

Relationship between Career Planning and Career Advancement as Perceived by Professional Nurses

Reda Sobhy Ebrahim Mohamed¹, Nevine Hassan Abd -El-Aal²,
Amal Diab Ghanem Atalla³

¹(Nurse specialist, Shoubra khayma General Hospital, Ministry of Health and Population, Egypt)

²(Professor of Nursing Administration, Faculty of Nursing, Damanhour University, Egypt)

³ (Lecturer of Nursing Administration, Faculty of Nursing, Alexandria University, Egypt)

Abstract: Nurses now play a significant role in all healthcare systems. Nurses' career planning and advancement should be targeted and specific to improve professional conditions and quality of care. **Aim:** To investigate the relationship between career planning and career advancement. **Study design:** A descriptive correlational research design was utilized to conduct this study. **Setting:** all in-patient care units in Shoubra khayma General Hospital. **Subjects:** included all professional nurses who were working in the previously selected settings (n=115). **Tools:** Two tools were used in order to conduct this study: Career Planning Scale and Factors Affecting Recruitment and Career Advancement Questionnaire. **Results:** The finding of this study revealed that the vast majority of the studied nurses had a good level of career planning. The highest career planning levels were related to self-knowledge. The highest facilitating factors for career advancement were educational qualifications. The highest constraining factors for career advancement were sexual harassment. **Conclusion:** There was statistically significant positive low correlation between nurses' level of career planning and total factors affecting career advancement ($r= 0.214$, $p= 0.022$). **Recommendations:** add policies that facilitate and foster nurses career planning and advancement as, nursing education policies training polices, objective appointment and promotion policies. In addition, integrate the concept of career planning and career advancement into the curriculum of undergraduate and postgraduate to raise the awareness of future nurses toward their career path. Also, Conduct frequent training programs and series of workshops on career planning and career advancement.

Keywords: Career Planning, Career Advancement, Facilitating Factors, Constraining Factors.

I. INTRODUCTION

Health care organization success is considered to be the dream of every person, but achieving success is not an easy task. There is a process and preparations to be followed in order to achieve success. Career success cannot be achieved without clear organizational strategy and real effort. ⁽¹⁾ In health care organization, career planning and advancement practices give the organization a competitive advantage by improving its health care personnel, providing them with resources and opportunities for development. ⁽²⁾ Today, nursing is a diverse profession that is continually changing in order to meet the health care needs of diverse populations. ⁽³⁾ Each nurse always hopes for career development. Nurses who are competent in managing their career with clear goals and plans to achieve these goals will have a great incentive to perform better and have a clear aim. ⁽⁴⁾

Successful career management in professional nursing does not occur by default or accident. Rather it is a deliberate, purposeful, informed process. It includes self-assessment of the need for more professional growth, development, and attention to the expected health care delivery patterns. ⁽⁵⁾ Nursing career management focuses on the competitiveness and

the long-term career stability of nurses, and enhances the growth of individual careers as well as the needs of health care organizations. ⁽⁶⁾ Coyne and Chatham (2017)⁽⁵⁾ and Soubra et al.,(2018) ⁽⁷⁾ stated that, when healthcare professionals especially nurses collaborate, a rewarding caring atmosphere is created, which leads to improve health care outcomes. Career management for nurses plays a significant role in evaluating nurses as a vital human resource in any health care organization. It is used strategically to maximize organizational talent, recruit a skilled workforce and retain it. ⁽⁸⁾

Since nurses are in the second decade of the 21st century, where the standard of nursing care is considered to be a multiple career and nurses have a higher level of education. It is critical that nurses pay attention to their career management that includes career planning (CP), and career advancement (CA). ⁽⁹⁾ A career is defined as a separate but connected sequence of work activities that gives consistency, regularity, and significance in individuals' life. Many factors such as heredity, culture, parents, education, age level, family, and the real experiences within an organization or more form the career. ⁽¹⁰⁾ Career planning is a long-term, ongoing process that involves deciding goals and objectives, balancing the opportunities of nurses' experiences with their expectations, change, and development. ⁽¹¹⁾ CA is defined as a formal, organized activity that is given by an organization to raise the individuals' awareness toward the factors that affect their career development, knowledge and capacity. Career development and career advancement are used interchangeably. ⁽¹²⁾

Career planning is not once occurrence but rather a method that becomes part of the collection of skills and experiences over time. CP helps nurses to develop their health care professional and achieve organizational goals. ⁽¹³⁾ Therefore, health care managers, nurses, and health organizations share the responsibility of CP. ⁽¹⁴⁾ It is a dynamic process that creates changes in nurses and helps them to adapt to those changes. ⁽¹¹⁾ Liptak (2012) ⁽¹⁵⁾ and Liptak (2008) ⁽¹⁶⁾ represent six domains of CP for nurses to achieve their CA and career maturity as follows: knowledge of the world of work, self-knowledge, knowledge of occupation, career decision-making, career plan making, and the implementation of this plan. CP is an effort to prepare nurses for advancement through their career path. ⁽¹⁷⁾ The acquisition of new knowledge, skills, and attitudes through CP allows the professional nurse to have competent involvement in career advancement. ⁽¹⁸⁾

Career advancement is the nurses' ability to move to a higher position within the organization. CA also, means nurses' obtaining a job with higher wages, benefits, working conditions, and security. ⁽¹⁹⁾ CA is used through a coordinated strategy to match the nurses' goals with the organization's needs. ⁽²⁰⁾ CA enables nurses toward attaining a better-motivated labor force and a high-performing health care organization. Further, CA provides nurses with opportunities to increase their education and experience training. Therefore, strengthening the nurses' abilities to earn promotional incentives and advance their careers. ⁽²¹⁾ Career advancement includes the participation of both nurses and health care organizations in order to commence successfully.

