

Assessing Nurses' Perceptions of Pursuing Higher Education While Working

Anjali Haridas, Zainab Abdulla, beena Saji mathew

Nursing, United Arab Emirates

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ABSTRACT

Background: Continuing higher education while working can support nurses' professional development, career advancement, and quality of patient care. However, nurses may experience challenges in balancing academic requirements with professional, personal, and financial responsibilities. Understanding nurses' perceptions and the factors that influence their ability and motivation to pursue higher education while remaining employed is important for developing appropriate educational and organizational support.

Aim: This study aimed to assess nurses' perceptions of pursuing higher education while working and to identify the perceived factors, barriers, and sources of support associated with continuing higher education.

Methods: A quantitative cross-sectional descriptive study was conducted among 192 nurses. Data were collected using a structured questionnaire assessing nurses' perceptions of higher education, work-related barriers, family responsibilities, financial considerations, and organizational support. Sociodemographic and professional characteristics were also collected. Data analysis included descriptive statistics, including frequencies, percentages, means, and standard deviations. The internal consistency of questionnaire domains was assessed using Cronbach's alpha. Appropriate inferential tests were used to examine differences in perception according to demographic and professional characteristics, while correlation and multiple regression analyses were considered to identify factors associated with nurses' perceptions. Responses to open-ended questions regarding challenges and needed support were analyzed thematically.

Results: The study is expected to provide a comprehensive description of nurses' perceptions of higher education while working and identify the principal barriers and facilitators influencing their educational participation. Particular attention will be given to work-related demands, financial constraints, family responsibilities, and organizational support. The findings will also determine whether nurses' perceptions vary according to selected demographic and professional characteristics.

Conclusion: Understanding nurses' experiences and perceptions of pursuing higher education while working can assist healthcare organizations and educational institutions in developing supportive policies and flexible educational opportunities. Addressing identified barriers and strengthening organizational support may facilitate nurses continued professional and academic development while maintaining their workforce participation.

Keywords: Nurses; higher education; working nurses; continuing education; professional development; barriers; organizational support; nursing education

INTRODUCTION

Nursing is a continuously evolving profession that requires nurses to maintain and expand their knowledge, skills, clinical competence, and professional capabilities throughout their careers. Advances in healthcare technology, increasing patient complexity, changing patterns of disease, expanding nursing roles, and the growing emphasis on evidence-based practice have increased the need for nurses to engage in lifelong

learning and professional development. Higher education represents an important component of this development because it can provide nurses with opportunities to strengthen clinical knowledge, develop leadership and research competencies, improve critical thinking, and assume expanded professional responsibilities. The World Health Organization (WHO) has emphasized investment in nursing education, employment, and leadership as essential strategies for strengthening health systems and enabling nurses to contribute fully to universal health coverage and improved population health (World Health Organization [WHO], 2020).

The global importance of an adequately educated nursing workforce is particularly evident given the size and central role of the profession within healthcare systems. Nurses constitute the largest component of the global health workforce and provide care across primary, secondary, tertiary, community, and specialized healthcare settings. The WHO has highlighted that strengthening nursing education is not only a workforce development strategy but also an investment in the capacity of health systems to respond to current and future population health needs (WHO, 2020). Consequently, opportunities for nurses to progress academically throughout their careers are increasingly relevant to workforce planning, professional development, leadership development, and the quality and sustainability of healthcare delivery.

Higher education in nursing may occur through progression from diploma-level preparation to bachelor's education and subsequently to postgraduate qualifications such as master's and doctoral degrees. Each level of education may contribute to the development of increasingly sophisticated professional competencies. Academic progression can strengthen nurses' abilities to critically evaluate evidence, participate in research, implement evidence-based practice, communicate effectively, lead teams, and contribute to healthcare policy and service improvement. Contemporary nursing education frameworks increasingly emphasize competency development, professional growth, academic-practice partnerships, and lifelong learning. The American Association of Colleges of Nursing, for example, identifies professional development and continuing learning as important components of contemporary nursing education and supports collaboration between academic and clinical organizations to facilitate nurses' educational progression (American Association of Colleges of Nursing [AACN], 2025, 2026).

The relationship between nurses' educational preparation and patient outcomes has also received considerable attention in nursing and health-services research. Earlier research demonstrated an association between higher proportions of baccalaureate-prepared nurses and improved patient outcomes. A large study of surgical patients in Pennsylvania hospitals found that a 10% increase in the proportion of nurses holding a bachelor's degree or higher was associated with a reduction in the likelihood of patient mortality and failure to rescue (Aiken et al., 2003). Similarly, Blegen et al. (2013) reported that hospitals with a higher proportion of baccalaureate- or higher-prepared registered nurses had lower rates of several adverse patient outcomes, including mortality associated with congestive heart failure, failure to rescue, and selected postoperative complications. More recent observational research has continued to identify associations between nurse education, nursing work environments, staffing, and patient outcomes (Aiken et al., 2011; Cho et al., 2017).

Nevertheless, the relationship between higher nursing education and outcomes should be interpreted carefully. Although a substantial body of literature suggests potential benefits of higher educational preparation, the evidence is not uniformly conclusive. Abu-Qamar et al. (2020), in a systematic review of postgraduate nurse education, found that nurses commonly perceived postgraduate education as improving their knowledge, clinical skills, practice, and patient care. However, the authors noted that the empirical evidence linking postgraduate qualifications to measurable nurse and patient outcomes remained limited and that much of the available evidence was based on nurses' perceptions. This distinction is important because it demonstrates that understanding nurses' perceptions is itself a valuable area of investigation, while also highlighting the need for stronger empirical research examining how educational progression influences nursing practice and healthcare outcomes.

