P-ISSN: 2617-9806 E-ISSN: 2617-9814



Impact Factor: RJIF 5.2 www.nursingjournal.net

International Journal of Advance Research in Nursing

Volume 7; Issue 1; Jan-Jun 2024; Page No. 116-121

Received: 19-12-2023
Accepted: 25-01-2024
Indexed Journal
Peer Reviewed Journal

Impact of nursing education on the economic power among nursing professionals

¹Dr. Suja Baby YV, ²Ajila Raj BS, ³Maya VL and ⁴Sunija P

¹ Principal, CSI College of Nursing, Karakonam, Kerala, India

⁴ Vice Principal, CSI School of Nursing, Karakonam, Kerala, India

Corresponding Author: Dr. Suja Baby YV

DOI: https://doi.org/10.33545/nursing.2024.v7.i1.B.380

Abstract

The present study assessed the impact of Nursing Education on the economic power among Nursing Professionals using Cross sectional Study design. The objectives of the study were, to assess the impact of nursing education on the economic power of the individual, the impact of nursing education on the economic power of care and determine the association between the impacts of nursing education on economic power of Nursing Professionals with their socio demographic variables. The data were collected from 205 samples using Responsive sampling technique. The tool was pretested predesigned semi structured questionnaire which included Socio demographic variables, questionnaire on Impact of Nursing education on economic power of individual and Impact of Nursing education on economic power of Care. The data was analyzed using descriptive and inferential statistics. There was a significant association between family income after 5 years of course and economic power of individual (p-value < 0.05). Also, Age, Current employment status and family income after 10 years of course showed a statistical significance with economic power of individual(p-value<0.05). Age, family income after 5 and 10 years showed a statistical significance with economic power of care (p-value<0.05) while level of education, current employment status, family Income at the time of course didn't have significant difference (p-value<0.05). The study concluded that there was a statistically significant difference between the impact of nursing education and economic power among nursing professionals.

Keywords: Community, economy, nursing, education, employment

Introduction

Nursing education plays a pivotal role in not only shaping competent healthcare professionals but also in empowering individuals economically. Nursing education equips individuals with essential skills and qualifications necessary for employment in various healthcare settings. Advanced Nursing courses open doors to higher-paying positions and leadership roles within the healthcare industry. With increased qualifications, nurses can command higher salaries, thereby improving their economic status. Continuous education and professional development are integral components of nursing practice.

Nurses are not just at the heart of patient care; but also are key drivers of economic stability within the healthcare sector. Their work reduces hospital readmissions, improves patient outcomes, and enhances the overall efficiency of healthcare delivery. Yet, the true value of nursing extends beyond the confines of hospitals and clinics - it touches the fabric of our communities, fostering a healthier, more resilient society. The global healthcare industry faces a growing demand for skilled nurses, driven by factors such as population aging, advancements in medical technology,

and the increasing prevalence of chronic diseases. As such, qualified nurses are highly sought after, leading to competitive salaries and benefits packages. Nursing education prepares individuals to meet this demand, positioning them for lucrative employment opportunities and economic stability.

Operational definitions

Impact of nursing education: In this study, it refers to the effects and outcomes resulting from training, learning and professional development of nurses by gain in their quality and economy.

Nursing Professionals: In this study, it refers to students who underwent training in Nursing with the goal by becoming Registered Nurse after completing Diploma in Nursing, who have done their education from CSI School of Nursing, Karakonam and were socioeconomically poor.

Economic Power: Economic Power refers to the ability to improve the living standard of its citizens.

In this study it comprises of economic power of individual

² Associate Professor, Department of Nursing & Research, CSI College of Nursing, Karakonam, Kerala, India

³ Assistant Professor, Department of Nursing & Research, CSI College of Nursing, Karakonam, Kerala, India

and care and given the definition as.

- Economic power of Individual: In this study it refers to factors depending on income, savings, investments and education, which changed the standard of living.
- Economic power of Care: In this study it refers to the significant economic value of nursing care contributed to health care systems and societies.