Zhong et al., (2011) ⁽²²⁾ recognized the factors that affect CA as facilitating and constraining factors. The factors that facilitate CA are such as an attitude toward work, effective communication skills, job knowledge, problem solving skills, personal sacrifice, personality, support, and guidance from mentors. On the other hand, the factors that constrain CA are such as difficulty in establishing credibility, conflicts with family responsibilities, job characteristics such as: irregular work hours, lack of equity in pay, and lack of equity in training. There are also, organizational and social factors that affect nurses' CA. organizational factors include policies, procedures, culture, and environment within organizational structures. Whereas, social factors include expectations of nurses, gender, family responsibilities, and economic conditions. ⁽²³⁾

Significance of study:

In recent years, the workplace has been affected by several significant changes that have ramifications on career planning and career advancement for both the health care organization and nurses. Therefore, this study is significant as career planning help nurses to obtain accurate information about themselves and the world of work, while teaching them decision-making skills, and how to develop their career plan and career advancement opportunities. Without effective career management, nurses cannot be able to make informed decisions that are consistent with their talents, aspirations and values and improve health organization effectiveness, Therefore, career planning and career advancement is significant for nurses ⁽²⁴⁾ Even though, the study shows that Job related factors have highest score and explained 71.2%, then personal factors 68.9% followed by organizational factors 66.9% which influencing nursing career development. Up to knowledge of the researcher there is no studies have been done on career planning and career advancement in nursing in Egypt. ⁽²⁵⁾ As nursing throughout the world struggles to advance as a profession, we must pay attention to the needs and opportunities for career planning and career advancement in the individual nurse. ⁽²⁴⁾

Aim of the Study

This study aims to: Investigate the relationship between career planning and career advancement as perceived by professional nurses in ShoubraKhhet General Hospital.

Research Question

What is the relationship between career planning and career advancement as perceived by professional nurses in ShoubraKhhet General Hospital?

II. MATERIALS AND METHODS

I. Materials

Research design: A descriptive correlational research design was used to conduct this study.

Setting: at all in-patient care units at ShoubraKhhet General Hospital. The hospital units are classified as follows; Intensive and critical care units as General Intensive Care Unit (ICU); Pediatric ICU and High risk. Furthermore, in-patient care units as medical; pediatric; dialysis; obstetrics and gynecology and surgical unit, out-patient care unit, emergency care unit and infectious disease unit.

Subject: The subject of this study included all professional nurses who were working in the previously selected settings in ShoubraKhhet General Hospital, who hold Bachelor Science in Nursing (BScN) and were available during the time of data collection and were willing to participate in this study, (n=115).

Tools: Two tools were used in order to conduct this study as follows:

Tool I: Career Planning Scale: This tool was developed by Liptak (2008).⁽¹⁶⁾ It was adopted by the researcher to measure skills required for career planning. The scale consists of 48 items divided into six main dimensions as follows: knowledge of the world of work, self-knowledge, knowledge of occupations, career decision making, career planning, and finally, career implementation, each dimension contains 8 items. The responses were measured on 5-point Likert scale were ranged from strongly agree (5) to strongly disagree (1). The overall score were ranged from 48 – 240. The score ranged from 48 -111 were reflected poor career planning, the score ranged from 112 -175 were reflected fair career planning and the score ranged from 176 -240 were reflected good career planning.

Tool II: Factors Affecting Recruitment and Career Advancement Questionnaire: This tool was developed by Zhong et al., (2011)⁽²²⁾ It was adapted by the researcher to investigate perceptions of factors that facilitate and constrain recruitment and career advancement. This questionnaire consists of 30 items divided into two main sections: section one includes 15 factors that facilitate career advancement, and section two includes 15 factors that constrain career advancement. The responses were measured on 5-point Likert scale, where section one ranged from not important (1) to extremely important (5), and section two ranged from not barrier (5) to a major barrier (1). The overall score ranged from 30 to 150. The scoring ranged from 15-34 reflects low effect on career advancement, scoring ranged from 35-54 reflects moderate effect on career advancement and scoring ranged from 55-75 reflects high effect on career advancement. Reversed score was applied for negative statements.

In addition, staff nurses' demographic characteristics data sheet was developed by the researcher, to collect data from staff nurses' such as gender, age, marital status, current working unit, educational qualifications, job title, experience in nursing since, and experience in current working unit and in current hospital and training experiences.

II- METHODS

1. An official permission was obtained from the Dean of the Faculty of Nursing, Damanhour University, and the Hospital Administrators of ShoubraKhhet General Hospital to collect the necessary data.
2. The two tools were translated into Arabic by the researcher and were submitted into both Arabic and English languages to a jury of five experts in the field of the study from the Faculty of Nursing Alexandria, and Damanhour University to test its content validity and translation. Accordingly, the necessary modifications were done based on their opinions.
3. The two tools were tested for their reliability by using cronbach's alpha co-efficient test. The two tools were proved to be reliable where $r = 0.950$ for the tool I of career planning scale and $r = 0.906$ for the tool II factors affecting career advancement.

4. A pilot study was carried out on 10 % of nurses (n=12) rather than the study subjects to check and ensure the clarity, applicability, and feasibility of the tools and identify obstacles and problems that encountered during data collection and the necessary modifications were done.

5. Data collection:

- Data collection for this study was conducted by the researcher through a self-administered questionnaires. They were hand-delivered to the study subjects in their work settings after explaining the aim of the study.
- The questionnaires were completed in the presence of the researcher to ensure the objectivity of nurses' responses, non-contamination of their opinions, and to check that all items were answered All questions were answered and explanations were given accordingly.
- Answering the questionnaire took approximately 20 minutes. Data collection took a period of two months starting from the first of October till the first of December.

6. Ethical considerations:

- The research approval was obtained from the ethical committee at the Faculty of Nursing-Damanhour University, before the start of the study.
- A written informed consent was obtained from the study subjects after an explanation of the aim of the study.
- Privacy and the right to refuse to participate or withdraw from the study at any time were ensured during the study.
- Confidentiality and anonymity regarding data collected were maintained.