Despite the recognized benefits of higher education, pursuing additional qualifications while maintaining employment can be challenging. Working nurses frequently have to balance multiple and sometimes competing responsibilities. In addition to their clinical workload, nurses may have family responsibilities,

financial commitments, household responsibilities, and personal obligations. Academic study introduces additional demands, including attendance requirements, assignments, examinations, research activities, clinical requirements, and independent study. Consequently, nurses may experience difficulty allocating sufficient time and energy to academic activities while maintaining their professional responsibilities.

Time is consistently identified as one of the major barriers to nurses' participation in continuing education. An integrative literature review by Schweitzer and Krassa (2010) identified inability to obtain time away from work, cost, and childcare or household responsibilities among the most frequent deterrents to nurses' participation in continuing professional development. Similarly, studies examining nurses' continuing education have reported that work schedules, family commitments, financial costs, and limited organizational support can influence nurses' ability to participate in educational activities (Lee et al., 2005; Smith et al., 2012). These findings suggest that educational participation is influenced not only by an individual's motivation but also by the structural and environmental conditions in which nurses work and live.

Work-related demands may be particularly important for nurses because of the nature of nursing employment. Nurses commonly work shifts, weekends, nights, overtime, and extended hours depending on the healthcare setting. Irregular schedules may make attendance at conventional university programs difficult, particularly when educational programs are designed around fixed classroom schedules. Nurses working rotating shifts may also experience difficulties maintaining consistent study routines. In addition, staffing requirements and service demands can make it difficult for nurses to obtain study leave or modify their working hours. Thus, although a nurse may have a strong desire to pursue higher education, workplace requirements may create practical barriers to participation.

Financial considerations represent another important dimension of educational decision-making. Higher education may involve tuition fees, transportation expenses, books, technology, accommodation, examination fees, and other indirect costs. Nurses who study while working may also experience financial pressure if they need to reduce working hours, take unpaid leave, or decrease overtime in order to meet academic requirements. Research examining nurses' continuing professional development has repeatedly identified financial constraints as an important barrier to participation. For example, Queensland nurses reported that continuing education was frequently self-funded and that financial considerations, including the inability to afford fees or unpaid leave, were major barriers to participation (Hegney et al., 2009). More recent evidence has similarly identified financial constraints as an important factor affecting nurses' participation in professional development activities (Girma et al., 2024).

Family and personal responsibilities may further influence nurses' educational decisions. Nurses who have children or other dependents may need to divide their available time between employment, academic work, childcare, household responsibilities, and other family commitments. The interaction between professional and family responsibilities may increase stress and reduce the amount of time available for study. Previous research has identified childcare and home responsibilities among the important deterrents to nurses' participation in continuing education (Schweitzer & Krassa, 2010). Therefore, examining nurses' perceptions of higher education requires consideration of the broader social and personal context in which educational decisions are made.

Organizational support is another potentially important factor influencing nurses' willingness and ability to pursue higher education. Supportive organizations may facilitate educational progression through study leave, flexible scheduling, tuition assistance, scholarships, access to educational resources, reduced workload during examination periods, mentoring, and recognition of academic achievement. Conversely, limited organizational flexibility may make it difficult for nurses to participate in academic programs while maintaining their employment. Academic-practice partnerships have increasingly emphasized the importance of creating organizational structures that recognize and support educational achievement, lifelong learning, continuing education, and seamless academic progression for nurses (AACN, 2025).

Flexible and technology-supported educational models may provide additional opportunities for working nurses. Online, blended, part-time, and distance-learning programs can potentially reduce some of the barriers

associated with geographic location, fixed schedules, and travel. Contemporary nursing education has increasingly incorporated different learning modalities, reflecting the need for greater flexibility in educational delivery (Barnard et al., 2024). However, flexibility alone may not eliminate the challenges experienced by working nurses. Nurses may still encounter difficulties related to workload, digital access, academic preparation, financial costs, family responsibilities, and the time required to complete coursework and assessments. Therefore, it is important to understand which forms of support nurses themselves perceive as most useful.

Importantly, nurses' perceptions can influence their educational intentions and decisions. A nurse may recognize the professional value of higher education but still decide not to pursue it because of workload, cost, family responsibilities, lack of employer support, or uncertainty about the benefits of further qualifications. Conversely, nurses who perceive higher education as valuable for career advancement, professional recognition, clinical competence, leadership development, and improved patient care may be more motivated to continue their education despite challenges. Understanding these perceptions can therefore provide healthcare organizations and educational institutions with information needed to develop policies and programs that are responsive to nurses' actual needs.

Previous research has identified barriers to continuing professional development; however, much of the literature has focused on continuing education activities rather than the broader experience of pursuing formal higher education while remaining employed. Continuing professional development can include relatively short activities such as workshops, conferences, mandatory training, and courses, whereas higher education generally involves a longer-term commitment to an academic qualification. The latter may require sustained participation over months or years and may involve substantial financial, professional, academic, and personal commitments. Consequently, findings concerning barriers to short-term continuing education cannot necessarily be generalized to nurses undertaking formal academic qualifications.

Furthermore, existing research suggests that nurses' educational experiences may vary according to demographic and professional characteristics. Age, educational level, years of nursing experience, work setting, employment schedule, marital status, number of dependents, and previous educational experience may influence nurses' perceptions of higher education. For example, nurses at different career stages may have different educational priorities, financial circumstances, family responsibilities, and expectations regarding career progression. Nurses working in different clinical areas may also experience different levels of workload and scheduling flexibility. Examining these differences may therefore provide a more comprehensive understanding of the factors associated with nurses' educational perceptions.

There is also a need to examine the interaction between perceived barriers and perceived organizational support. A nurse may perceive workload as a major barrier, but flexible scheduling or study leave may reduce the impact of that barrier. Similarly, financial concerns may be less influential when scholarships, tuition reimbursement, or employer-funded education are available. Family responsibilities may also become more manageable when academic programs provide flexible or online learning options. Thus, rather than viewing educational participation solely as an individual decision, it is important to consider the organizational and environmental conditions that may facilitate or hinder nurses' academic progression.

