The study found a significant relation between the nurses' age, the possession of BScN as a life goal, heavy financial commitment and the decision to pursue a BScN degree at, $p=0.032$, $p<0.000$, $P=0.005$ and the decision to pursuing a BScN degree. Having a BScN degree as a life goal is paramount and supersedes age and financial commitment. Diploma nurses without BScN as a goal are more likely not to decide to undertake a BScN degree. Similarly, this study found that the majority of the diploma nurses 132 (48.9%) are within 40-49 years of age, which is an indication of an aging nursing work force.

Objective two of this study was to establish the employer related barrier to diploma nurses' decision to pursue a BScN degree. Independent variables under this category included the support from nurse manager, promotions and salary increase and financial support for the diploma nurses enrolling for BScN degree among others. Lack of financial support from the employer had a significant relationship with the decision to pursue a BScN degree at $p=0.047$.

The third objective of this study was to identify the RN-BScN barriers to the decision by the diploma nurses to pursuing a BScN degree. Independent variable under this category included, accessibility, awareness of the program, cost of the program, academics that the program is difficult, training period and inflexibility and inconvenience. There was a significant relationship between flexibility and inconvenience of the program and the decision to pursue a BScN degree at, $P<0.000$.

This is a very interesting scenario given that the study was carried out at Nairobi City County which is the country's capital city and most universities are located here.

The fourth objective was to determine the relative strength of these barriers in hindering the diploma nurses' decision to pursuing a BScN degree. Chi square test was computed, and the P value was used to determine the strength of each variable in in hindering the decision by diploma nurses to pursuing a BScN degree. The variables were ranked in order as follows; lack of goals and inflexibility and inconvenience of the RN-BScN program were the strongest barriers with a $P < 0.000$, age was the next at, $p = 0.032$, lack of financial support from the employer followed at $p = 0.047$ while heavy financial commitment lagged behind at $P = 0.005$.

Objective five was to determine the factors most likely to trigger the diploma nurse's decision to enroll for RN-BScN upgrading program. Asked what would be the single most important thing that would drive one to seek BScN training, majority 216 (80%) of the respondents identified financial rewards like salary increase, promotion, being given managerial posting and improving in the recognition profile of the BScN.

The decision to pursue BScN was assessed using a five-point Likert scale on eight statements. The findings indicated that 159 (59 %) of the respondents had decided to pursue a BSN degree. Asked to give their opinion on the importance of BScN degree, the majority, 242 (89.6%) said that BScN degree was very important because it allowed the graduate to improve in knowledge, skill and attitudes towards patient care resulting in quality care delivered to patients. However, the diploma nurses were never specific regarding time of enrolment for a diploma to BScN upgrading program

5.3: Conclusion

Respondent's age appeared to be a strong barrier to the diploma nurses' decision to pursue a BSN degree, with those aged above 42 years showing lower decision latitude.

Though it was not an objective of the study, the findings have revealed the existence of an aging nursing work force within the County.

It is also evident from this study that those diploma nurses with individualized life goal to pursue BScN degree were more likely to decide of upgrading their education level to BScN degree. In absence of such a goal, the diploma nurses may not decide to pursue a BScN degree.

The study also revealed that financial commitment is a strong barrier to the diploma nurses 'decision to pursue a BScN degree. This study further confirmed that lack of financial support from the employer is a strong barrier to the diploma nurses' decisions to pursue a BScN degree.

Apparently, this study has linked the upgrading program inconveniences and inflexibility with the decision not to pursue a BScN degree among the diploma nurses. This requires further investigations to really get to understand what the diploma nurses meant since the RN-BScN upgrading program in Kenya is a blended one using both distance learning, part time and regular modes of training.

5.4: Recommendations.

Recognition of BScN nurses by employers may motivate the diploma nurses to set achievement of BScN degree as their goal. Such recognition may entail salary raise, promotion and awarding management responsibilities to diploma nurses who have completed the BScN degree.