III. STATISTICAL ANALYSIS

The collected data were coded and entered in special format to be suitable for computer feeding. Following data entry, checking and verification process were carried out in order to avoid any errors. Data were analyzed using the statistical package for social science SPSS (version 20). The following statistical analysis measures were used: Descriptive statistical measures, which included: numbers, percentages, and averages (Minimum, Maximum, Arithmetic mean, Standard deviation (SD) as age, marital status, education qualifications, experience in nursing since graduation and experience in the current working units and in current hospital.

Statistical analysis tests were used in this study, which included : Chi square was used to examine relationship of career planning levels and studied nurses. student T test and F ANOVA test It was employed for Career Planning to compare between studied nurses. Pearson correlation it was done to measure the degree of association between dimensions of CP and factors affecting CA. Cronbach's Alpha It was done to assess reliability of the Career Planning Scale (CPS) and Factors Affecting Recruitment and Career Advancement Questionnaire using Cronbach's Alpha test.

IV. RESULTS

Table (1): Distribution of the Studied Nurses According to their Demographic Characteristics Data:

Table 1 shows that about 59.1% of the studied nurses were in the age between 20-30 years old, while about one third of them (35.7%) were in the age group between 30-40 and about 5.2% were above 40 years old. The majority of the studied nurses (83.5%) were female. In relation to their marital status, it was found that about three quarters of them (76.5%) were married while 20.9% were single. This table also, illustrates that the majority of the studied nurses (87.0%) had Bachelor degree of nursing science. While, 7.8% of the studied nurses had Diploma of Nursing science; 1in Nursing Administration and 8in Infection control. Also, only 2.6% of them had Fellowship in neonatal nursing and, equal percentage (2.6%) of them had Master degree in Nursing;1 in Obstetric Nursing and 2 in Nursing Administration .

Regarding current working unit, it was found that 44.3% were working in critical care units. In relation to years of experience in nursing, it was noticed that slightly one third of them (35.7%) had 5-10 years of experience in nursing, and 44.3% had less than 5 Years of experience in the current working unit. Regarding training experiences, near three quarters of them (74.8%) desired to attend training program on career planning, while the vast majority of them (93.0%) were not interested in attending career advancement training program.

Table (1): Distribution of the Studied Nurses According to their Demographic Characteristics Data:

Demographic characteristics	Total N=115	
	No.	%
Age (years)		
▪ 20 -<30	68	59.1
▪ 30 -< 40	41	35.7
▪ ≥40	6	5.2
Sex		
▪ Male	19	16.5
▪ Female	96	83.5
Marital status		
▪ Single	24	20.9
▪ Married	88	76.5
▪ Divorced/Widowed	3	2.6
Educational qualifications		
▪ Bachelor science of Nursing (BScN)	100	87.0
▪ Diploma of Nursing science: specialty (1 Nursing Administration, 8 Infection control)	9	7.8
▪ Fellowship in Nursing(Neonatal nursing)	3	2.6
▪ Master degree in Nursing science: specialty(1 Obstetric nursing, 2 Nursing Administration)	3	2.6
Current working unit		
▪ Medical units	25	21.7
▪ Surgical units	7	6.1
▪ Critical care units	51	44.3
▪ Obstetric/Pediatric units	21	18.3
▪ Administrative units (training, registration, quality, etc.)	11	9.6
Years of experience in nursing		
▪ < 5	26	22.6
▪ 5-<10	41	35.7
▪ 10-<15	25	21.7
▪ ≥15	23	20.0
Years of experience in the current working unit		
▪ < 5	51	44.3
▪ 5 -<10	38	33.0
▪ 10- <15	17	14.8
▪ ≥15	9	7.9
Experience of training program		
Previous attendance of training program on career planning		
▪ Yes	39	33.9
▪ No	76	66.1
Desire to attend training program on career planning		
▪ Yes	86	74.8
▪ No	29	25.2
Previous attendance of training program on career advancement		
▪ Yes	10	8.7
▪ No	105	91.3
Desire to attend training program on career advancement		
▪ Yes	8	7.0
▪ No	107	93.0

Table (2): Distribution of the Studied Nurses According to their Levels of Career Planning:

Table 2 displays that the vast majority of the studied nurses (93.0%) had a good levels of career planning. The highest career planning levels as perceived by the studied nurses was related to dimensions namely; self-knowledge and career implementation (93.0%, 91.3% respectively), while the lowest levels as perceived by them was related to dimensions namely; career planning and knowledge of occupation (64.3%, 73 % respectively).

Table (2): Distribution of the Studied Nurses According to their Levels of Career Planning:

Dimensions of Career Planning	Levels of Career Planning					
	Poor		Fair		Good	
	No.	%	No.	%	No.	%
▪ Knowledge of the world of work	0	0.0	27	23.5	88	76.5
▪ Self-knowledge	0	0.0	8	7.0	107	93.0
▪ Knowledge of occupation	0	0.0	31	27.0	84	73.0
▪ Career decision making	0	0.0	31	27.0	84	73.0
▪ Career planning	0	0.0	41	35.7	74	64.3
▪ Career implementation	0	0.0	10	8.7	105	91.3
Total career planning levels	0	0.0	8	7.0	107	93.0

poor career planning (< 46 %)	fair career planning (47 % - 72%)	good career planning (≥73 %)
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Table (3): The Relationship Between the Studied Nurses’ Career Planning Levels and their Demographic Characteristics Data:

As evident in table 3 there was a statistically significant difference between the levels of career planning of the studied nurses and their demographic characteristics data in age, current working units, years of experience in the current working unit and experience of training program related to career planning. From another aspect, there was no statistically significant difference between the studied nurses' career planning levels and their sex, marital status, educational qualifications, years of experience in nursing and experience of training program related to career advancement.