From a healthcare workforce perspective, supporting nurses to pursue higher education while maintaining employment may provide benefits for both individual nurses and healthcare organizations. Educational progression may contribute to professional development, leadership capacity, evidence-based practice, workforce retention, and the development of nurses who can participate in research and quality improvement. The WHO has emphasized the importance of investing in nursing education and leadership as part of strengthening health systems and addressing current and future workforce needs (WHO, 2020). Academic-practice partnerships similarly emphasize collaboration between educational institutions and healthcare organizations to create pathways for nurses to progress academically while remaining connected to clinical practice (AACN, 2025).

The issue is particularly relevant in healthcare environments where nurses are expected to maintain clinical

competence while responding to increasing patient complexity and changing healthcare demands. Encouraging nurses to pursue higher education without addressing the practical barriers associated with working and studying simultaneously may be insufficient. Educational institutions and employers need evidence regarding what nurses perceive as the main challenges, what motivates them to continue their education, and what forms of organizational support they consider most valuable.

Therefore, assessing nurses' perceptions of higher education while working is important for understanding the relationship between educational aspirations and the practical realities of professional nursing. A structured assessment can provide information about nurses' perceived benefits of higher education, work-related barriers, family responsibilities, financial concerns, and organizational support. It can also identify whether perceptions vary according to nurses' demographic and professional characteristics. Such information can assist nursing leaders, healthcare organizations, universities, and policymakers in designing educational pathways and workplace policies that make higher education more accessible to working nurses.

The present study therefore focuses on **nurses' perceptions of higher education while working**, with particular attention to perceived professional benefits, barriers related to workload and working schedules, family and financial responsibilities, and organizational support. By examining these dimensions quantitatively and incorporating nurses' responses regarding their challenges and preferred forms of support, the study seeks to provide a comprehensive understanding of the factors that may facilitate or hinder academic progression among working nurses. The findings may contribute to the development of more flexible, supportive, and sustainable approaches to nursing education and professional development.

METHODS

Study Design

This study employed a **quantitative cross-sectional descriptive design** to assess nurses' perceptions of pursuing higher education while maintaining employment. A cross-sectional design was considered appropriate because data were collected from participants at a single point in time, allowing the researchers to describe nurses' perceptions, perceived benefits, barriers, and support needs related to pursuing higher education while working.

The study also included two open-ended questions to allow participants to describe, in their own words, the challenges they experienced and the types of support they considered necessary to facilitate their pursuit of higher education. Therefore, although the primary study design was quantitative and cross-sectional, qualitative descriptive data obtained from the open-ended responses were analyzed to provide additional contextual information and a more comprehensive understanding of nurses' experiences.

The study aimed not only to describe nurses' overall perceptions of higher education while working but also to explore whether these perceptions differed according to selected demographic and professional characteristics. In addition, the study examined the relationships between perceived barriers, organizational support, and nurses' perceptions of pursuing higher education while employed.

Study Setting

The study was conducted among registered nurses working within the selected healthcare organization/facility. Nurses working in different clinical and non-clinical areas were invited to participate, allowing the study to capture perceptions from nurses with varying professional backgrounds, educational qualifications, years of experience, and work schedules.

The inclusion of nurses from different work areas was important because the experience of pursuing higher education while working may differ according to workplace demands, staffing requirements, shift patterns, workload, and the availability of organizational support. Nurses working in areas with rotating shifts, extended working hours, or high clinical demands may experience different challenges from those working in

regular daytime schedules. Therefore, including participants from different professional settings provided a broader understanding of the factors that may influence nurses' educational experiences.

Study Population

The target population consisted of nurses working in the selected healthcare setting who were eligible to participate in the study. The study focused on nurses because they represent a professional group that is increasingly encouraged to engage in lifelong learning, continuing professional development, and academic progression while simultaneously maintaining their clinical responsibilities.

A total of **192 nurses** completed the questionnaire and were included in the analysis. Participants represented different demographic and professional backgrounds, including variations in age, gender, marital status, number of dependents, nursing qualifications, years of nursing experience, work areas, and work schedules.

Inclusion and Exclusion Criteria

Participants were included in the study if they:

1. Were qualified and currently employed nurses.
2. Were working in the selected healthcare organization or study setting at the time of data collection.
3. Were willing to voluntarily participate in the study.
4. Were able to understand and complete the questionnaire.
5. Provided informed consent before participation.

Nurses who were not currently employed in the selected study setting, were not part of the nursing workforce, or did not provide sufficient information to complete the questionnaire were excluded from the study.

Sampling and Sample Size

A **non-probability convenience sampling approach** was used to recruit participants. Eligible nurses who were available during the data collection period and met the inclusion criteria were invited to participate in the study. Convenience sampling was considered appropriate because the study aimed to obtain information from accessible nurses working within the selected healthcare setting. Participation was voluntary, and no nurse was required or pressured to participate.

A total of **192 completed questionnaires** were available for analysis. The final sample size represented the number of participants who completed the survey during the data collection period and met the study eligibility criteria.

Data Collection Instrument

Data were collected using a structured, self-administered questionnaire entitled “**Questionnaire to Assess Nurses’ Perceptions of Higher Education While Working.**” The questionnaire was designed to collect quantitative and descriptive information regarding nurses' perceptions of pursuing higher education while maintaining employment.

The questionnaire consisted of several sections.

Statistical Analysis

Data were entered, coded, and initially organized using Microsoft Excel and subsequently analyzed using IBM SPSS Statistics version 22.0. Descriptive statistics were used to summarize the demographic and

professional characteristics of the participating nurses and their responses to the questionnaire. Categorical variables were presented as frequencies and percentages, while continuous variables were summarized using means and standard deviations and, where appropriate, medians and interquartile ranges.

