

## **THE MEANING OF NURSING PRACTICE: EDUCATIONAL MATTERS**

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### **ABSTRACT**

Military nurses work in dynamic environments, and they need to keep up-to-date with relevant information and skill for current practice in nursing to the knowledge age of the 21st century. Military nursing educational experience was explored as a part of the study of meaning of nursing practice to military nurses: a hermeneutic phenomenological approach. As participants, 32 military nursing officers with more than three years of experience at Military Hospitals or Medical Battalions were purposively recruited. Data were collected by face-to-face unstructured in-depth interviews. Recorded data were transcribed as verbatim, and seven-stage of Diekelmann's Hermeneutic analysis was done to extract the meaning units, subthemes, and the main theme hidden in the life stories of military nurses. After extensive data analysis, 'educational matters' was one the main themes, in which three sub-themes emerged: enthusiasm in education, the impact of education, and implications for nursing practice. The themes revealed the eagerness, drive, and motivation of military nurses for higher education and impact of higher education was described as changes in nursing morality, knowledgeable and reasonable thinking, and view on the nursing profession. It was also uncovered that a basic academic foundation was vital and needed to be modified to get the best nursing performance. The participants kept on learning, and provided hands-on practical experience to their juniors and colleagues as required for the ever-changing healthcare system. It is hoped that the findings

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of this study would be implications for military nurses with higher education to develop their critical awareness and analytical skills to carry out a variety of nursing roles in their clinical and frontline environment.

**Keywords:** military nurse, education, hermeneutic phenomenology

## INTRODUCTION

As the health care environment becomes knowledge fast-paced, nurses are challenged to manage effectively and keep advanced professional knowledge. The rapid proliferation of nursing knowledge, expanding professional expectations, and vigorous and uncertain practice environments require military nurses to become lifelong learners and to be capable of continually reflecting on and modifying their practice. (1) As a practice profession, education is required for nurses beyond a bachelor's degree in nursing.

In Myanmar, military hospitals, academic associations, and Military Institute of Nursing and Paramedical Sciences (MINP) have been providing military nurses various types of continuing education such as workshops, seminars, certification courses, diploma courses, Master degree and Doctorate degree educations to improve nursing quality. Selection of post-graduate education started from the military rank of 2<sup>nd</sup> Lieutenant. The military nurses need to develop the critical awareness and analytical skills from any training and within the clinical environment. Understanding the military nurse experience is also important to impact nursing education and faculty to understand what military nurses practice in the military. Hence, nursing practice could be improved in the military health care. Accordingly, educational endeavors and the continued growth of military nursing personnel need to be studied for better military health care in Myanmar.

Furthermore, hermeneutic phenomenological research applies in the areas of nursing practice, education, and administration that emphasize the important contribution and has made to nursing's substantive body of knowledge. The goal of this method is to accurately describe the structure of the lived experience of the phenomenon under study, including the meaning the experience holds for the persons experiencing it. (2) Thus, under the interpretive paradigm,

hermeneutic phenomenological approach was selected to study the meaning of military nursing practice to focus on uncovering contextualized, professional craft knowledge, personal experiential knowledge, and understandings about the phenomenon of judgment artistry in nursing practice. This article describing the educational experience of military nurses is a part of this study and also one of the main themes of this study.

In addition, the future of the nursing profession depends upon creative nurses who have a healthy self-understanding and emotional intelligence coupled with knowledge of complexity science. Therefore, exploring military nursing practice: educational matters, assist the military nursing community better for their roles and performances within the military. Moreover, the findings of this study could have transferable implications for future generations of military nurses in nursing practice, nursing education, and nursing administration.