The Nursing Council of Kenya and the Nursing professional organizations, the National Nurses' Association, and the Kenya Professional Nurses' Association should develop and lobby for enactment of a policy guiding the regarding the RN-BScN of the upgrading of diploma nurses to BScN. This can be such as "BScN in 10" being implemented in the United States and some other countries in the world. Such a policy

would motivate and compel the diploma nurses to upgrade to BScN within ten years after graduating from a diploma college. This would address the issue of age because diploma nurses would enrol for RN-BScN upgrading program before advancing in age.

The Nairobi County government to establish an education fund for the diploma nurses. This can be a revolving fund given as a low interest loan to the diploma nurses who have enrolled for RN-BScN and they can repay it slowly from their salaries. This fund will also neutralize the issue of heavy financial commitment.

The Higher Education Loan Board should also consider setting funds aside as loan to enable the diploma nurses to upgrade their education to BScN level.

It is important for the Nairobi City County government to note that of the diploma nurses are aged above 40 years, which is an indication of an aged nursing workforce. The County Government needs to recruit younger nurses to be mentored by these experienced aging nurses before their retirement

5.4.2: Recommendation for further studies

This research study recommends further research in the following areas;

- a) A study on assessment of Barriers and motivators of the decision to enroll for RN-BScN among BScN nurses who have already completed the BScN degree
- b) A study on Perceived barriers to the decision to pursuing a BScN degree by diploma nurses working with the private health facilities

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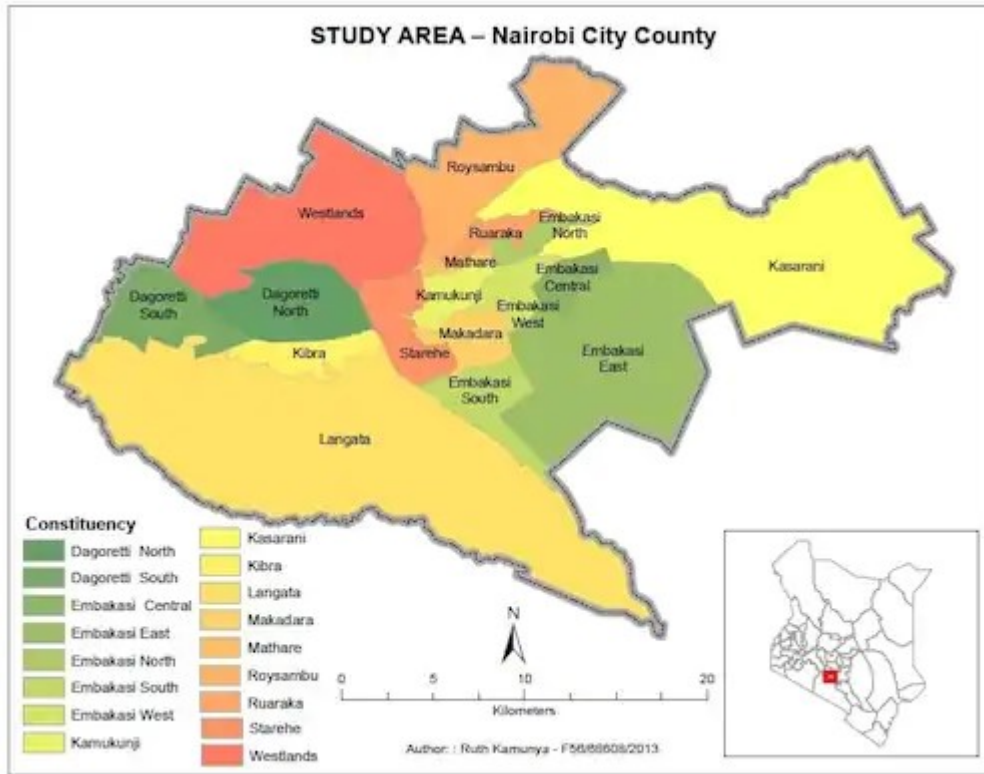
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APPENDICES