The internal consistency of the questionnaire and its relevant domains was assessed using **Cronbach's alphacoefficient**. Likert-scale items were analyzed individually using frequencies, percentages, means, and standard deviations. Where conceptually appropriate, related items were combined to generate domain scores representing nurses' perceptions of higher education, work-related barriers, family and financial barriers, and organizational support.

Inferential statistical tests were used to examine associations and differences between nurses' perceptions and selected demographic and professional characteristics. The **Chi-square test** was used to assess associations between categorical variables.

For comparisons of perception scores between two groups, the **independent-samples t-test** or **Mann–Whitney U test** was used as appropriate. For comparisons involving three or more groups, **one-way analysis of variance (ANOVA)** or the **Kruskal–Wallis test** was applied, depending on the distribution of the data and the assumptions of the statistical tests.

Correlation analysis using **Pearson's or Spearman's correlation coefficient**, as appropriate, was conducted to examine relationships between perception scores and selected continuous or ordinal variables. Where appropriate, **multiple linear regression analysis** was performed to identify factors independently associated with nurses' perceptions of pursuing higher education while working.

For the open-ended questions, responses were analyzed thematically to identify common challenges and types of support perceived as important by nurses. Statistical significance was set at a **p-value < 0.05**, and 95% confidence intervals were reported where appropriate.

RESULTS

Sociodemographic and Professional Characteristics

A total of **192 nurses** participated in the study. The participants represented different age groups, genders, nursing qualifications, levels of professional experience, clinical work areas, and work schedules.

Demographic Analysis (n = 192)

1. Age

Category	n	%
18–24	1	0.52%
25–34	30	15.63%
35–44	60	31.25%
45–54	90	46.88%
< 20	11	5.73%

2. Gender

Category	n	%
Female	160	83.33%
Male	32	16.67%

3. Marital Status

Category	n	%
Married	167	86.98%
Single	21	10.94%
Widowed	2	1.04%
Divorced	2	1.04%

4. Number of Dependents

Category	n	%
1–2	70	36.46%
2–3	80	41.67%
3–4	30	15.63%
More than 5	12	6.25%

5. Current Nursing Qualification

Category	n	%
Diploma	79	41.15%
Bachelor	100	52.08%
Master	13	6.77%

6. Years of Nursing Experience

Category	n	%
> 5	5	2.60%
5–10	28	14.58%
11–20	80	41.67%
< 20	79	41.15%

⚠ **Note:** The "< 20" entries in *Years of Experience* may overlap with age entries for some rows — worth verifying in the raw data.

📋 Survey Perception Analysis (n = 192)

Scale: 1 = Strongly Disagree → 5 = Strongly Agree

Domain 1: Perceived Value of Higher Education ☆ Mean = 4.22

Q#	Question	Agree+ %	Mean
Q1	Higher education is important for my professional growth	90.60%	4.39
Q2	Pursuing higher education improves quality of patient care	86.40%	4.26
Q3	Higher education increases promotion/career opportunities	83.20%	4.18
Q4	I am motivated to pursue higher education while working	78.00%	4.03

✓ **Strongest domain** — nurses overwhelmingly values higher education.

Domain 2: Work-Life Balance & Personal Challenges | Mean = 3.48

Q#	Question	Agree+ %	Mean
Q5	Work schedule makes it difficult to study	65.40%	3.61
Q6	Shift work negatively affects academic performance	56.00%	3.37
Q7	Long hours reduce ability to attend classes	66.00%	3.62
Q8	Family responsibilities limit pursuing education	56.50%	3.39
Q9	Household responsibilities increase stress	54.50%	3.33
Q10	Family is supportive of pursuing higher education	69.10%	3.71
Q11	Childcare/dependent care affects study time	54.50%	3.32

Domain 3: Financial Barriers & Motivators | Mean = 3.60

Q#	Question	Agree+ %	Mean
Q12	Tuition fees are a major barrier	79.60%	4.08
Q13	Scholarships/financial support would motivate further study	89.00%	4.36
Q14	Current income is sufficient to support family & education	26.20%	2.3
Q15	Financial commitments affect decision to study	70.20%	3.78
Q16	Reduced hours/income discourages further studies	60.20%	3.5

⚠ **Q14 is the lowest-scoring item overall** (Mean = 2.30) — most nurses feel their income is NOT sufficient.