## **METHODOLOGY AND METHOD**

Phenomenological philosophy is central to hermeneutic phenomenological research method, and it is important to review both the philosophical assumptions of the approach and the phenomenological philosophy. Since the early 19<sup>th</sup> century, philosophers have broadened the scope of hermeneutics from biblical text interpretation to a method of interpreting legal and literary texts, to a method relevant to human sciences, including human behaviour; then from method to ontology. (3) Hermeneutics is: (a) the attempt to understand the phenomena of the world as they are presented to us (b) the attempt to understand how it is we go about understanding the world as it is presented to us, and (c) the attempt to understand being itself. (4)

Moreover, Hermeneutical phenomenology relies on both interpretation and description of the lived experience. “It is a descriptive (phenomenological) methodology because it wants to be attentive to how things appear, it wants to let things speak or themselves; it is an interpretive (hermeneutic) methodology because it claims that there are no such things as un-interpreted phenomena”. (5) Heidegger (1962) described the hermeneutic process as circular, a continual movement from the parts to the whole and back. The whole text is examined, and then, interpretation moves to parts of the text. The two interpretations are compared to look for

conflicts and similarities, grounding an understanding of the whole in relation to the parts, and vice versa. (6) Diekelmann, Allen, and Tanner (1989) developed a seven stage process of Hermeneutic analysis. Multiple interpretations at every stage. Expert consensual validation by those living out the meanings is a major strength of the method. (7)

Therefore, Heideggerian hermeneutic phenomenology is an appropriate method for inquiring meaning of nursing practice to understand how the military nurse makes sense of their practice. A military nurse's journey is heavily influenced by their perception of the experiences in educational matters, and the impact of the experiences on their life. Phenomenology requires viewing things through a lens that shows things, or experiences that we gain a true understanding of them. Heidegger brings to phenomenology the importance of context. He asserts that historical context: background, values, and beliefs that lend the additional understanding to the present and future. A researcher using Heideggerian hermeneutic phenomenology employed the use of the hermeneutic circle. The researcher analysed the account of the military nurse's lived experience and examined that account as influenced my own life experiences and beliefs.

Seeking to gain a deeper understanding of the educational matters on a military nursing practice, the researcher revisited the interview text, again analysing it through the lens of own experiences. This cycle was repeated until new meanings or information were no longer discovered that is called as data saturation.

According to the recommended participants for Heideggerian hermeneutic phenomenological study, 32 military nurses who were practicing in military hospitals or medical battalions and who had more than three years military nursing experiences were voluntarily participated. By applying dimensional sampling, every eight participants were selected from four different age groups ranging from 24 to 51 years with six years interval. Both gender were included in each age group. In addition, the inclusion of participants were considered based on their different settings like Military Hospitals, Medical Battalions and Speciality Military Hospitals.

The researcher used unstructured individual in-depth interviewed to gather the data which were keep with digital audio recorder, and note taking with participants' permission. The conversational interviews were conducted nearly one year, following approval from the Ethical

Review Committee, and permission from authorities of selected hospitals and Medical Battalions. The participants were invited either in person or by phone to take part in this study. After explaining the purpose of the study and participants' confidentiality, the researcher obtained informed consent and established rapport to obtain the enthusiastic interview in convenient time. The length of each interview varied between one and two hours depending upon what the participants wish to share about their experienced regarding military nursing practices and reflected from their point of view. By probing into their experiences, it enabled to gather a wealth of rich descriptions and meaningful data. Subsequent interview based on observed data and served additional interview till optimum information. Through the participants' stories of effectiveness of education in military nursing practices, the vivid experience of military nursing officers were confirmed in a compressed form of text.

The data was analysed by seven-stage of Diekelmann, Allen, and Tanner (1989). (7) Firstly, all the interviews transcripts were read as a whole to obtain an overall understanding of the texts and transcribed, and then the second stage, the categories were identified as units of meaning. In the third stage, categories were examined for similarities and differences among the groups. In the fourth stage, relational themes were identified that correspond to participants' experiences. Constitutive patterns began to emerge in this fifth stage of analysis. In the sixth stage, the research team members reviewed the interpreted findings. During the final stage of analysis, trustworthiness of qualitative research used to evaluate the merit of this study.

For trustworthiness, Established Rigour: using the criteria of credibility, confirmability, dependability and transferability. Lincoln, Y.S., & Guba, E.G. (1985). (8) The credibility of data was obtained through regular contact with participants and interviewed in a non-rushed manner. Researchers repeatedly listened the interviews and transcribed to gain an overall understanding of the phenomenon and get immersed in the data. Member checking was used to confirm with participants that their views have been accurately captured and to add additional material. To gain credibility, two experts in the field of qualitative research monitored the entire research process. The research co-supervisor conducted a data audit from data collection to analysis procedure and made judgements to establish confirmability and dependability. Transferability was also ensured by describe study setting thoroughly. Ethical approval for the study was obtained from Research Ethics Review Committee of MINP. All

participants signed consent form for in-depth-interview and agreed to be tape recorded during the interview. They were assured of the using pseudonyms and keeping their data confidential, and their right to withdrawal from the study. Interviews were carried out in their convenient time and places.