Appendix I: Map of Nairobi County & Sub Counties

Map of Nairobi County & Sub Counties



SOURCE: Google Map

Appendix II: Distribution of Nairobi County Nurses by Cadre

Distribution of Nairobi County Nurses by Cadre

SUBCOUNTY	CADRE OF NURSES				Proportion Of BSN NURSES
NAMES	BSN	DIPLOMA	CERTIFICATE	TOTAL	%
Dagoretti	8	74	18	100	8
West Lands	4	70	15	89	4
Langata	45	253	23	321	14
Embakasi East	7	77	12	96	7
Embakasi West	44	260	22	326	13
Starehe	8	46	14	68	12
Kasarani	6	70	22	99	6
Kamukunji	9	156	85	250	3.5
Makandara	5	65	31	101	5
Njiru	4	55	27	86	4.9
Total	140	1131	264	1535	9.1

Appendix III: Nursing Council Accredited Universities

- 1.Kenyatta University
- 2.University of Nairobi
- 3.Njomo Kenyatta University College of Agriculture and Technology
- 4.Mt. Kenya University
- 5.Kenya Methodist University
6. Daystar University
- 7, Aghakhan University
- 8.Catholic University of East Africa
- 9.Great Lakes University of Kisumu
- 10.Baraton University
- 11.Regina Pacis University College
- 12.The Presbyterian University of East Africa
- 13.Egerton University
- 14.Moi University
- 15.Masinde Muliro University of Science and Technology
16. Pwani University College
- 17.Kabianga University
- 18.Dedan Kimathi University
- 19.Kisii University
- 20.Chuka University
- 21.Uzima University
- 23.Kabarak University
- 24.Maseno University
- 25.University of Embu

26.Umma University

27.Meru University of Science and Technology

You have cited 26 in text against this list of 27

Source: Nursing Council of Kenya

Appendix IV: Introduction Letter

Dear Colleague,

I'm a Master of Science degree in nursing education student at the Kenya Methodist University-Nairobi Campus. Am conducting a study on barriers to the diploma nurses 'decision to pursue a BSN degree '.

Your participation in this research is important because you can help identify the barriers to diploma nurses 'decision to pursue a BSN degree, and therefore aid in developing policies and strategies to increase the proportion of BSN nurses in Nairobi County. You are hereby requested to fill the questionnaire attached to this letter. Kindly try to be as honest as possible. The questionnaire may take 5-10 minutes of your time. Kindly try to use your private time so that the care to your clients /patients is not compromised.

You are also assured of complete anonymity as well as confidentiality. Do not write your name or any form of identification on any page of the questionnaire. Also do not write the name of your department or institution.

You have the right to decline to participate as well as to withdraw from the study at any time, with no victimization whatsoever. The research findings will be made available to you through your institution.

For more information or clarification on this study you may contact the Course Coordinator, KeMU, and Dr.Agness Mutinda, contact; 0721203394.

Thank you for choosing to participate.

Yours faithfully,

Consolata wanjiku Ndege: Reg.No. MSN-3-3397-3/2016

Appendix V: Consent Form.

I hereby consent, to complete the questionnaire on, "barriers to diploma nurses 'decision to pursue a BSN degree'".

I have been informed by the researcher that the data derived from this questionnaire will be used for academic purpose only.

I also have the information that I can withdraw or terminate my consent at any time within the process without any negative effects on my side (either loss of rights or benefits). I have also been assured of anonymity, confidentiality and privacy of information given.

I hereby promise to give honest answers to all the questions.