Domain 4: Organizational Support & Career Development | Mean = 3.70

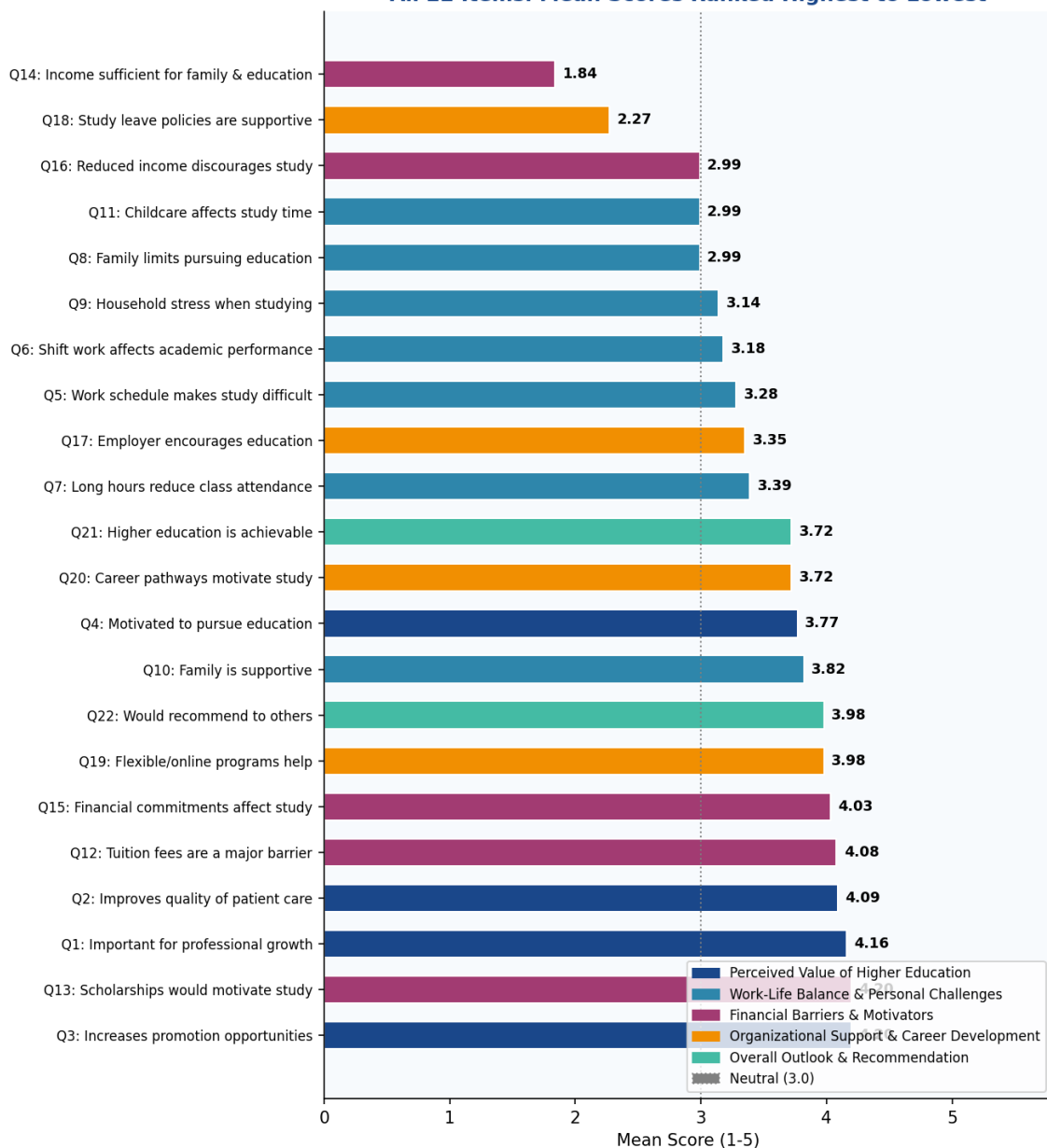
Q#	Question	Agree+ %	Mean
Q17	Employer encourages nurses to pursue higher education	70.70%	3.78
Q18	Study leave policies are supportive	50.30%	3.2
Q19	Flexible/online programs would help while working	78.00%	4.03
Q20	Clear career pathways linked to education motivate study	70.20%	3.78

💡 **Q18 is a weak spot** — only half agree that study leave policies are supportive.

Domain 5: Overall Outlook & Recommendation | Mean = 4.08

Q#	Question	Agree+ %	Mean
Q21	Despite challenges, higher education while working is achievable	80.10%	4.08
Q22	I would recommend higher education programs for working nurses	80.10%	4.08

All 22 Items: Mean Scores Ranked Highest to Lowest



As shown in Table 1, the largest proportion of participants were aged 45–54 years (93, 48.4%), followed by those aged 35–44 years (65, 33.9%) and 25–34 years (33, 17.2%). Only one participant (0.5%) was aged 18–24 years. The majority of participants were female (167, 87.0%), while 25 (13.0%) were male.

Regarding marital status, the majority of nurses were married (174, 90.6%), while 15 (7.8%) were single, 2 (1.0%) were widowed, and 1 (0.5%) was divorced. In terms of number of dependents, 84 (43.8%) participants reported having 1–2 dependents, followed by 64 (33.3%) with 2–3 dependents, 31 (16.1%) with 3–4 dependents, and 13 (6.8%) with more than five dependents.

With respect to educational qualification, the majority of nurses held a bachelor's degree (113, 58.9%), while 61 (31.8%) held a diploma qualification and 18 (9.4%) held a master's degree. Regarding years of nursing experience, 80 (41.7%) participants were categorized as having 11–20 years of experience, 63 (32.8%) were categorized as <20 years, 32 (16.7%) had 5–10 years of experience, and 17 (8.9%) were categorized as >5 years.

Participants worked across a variety of clinical areas. The largest proportion worked in the intensive care unit (ICU) (40, 20.8%), followed by the Emergency Department (34, 17.7%), Medical-Surgical Ward (MSW) (32, 16.7%), and other clinical areas (22, 11.5%). Participants also worked in the operating theatre (17, 8.9%), outpatient department (14, 7.3%), labour room (12, 6.3%), paediatric ward (11, 5.7%), and special care baby unit (10, 5.2%).

Regarding work schedules, the majority of nurses worked rotating shifts (147, 76.6%), while 45 (23.4%) worked fixed duties. These findings indicate that most participants were working within shift-based clinical environments while considering or experiencing the demands associated with higher education.

Nurses' Perceptions of Higher Education While Working

The findings demonstrated an overall positive perception of the professional value of higher education among the participating nurses. The statement “Higher education is important for my professional growth” had a mean score of 4.10 ± 0.64 , with 126 (65.6%) nurses agreeing and 45 (23.4%) strongly agreeing.

Similarly, nurses generally agreed that pursuing higher education improves the quality of patient care they provide, with a mean score of 4.02 ± 0.76 . A total of 125 (65.1%) participants agreed and 41 (21.4%) strongly agreed with this statement.

