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Iranian Nurses Leaving Their Major in Higher Education: What are the reasons?

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Abstract

Purpose: A growing body of studies describes factors affecting attrition in nursing employees. However, their results may not be applicable for nursing graduates who change their field of study in higher education. This paper describes the causes of this phenomenon to provide better insight and help plan proper retaining programs. The aim was to investigate the causes of leaving the nursing major in higher education in Iran.

Methods: The present study was a qualitative phenomenology. In-depth interviews were conducted on fourteen nursing graduates who had changed their major in higher education.

Results: Two main themes emerged as important causes of leaving nursing. First the quality of nursing education including the low level of educational content, lack of interest and improper mentorship. Second the nursing profession characteristics such as job hardness, low work class and social position. Disappointment with these factors was an exacerbating factor in their decision for leaving.

Conclusions: Alleviating the problems with nursing education and profession might help in retaining accomplished graduates in the nursing discipline. Proper orientation of nursing students at the beginning of the program might provide real insight about the discipline. Moreover, nurses' perception of their social position should be constructed based on the realities of their society.

Keywords: Education, Nursing, Graduate, Job Satisfaction, motivation, Iran

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Introduction

Nursing is an independent discipline which owns the highest proportion of staffs in health care systems [1, 2]. There is no healthcare system that can deliver effective client care without the aid of qualified nursing workforce [3]. In Iran, as a country with a high percentage of university graduates, there is a tendency toward continuing education after graduation [4]. This is especially common among those who cannot easily find a job position after graduation or who are dissatisfied with the job offered for their bachelor degree. The need for qualified nurses is growing progressively because of demographic transition, population aging, and constant advances in medical technology and practices [5]. But the nursing shortage is still a global issue affecting both developing and developed countries [6]. Evidence show that about one third of nurses in Scotland and the United Kingdom desire to quit nursing; in the United States, this proportion is about one-fifth [7, 8]. In Iran, there were 122,000 graduate nurses by the year 2005, but only about 70,000 of them were employed as "nurses" and 52,000 did not enter clinical or health-related

jobs [8].

There are also serious problems with the nursing faculty shortage in the world [5]. The situation will be even worse in the future because of increase in the number of nursing students and nursing schools and lack of interest in being members of the nursing faculty. In an investigation on faculty members in the United States, most nursing faculty members were older than nurses in other roles, and nearly half of them had non-nursing graduate degrees, while there were two nursing master programs available [9].

Nursing attrition is a fundamental issue leading to shortage in nursing staff and nursing faculty. Many individuals leave nursing after graduation to continue their education in other majors. This situation could be a tragedy for both nursing education and practice. An important consequence of this phenomenon could be the decrease in the average of intellectual capacities in nursing [10]. For a scientific field such as nursing that aims to extend its

body of knowledge and to strengthen its basis, owning competent scholars and intelligent manpower is of crucial importance [5]. Such a drain in talented people who have the capacity of continuing their education in higher degrees could be a threat for the nursing discipline and its goals. Several investigations have been done globally to assess the causes of attrition in nursing students and employees [11-17]. However, their results may not be applicable in the case of quitting nursing in higher degrees. To the best of our knowledge, little is known about the reasons of quitting nursing in higher education degrees. Therefore, the aim of the present investigation was to investigate the causes of leaving nursing in higher education in Iran in order to provide appropriate intervention strategies. In this study nurses who left their major are defined as bachelors in nursing who claim that they do not want to return to the nursing field (either for work or education) anymore.

Methods

This was a qualitative phenomenology study. There was a lack of relevant literature about the causes of leaving nursing in higher education. Therefore, there was a need to understand the nature of this phenomenon in a comprehensive manner. Krasner (2000) states that qualitative approaches try to describe and explore the phenomena that cannot be easily measured by quantitative measures [16].