## **FINDINGS**

After data analysis, military educational experience was one of the main findings of this study. This finding is presented in this article with three major themes and related eleven subthemes. The main themes shared by military nurses were enthusiasm into education, impact of education, and implications for nursing practice.

### **THEME 1: ENTHUSIASM IN EDUCATION**

Several participants spoke about the enthusiasm and opportunity that brought them into their higher nursing education program (PhD, MNsc, ME, specialty diploma and certificate) and the motivation needed to keep them in their programs. The Sub-themes were eagerness to higher learning, drive to continue the education, and hindrances or challenges.

#### ***Eagerness to Higher Learning***

One of the research participants began her career with a diploma in nursing education from nursing training wing. She also felt that she had inferiority for different educational level with juniors who held baccalaureate degree. After changing the military nurse education system, she could extended her education to BNsc and then put more energy and enthusiasm into master's degree. Her eagerness to higher learning aimed for her self-esteem and for her knowledge as stated in the followings;

*“... After school, at first, I got only diploma. My juniors hold bachelor degrees. I had experience and skill but owing to difference in education, I felt a bit inferiority. As I held diploma degree for that I was little in theory compared to bachelor degrees because of that. This is the reason why we wanted it and tried very hard.” P (31)*



The following participants became military nurses with a baccalaureate degree and they have been continuously upgrading their education. Among them, one participant verbalized that he made his great effort to get his higher education in spite of many difficulties;

*“I could not study well before master entrance exam, as my posting was out to MB. I knew, it would be tiring and also had to go to frontline. So, I could not focus on my study. I had some anxiety. It was at the time of my soon to be duty to frontline that I had to sit for master entrance exam. So, I failed. I was ashamed and depressed. But because many other encourage me and I myself wanted to attend it so much, I tried it very hard, so, at second attempt, I passed entrance exam and got to attend master.” P (27)*

### ***Drive to Continue the Education***

Several participants reflected about their emotional drives that brought them into their nursing program and the motivation needed to keep them in their program. It included their own interest, positive peer pressure, promotion, and escape from morale distress.

The following participants explained about their interest in renal field, and laparoscopy after holding MNSc degree. This interest became motivation to make the decision to continue their education and to attend the trainings and the 9 months diploma in civil university and certificate training. They explained as:

*“Generally, for me, it was out of reach when concerned with renal. I only got interested as I encountered dialysis case. Because I was interested in HD, I attended 9 months renal in UON Mandalay.” P (32)*

*“As for training, not officially, just my interest, I attended laparoscope and endoscope in Pyin-Oo-Lwin. No certificate given.” P (11)*

A participant explained why she attended MNSc and she acknowledged encouragement of her friend for her higher learning;

*“The reasons for my attending master classes were because my friends encouraged me and that many of my friends will be attending.” P (23)*

Getting a promotion takes time, needs effort, and sometimes needs just a bit of luck or wiliness, and education level is one of the guarantee to Myanmar military nurse for their promotion opportunities in the military medical corps. Thus, one research participant tried to get higher level education for the reason of promotion. He stated that:

*“At first I did not have the strong will to succeed for master entrance exams. But, it was said that those with master degree would be promoted to officers. So, I made my mind to attain it.” P (21)*

From different perspective, another participant had a diverse reason to attend training. He tried to escape from his workplace “ICU” where he felt profound emotional distress in caring very ill and terminal cases. As a consequence, he tried to have a relief period by attending Eye ENT Diploma. He described as:

*“The reason for attending Eye, ENT diploma was I wanted to escape a little time from seeing ill and terminal case patients at ICU ward. Because daily seeing and providing nursing care to critically ill patients and assigning long time at ICU is the triggering factor to move other nursing specialty field.” P (20)*

The following participant described her demanding academic path to get into OT specialty diploma and how she succeeded in fulfilling her dream of holding Diploma degree. She stated:

*“At first, as I attend OT diploma, it was very difficult, almost a crisis. Too much study. The first month, it was like my brain is being squeezed. After 2, 3 months, I was able to follow the lectures well.” P (9)*

### ***Educational Hindrances***

Some of the participants indicated that they wanted to attend clinical nursing training but they could not attain this chance. The main reasons to miss their plan mentioned were the lack of opportunities as not include in list, no substitute another person for ward responsibility, and due to posting order.