The perception that higher education increases opportunities for promotion and career advancement also received a high level of agreement, with a mean score of 4.17 ± 0.66 . Among the valid responses, 117 (62.2%) agreed and 54 (28.7%) strongly agreed.

Nurses also reported relatively high motivation to pursue higher education while continuing their employment. The mean score for this item was 3.94 ± 0.75 , with 113 (59.5%) participants agreeing and 38 (20.0%) strongly agreeing.

Work-Related Barriers

Work-related factors represented an important perceived challenge to pursuing higher education. The statement “My current work schedule makes it difficult to pursue higher education” had a mean score of 3.59 ± 0.87 . Overall, 119 (62.0%) nurses either agreed or strongly agreed with this statement.

Similarly, the statement concerning the effect of shift work on academic performance had a mean score of 3.36 ± 0.97 , with 93 (48.4%) participants agreeing or strongly agreeing that shift work negatively affects their academic performance.

Long working hours were also perceived as a barrier. The mean score for the statement “Long working hours reduce my ability to attend classes or complete coursework” was 3.59 ± 0.92 . A total of 116 (60.4%) participants agreed or strongly agreed with this statement.

These findings indicate that work scheduling, shift work, and working hours were commonly perceived as challenges to combining employment with higher education.

Family-Related Factors

Family responsibilities were also identified as factors that may affect nurses' ability to pursue higher education. The statement “Family responsibilities limit my ability to pursue higher education” had a mean

score of 3.22 ± 1.00 , with 91 (47.4%) participants agreeing or strongly agreeing.

The statement concerning increased stress from household responsibilities when combining work and study had a mean score of 3.44 ± 1.00 . More than half of the participants, 114 (59.4%), agreed or strongly agreed that household responsibilities increased stress when combined with work and study.

Participants generally reported support from their families. The mean score for “My family is supportive of me pursuing higher education while working” was 3.91 ± 0.78 , with 153 (79.7%) nurses agreeing or strongly agreeing.

Childcare or dependent-care responsibilities also affected study time for a considerable proportion of nurses, with a mean score of 3.32 ± 1.00 . Ninety-eight participants (51.0%) agreed or strongly agreed that childcare or dependent-care responsibilities affected their study time.

Financial Factors

Financial considerations represented one of the most prominent perceived barriers to pursuing higher education. The statement “Tuition fees are a major barrier to pursuing higher education” recorded the highest mean score among the questionnaire items, at 4.41 ± 0.73 . A total of 178 (92.7%) participants agreed or strongly agreed with this statement.

Similarly, the availability of scholarships or financial support was strongly associated with nurses' willingness to continue education. The mean score was 4.14 ± 0.79 , with 167 (87.0%) participants agreeing or strongly agreeing that financial support would motivate them to continue their education.

In contrast, the statement “My current income is sufficient to support both my family and education” received a relatively low mean score of 2.31 ± 1.28 . Only 39 (20.3%) participants agreed or strongly agreed, whereas 131 (68.2%) disagreed or strongly disagreed.

Financial commitments, including loans, rent, and dependents, were also perceived as an important consideration, with a mean score of 4.17 ± 0.73 . A total of 172 (89.6%) participants agreed or strongly agreed that financial commitments affected their decision to pursue further education.

The possibility of losing income as a result of reducing working hours was also identified as a concern, with a mean score of 3.53 ± 1.00 . Overall, 109 (56.8%) nurses agreed or strongly agreed that loss of income due to reduced working hours could discourage further study.

Organizational Support and Educational Flexibility

Participants' perceptions of organizational support were mixed. The statement “My employer encourages nurses to pursue higher education” had a mean score of 3.64 ± 0.79 , with 128 (66.7%) participants agreeing or strongly agreeing.

However, perceptions regarding the supportive nature of study-leave policies were less favorable. The mean score was 2.86 ± 0.97 , and only 51 (26.6%) participants agreed or strongly agreed that study-leave policies in their organization were supportive, while 62 (32.3%) disagreed or strongly disagreed.

Flexible and online education was viewed positively. The statement “Flexible or online education programs would help me continue working while studying” had a mean score of 3.90 ± 0.78 , with 155 (80.7%) participants agreeing or strongly agreeing.

Similarly, clear career pathways linked to education were perceived as motivating, with a mean score of 3.85 ± 0.62 . A total of 147 (76.6%) participants agreed or strongly agreed that clear career pathways linked to education would motivate them to pursue higher studies.

Perceived Feasibility and Recommendation

Despite the identified barriers, nurses demonstrated a generally positive perception regarding the possibility of combining work and higher education. The statement “Despite challenges, I believe pursuing higher education while working is achievable” had a mean score of 3.60 ± 0.91 , with 122 (63.5%) participants agreeing or strongly agreeing.

Furthermore, nurses expressed support for higher education programs designed for working nurses. The mean score for “I would recommend higher education programs for working nurses” was 3.93 ± 0.76 , with 149 (77.6%) participants agreeing or strongly agreeing.

Overall, the findings indicate that participants recognized the professional value of higher education and expressed motivation to pursue further academic development. However, work schedules, financial costs, family responsibilities, and limitations in study-leave policies were identified as important challenges. Financial assistance, flexible or online education, and career pathways were among the factors receiving strong support from participants.

DISCUSSION

The present study explored nurses’ perceptions of pursuing higher education while continuing to work and examined the factors that may facilitate or hinder their participation in further education. Overall, the findings indicate that nurses recognized the professional importance of higher education and expressed positive attitudes toward further academic development. However, this positive perception was accompanied by substantial practical challenges, particularly financial costs, work schedules, long working hours, family responsibilities, and limitations related to study leave. These findings suggest that nurses’ willingness to pursue higher education may not be determined by motivation alone but is influenced by the extent to which educational and workplace environments accommodate the realities of working nurses.