Participants were Iranian graduate students who had a bachelor degree in nursing but had chosen a non-nursing major in higher education and claimed that they do not want to return to the nursing field (either for work or education) anymore. They were selected through purposeful sampling. Sampling was continued until data saturation. Purposeful sampling is used in qualitative methods to extract a precise and complete description of the phenomenon under study from selected and information-rich participants [16].

This study was ethically approved by the institutional review board at Kerman Medical University. Written informed consent was obtained from all participants after clarification of study objectives. Participants were assured that participation is voluntary, their sayings will remain anonymous, and their information will be kept confidential.

Data were collected through in-depth interviews (July-September 2011) using an interview guide. In this regard, a broad initial question was asked at the beginning: "Why did you change your major when you decided to continue your education in higher degrees?" Morrissey and Higgs (2006) state that an initial comprehensive question helps the interviewee to "recall" personal reasons rather than to evoke describing theories and thoughts about the general phenomenon [17].

A series of follow up questions were asked to deeply explore the reasons of this decision, such as participants' reasoning for entering nursing for a bachelor degree, their reasoning for leaving nursing in higher education and choosing their current major, their perceptions of the pros and cons of their current major in comparison with the nursing major, and the condition in which they would have continued their education in nursing, or they would have started (or continued) the nursing job.

The interview guide contained main headings to conduct the interviews; it was prepared based on literature review and two experts' opinion (one nursing expert and one epidemiologist familiar with qualitative research). The interview guide was only prepared to help the interviewer (SE) to

recall the headings and conduct the interview and the interviewer was not obliged to ask accordingly.

In order to assure the validity of the data, three domains of Goba and Lincolns' criteria (1994) were used including Credibility, Confirmability, and Transferability [18]. In order to ensure Credibility of the data, each hand-writing was rechecked by the correspondent participant to approve the correctness of writing and its coding. The codes were corrected if they did not meet the participant's idea. We also tried to select participants with variation regarding their age, sex, and degree, current major and working experience. To assess Confirmability, writings were also checked by three external evaluators which were faculty members and had a track record in qualitative research. Consensus about their opinion on content analysis was achieved. Transferability of the data was assessed by seeking a number of higher education students (10 bodies who had a bachelor in nursing, but had chosen a non-nursing major for higher education and were not included in our study sample) to read the study results and express their opinion. Interview sessions were arranged beforehand based on an agreement between the interviewer and the interviewee. The average time of interviews was about 30 to 45 minutes. Data analysis was conducted using content analysis. Content analysis is used to elicit valid and reliable information and aim to produce new insights about a phenomenon [19].

Results

Fourteen Iranian-born higher education students with an age range of 26 to 38 years old were recruited from different biomedical majors (including Physiology, Neurosciences, Epidemiology, Anatomy, and Health Economics). Their working experience as a nurse varied from zero to ten years and they were all very interested to comment on this topic. Twelve participants were single and eight of them were female.

Two main themes emerged as important causes of leaving nursing in higher education: a) the Cons of nursing education and b) the Cons of the nursing profession. Regarding the cons of nursing education, low level of educational contents, lack of interest and improper mentorship were the main themes. About the cons of nursing profession, the elicited themes were prejudice, job hardness, low work class and social position. Disappointment with these problems was an exacerbating factor in the decision for leaving. There were also three themes which were classified as the Pros of the nursing field which include spiritual calmness, feeling of efficacy, and discipline.

Cons of nursing education

Poor educational contents: Participants believed that nursing is an inferior major providing nursing student with "easy", "low level", and "unimportant" educational content. They complained that in clinical courses they are obliged to perform some tasks that could be done by those who have lower levels of education than Bachelor's degree. They also believed that consuming considerable time for learning unimportant theoretical and practical concepts have led them to see nursing as a major with limited scope of knowledge. In contrast, participants believed that the scope of knowledge in their current major (e.g. Physiology,

Neuroscience, Anatomy, etc.) is much more extensive than that of nursing. In this regard one of the participants declared:

"The physiopathology and etiology sections of a disease in nursing textbooks were knowledge-improving for me but after reading the nursing care sections, I usually felt that nothing has been added to my body of knowledge; to me a high proportion of these concepts were iterative and none of them were so crucial. The concepts were not interesting either."