*“I could not attend courses related with nursing education. There were nursing related short courses held by Yangon General Hospital or children hospital. But, because I was not in the list I couldn't attend.” P (6)*

*“As for education, I have got BNSc. There was a course on diabetic wound care in my DSOH hospital. I liked to attend. But, there would be no substitute one to take my duties in the ward. So, I couldn't attend it.” P (10)*

*“I planned to attend dental nurse. As I was preparing for exam, my posting order of MB was out and I could not attend. It was a whole new field, that of dental, so, new things were to be learned.” P (20)*

Some participants did not attend the any course related to nursing. They explained their reasons related to their socioeconomic condition, family responsibility as parents and the breadwinner and their concept as master degree are not better off in the followings;

*“After school, I attended no courses related to nursing. I wanted to earn money for the family. So, apart from courses which I must, I did not attend any other.” P (4)*

*“Concerning my professional life, I did not continue with my study. In my observation, those with master degree are not better off, I think. The time and money I have to sacrifice and as I am with family, I no longer wish to continue my study also because getting older.” P (25)*

## **THEME 2: EDUCATIONAL IMPACT**

The theme: educational impact of higher education included such sub-themes as changes in morality with education, education as a gift of god, knowledgeable and reasonable thinking, and visible differences.

### ***Changes in Morality with Education***

Most of the participants in this study began to acquire the good attitudes, values, knowledge, and behaviors after holding the MNSc degree, which were needed to perform the role of a

professional nurse. They took up themselves in a new way, demonstrating an increased degree of confidence, expert skill in nursing practice, and feeling of prestige by raising higher roles and becoming more efficient, and satisfied on their nursing career life. Many participants mentioned that their higher education could boost their self-esteem and could have a more advanced level of professional maturity, and began to take on professional identity. About the influence of the research participants' high-level education for moral change, they explored as:

*“That I got my master degree gave me some confidence. I was satisfied for achieving it and could feel that it is different not only at work, even when I fill my CV form and I could write it down MNSc in it. That I reached the next level in my education is a change, also in mind, is no more the same. I don't feel inferior with other professional in my working environment because of the level of education. It placed a role definitely.” P (32)*

*“After obtaining master degree, I used to think how much I can do, what I can do and how beneficial it would be for the patients and so on. Because of further study, I got more solid and sound foundations in my view. My view on my patients also changed. The most important thing is concept change.” P (18)*

### ***Education is a Gift of God***

One participant perceived education as a Gift of God. He explained that his previous education levels of achievement attained. He tried to attend specialty diploma and master nursing programs to fulfill his expectations. After holding master degree, he described his changes as incomparable improvement in learning and gaining experiences and had to come to the realization on nursing concept. He stated:

*“I cannot compare it. The big change after every of my higher level of education reached. Improvement is incomparable. There is no end in learning and gaining experience. I explained to my juniors that I could perform my work so well because of nursing concepts gained after my OT diploma, and MNSc. It is a gift of god for me, I would say of my MNSc.” P (15)*

### ***Knowledgeable and Reasonable Thinking***

The master's degree prepared more in-depth of his/her understanding of the nursing concept. MNSc graduated nurse with critical thinking could apply their work by careful and reflective decision-making. Critical thinking could be more developed during their MNSc academic life for professional liability and high-quality nursing care services. Some of the participants mentioned that completing their MNSc course, made them possess self-directed learning ability for the literature, update and upgrade their knowledge within clinical practices.