Objectives

- To assess the impact of nursing education on the economic power of the individual.
- To assess the impact of nursing education on the economic power of care.
- To determine the association between the impact of nursing education on economic power of Nursing Professionals with their socio demographic variables.

Assumptions

The study assumed that there will be statistically significant difference between impact of nursing education and economical power among nursing professionals.

Methodology

Research approach: A quantitative study approach was chosen, as the primary objective of this study was to assess the changes brought in the economic power of the Individual and care by the Impact of Professional Nursing education among nursing professionals.

Research design: Cross sectional Study.

Research setting: The students from CSI School of Nursing, Karakonam, who have completed their three years of General Nursing and Midwifery course.

Target Population: All students who passed from CSI School of Nursing, Karakonam from 2000 admission to 2019 admission.

Accessible population:

All students who passed from CSI School of Nursing, Karakonam from 2000 admission to 2019 admission and are available at the time of data collection.

Sampling techniques: Responsive Sampling Technique

Inclusion criteria

All students who have passed from CSI School of Nursing, from admission year 2000 to 2019, Karakonam, willing to fill the goggle forms.

Exclusion criteria

Those who are not responding send back the google forms. Those who have not completed and discontinued the course. Those, not interested to participate in study.

Sample Size: 205

Variables under study

Research Variables: Nursing education, economic power, Nursing Professionals

Demographic variables: Age, Sex, Religion, higher level of education, type of family, type of housing, education qualification of father & mother, occupation of father & mother, means of transport, interested to buy branded items, current employment status, Place of employment at present, Family income at the time of course, after 5 years and after 10 years.

Validity of the Tool: 5 experts.

Reliability: Using the split half technique, the tool's reliability was determined. Karl Pearson's correlation coefficient was computed, and the result was r=0.8.

Description of the tool

- Google form.
- Pretested predesigned semi structured questionnaire which includes.

Tool 1: Sample variable - 17 items.

Tool 2: Impact of nursing education on economic power of individual - 7 items

Tool 3: Impact of nursing education on economic power of Care - 10 items.

Data Collection

A questionnaire (Google form) was sent to the passed-out students to their mail id to fill and submit.

Reminded to fill the form on the 2nd day, who didn't respond the Google form.

Ethical considerations

Before the beginning of the study, the study protocol was approved by the Institutional Ethics Committee. (No. SMCSIMCH/EC (PHARM) 02/01/01).

The purpose of the study was explained to the participants. Confidentiality was maintained.

Informed consent was taken from the passed-out students. (Included in the google form).

Major Findings

Section A: Description of sample characteristics

With regards to the age group of nursing professionals, 61.5% were between the age group of 25-30 years, 18.5% were in between the age group of 30-35 years and 20% were in the age group of above 35 years.

With regards to the sex, 3.4% were male and 96.6% of the respondents were female.

Around 81.5% of the participants were following Christian religion, 18% were Hindu and 0.5% were Muslim religion respectively.

According to the highest level of education completed, 87.8% had completed GNM course, 11.7% had done Post-Basic B.Sc. Nursing and 0.5% had done M.Sc. Nursing

Out of the samples, 77% were nuclear type of family, 18.5% were joint type of family and 3.9% were extended type of family.

With regards to type of housing, 86.8% were having own houses, 10.2% were living in rented houses, 2.9% were living in their ancestral house.

With regards to the educational qualification of the Father, 5.4% were illiterate, 1.5% were having primary education, 80% were having secondary education, 5.9% were having Collegiate and 7.3% had professional educational qualification.

Regarding Occupation of the father at the time of the course of participant, 78.5% were Coolie worker, 7.3% were professionals and 14.1% were nonprofessionals.

With regards to the educational qualification of the mother, 11.2% were illiterate, 75.1% were having secondary education, 7.8% were having Collegiate and 5.9% had professional education qualification.