Sign..... **Date:**

Appendix VI: Nacosti Authority Letter

 REPUBLIC OF KENYA	 NATIONAL COMMISSION FOR SCIENCE, TECHNOLOGY & INNOVATION
Ref No: 236304	Date of Issue: 18/March/2020
RESEARCH LICENSE	
	
This is to Certify that Ms., Consolata Waniiku Ndeee of Kenva Methodist University, has been licensed to conduct research in Nairobi on the topic: ASSESSMENT OF BARRIERS TO DIPLOMA NURSES' DECISION TO PURSUE A BACHELORS OF SCIENCE DEGREE IN NURSING AT NAIROBI COUNTY for the period ending : 18/March/2021.	
License No: NACOSTI/P/20/4248	
236304 Applicant Identification Number	 Director General NATIONAL COMMISSION FOR SCIENCE, TECHNOLOGY & INNOVATION
	Verification OR Code 
NOTE: This is a computer generated License. To verify the authenticity of this document, Scan the OR Code using OR scanner application.	

THE SCIENCE, TECHNOLOGY, AND INNOVATION ACT, 2013

The Grant of Research Licenses is Guided by the Science, Technology, and Innovation (Research Licensing) Regulations, 2014

CONDITIONS

1. The License is valid for the proposed research, location and specified period
2. The License any rights thereunder are non-transferable
3. The Licensee shall inform the relevant County Director of Education, County Commissioner and County Governor before commencement of the research

4. Excavation, filming and collection of specimens are subject to further necessary clearance from relevant Government Agencies
5. The License does not give authority to transfer research materials
6. NACOSTI may monitor and evaluate the licensed research project
7. The Licensee shall submit one hard copy and upload a soft copy of their final report (thesis) within one month of completion of the research
8. NACOSTI reserves the right to modify the conditions of the License including cancellation without prior notice

National Commission for Science, Technology, and Innovation off Waiyaki Way,
Upper Kabete,

P. O. Box 30623, 00100 Nairobi, KENYA

Land line: 020 4007000, 020 2241349, 020 3310571, 020 8001077

Mobile: 0713 788 787 / 0735 404 245

E-mail:

dg@nacosti.go.ke /

registry@nacosti.go.ke

Website:

www.nacosti.go.ke

NAIROBI CITY COUNTY

Address: P.O. BOX 44314, Nairobi
Telephone: Nairobi 217131/323491
Fax: 217148
Email: pm@nairobi@yahoo.com

COUNTY HEALTH OFFICE
NAIROBI
MAYO HOUSE
P.O. Box 34349-00100
NAIROBI

When replying please quote:

Ref. No. CMO/NRB/OPR/VOL1-2/2020/19



COUNTY HEALTH SERVICE

CONSOLATA WANJIKU NDEGE
MSN -3-3387-3/2016
KENYA METHODIST UNIVERSITY
NAIROBI- KENYA
17/03/2020

RE: RESEARCH AUTHORIZATION

This is to inform you that the Nairobi City County Operational Technical Working group reviewed the documents on the study titled, "Assessment of Barriers and Motivators of Diploma Nurses' Decision to Pursue a Bachelor's of Science Degree at Nairobi Hospital".

I am pleased to inform you that you have been authorized to undertake the study in Nairobi County.

The researcher will be required to adhere to the ethical code of conduct for health research in accordance to the Science Technology and Innovation Act, 2013 and the approval procedure and protocol for research for Nairobi County.

On completion of the study, you will submit one hard copy and one copy in PDF of the research findings to our operational research technical working group.

RAPHAEL MULI
FOR COUNTY DIRECTOR OF MEDICAL SERVICES
Cc. All SCMOHs

All Medical Superintendent Mbagathi Hospital

Appendix VII: KEMU Ethics and Research Committee Letter



KENYA METHODIST UNIVERSITY
P. O. BOX 267 MERL) - 60200, KENYA
TEL: 254-064-30301/31229/30367/31171

FAX: 254-64-30162
EMAIL: INFO@KEMU.AC.KE

20th January 2020

KeMU/SERC/MSN/2 /2020

Consolata Wanjiku Ndege
MSN-3-3397-3/2016
Kenya Methodist University

Dear Consolata,

SUBJECT: ASSESSMENT OF BARRIERS TO DIPLOMA NURSES' DECISION TO PURSUE A BAC } 'ELORS OF SCIENCE DEGREE IN NURSING A TNAIROBI COUNTY

This is to inform you that Kenya Methodist University Scientific Ethics and Review Committee has reviewed and approved your above research proposal. Your application approval number is KeMU/SERC/MSN/2/2020. The approval period is 20th January 2020 — 20th January 2021.