*“After master degree, I got to understand the faculty better. I could think, reason better. I could understand more in my study. It got easier. I got to know that it is important to study. I used to study more. After bachelor, I did not think so much. But after master, my way of thinking changed. Before doing something, I would think, more mature.” P (3)*

*“My ability before and after master is very different. Afterward, I was capable of reading a lot and could apply what I have learned at master degree. Whenever I need to know something while at work, I could immediately look for it, read and understand it. That greatly improved my ability to care for my patients. It is very effective when one knows clearly while things are done in such a way.” P (24)*

### **Visible Differences**

Most of the participants revealed their thoughts about the differences of their ways of thinking between BNSc and MNSc degrees. They voiced that they possessed foundational knowledge in BNSc and eventually moved into the ability of self-directed learning for continuous knowledge acquisition, application of theory and skill in clinical practice with scientific thought and new idea, change in way of thinking by using reasons and purpose. These differences would be effective and influence the direction of a military nurse's career development.

*“It is a great difference between before and after my master degree. Previously, I used to do things as I was told and how others did before me. Afterward, I would not accept it anymore that way of doing things. I could not do it as I used to. I would search, read to know why things are done so. I was no longer satisfied with what others say. I am*

*only satisfied when I look for myself, read and know it. It is different in that way.” P (30)*

*“Before my MSc, I thought I was right in whatever I did was just the best. Afterwards, a thought flashed in mind that I may not be right and that other side may be right. There has to be evidence to back up when something happened.” P (15)*

In contrast, one participant described her view on education level. She thought that performance and clinical nursing practice is usually the same in diploma, BNSc, or MNsc graduates. No visible change could not be seen in their roles between the different degree graduates. The change depended only on oneself, his/her knowledge, his/her motives to application of knowledge into practice and his/her thesis background as stated in the followings;

*“My view is that the degree makes no big difference. Senior nurses do not care whether one has MSc or PhD. One’s level of education reach higher by obtaining degrees. It is one’s own experience. As to get master, I began to possess knowledge of theory and its application. In reality, how things are done is as they used to be. It helped to raise my level, in fact.” P (2)*

### **THEME 3: IMPLICATIONS FOR NURSING PRACTICE**

Participants were asked about the application the higher education in practical situation, they firstly highlighted the benefit of basic foundation, and then it is needed to modify to get the best. Keep on learning, and hand on practice based on experience is required to provide quality nursing care and ever-changing healthcare system.

#### ***Benefit of Basic Foundation***

Most of the participants spoke about their nursing educators who had good intensions, expert in teaching, and relation with their experiences. The participants reported that they got good basic nursing foundations with theory from their expert teachers. And, they could think meticulously about theory related with practical, and had good experiences and skills. After

graduated, they applied the academic knowledge in clinical field by performing nursing tasks. Most of the participants described the teachers' guidance that became part of their lived experiences and influenced how they perceived of basic nursing education as follows;

*"I was very lucky to have worked with good teachers. As for senior sisters, I met those who were respectable and to be envied. I presumed I was very lucky. Those who had good basic foundations would be skillful and know well. That is the benefit of good basic foundation." P (2)*

*"Although it is said that theory and practice differ, we are working with the knowledge from school. When I go to detail, only theory is applied in practice. The knowledge from school are every effective here. It gets easier when one has to do the job as he knows already in theory. It would be much better." P (22)*

One participant verbalized that practicing the skills on a mannequin and on real patients gave different learning opportunities. They applied knowledge and skills gained from classroom learning to hands-on and in turn apply what is gained from academic learning to the clinical practices. They described the effectiveness and support of basic nursing education from academic as:

*"There is difference in learning and practical experience. At school, we learned our practical with manikin, so, we were at ease without stress. At frontline, as patients were real people we cannot work in a relaxed manner. But, what we learned at school could be applied and support us in our work." P (14)*

*"What I knew and learned of my past are very useful now. At school, a lot of time was spent on theory. It is useful in their respective areas. It is very effective when it comes to communication and patients' management." P (8)*

### ***Demanding Advanced Knowledge***

Some participants verbalized that although there was a difference between what was learned in school and what was done in practice, it depended on one's self It was needed to balance the

overwhelming demands of nursing practices and work expectations by modifying the needs related to the situation. He described:

*“At work side, it is very different with what is in the book and in practice in hospital. We cannot say that is our standard, because of master completed. We could only modify to get the best out of the present situation. Theories are more like formulas. In practice, we cannot do all in one particular way only.” P (3)*