Regarding Occupation of the mother at the time of the course of participant, 85.9% were Housewife, 4.9% were professionals and 9.3% were nonprofessionals.

Most of the samples, 63.9% were using cars, 14.6% were using two-wheeler and 21.5% depended on the public means of transport.

Majority of the samples, 66.8% were interested to buy branded items and 33.2% were not interested to buy branded items while going for shopping.

With regards to current employment status, 66.8% are employed full-time, 20% are employed, but seeking job abroad, 4.9% are unemployed, not seeking employment and 8.3% employed and trying for higher education.

Among the samples, 47.8% are employed in foreign countries, 35.1% in the government sector and 17.1% in private sector after 5 years of their course.

Considering the family income per month at the time of course, 19% of the families had income above Rs. 8000, 15.6% were having income in between Rs.4000 and 7999, 20.5% were having income in between Rs.2000 and 3999, 28.8% were having income in between Rs.1000 and 1999 and 16.1% were having income below Rs 999.

With regards to family income per month after 5 years of the course, 34.6% of the family were having income above Rs. 8000, 26.3% were having income in between Rs.4000 and 7999, 15.1% were having income in between Rs.2000 and 3999, 21% were having income in between Rs.1000 and 1999 and 2.9% were having income below Rs 999.

About family income per month after 10 years of the course, 52% of the family had income above Rs. 8000, 22.5% were having income in between Rs.4000 and 7999, 12.3% were having income in between Rs.2000 and 3999, 11.8% were having income in between Rs.1000 and 1999 and 1.5% were having income below Rs 999.

Section B: Impact of nursing education on the economic power of the individual

With regards to the changes brought in socioeconomic status on account of higher education, 69.8% accepted that there are significant changes in their socioeconomic status, 24.9% were of the concept that there are no changes in the economy due to higher education and 5.4% were not sure whether there is any significant changes in the socioeconomic status because of obtaining higher education. Around 76.6% of samples accepted that education plays a significant role in breaking the cycle of poverty, 4.4% believed there is no role of education in breaking the cycle of poverty and 19% were unsure of the fact, whether education can break the cycle of poverty.

Majority 78.5% respondents perceived that there is a

correlation between education level and socioeconomic status in society, 18.5% were unsure of it and 2.9% perceived that there is no correlation between educational level and socioeconomic status in society.

Regarding the current financial situation, 36.1% of respondents rated that they are in excellent financial situation, 47.3% rated that they are in good financial situation and 7.3% responded that they are in fair financial situation and 9.3% stated that they are in poor financial situation.

Considering the influence of level of education on job opportunities and income, 47.3% respondents agreed that the level of education influenced the job opportunities and income. 42.9% were of neutral attitude regarding the influence of level of education on job opportunities and income and 9.8% disagreed with the fact that level of education influenced the job opportunities and income.

Majority of the samples, 67.8% agreed that investing in nursing education primarily benefits individuals and has broader economic impact than other education, 32.2% disagreed with the fact of investing in nursing education changes the economic impact.

With regards to the standard of living 80.4% of respondents agreed that the standard of living was upgraded due to nursing education, 19.4% disagreed of the fact that education had no impact on standard of living.

Section C: Impact of nursing education on the economic power of care

Regarding Investments in nursing education and training impact health care economics, 84.4% agreed that it led to increased health care costs and contributed to long-term cost savings and 15.6% disagreed the fact that it led to increased health care costs and contribute to long-term cost savings.

Regarding Economic consequence of nursing shortages in health care organizations 88.2% agreed that it decreased patient satisfaction and 11.7% disagreed it.

With regards to contribution of higher education in nursing to economic empowerment, 84.8% agreed that it enables nurses to negotiate higher salaries and opportunities for career advancement and 15.1% disagreed that contribution of higher education in nursing to economic empowerment enables nurses to negotiate higher salaries and opportunities for career advancement.

Regarding nursing education impact the overall economy, 92.7% agreed that it improves healthcare outcomes, leading to healthier workforce and 7.3% disagreed that nursing education improves healthcare outcomes, leading to healthier workforce.