This approval is subject to compliance with the following requirements

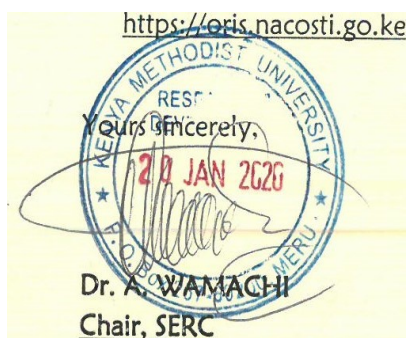
- I. Only approved documents including (informed consents, study instruments, MTA) will be used.
- II. All changes including (amendments, deviations, and violations) are submitted for review and approval by Kenya Methodist University Scientific Ethics and Review committee.
- III. Death and life-threatening problems and serious adverse events or unexpected adverse events whether related or unrelated to the study must be reported to KeMU SERC within 72 hours of notification.
- IV. Any changes, anticipated or otherwise that may increase the risks or affected safety or welfare of study participants and others or affect the integrity of the research must be reported to KeMU SERC within 72 hours.

V. Clearance for export of biological specimens must be obtained from relevant institutions.

VI. Submission of a request for renewal of approval at least 60 days prior to expiry of the approval period. Attach a comprehensive progress report to support the renewal

Vile Submission of an executive summary report within 90 days upon completion of the study to KeMU SERC.

Prior to commencing your study, you will be expected to obtain a research license from National Commission for Science, Technology and Innovation (NACOSTI)



nacosti. o.ke and also obtain other clearances needed.

Appendix VIII: Questionnaire

INSTRUCTIONS: DO NOT WRITE YOUR NAME OF ANY IDENTIFICATION

Kindly Tick in the Appropriate Box

SECTION I: NURSE RELATED BARRIERS AND MOTIVATORS.

(A). Demographic data

1. What is your age? -----

2 Your gender:

a) Female

b) Male

3. Marital status:

a) Single

b) Divorced

c) Widowed

d) Married

4. Do you have any children?

a) Yes

b) No

6. If yes, please indicate their ages and how many they are -----

7. When did you qualify as a diploma nurse? ----- (write the year).

8. For how long have you worked with Nairobi County? -----.

9. What is your current job group?

a) Job group H

b) Job group J

c) Job group K

d) Job group Land above

10. What is your current position at your workstation?

a). Service provider

b.) Ward manager

c). Unit manager

d.) Nursing service manager

SECTION 1: (B) Nurse’s perception, attitude and commitment

1.0 How would you rate the following aspects in regard to BSN degree?

Nurse’s perception, attitude and commitment

Statement	Strongly Disagree	Disagree	Not sure	Agree	Strongly Agree
BSN degree improves skills, knowledge and competency and facilitates professional development					
Lack of family support has hindered me from enrolling for a BSN degree					
My finances are so committed to the welfare of my family, making it difficult to enroll for a BSN.					
BSN degree is my goal, and I will pursue it, no matter the cost.					
My children are too young for me to get time to pursue a BSN degree					
BSN degree is too difficult and demanding, and I fear					

I may fail in case I enrolled for it					
---	--	--	--	--	--

SECTION 2: Employer Related Barriers

2. How would you rate the following employer related aspect regarding your decision to pursue a BSN degree?

Employer Related Barriers

Statement	Strongly Disagree	Disagree	Not sure	Agree	Strongly Agree
My employer provides study time for the diploma nurses enrolled on RN to BSN program					
My Nurse manager values BSN degree and gives priority to BSN nurses when giving management responsibilities					
My employer provides financial support to diploma nurses pursuing a BSN degree.					