### ***Keep on Learning***

Most of the participants expressed their view to keep on learning and, it was needed to continue and upgrade the existing and new knowledge as a lifelong learner. They searched for advanced and up-to-date knowledge and understanding, and it used to meet the professional lifetime needs. Detail description were as follows;

*“It is not enough to keep on doing only with the basic knowledge gained from school. Speaking from my experience, to upgrade one’s knowledge with continuous learning and continuous education by attending courses related to one’s profession is necessary. When I get the chance, I would like to study continuously. I intend to do lifelong learning.” P (15)*

*“Although there are sufficient experiences, requirements still remains. Knowledge from school and my own experience are not enough, I have to read and study continuously because new and different form of cases are appearing.” P (5)*

Some of the participants voiced if they have a chance, they want to do research but they were posted at frontline where is inconvenient to do research. Although, most of participants did not do own research, they participated in giving ideas, opinions, supervise and responsible for research of other researchers. Example conversation as:

*“I do not do my own research now because I have many responsibilities for my duties. But I give ideas to those who are doing it which need to revises.” P (31)*

Most of the participants also pointed out the importance of attendance to CNE as they had an opportunity to have up-to-date knowledge in care and treatment. The participants stated as:



*“CNE is started twice a month. As I am also interested in education, even if I have on duty day, I ask for permission to attend CNE. I did not do presenter but I participate in discussion. And I help my seniors who will be presenters.” P (27)*

### ***Hands-on Practical Nursing Experience***

These research participants explained that they taught nursing concepts, knowledge, skills and attitude to the junior nurses and trainees, which can help to increase the morale and self-esteem of junior nurse. So the junior nurses believed that they could better use their capabilities to manage patient care.

*“I used to teach nursing theory and concepts to my juniors in many places where I have been. Some are doing nursing but most of them do not know why they are doing. Thus, I taught them their morale got high. Otherwise, they lost self-esteem and got uninterested in work.” P (29)*

Military nurses served not only as a nurse but also as part of military culture. At the frontline of MB, the military nurses posed a unique challenge from academia to professional practices because they had to go frontline and did refit that caused low interest in nursing practice and aspects of the nurse. So, some participants provided educational support and appropriate clinical experience to junior nurses at MB.

*“I had to be taught all completely from A to Z to juniors at MB. I cannot blame them or scold them. I had to teach them with understanding, patience and encouragement. At MB, they had to go to frontline and refit all the time. Once they have learned, we can trust them that they can do things on their own. There is no more waste of human resources.” P (5)*

## **DISCUSSION**

This qualitative, Heideggerian Hermeneutic phenomenological research study was designed to explore the meaning of the nursing practice of military nurses with above three years of experience. The purposive thirty-two sample of participants were in-depth interviewed and

educational experience of military nurses as one of the findings of this study. Regarding educational experience, three main themes emerged such as; enthusiasm in education, the impact of education, and implications for nursing practice.

Participants in the current study reflected on their educational endeavors as eagerness, and motivational drive for their higher education. Peer pressure was one of the motivational factors and was a powerful force that increased awareness and affected any aspect of someone's life, including their education. This was congruent with the literature of Dolphin that peers pressure was one of the important motivational factors for continuing education programs. (9) And, job promotion played an important role as an incentive and was associated positively with extrinsic and intrinsic motivation. This view was supported by Hofmeyer et al., (2015) study, which found that incentives, rewards, promotion, and performance reviews related to higher education. (10) Moreover, interest was a forceful motivational process that increased effort, and effect on learning and discovering knowledge and was essential to academic success. Additionally, some participants' morals distress in the long-term and end-of-life care for ICU patients caused them to avoid the workplace for a while by attending some other training. Achury et al. (2021) also demonstrated that postgraduate education was necessary to strengthen the ICU nurse. (11) In this recent study found out that financial income and earning support for their living was one of the causative factors for discontinuing their education. It was supported that Van Jaarsveldt and Joubert's (2021) study in which income contributed to financial sustainability for higher education. (12) Therefore, most of the research participants were inclined toward their knowledge acquisition and extensive knowledge by attending further educational training.