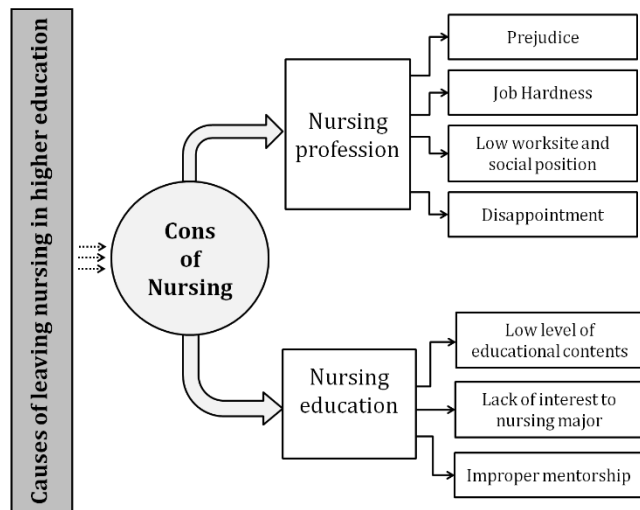


Figure 1. Causes of leaving nursing field in higher education among Iranian nurses

Another participant declared that:

"In skill lab we were obliged to stand on foot for several hours to learn how to make a bed sheet! The skills we learned in various clinical wards were various and became repetitive after a week; for me there wasn't a new concept in the area of nursing to learn."

Lack of interest: Lack of interest in the nursing major was another point. In this regard, participants declared lack of interest to nursing courses and educational content. No matter easy or hard, the content was "not interesting".

Improper mentorship: Participants stated that nursing mentors did not treat them appropriately. They also pointed to the lack of sufficient motivation in nursing mentors and considered it as a barrier for motivating nursing students. One of the participants declared:

"Nursing mentorship is a stressful job because they are responsible for the students' mistakes ... most of our mentors alleviated themselves from such pressures by punishing the responsible student ... the place of punishment didn't matter for our mentors, it could happen in front of medical students, patients, staffs, or anywhere else!"

Cons of the nursing profession

Prejudice: Participants noted the feeling of discrimination in clinical settings. They also believed that the existing discrimination is a hierarchical phenomenon that exists between the physician and the registered nurse, between the Registered Nurses (RNs) and the Licensed Practical Nurses (LPNs), and so on. The most emphasizing problem that had bothered participants in this regard was the discrimination in social

respect, limited accessibility to extra-income opportunities, little power and independence between the physician and the nurse.

Job Hardness: The other theme which was mainly emphasized by participants was the difficulties of the job. Heavy workload and job rotations were the highlights in this regard. Participants noted that shift handovers leads to sleep disturbances, threatens physical and mental health, and disturbs their living routines and schedules. These problems along with heavy workload, job stress and patient care issues; make the situation more "un-tolerable". In this regard one participant declared that:

"Working hours was too much, I was working 44 hours per week but they paid me very low wages... it was not a rewarding job..."

Another participant describes her experience as below:

"I was an operation room nurse... it was really hard especially when there were too many operations. I had to stay on foot the whole time when an operation was being done; I also had to concentrate and act quickly... the finest mistake could lead to a big problem for the patient and of course for me!"

Another participant noted that:

"After a couple of night shifts I realized that my life routines are totally disturbed, even my sleep-wake-up schedule didn't match my family members anymore..."

Low working class and social position: Analyzing participants' declarations, this theme was categorized to two sub-categories including Low position in workplace and low position in the society. With regard to the former sub-category, participants declared that physicians and patients consider nurses to be in an inferior scientific or power position in the workplace. In most situations, the physician does not consider the nurse as his/her colleague but "a workforce who is obliged to obey all of the orders that the physician dictates". Participants believed that physicians and patients do not believe in nurses' knowledge and ability for diagnosis or decision making. One of the participants noted that:

"The physician is unaware of what we learn in a four-year bachelor program; that is why they treat us like an uneducated workforce... It is unacceptable for me..."