Table (3): The Relationship Between the Studied Nurses’ Career Planning Levels and their Demographic Characteristics Data:

Demographic Characteristics Data	Levels of Career Planning				Total N=115		Test of significance
	Fair (N=8)		Good (N=107)		No	%	
	No	%	No	%			
Age							
▪ 20-<30	8	11.8	60	88.2	68	59.1	X ² =5.943 P=0.051*
▪ 30-<40	0	0.0	41	100.0	41	35.7	
▪ ≥ 40	0	0.0	6	100.0	6	5.2	
Sex							
▪ Male	0	0.0	19	100.0	19	16.5	X ² = 1.702 P=0.192
▪ Female	8	8.3	88	91.7	96	83.5	
Marital status							
▪ Single	3	12.5	21	87.5	24	20.9	X ² = 1.585 P=0.453
▪ Married	5	5.7	83	94.3	88	76.5	
▪ Divorced/Widowed	0	0.0	3	100.0	3	2.6	

Educational qualifications							
▪ Bachelor science of Nursing	8	8.0	92	92.0	100	87.0	X2= 1.290 P=0.732
▪ Diploma of Nursing	0	0.0	9	100.0	9	7.8	
▪ Fellowship in Nursing	0	0.0	3	100.0	3	2.6	
▪ Master degree in Nursing	0	0.0	3	100.0	3	2.6	
Current working unit							
▪ Medical units	0	0.0	25	100.0	25	21.7	X2= 10.790 P=0.029*
▪ Surgical units	0	0.0	7	100.0	7	6.1	
▪ Critical care units	8	15.7	43	84.3	51	44.3	
▪ Obstetric/Pediatric units	0	0.0	11	100.0	21	18.3	
▪ Administrative units	0	0.0	21	100.0	11	9.6	
Years of experience in nursing							
▪ < 5	3	11.5	23	88.5	26	22.6	X2= 6.170 P=0.104
▪ 5-<10	5	12.2	36	87.8	41	35.7	
▪ 10-<15	0	0.0	25	100.0	25	21.7	
▪ ≥ 15	0	0.0	23	100.0	23	20.0	
Years of experience in the current working unit							
▪ < 5	8	15.7	43	84.3	51	44.3	X2= 10.790 P=0.013*
▪ 5-<10	0	0.0	38	100.0	38	33.0	
▪ 10-<15	0	0.0	17	100.0	17	14.8	
▪ ≥ 15	0	0.0	9	100.0	9	7.9	
Experience of training program							
Previous attendance of training program on career planning							
▪ Yes	5	12.8	34	87.2	39	33.9	X2=3.135 P=0.077*
▪ No	3	3.9	73	96.1	76	66.1	
Desire to attend training program on career planning							
▪ Yes	4	4.7	82	93.0	86	74.8	X2= 2.800 P=0.094*
▪ No	4	13.8	25	86.2	29	25.2	
Previous attendance of training program on career advancement							
▪ Yes	8	7.6	97	92.4	10	8.7	X2= 0.819 P=0.366
▪ No	0	0.0	10	100.0	105	91.3	
Desire to attend training program on career advancement							
▪ Yes	0	0.0	8	100.0	8	7.0	X2= 0.643 P=0.423
▪ No	8	7.5	99	92.5	107	93.0	

X2 Chi Square Test

Not statistically significance at $p > 0.05$ *: Statistically significant at $p \leq 0.05$ **: high statistically significant p at ≤ 0.001

Table (4): The Relationship Between Levels of factors affecting Career Advancement as perceived by the Studied Nurses and their Demographic Characteristics Data:

As prominent in table 4, there was a highly statistically significant difference between levels of factors affecting career advancement and years of experience in nursing, previous attendance of training program on career planning and previous attendance of training program on career advancement as perceived by the studied nurses. In addition, there was a statistically significant difference between levels of factors affecting career advancement and their age, marital status, current working unit and desire to attend training program on career planning. From the other hand, there was no statistically difference with sex, educational qualifications, years of experience in the current working unit, and desire to attend training program on career advancement.

Table (4): The Relationship between Levels of factors affecting Career Advancement as perceived by the Studied Nurses and their Demographic Characteristics Data:

Demographic Characteristics Data	Levels of factors affecting Career Advancement						Total N=115		Test of significance
	Low (N=2)		Moderate (N=28)		High (N=85)				
Age	No	%	No	%	No	%	No	%	
▪ 20-<30	0	0.0	22	32.4	46	67.6	68	59.1	X ² =9.603 P=0.048*
▪ 30-<40	2	4.9	6	14.6	33	80.5	41	35.7	
▪ ≥ 40	0	0.0	0	0.0	6	100.0	6	5.2	
Sex									
▪ Male	0	0.0	6	31.6	13	68.4	19	16.5	X ² = 0.978 P=0.613
▪ Female	2	2.1	22	22.9	72	75.0	96	83.5	
Marital status									
▪ Single	0	0.0	3	12.5	21	87.5	24	20.9	X ² = 11.898 P=0.018*
▪ Married	2	2.3	22	25.0	64	72.7	88	76.5	
▪ Divorced/Widowed	0	0.0	3	100.0	0	0.0	3	2.6	
Educational qualifications									
▪ Bachelor science of Nursing	2	2.0	28	28.0	70	70.0	100	87.0	X ² = 6.088 P=0.413
▪ Diploma of Nursing	0	0.0	0	0.0	9	100.0	9	7.8	
▪ Fellowship in Nursing	0	0.0	0	0.0	3	100.0	3	2.6	
▪ Master degree in Nursing	0	0.0	0	0.0	3	100.0	3	2.6	
Current working unit									
▪ Medical units	0	0.0	6	24.0	19	76.0	25	21.7	X ² = 10.356 P=0.024*
▪ Surgical units	0	0.0	0	0.0	7	100.0	7	6.1	
▪ Critical care units	2	3.9	16	31.4	33	64.7	51	44.3	
▪ Obstetrical/Pediatric units	0	0.0	0	0.0	11	100.0	21	18.3	
▪ Administrative units	0	0.0	6	28.6	15	71.4	11	9.6	
Years of experience in nursing									
▪ < 5	0	0.0	4	15.4	22	84.6	26	22.6	X ² = 22.584 P=0.001**
▪ 5-<10	2	4.9	18	43.9	21	51.2	41	35.7	
▪ 10-<15	0	0.0	0	0.0	25	100.0	25	21.7	
▪ ≥ 15	0	0.0	6	26.1	17	73.9	23	20.0	
Years of experience in the current working unit									
▪ < 5	2	3.9	16	31.4	33	64.7	51	44.3	X ² = 7.662 P=0.264
▪ 5-<10	0	0.0	9	23.7	29	76.3	38	33.0	
▪ 10-<15	0	0.0	3	17.6	14	82.4	17	14.8	
▪ ≥ 15	0	0.0	0	0.0	9	100.0	9	7.9	
Experiences of Training programs									
Previous attendance of training programs on career planning									
▪ Yes	2	5.1	16	41.0	21	53.8	39	33.9	X ² =13.854 P=0.001**
▪ No	0	0.0	12	15.8	64	84.2	76	66.1	
Desire to attend training programs on career planning									
▪ Yes	0	0.0	19	22.1	67	77.9	86	74.8	X ² = 7.379 P=0.025*
▪ No	2	6.9	9	31.0	18	62.1	29	25.2	