Graduated education provides military nursing officers with the knowledge and ability to successfully carry out a variety of nursing roles. Postgraduate nursing education gives opportunities for advancement in nursing career and prepares the nurses to increase in their accountabilities, responsibilities, and leadership positions. Abu-Qamar MZ et al., (2020) also point out that post-graduate qualifications had improved their knowledge and skills and thus clinical practice, patient outcomes, and health services. (13) As this study's impact of higher education, a nurse with holding master degree had a definite nursing role, their nursing morale differed before they did not get a master degree. Moreover, perception of nursing, the concept of providing nursing care, way of thinking in clinical practice by using reasons and purpose

changed due to their academic support. Thus, military nurses had responsibilities and expectations concerning the individual's career planning.

Military nurses have played an essential part in supporting the military operation and remote locations that were one of the causative challenges on continuing education. Therefore, it is needed to create learning communities, and career options as good of a chance as the opportunity, that helps become more professional and gives many work-related skills. Finnegan et al., (2015) also suggested that appropriate academic training should be utilized to provide education and continuing personal development in the operational arena. (14) In addition, the participants' curiosity to learn not only helps in supporting at professional front, but it could improve and become a more successful person in their professional life.

As the academic foundation needed for a lifetime of educational success, participants applied knowledge and skills gained from classroom learning to hands-on and applied what gained from academic learning to clinical practices. On the other hand, it needed to balance the overwhelming demands of nursing practices and work expectations by modifying the needs related to the situation. Moreover, they took relay training for junior nurses with plenty of in-depth knowledge and technique into practice. It is consistent with Julie et al., (2019) study that explored the importance of an effective learning culture, commitment to work-based learning, and time as factors for success. (15) However, assigning the case presentation and teaching theory and practices related to clinical cases did not provide for a long time continuously because they have fully duty activity, responsibility and insufficient time and staff. Thus, to become an effective teaching and learning situation, it should need to co-operate and coordinate between educator and learner.

Continuous nursing education develops the knowledge, attitude, and skills and results in the improvement of the nursing activity in which self-directed nurses are motivated towards learning, this is supported by Shirazi et al., (2021): openness to experience and motivation to improve. (16) In this recent study, participants possess self-directed learning for continuous knowledge acquisition. They expressed their view to keep on learning that whatever getting any higher educational degree, knowledgeable and skillful experiences in nursing practices, it was needed to continue and upgrade the existing and new knowledge as a lifelong learner. They also pointed out the importance of attendance to CNE classes as they had an opportunity to

know up-to-date on the latest advances in care and treatment. Therefore, advanced and up-to-date knowledge is effective and influences the direction of a military nurse's career development.

In addition, military nurse encompasses a broad range of applications from clinical, educational, and managerial nursing practice to military fields of practice. They possess the ability to examine themselves practice from a framework of consistency and congruence with their own personal value system. Thus, to ensure a work environment and culture, continually and effectively empowering nurses by higher education encourages and sustains the quality of nursing healthcare.

## CONCLUSION

To meet the demands of complex care delivery in an increasingly fast-paced health care system, the military nurse must be equipped with highly skilled advanced education. In this research, most participants explored their enthusiasm, and motivation that made a great effort to get their higher education. After holding the MNSc degree, they demonstrate an increased degree of confidence, expert skilled in nursing practice, apply their critical thinking and reflective decision-making in the workplace that develops professional liability and improves in providing desirable and high-quality nursing care services.

Moreover, they perceived that increase in nursing morale when performing the nursing tasks, feeling prestigious by raising higher roles and more efficient, and satisfied on nursing career life. They mention that their higher education boosts their self-esteem which changes the morals, perception, and concept for nursing, and may happen successful life. It shows a more advanced level of professional maturity and begins to take on a professional identity.

However, some participants indicated their main reasons to miss their plan as no substitute person for taking responsibility to duty, due to posting order and socioeconomic condition that they have family responsibility. Moreover, the military nurse withholding an MSc degree has not significantly changed the role of skill differentiation between the different degree graduates in Hospital and MB because of performing clinical nursing practice. Thus, they could not continue the higher education except must attend training.