The second sub-category was the low social position. Participants believed that people in the society and even their family members and acquaintances underestimate nurses' value, social position and knowledge. They consider nursing as an inferior, unimportant, and unprofessional hospital-based job. Male and female participants complained about this in different manners. Female participants believed that because of night shifts, most people do not consider this profession suitable for a women; while male participants complained that people consider nursing as a "womanish job". One participant declared:

"When I said I am a nurse, it was a common reaction that people asked, do we have male nurses?"

Another participant stated:

"My son was asked about his father's job; after he answered that his father was a nurse, the teacher replied: 'I am asking your father's job not your mother's!'"

Disappointment was an influential component in deciding to leave

nursing in higher education. Participants had no hope for these negatives issues to be resolved. In this regard one participant told us:

“I was really abhorred of my job, I just wanted to flee from nursing, and get distance from it as much as possible... my classmates also had the same desire.”

Pros of nursing: A couple of pros were elicited for the nursing field. One of them was spiritual satisfaction. Participants were satisfied by being able to help patients and they perceived this job to be satisfactory this way. Gaining competency to alleviate health problems in clinical settings or in the community made them feel productive. Another advantage of being a nursing graduate was the discipline that they were educated for. One of the participants said:

“When I compare myself to graduates of other majors, I start to understand that nursing graduates are taught more discipline than other majors regarding different aspects such as fulfilling their tasks, being on time and also in behaving with their seniors ... I will keep this [discipline] from nursing.”

Discussion

Leaving nursing is a global issue which affects both developing and developed countries and changing nursing major in higher education is a variation of this phenomenon which should be considered seriously.

One important cause in this regard in Iran is work-related issues including prejudice, job hardness, low social position, and disappointment. Our findings are consistent with some previous investigations [20, 21]. Rosenstein et al. (2002) pointed to a strong link between disruptive physician behaviour and leaving the profession by nurses [22]. In a recent work on 1240 Italian nurses, Galletta et al. (2011) concluded that supervisor support and organizational support affects turnover intention. They also noted that job satisfaction is a mediating variable between care adequacy and turnover intention [23]. The role of job satisfaction in quitting nursing has also been emphasized by Lu et al. (2007) [6]. Using structural equation modelling of factors affecting turnover intention, Battistelli et al. (2012) concluded that work–family conflict and job embeddedness are two major factors that affect intention to leave [23].

Mirzabeigi et al. (2007) conducted an investigation on factors affecting job satisfaction in Iranian nurses; their results showed that most nurses complain about difficulties of the nursing job and the low social position of the nursing profession [24]. However, Duffield et al. (2004) note that nurses are known as care givers by the general population and are averagely believed to be “educated” [25]. Therefore more attempts should be made to clarify the reason of this group’s dissatisfaction with the nursing social position; because there seems to be discordance between participants’ perception of their social position and the society’s belief about the nursing profession. Moreover, prejudice, job hardness, and low social position maybe modifiable issues; and modification of these problems will probably alleviate nursing graduates’ disappointment to a considerable extend.

Participants also complained about the low level of nursing courses scientific content. They mostly emphasized on the low level of “nursing care” content in the theoretical and practical courses. Hajbaghery and Salsali (2005) developed a model for nursing empowerment and noted that emphasize on principles of “nursing care” both in theoretical and practical education, plays an integral role in empowerment of the nursing

field [8]. It seems that participants did not have a realistic insight about the nature, visions, and missions of the nursing field. In this regard, systematic motivational interview with those who want to study in this major and systematic introduction of the nursing field at the beginning of the bachelor program may help to recruit more motivated individuals and to give more realistic insight about the field [21, 26]. Nursing leaders have stated that relying merely on scientific evaluation and ignoring motivations or other competencies when choosing students for the bachelor program (which is the case in many countries) will lead to the weaknesses of the nursing field [8, 27]. Valizadeh et al., (2008) evaluated Iranian nursing students’ challenges during their educational program. They concluded that low social position of the nursing field and the low level of the nursing major are major challenges for nursing students [28].