Previous attendance of training programs on career advancement									
▪ Yes	2	20.0	3	30.0	5	50.0	10	8.7	X ² = 21.991
▪ No	0	0.0	25	23.8	80	76.2	105	91.3	P=0.000**
Desire to attend training programs on career advancement									
▪ Yes	0	0.0	3	37.5	5	62.5	8	7.0	X ² = 0.912
▪ No	2	1.9	25	23.4	80	74.8	107	93.0	P=0.634

X² Chi Square Test

Not statistically significance at p>0.05	*: Statistically significant at p ≤ 0.05	** : high statistically significant at p ≤0.001
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Table (5): Distribution of the Studied Nurses According to Ranking of their Percentage Score for Factors Facilitating Career Advancement:

As shown in table 5 the highest ranking of the studied nurses percentage score for factors facilitating career advancement was related to educational qualifications, problem solving skills, and effective communication skills (86.43%, 86.26%, 86.09%) respectively, while the lowest ranking of percentage score was related to luck, mobility and career goals (45.91%, 63.65%, 66.43%) respectively.

Table (5): Distribution of the Studied Nurses According to Ranking of their Percentage Score for Factors Facilitating Career Advancement:

Factors Facilitating Career Advancement	Percentage Score	Rank
▪ Educational qualifications	86.43%	1
▪ Problem solving skills	86.26%	2
▪ Effective communication skills	86.09%	3
▪ Support and guidance from mentors	83.30%	4
▪ Family support	81.57%	5
▪ Job knowledge	80.35%	6
▪ Personality	79.65%	7
▪ Attitude toward work	78.43%	8
▪ Opportunities	71.83%	9
▪ Networking opportunities	71.65%	10
▪ Hard work	70.61%	11
▪ Personal sacrifice	69.91%	12
▪ Career goals	66.43%	13
▪ Mobility	63.65%	14
▪ Luck	45.91%	15

- 20%-45% Low effect on career advancement.
- 46%- 72% Moderate effect on career advancement.
- 73%-100% High effect on career advancement.

Table (6): Distribution of the Studied Nurses According to Ranking of their Percentage Score for Factors Constraining Career Advancement:

As classified into table 6, the highest ranking of the studied nurses percentage score for factors constraining career advancement was related to sexual harassment, lack of equity in training and lack of equity in promotion decisions (89.74%, 83.30%, 82.96%) respectively . On the other hand the lowest ranking was related to old-boy network (dealing with team work of the other gender), being married and difficulty in establishing credibility (61.04%, 65.74%, 72.70%) respectively.

Table (6): Distribution of the Studied Nurses According to Ranking of their Percentage Score for Factors Constraining Career Advancement:

Factors Constraining Career Advancement	Percentage Score	Rank
▪ Sexual harassment	89.74%	1
▪ Lack of equity in training	83.30%	2
▪ Lack of equity in promotion decisions	82.96%	3
▪ Inadequate job knowledge	82.78%	4
▪ Lack of equity in pay	82.26%	5
▪ Lack of mentoring/coaching	82.09%	6
▪ Lack of support systems at work	80.53%	7
▪ Job characteristics, e.g, irregular work hour	80.52%	8
▪ Being a single parent	75.65%	9
▪ Lack of role models	75.30%	10
▪ Conflicts with family responsibilities	74.96%	11
▪ Childcare responsibilities	74.43%	12
▪ Difficulty in establishing credibility	72.70%	13
▪ Being married	65.74%	14
▪ Old-boy network	61.04%	15

- 20%-45% Low effect on career advancement.
- 46%- 72% moderate effect on career advancement.
- 73%-100% High effect on career advancement.

Table (7): Correlation Matrix between the Dimensions of Career Planning and Factors Affecting Career Advancement:

Table 7 specified that there was statistically significant positive low correlation between total career planning levels and total factors affecting career advancement, where ($r= 0.214, p= 0.022$). As, there was statistically not significant positive low correlation between total career planning levels and factors facilitating career advancement, where ($r= 0.005, p= 0.958$). Also, there was highly significant positive low correlation between total career planning levels and factors constraining career advancement, where ($r= 0.353, p= 0.000$).