Perception of the Professional Value of Higher Education

One of the most important findings was the strong positive perception of higher education as a means of professional growth. Most participants agreed that higher education was important for their professional development, improved the quality of patient care, and increased opportunities for promotion and career advancement. This finding suggests that nurses generally recognize education as an important component of professional development rather than viewing higher education solely as a means of obtaining an additional qualification.

The findings are consistent with previous research demonstrating associations between higher levels of nursing education and professional and patient-related outcomes. Previous studies have reported relationships between nurses’ educational preparation, quality of nursing care, patient outcomes, and professional practice. Higher education may provide nurses with opportunities to develop advanced knowledge, critical thinking, leadership, research, and evidence-based practice skills. Systematic review evidence has also suggested that postgraduate nursing education may have benefits for nurses and patient care, although the magnitude and nature of these benefits vary across educational programs and healthcare settings.

The strong perception of higher education as a pathway to promotion and career advancement is also important. Nurses may perceive further education as an investment in their professional future, particularly where educational qualifications are linked to advanced clinical roles, leadership positions, teaching responsibilities, or career progression. Therefore, organizations seeking to encourage nurses to undertake higher education may benefit from establishing transparent career pathways in which educational advancement is appropriately recognized.

Motivation to Pursue Higher Education

The participants demonstrated a generally favorable level of motivation to pursue higher education while

remaining employed. This finding is noteworthy because it indicates that the challenges identified in the study did not eliminate nurses' interest in further education. Instead, nurses appeared to value higher education while simultaneously recognizing the practical difficulties involved in combining academic study with professional and personal responsibilities.

This finding may reflect the increasing expectation that nurses engage in lifelong learning and maintain their professional knowledge and competencies. Contemporary nursing practice requires nurses to respond to advances in healthcare, changing patient needs, technology, evidence-based practice, and increasingly complex clinical environments. Consequently, continuing academic development may be perceived as an important component of maintaining professional competence and career progression.

However, motivation alone may be insufficient when structural barriers remain substantial. The findings therefore support the need to distinguish between nurses' **desire to pursue higher education** and their **actual ability to participate in higher education**. A nurse may be highly motivated but unable to enroll or successfully complete a program because of financial pressures, work schedules, family responsibilities, or inadequate organizational support.

Work-Related Barriers

Work-related factors were among the important barriers identified in this study. A considerable proportion of participants reported that their current work schedules, shift work, and long working hours made it difficult to attend classes or complete coursework. This finding is particularly relevant to nursing because many nurses work rotating shifts, weekends, nights, and extended working hours.

The high proportion of participants working rotating shifts may partly explain these findings. Shift work can create difficulties in maintaining a consistent study routine because working hours may vary from week to week. Nurses may also experience competing demands between clinical responsibilities, academic deadlines, sleep, and personal commitments. Previous research examining participation in continuing professional development has similarly identified lack of time, workload, staffing issues, and difficulties accessing educational activities as important barriers.

The findings highlight that educational accessibility should not be considered solely in terms of whether a program is available. **Temporal accessibility** is equally important. A program may technically be available to nurses but remain difficult to access if classes are scheduled during working hours or if attendance requirements are incompatible with rotating shifts. Flexible scheduling, blended learning, online components, recorded educational sessions, and part-time study options may therefore provide practical alternatives for working nurses.

Financial Barriers

Financial concerns were particularly prominent in the present study. Tuition fees were identified as a major barrier, while financial support and scholarships were strongly viewed as factors that could encourage nurses to continue their education. Participants also identified financial commitments and the potential loss of income associated with reducing working hours as important considerations.

These findings demonstrate that the financial burden of higher education extends beyond tuition fees. Nurses considering further education may need to consider registration fees, transportation, books and other learning resources, examination costs, and the potential reduction in income if working hours are decreased. For nurses with family responsibilities, these costs may represent a significant barrier to participation.

The importance participants placed on scholarships and financial support suggests that financial assistance may be an important mechanism for improving access to higher education. Previous literature has identified cost as one of the recurrent barriers to nurses' participation in continuing education. However, financial support should be considered alongside organizational and educational flexibility, because reducing tuition costs alone may not address difficulties associated with workload, shift patterns, or family responsibilities.

Family Responsibilities and Personal Commitments

Family responsibilities were another important factor influencing nurses' ability to pursue higher education. Almost half of the participants indicated that family responsibilities limited their ability to pursue further education, while a substantial proportion reported that household responsibilities increased stress when work and study were combined.

This finding is understandable given that many nurses are balancing professional responsibilities with family and household commitments. The challenge may be particularly significant for nurses with dependents because academic activities require additional time outside working hours. The findings therefore suggest that the decision to pursue higher education is influenced not only by professional motivation but also by the availability of personal time and family support.

At the same time, the majority of participants reported that their families were supportive of their pursuit of higher education. This distinction is important: **family support does not necessarily eliminate the practical burden of family responsibilities**. A nurse may receive strong emotional encouragement from family members while still having limited time available for studying because of childcare, household responsibilities, or caring for dependents.

Flexible educational models may therefore be particularly valuable for nurses with family responsibilities. Programs that allow nurses to study asynchronously and manage academic activities around their work and family schedules may reduce some of these difficulties.

Organizational Support

The findings regarding organizational support were mixed. Although many nurses reported that their employers encouraged them to pursue higher education, fewer participants perceived existing study-leave policies as sufficiently supportive. This difference suggests that verbal or general encouragement may not always translate into practical organizational support.

Organizational support may include several components, such as study leave, flexible scheduling, reduced shifts during examination periods, access to educational resources, financial assistance, and recognition of academic qualifications in career progression. Without these practical mechanisms, nurses may experience difficulty converting their intention to study into actual participation and successful completion.