Nurses with a BSN degree are given priority in promotions and salary increase					
It is now a policy that all the diploma nurses upgrade their education to a BSN level					
Many of my colleagues discourage me from pursuing a BSN degree					

SECTION 3: RN- BSN Program Related Barriers

4. In a scale of 1 to 5, where 5 is the highest value, how would rank the following aspects of RN to BSN program in regard to diploma nurses' decision to pursue a BSN degree?

BSN Program Related Barriers

Statement	1	2	3	4	5
I'm aware of all available modes of study for the RN-BSN program, and the process of applying for the program					

BSN upgrading programs are convenient and offers flexible modes of study					
Educational financial support is available to the diploma nurses.					
RN to BSN program is too long					
RN to BSN curriculum considers the experience and knowledge of diploma nurses, give credit hours in their theory and clinical experience					
The lecturers are respectful and accessible					
RN to BSN programs is too expensive for me to afford					
Geographically, Universities offering RN to BSN upgrading					

programs are accessible to me					
----------------------------------	--	--	--	--	--

SECTION 4: Decision to Pursue A BSN Degree

1. How would you rate your decision to pursue a BSN degree?

Decision to Pursue A BSN Degree

Statement	Strongly disagree	disagree	Not sure	agree	Strongly agree
I have decided to pursue a BSN degree					
I will never pursue a BSN degree					
I have already enrolled for a BSN degree					
I have applied for a BSN degree, to enroll next year					
I may enroll for a BSN after one year or more					
I already have a bachelor's degree in other fields; hence BSN is not my priority					

I intend to pursue other education pathways, other than a BSN degree					
Other education pathways, such as higher diploma and other degrees offer better career progression opportunities than BSN degree					

SECTION 5: Personal Opinion (Open Endend)

In your own words, how important do you think BSN education is regarding provision of quality nursing care?

.....

.....

.....

.....

2. Do you think BSN is necessary for your professional development?

.....

.....

.....

.....

.....

3. What are your strongest barriers or hindrances to your decision to pursue a BSN degree?

.....
.....
.....
.....

.

4. What is the one most important thing that would make you enroll for a BSN degree
right
away?.....
.....
.....

THANK YOU

Appendix IX: Permission Letter

DAGORETTI SUB-COUNTY HOSPITAL,

P.O. BOX 35247-00100,

NAIROBI,

28/6/2018,

THE COUNTY DIRECTOR OF HEALTH,

NAIROBI COUNTY,

P.O. BOX 34349-00100,

NAIROBI,

DEAR Madam,

REF: PERMISSION TO CARRY OUT AN ACADEMIC RESEARCH STUDY.

I'm a Student at KEMU, pursuing a Master of Science degree in Nursing Education.

As part of the requirements, I'm supposed to carry out a scientific study.

I kindly request for permission to carry out a research study in Nairobi County, on.

Perceived barriers to the diploma nurses' decision to pursue a BSN degree among diploma nurses working with Nairobi County Government.

Research evidence has linked BSN degree with better patient outcomes and safety in the health care setting. Yet, Nairobi County has only 140 BSN educated nurses, working with the county government.

The purpose of this study is to determine the barriers, to diploma nurses' decision to pursue a BSN degree, in order to inform the policy makers, the administrators, nurse managers and nurse educator, in developing strategies that will increase the proportion

of BSN nurses. This would then improve the quality of nursing care or services provided to the patients or clients, leading to better patient outcomes.

The researcher intends to adhere to all ethical requirements and the findings of the study will only be used for academic purpose and will be shared with your office. I hereby request for your kind consideration.

Yours sincerely,

Consolata W. Ndege

Student No: MSN-3-3397-3/2016.