Table (7): Correlation Matrix between the Dimensions of Career Planning and Factors Affecting Career Advancement:

	knowledge of the world of work	self-knowledge	knowledge of occupation	career decision making	career planning	career implementation	Total career planning	Facilitating factors	Constraining factors
knowledge of the world of work	r								
	P								
self-knowledge	r	0.376							
	P	0.000*							
knowledge of occupation	r	0.509	0.305						
	P	0.000*	0.001*						
career decision making	r	0.541	0.565	0.724					
	P	0.000*	0.000*	0.000*					
career planning	r	0.574	0.351	0.574	0.634				
	P	0.000*	0.000*	0.000*	0.000*				

career implementation	r	0.579	0.623	0.627	0.724	0.714				
	P	0.000*	0.000*	0.000*	0.000*	0.000*				
Total CP	r	0.742	0.678	0.790	0.887	0.793	0.887			
	P	0.000*	0.000*	0.000*	0.000*	0.000*	0.000*			
Facilitating factors	r	0.012	0.310	0.120	0.051	0.287	0.046	0.005		
	P	0.902	0.001*	0.200	0.591	0.002*	0.626	0.958		
Constraining factors	r	0.109	0.284	0.252	0.321	0.312	0.416	0.353	0.362	
	P	0.248	0.002*	0.007*	0.000*	0.001*	0.000*	0.000*	0.000*	
Total factors affecting CA	r	0.058	0.360	0.076	0.222	0.009	0.276	0.214	0.831	0.819
	P	0.541	0.000*	0.418	0.017*	0.922	0.003*	0.022*	0.000*	0.000*

Not statistically significance at $p > 0.05$	*: Statistically significant at $p \leq 0.05$	** : high statistically significant at $p \leq 0.001$
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r = Pearson correlation

very high correlation at $r \geq 0.9$	high correlation at $r 0.7 - < 0.9$	moderate correlation at $r 0.5 - < 0.7$	low correlation at $r < 0.5$
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V. DISCUSSION

Health care organizations today are facing extensive competition, as well as a rapidly changing technology and business environment. ⁽²⁶⁾ Globalization and ever-changing needs have raised major challenges to health care organizations. Those organizations plan, train and develop staff to meet these challenges. ⁽²⁷⁾ Successful health care organizations take career planning and development activities in order to improve professional nurses' experiences, with the ultimate goal to enable them to take proactive responsibility for promotion and advancement in their careers. ⁽²⁸⁾ Nurses' career development needs to be completed in a precise and focused manner to improve professional conditions and care quality. ⁽²⁵⁾ Career planning and advancement are integral parts for developing nurse as professionals wherever nurses live and work. Effective career advancement process is achieved with proper handling of nurses' career planning and organizational career management. ⁽²⁹⁾

The result of this study revealed that the studied nurses had good levels of career planning (CP). This result is supported by Rizanuddin (2020) ⁽³⁰⁾ and Jawarneh (2016) ⁽³¹⁾ who indicated that participants had good levels of career planning. On the other hand, this result is inconsistent with El-Bahnasawy et al., (2021) ⁽³²⁾, Yan et al., (2021) ⁽³³⁾, as well as Jung and Takeuchi (2016) ⁽³⁴⁾ who revealed that CP of nurses was at a medium level. Furthermore, the result of this study revealed that the highest CP levels as perceived by the studied nurses were related to dimensions namely; self-knowledge and career implementation. This result is supported by Liptak (2008) ⁽¹⁶⁾ who revealed that the highest CP dimensions were related to self-knowledge and followed by career implementation. In addition, Jawarneh (2016) ⁽³¹⁾ and Graham (2015) ⁽³⁵⁾ who indicated that the mean of the self-knowledge subscale is higher than all other dimensions of the CP scale.

Moreover, the result of this study revealed that the lowest CP levels were related to dimensions namely; career planning and knowledge of occupation.. This result goes in the same line with Liptak (2012) ⁽¹⁵⁾ and Liptak (2008) ⁽¹⁶⁾ who stated that individuals score the highest level on the self-knowledge dimension and the lowest level on the career planning dimension. this finding is supported by Jawarneh (2016) ⁽³¹⁾ who indicated that the career planning dimension was consistently the lowest category of CP scores. On the other hand, this study result is contradicted with Graham (2015) ⁽³⁵⁾ who revealed that career planning dimension and career implementation dimension were the lowest of career planning dimensions.

The result of this study indicated that there was a statistically significant difference between the level of the studied nurses' CP and CA with their age, as the older nurses had a higher level of CP and CA. This result is supported by Lammintakanen and Kivinen (2012) ⁽³⁶⁾ as well as Chen et al., (2012) ⁽³⁷⁾ who revealed that older nurses have better nursing career development. On the other hand, this result is antagonized with Yan et al., (2021) ⁽³³⁾ who detected that the nurses under 25 years old had the highest self-career planning scores compared with the older nurses. Furthermore, Bigsby (2016) ⁽¹²⁾ revealed that the nurses' career progression generally declined with the increasing age.

In addition, the result of this study revealed that there was a statistically significant difference between the level of the studied nurses' CP and CA with their current working units, where the studied nurses in medical units, surgical units, obstetric and pediatric units, as well as administrative units had a good level of CP and CA. Whereas, the studied nurses in critical care unit had the lowest level of CP and CA. This can be attributed to the nature of critical care work under pressure, as it is a stressful and overloaded workplace. Further, the burnout that the professional nurses face during COVID 19. In this respect, Breau and Rhéaume (2014)⁽³⁸⁾ showed that the ICU nurses were exposed to a variety of work-related stressors, including prolonging life by artificial support, end-of-life issues, and post-mortem care.

This result is supported by Chen et al., (2018)⁽³⁹⁾ as well as Othman and Shalaby (2014)⁽⁴⁰⁾, who elaborated that the work stress of professional nurses in the emergency or intensive care units are usually higher than that in other units, which could lead to stronger the nurses' turnover intention and may in turn decrease the level of their CP and CA. Moreover, Qiao and Xi (2011)⁽⁴¹⁾ detected that the competencies of critical care unit specialized nurses are relatively high, but their scientific research ability as a part of CP and CA was low. On the other hand, Van Osch et al., (2018)⁽⁴²⁾ revealed that the ICU nurses were enjoyed the intensity of the work and their ability to focus their time on the care of critically ill patient which make them satisfied with their work, and improve performance levels, patient outcomes, and development of clinical competence as well as career success.