According to keep on learning, their foundational knowledge eventually moved into the self-directed learning ability to update and upgrade their knowledge, application of theory and skill with scientific thought and new ideas within clinical practices to meet the professional lifetime needs. Furthermore, they got good basic nursing foundations from the educators' guidance to think meticulously about theory related with practical and had good experiences and skills that applied in the clinical field by performing nursing tasks. Like hand-on training, they taught nursing concepts, knowledge, and attitude, and provided educational support and appropriate clinical experience for the junior nurse to increase morale, self-esteem, and capabilities in nursing. Therefore, military nurses with higher education develop critical awareness and analytical skills that prepare successfully to carry out a variety of nursing roles in the clinical and frontline environment. Thus, higher education is a Gift of God.

## REFERENCES

1. American Association of Colleges of Nursing (AACN).. The essentials of master's education in nursing. Washington, DC: Author. (2011) Retrieved from <http://www.aacn.nche.edu/education-resources/MastersEssentials11>
2. Ornery A. Phenomenology: A method for nursing research. *Advances in Nursing Science*. (1983); 5 (2). 49-63. Dolphin NW. Why do nurses come to continuing education programs? (1983): 8-9.
3. Bontekoe R. Dimensions of the hermeneutic circle. New Jersey: Humanities Press; 1996.
4. Cohen MZ, Kahn DL, Steeves RH. *Hermeneutic Phenomenological Research: A Practical Guide for Nurse Researchers*. New Delhi: Sage Publications; 2000.
5. Kahn MZCDL, Steeves RH. *Hermeneutic Phenomenological Research: A Practical Guide for Nurse Researchers*. *Methods in Nursing Research*. London: Sage Publications; 2000.
6. Heidegger M. *Being and time* (J. Macquarrie & E. Robinson, Trans.). Oxford, United Kingdom: Blackwell. (1962).
7. Diekelmann N, Allen D, Tanner C. The NLN criteria for appraisal of baccalaureate programs: A critical hermeneutic analysis. New York: National League for Nursing Press. (1989).
8. Lincoln YS, Guba, EG. (1985). *Naturalistic Inquiry*. Newbury Park, CA: Sage Publications.
9. Dolphin NW. Why do nurses come to continuing education programs? (1983): 8-9.

10. Hofmeyer A, Sheingold BH, Klopper HC, Warland J. Leadership in learning and teaching in higher education: Perspectives of academics in non-formal leadership roles. *Contemporary Issues in Education Research*. 2015; 8(3).
11. Achury Saldaña DM, Achury Beltrán LF, Rodríguez Colmenares SM, Alvarado Romero HR, Cavallo E, Ulloa AC, Merino V, da Silva Barreto M, Andrade Fonseca D, Muñoz Acuña D, Betancur Manrique Y. Professional profile and work conditions of nurses working in intensive care units: A multicentre study. *Journal of Clinical Nursing*.
12. van Jaarsveldt DE, Joubert A. Key factors contributing towards the establishment of an academy for short learning programmes at a university-based school of nursing. *International Journal of Africa Nursing Sciences*. 2021 Jan 1;14:100276.
13. Abu-Qamar MZ, Vafeas C, Ewens B, Ghosh M, Sundin D. Postgraduate nurse education and the implications for nurse and patient outcomes: A systematic review. *Nurse Educ Today*. 2020;92:104489. doi:10.1016/j.nedt.2020.104489
14. Finnegan A, Finnegan S, Bates D, Ritsperis D, McCourt K, Thomas M. Preparing British Military nurses to deliver nursing care on deployment. An Afghanistan study. *Nurse Educ Today*. 2015;35(1):104-112. doi:10.1016/j.nedt.2014.07.008
15. Julie Attenborough, Stephen Abbott, Judy Brook, Rachael-Anne Knight. Everywhere and nowhere: Work-based learning in healthcare education. *Nurse Education in Practice*. Volume 36, 2019, Pages 132-138, ISSN 1471-5953, <https://doi.org/10.1016/j.nepr.2019.03.004>.
16. Shirazi F, Sharif F, Molazem Z, Etemaad J. The characteristics that propel Iranian MS students of nursing into self-directed learning: A qualitative research. *Journal of Professional Nursing*. 2021 Jul 1;37(4):749-56.