Among the respondents, 81% agreed that one of the potential barriers in accessing nursing education for economic advancement is high tuition costs and 19% disagreed.

With regards to distribution of benefit of a well-educated nursing workforce 52.7% had an opinion that it improved patient outcomes and reduced hospital readmissions, 47.3% disagreed.

Regarding the role of nursing education in promoting the power of care, 96.6% agreed that it enhances the ability of nurses to provide quality care and support to patients, 3.4% disagreed.

Regarding the impact of power of care on health care

<u>www.nursingjournal.net</u> 118

system, 96.1% agreed that it improves patient satisfaction and outcomes and only 4% disagreed.

Regarding relationship between nursing education and economic growth, 95.7% agreed that nursing education contributes to economic growth through job creation and improved healthcare outcomes and 4.4% disagreed.

With regards to the key factor influencing the standard of living for nursing personnel. 94.7% agreed that it access to professional development opportunities and 5.4% disagreed.

Section D:

Table 1: Association between socio demographic variables and impact of Nursing Education on economic power of the individual after five vears of course (N=205)

Socio- demographic variables		Economic power of individual		Chi-	p-
		Improved	Not improved	square	value
Age	25-30 years	43	83		
	30-35 years	12	26	0.52	0.78
	Above 35 years	16	25		0.78
Level of education	GNM	58	122		
	Post Basic B.Sc. Nursing	12	12	4.8	0.065
	M.Sc. Nursing	1	0		
Current employment status	Employed full-time	47	90		0.33
	Unemployed, actively seeking employment	11	30	3.4	
	Unemployed, not seeking employment	5	5	3.4	
	Student	8	9		
Family Income (month) after five years of course	8000 and above	38	1		
	4000 -7999	17	15		
	2000 -3999	9	33	105.7	< 0.001
	1000- 1999	4	55		
	< 999	3	30		

Table 1. Shows the association between socio demographic variables and impact of nursing education on economic power of individual after 5 years of course. It was observed that there was a significant association between family

income after 5 years of course and economic power of individual (p-value < 0.05). All the other variables didn't show any significant association.

Table 2: Association between socio demographic variables and impact of Nursing Education on economic power of the individual after 10 years of course. (N=205)

Socio- demographic variables		Economic Power of Individual		Chi-	p-
		Improved	Not improved	square	value
Age	25-30 years	55	70		
	30-35 years	23	15	8.6	0.013
	Above 35 years	28	13		
Level of education	GNM	88	91		0.053
	Post Basic B.Sc. Nursing	17	7	4.2	
	M.Sc. Nursing	1	0		
Current employment status	Employed full-time	79	58		0.031
	Unemployed, actively seeking employment	13	28	8.6	
	Unemployed, not seeking employment	5	4	8.0	
	Student	9	8		
Family Income (month) after 10 years of course	8000 and above	35	4		<0.001
	4000 -7999	20	12		
	2000 -3999	27	15	50.7	
	1000- 1999	17	41		
	< 999	7	26		

Table 2. Depicts the association between socio demographic variables and impact of Nursing Education on economic power. It was observed that Age, Current employment status and family income after 10 years of course showed a

statistical significance with economic power of individual (p-value<0.05), while level of education didn't show any significance (p-value >0.05).

Table 3: Association between socio demographic variables and impact of Nursing Education on economic power of care of the individual after five and ten years of course. (N=2 05)