In addition, the result of this study revealed that there was a statistically significant difference between the studied nurses' level of CP and their years of experience in the current working unit. This result is supported by Bigsby (2016)⁽¹²⁾ who detected the significant differences with nurses 'career planning and development and the number of years worked in a specific unit. This result is antagonized with Yan et al., (2021)⁽³³⁾ who detected that nurses with a shorter length of service or work experience in the same unit shorter than 5 years had the highest career planning levels.

Furthermore, the result of this study revealed that there was a highly statistically significant difference between the perception of the studied nurses' for the total level of factors affecting CA and the previous attendance of training on CP and CA. Also, there was a statistically significant difference between the studied nurses' level of CP and the previous attendance and their desire to attend training programs on career planning. This result is consistent with Bigsby (2016)⁽¹²⁾ who found a strong significant association between CA and career development activities such as training. Whereas, Rande (2015)⁽¹⁰⁾ contradicted this result and showed that career-related education and training did not significantly influence career development.

Moreover, the result of this study concluded that there was no statistically significant difference between the studied nurses' level of CP and CA and their gender. This result goes in the same line with Jawarneh (2016)⁽³¹⁾ who indicated that significant differences were not present between CP and CA with gender. On the other hand, this result is contradicted by Jung and Takeuchi (2016)⁽³⁴⁾ and Hirschi et al., (2011)⁽⁴³⁾ who concluded that there were significant differences between gender and CP as the male had high CP, whereas the female had low CP levels. Also, Chen et al., (2012)⁽³⁷⁾ and Tracey and Nicholl (2007)⁽⁴⁴⁾ stated that when comparing CA for male and female nurses, the male nurses perceived a higher level of successful nursing CA.

It was a very surprising result that there was no statistically significant difference between the studied nurses' level of CP and their marital status. It was anticipated that the single nurses may have a higher level of CP as they have fewer responsibilities than married nurses who have multiple roles, duties, and responsibilities for their family and their work. This result is consistent with Chong et al., (2011)⁽⁴⁵⁾ who indicated that all demographic characteristics data except marital status were significantly associated with continuing professional education as a part of CP. Differently, this result is contradicted with Yan et al., (2021)⁽³³⁾ and Pool et al., (2015)⁽⁴⁶⁾ who identified that there were significant differences between nurses' level of CP and their marital status as the unmarried nurses had the highest self-career planning scores than the married nurses.

In addition, the result of this study revealed that there was no statistically significant difference between the studied nurses' level of CP and CA with educational qualifications. From the researcher's point of view, this could be rationalized by the notion that the hospital's criteria for promotion and professional development are based on career grades with years of experience rather than educational qualifications. This result is consistent with Saadin et al., (2016)⁽²⁰⁾ and Patwardhan et al., (2015)⁽⁴⁷⁾ who revealed that educational qualifications were not found to be statistically significant in achieving promotions or CA. However, result is contradicted by Mohammed et al., (2020)⁽²⁵⁾ and Pool et al., (2013)⁽⁴⁸⁾

who revealed that there was a significant difference between nurses' professional development and their continuing education, attending clinical teaching sessions, reading professional journals, learning from health care professionals and other colleagues.

In addition, the result of this study revealed that there was a highly statistically significant difference between the perception of studied nurses' level for factors affecting CA and years of experience in nursing. This result is supported by Ko and Yu (2014)⁽⁴⁹⁾ who confirmed that work experience was the key role in nurse's CA. On the other hand, this result is antagonized with Pool et al., (2013)⁽⁴⁸⁾ who found that experienced nurses might feel that they have learned enough, causing career plateau and acting as a barrier for their CA.

In addition, the result of this study revealed that there was a statistically significant difference between the perception of the studied nurses' levels for factors that affect nurses' CA and their marital status. It proved that single nurses have a higher level of CA than other nurses. This result is supported by Mohammed et al., (2020)⁽²⁵⁾ who detected that there was a statistically significant relationship between nurses' marital status and total factors influencing nursing career development. On the other hand, this result is antagonized with LaPierre and Zimmerman (2012)⁽⁵⁰⁾ who detected that there were no statistically significant differences between marital status and CA.

Concerning factors facilitating nurses' CA, the result of this study revealed that the highest ranking of factors facilitating nurses' CA were related to educational qualifications. This result is supported by Ebrahimi et al., (2012)⁽⁵¹⁾, Toygar and Ergun (2012)⁽¹¹⁾, as well as Posholi (2012)⁽⁵²⁾ who found that the highest facilitating factors affecting CA were related to educational qualifications. This result is contradicted by Patwardhan et al., (2015)⁽⁴⁷⁾, and Cleary et al., (2013)⁽⁵³⁾ who revealed that the highest facilitating factors affecting nurses' CA were related to the support and the guidance of mentors.

Moreover, the result of this study indicated that problem-solving and effective communication skills were the second and the third ranking of factors facilitating nurses' CA. This could be rationalized by the assumption that any nurse needs the ability to handle problems and have the art of establishing a solution in a reasonable time through their daily activities. This result goes in the same line with Zhong et al., (2018)⁽⁵⁴⁾ and Chappell and Willis (2013)⁽⁵⁵⁾ who revealed that problem-solving and effective communication skills were the most important factors for CA. This result is supported by Lyons (2013)⁽⁵⁶⁾, who revealed that effective communication skills were at the third rank of factors facilitating CA. On the contrary, this result is inconsistent with Abdalla (2015)⁽⁵⁷⁾ and Deng (2017)⁽⁵⁸⁾ who detected that problem-solving skills were at the third and the fourth rank of factors facilitating CA as perceived by males and females respectively. While communication skills were at the first and the second rank as perceived by males and females respectively.