Mentors inappropriate attitude was declared as another cause of dissatisfaction in nursing. Lindop (1991) states that 10-15% of students decide to quit nursing while passing clinical courses under the supervision of mentors [20]. This notes that mentors appropriate relationship could be extremely helpful in nursing students’ retention in the program [29]. Hajbaghery and Salsali (2005) note that although mentors are key persons who should create the sense of empowerment in nursing students, most of them are not able to do this because they suffer lack of self-esteem and are not sure about their competencies and level of independency. They conclude that the present mentors in Iran could not be effective models for nursing students [8]. Moreover, highly qualified faculty are also needed for absorption of nursing students and preventing the nurse shortage [5]; however, one investigation on nursing faculty showed that most respondents indicated little, if any, scholarly productivity such as publications in scientific peer reviewed journals, grant applications, and presentations in national/international scientific or professional meetings [30].

Authors believe the problems with nursing education are experienced by nursing students and make them quit the nursing field in early times [31], sometimes even before entering the nursing job [7]. However, the problems with the nursing profession are experienced by the nursing workforces in later times, probably after working in the nursing workforce for a couple of years. In the later condition, the healthcare system will benefit from the service of the nurse for at least a few years, but, this will not happen in the former condition. Therefore, it seems that alleviating the problems with nursing education might be prioritized.

Gholipour and Hesam (2007) states that if a situation is inappropriate, people with higher levels of knowledge and/or skills are the first group who quit that situation in order to prepare a better condition for themselves. This phenomenon leads to the decrease in the average level of knowledge, skill, and IQ in the source population [32]. The issue could be considered as a kind of brain drain; in which graduates who have the ability and motivation to continue their education and who believe on their ability to do so, quit nursing because of the causes mentioned in

this paper. In the long run, this phenomenon may lead to the decrease in the number of talented nursing scholars and competent nursing workforce.

It should be noted that we did not find any scientific evidence regarding difference in nursing or intellectual capabilities of those who quit nursing in higher education with those who continue their education in the nursing field, but, if the nursing discipline could preserve or return back the former group, obviously their potential capacities and work force would be added to the potentials of those scholars who still work as nurses.

Little is known about the proportion of nursing graduates who leave nursing in higher education but later change their mind and decide to return back to nursing. Our study was not able to comment on this group either.

Further investigations can be conducted to assess the destiny of these graduates. Moreover, it would be interesting to trace their activities in education, work and research areas to see if their research and educational activities are in whole or in part related to nursing issues. The results might provide a deeper understanding of this phenomenon and its dimensions and generate some basic information essential for estimating the cost and consequences of nurses leaving their major in the long run.

Conclusions

In summary, participants pointed out some problems with the nursing profession and nursing education as the causes of leaving the field of nursing in higher education. Modifying these issues will help in retaining these accomplished graduates in the nursing discipline. Nursing students should be properly oriented about the nature, visions and missions of the nursing discipline at recruitment phase. Nursing staffs' perception of their social position should be constructed based on the realities of their own society.

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Conflict of interests

The authors declare no conflict of interest.

Ethical considerations

The present study was approved by Ethical Committee of Kerman University of Medical Sciences.

Authors' Contribution

The study design: Sana Eybpoush and Narges Khanjani; writing the first draft: Sana Eybpoush and Narges Khanjani; management the data collection: Sana Eybpoush; analysis of the data: Narges Khanjani; the project coordinator and responsible for data collection: Sana Eybpoush and Narges Khanjani. All authors commented on the final manuscript and provided critical revisions.

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