Socio- demographic variables		Economic power of care		CI.	
		Effective	In effective	Chi-square	p- value
	25-30 years	86	40		<0.001
Age	30-35 years	37	1	17.8	
	Above 35 years	23	18	1	
	GNM	126	54	1.2	0.625
Level of education	Post Basic B.Sc. Nursing	19	5		
	M.Sc. Nursing	1	0		
	Employed full-time	96	41	0.5	0.94
C	Unemployed, actively seeking employment	30	11		
Current employment status	Unemployed, not seeking employment	8	2		
	Student	12	5		
	8000 and above	31	8	6.44	0.17
	4000 -7999	23	9		
Family Income (month) at the time of course	2000 -3999	31	11		
	1000- 1999	35	24		
	< 999	26	7		
	8000 and above	55	16	10.9	0.026
	4000 -7999	41	13		
Family Income (month) after 5 years	2000 -3999	16	15		
	1000- 1999	28	15		
	< 999	6	0		
	8000 and above	81	25	4.45	0.34
	4000 -7999	30	16		
Family Income (month) after 10 years	2000 -3999	17	8		
	1000- 1999	15	9		
	< 999	3	0		

Table 3. Depicts the association between socio demographic variables and the impact of Nursing Education on economic power of care. It was observed that age and family income after 5 and 10 years showed a statistical significance with economic power of care (p-value<0.05) while level of education, current employment status and family Income at the time of course didn't show any significance difference (p-value >0.05).

Limitations of the study

- The study was conducted only among GNM students in Karakonam.
- Sample attrition occurred during data collection due to inconvenience to participants of the study.
- Self-developed data collection tool by the investigator may enhance the possibility of errors.

Recommendations

- A similar study can be conducted among B.Sc. Nursing Passed out students, faculty and Nursing staff.
- A similar study can be conducted with a long duration of time.
- A comparative study can be done among Nursing professionals with various degrees of Nursing.

Conclusion

The study concluded that there was a statistically significant difference between the impact of nursing education and economical power among nursing professionals. By investing in our nurses, we're not only acknowledging their indispensable role in patient care but also enhancing the economic and societal wellbeing of our communities.

Acknowledgement

The authors are deeply grateful to the Management authorities and all participants for helping us conduct this study. Our grateful thanks to Dr. J. Bennet Abraham, Director, Dr. SMCSI Medical College & Hospital, Karakonam for the constant support and motivation behind this study.

Acknowledgement

Not available.

Author's Contribution

Not available.

Conflict of Interest

Not available.

Financial Support

Not available.

References

- 1. Malar KS, Sharma SK. Realities, scope, challenges, and facilitators for implementation of nurse practitioner's role in India: a review. International Journal of Nursing Sciences. 2021;8(2):23742.
 - DOI: 10.1016/j.ijnss.2021.03.003.
- 2. Fischer EA, Jayana K, Cunningham T, Washington M, Mony P, Bradley J, *et al.* Nurse Mentors to advance quality improvement in primary health centers: lessons from a pilot program in northern Karnataka, India. Global Health: Science and Practice. 2015;3(4):660-475. DOI: 10.9745/GHSP-D-15-00142.
- 3. Oliver GM, Pennington L, Revelle S, Rantz M, et al.

- Impact of nurse practitioners on health outcomes of Medicare and Medicaid patients. Nursing Outlook; c2014.
- 4. Aiken LH, Sloane DM, Bruyneel L, van den Heede K, Griffiths P, Busse R, *et al.* Nurse staffing and education and hospital mortality in nine European countries: A retrospective observational study. The Lancet. 2014;383(9931):1824-1830. DOI: 10.1016/S0140-6736(13)62631.
- Landon BE, Normand SL, Lessler A, O'Malley AJ, Schmaltz S, Loeb JM, et al. Quality of care for the treatment of acute medical conditions in US hospitals. Archives of Internal Medicine. 2006;166(22):2511-2517.

How to Cite This Article

Suja Baby YV, Ajila Raj BS, Maya VL, Sunija P. Impact of Nursing Education on the economic power among Nursing Professionals. International Journal of Advance Research in Nursing. 2024;7(1):116-121.

Creative Commons (CC) License

This is an open-access journal, and articles are distributed under the terms of the Creative Commons Attribution-Non Commercial-Share Alike 4.0 International (CC BY-NC-SA 4.0) License, which allows others to remix, tweak, and build upon the work non-commercially, as long as appropriate credit is given and the new creations are licensed under the identical terms.