In addition, the result of this study indicated that luck was the lowest in the ranking of factor facilitating CA as perceived by the studied nurses. This result is supported by Zhong et al., (2018)⁽⁵⁴⁾ who showed that luck was the least important factor facilitating CA. On the other hand, this result is contradicted with Laud and Johnson (2012)⁽⁵⁹⁾ who revealed that luck played a role in career advancement.

Concerning factors constraining CA, the result of this study revealed that the highest ranking factor constraining CA as perceived by the studied nurses was related to sexual harassment. This could be due to the researcher's assumption that nurses complaint frequently of violence, insults, and sometimes sexual and verbal harassment from patients, their relatives, and other colleagues in the hospital. In this respect, Abou-ElWafa et al., (2015)⁽⁶⁰⁾ showed that the most prevalent sort of abuser for physical, verbal, and bullying was a patient's relative or visitor, whereas one-third of the studied nurses reported that the abuser for sexual harassment was one of their coworkers. This result is supported by Maghraby et al., (2020)⁽⁶¹⁾ and Ali et al., (2015)⁽⁶²⁾ who showed that more than two-thirds of nurses at Tanta University Hospitals in Egypt were over-exposed to sexual harassment at their workplace which in turn affect their CA.

In addition, Rijal and Wasti (2018)⁽⁶³⁾ reported that working women in health services have identified sexual harassment as a major barrier for career progression and development. On the other hand, this result is contradicted with Alboliteeh et al.,(2017)⁽⁶⁴⁾, and Palma et al., (2020)⁽⁶⁵⁾ who revealed that lack of support system at work was the highest factor constraining CA while sexual harassment was the eighth on ranking of factors constraining CA. Moreover, Poornima (2017)⁽⁶⁶⁾ showed that sexual harassment was the lowest constraining factors for CA.

Moreover, the study result showed that lack of equity in training and in promotion decisions were the second and the third in the ranking of factors constraining CA as perceived by the studied nurses. This result is supported by Mee and

Robinson (2020)⁽⁶⁷⁾, Shahhosseini and Hamzehgardeshi (2015)⁽⁶⁸⁾, and Ismaiel (2013)⁽²⁶⁾ who reported the relationship between nurses' CA, promotion decisions, and training. On the other hand, Lyons (2013)⁽⁵⁶⁾ revealed that lack of equity in training and in promotion decisions were the lowest factors constraining CA as perceived by males.

Moreover, the result of this study indicated that old boy network was the lowest in the ranking of factor constraining CA as perceived by the studied nurses. This result is supported by Deng (2017)⁽⁵⁸⁾ who showed that the old boy network was the lowest in the ranking of factor constraining CA. This result is contradicted by Zhong et al., (2018)⁽⁵⁴⁾, who showed that the old-boy network was a major constraints for women's career advancement. Also, Lyons (2013)⁽⁵⁶⁾ showed that old boy network was at the eleventh and the fourth rank of factor constraining CA as perceived by males and females respectively.

The result of this study indicated that there was a statistically significant low positive correlation between CP dimensions and factors affecting CA. This result is supported by Rizanuddin (2020)⁽³⁰⁾, Serbes and albay (2017)⁽⁶⁹⁾, Chetana and Mohapatra (2017)⁽⁷⁰⁾, and Triandani and Anggriani (2015)⁽⁴⁾ who stated CP partially significantly affect career development. On the other hand, this result is inconsistent with Adekola (2011)⁽⁷¹⁾ and Hall (2008)⁽⁷²⁾ who showed that there was a strong relationship between CP and CA.

VI. CONCLUSION

The finding of this study concluded that the vast majority of the studied nurses had a good levels of career planning. In addition, there was statistically significant positive low correlation between total career planning levels and total factors affecting career advancement. As, there was positive low correlation statistically not significant between total career planning levels and factors facilitating career advancement. In addition, there was highly significant positive low correlation between total career planning levels and factors constraining career advancement.

VII. RECOMMENDATIONS

Based on the findings of the present study the following recommendations were suggested:

A. The hospital administrators should:

- 1-Review the organization policies to add policies that facilitate and foster nurses career planning and advancement as, nursing education policies training polices, objective appointment and promotion policies.
- 2-Integrate the course/concept of career planning and career advancement into the curriculum of undergraduate and postgraduate to raise the awareness of future nurses toward their career path and understand how career planning career develop their career.
- 3- Conduct frequent training programs and series of workshops on career planning and career advancement to improve nurse's knowledge, skills, and attitude toward their career development.
- 4-Development of plans for enhancing career planning and advancement and increase nurses performance.
- 5- Provide resource; and opportunities for further education to upgrade the general awareness level of career planning and advancement strategies.
- 6- Develop manuals to educate new graduated nurses on career planning and career advancement just before starting the career path and employment.
- 7-Develop a reward's system to enhance nurse's and motivate them to plan for their career success

B. The nurse managers should:

- 1- Define professional nurses' personal goals and compare them to the organizational goals.
- 2- Follow up the performance of professional nurses to know the strengths and weaknesses and develop a plan for improvement and advancement.
- 3- Provide professional nurses with constructive feedback bout their career plans and provide them with knowledge and skills to conduct their career plan for advancement.

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4- Provide intra-organizational and extra-organizational opportunities such as consultancy services and continuing education.

5-Regular assessment of professional nurses' career plans and their plans for career advancement also, being a role models.

C. The professional nurses should:

1- Determine their career goals based on self-knowledge and their career preference.

2- Develop short-term and long-term career goals and balance them with their family and work responsibilities.

3- Develop career plane for career advancement.

4-Attend frequent training programs, workshops, symposiums, and brainstorming sessions concerning career path, career planning and career advancement.

5- Update knowledge through continuous reading, use computers software and the internet to in assist job search.

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