The findings therefore emphasize the importance of moving beyond general encouragement toward **concrete institutional support mechanisms**. Healthcare organizations may need to consider workforce planning approaches that enable nurses to attend educational activities without compromising patient care or placing excessive workload on colleagues.

Flexible and Online Education

Participants expressed considerable support for flexible or online education programs. This finding is particularly relevant given the high proportion of nurses working rotating shifts. Flexible and blended learning can provide nurses with greater control over when and where they complete academic activities.

However, online education should not be regarded as a complete solution to the challenges identified in this study. Although it may reduce travel requirements and provide greater scheduling flexibility, nurses may still face financial constraints, workload pressures, family responsibilities, and limited time for study. Successful flexible education therefore requires not only technological accessibility but also appropriate institutional policies and adequate support for working learners.

The preference for flexible education observed in this study supports the development of higher education programs specifically designed around the circumstances of employed nurses. Such programs could

incorporate asynchronous learning, evening or weekend options, blended delivery, reasonable assessment schedules, and opportunities to integrate academic learning with clinical practice.

Career Pathways and Educational Recognition

The finding that nurses valued clear career pathways linked to education has important implications for healthcare organizations. Nurses may be more motivated to invest their time and financial resources in higher education when they can see how additional qualifications contribute to their professional development.

A clear relationship between education and career progression may also benefit healthcare organizations by supporting the development of advanced clinical, educational, research, and leadership roles. Educational qualifications could be incorporated into workforce-development strategies, succession planning, and professional advancement frameworks.

Nevertheless, the relationship between higher education and career advancement should be considered within the specific organizational and professional context. Obtaining a higher qualification does not automatically guarantee promotion. Clear criteria regarding available positions, competencies, experience, and educational requirements are therefore important.

Implications for Nursing Practice and Education

The findings have several implications for nursing practice, education, and healthcare workforce policy. First, healthcare organizations should recognize that nurses may have a strong desire to pursue higher education but face practical barriers that are largely outside their control. Organizational strategies should therefore address both motivation and feasibility.

Second, educational institutions could consider developing programs specifically designed for working nurses. Flexible delivery, part-time enrollment, blended learning, and asynchronous educational activities may improve accessibility.

Third, healthcare organizations could strengthen financial and academic support through scholarships, tuition assistance, protected study time, and flexible scheduling. Such measures may help reduce the conflict between employment and academic responsibilities.

Finally, partnerships between healthcare organizations and educational institutions may provide a coordinated approach to supporting nurses' academic progression. Such partnerships could facilitate flexible programs, clinical-academic pathways, recognition of qualifications, and workforce planning.

Overall Interpretation

Overall, the findings demonstrate a clear contrast between nurses' **positive perceptions of the value of higher education** and the **practical barriers associated with pursuing it while working**. Nurses recognized higher education as important for professional growth, patient care, promotion, and career development. Nevertheless, financial costs, work schedules, long working hours, family responsibilities, and insufficient study-leave arrangements may restrict their ability to translate these positive perceptions into educational participation.

The findings therefore suggest that improving nurses' access to higher education requires a multidimensional approach. Increasing motivation alone is unlikely to be sufficient. Meaningful support should address financial affordability, time availability, work scheduling, family responsibilities, flexible educational delivery, and career recognition. Creating an environment in which nurses can realistically combine employment and higher education may contribute to professional development while supporting the development of a more highly educated nursing workforce.

CONCLUSION

The present study found that nurses generally had positive perceptions of pursuing higher education while continuing to work. Participants recognized higher education as important for professional growth, improving the quality of patient care, promotion, and career advancement. Despite this positive attitude, several barriers may limit nurses' ability to pursue further education, particularly tuition costs, financial commitments, rotating work schedules, long working hours, family responsibilities, and limited study-leave support.

The findings also indicate that nurses' value flexible and online education, financial assistance, supportive workplace policies, and clear career pathways linked to educational advancement. Therefore, collaboration between healthcare organizations and educational institutions is important to develop accessible and flexible higher education opportunities that accommodate the needs of working nurses.

Supporting nurses to combine employment with higher education may contribute to their professional development and facilitate the development of a more highly educated and competent nursing workforce. Future research should further examine organizational and educational strategies that can reduce barriers and improve nurses' access to and successful completion of higher education while working.

LIMITATIONS

This study has several limitations that should be considered when interpreting the findings. First, the cross-sectional design provides a snapshot of nurses' perceptions at one point in time and therefore cannot establish causal relationships between demographic or professional factors and perceptions of higher education while working. Changes in nurses' perceptions over time, particularly before and after enrolment in higher education, could not be assessed.

Second, the study relied on self-reported questionnaire responses. Participants may have provided socially desirable responses or may have interpreted some questionnaire items differently, which could introduce response and measurement bias. In addition, perceptions and reported barriers may not always reflect nurses' actual experiences or their ability to enrol in and complete higher education.

Third, the study included 192 nurses from the selected study setting. Therefore, the findings may not be directly generalizable to nurses working in other healthcare organizations, geographical areas, or healthcare systems with different educational opportunities, working conditions, and organizational policies.

Fourth, the study used a structured questionnaire, which may have limited participants' ability to explain the complexity of their experiences in detail. Although open-ended questions were included to provide additional perspectives, they may not have captured all factors influencing nurses' decisions to pursue higher education.

Finally, factors such as institutional policies, availability of study leave, tuition support, workload, family responsibilities, and access to flexible or online education may differ across organizations and may change over time. Consequently, the findings should be interpreted within the context in which the study was conducted.

Despite these limitations, the study provides useful information about nurses' perceptions, barriers, and sources of support related to pursuing higher education while remaining employed and may help inform future research and organizational strategies to support working nurses.

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Conflicts of interest

There are no conflicts of interest.

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