

DETERMINATION OF RELATED FACTORS AND CAREER PROBLEMS IN NURSING: A DESCRIPTIVE AND CROSS-SECTIONAL STUDY

Serpil Çelik Durmuş*¹, Tuba Karabey², Hüsna Özveren¹

1. Faculty of Health Sciences, Department of Nursing, Kırıkkale University, Kırıkkale, Turkey

2. Faculty of Health Science, Division of Nursing, Gaziosmanpaşa University, Tokat, Turkey

Correspondence: serpilcelik2010@gmail.com

ABSTRACT

OBJECTIVE:

Career planning is a process empowered by the skills and experiences that enable the nurse to develop as a professional and achieve goals. Therefore, determining the factors affecting career planning is of great importance for the career development of nurses. This study aims to describe the career problems of nurses and the related factors in Türkiye.

MATERIAL AND METHODS:

The sample of the study consisted of 400 nurses working in Türkiye. To collect the data, the Introductory Characteristics Form and the Career Problems in Nursing Scale were utilised.

RESULTS:

Nurses' career problems scale mean total score was 79.06 ± 26.68 . Factors affecting nurses' career problems: educational status, institution, position, the working year, working hours, being willing and satisfied with the profession, personality structure, supporting the institution to make a career, burnout, and chronic fatigue.

CONCLUSION:

In the study, it was found that the career problems of nurses were at a moderate level. It is recommended to provide consultancy and training that nurse need in career planning and development. In this context, it is very important for nurse managers to give importance to the career development of nurses and to support the necessary nurses in this regard.

KEYWORDS

burnout, career, glass ceiling, nurses, problem, stress

INTRODUCTION

According to the World's Nursing 2020 report prepared in cooperation with the World Health Organization (WHO), International Council of Nurses (ICN), and Nursing Now; Nursing constitutes the largest occupational group in the health sector, accounting for approximately 59% of health professions. The global nursing workforce is 27.9 million, of which 19.3 million are professional nurses. In Türkiye; According to WHO data for 2019, 198,103 nurses are serving [1]. To achieve the

Sustainable Development Goals, it is important to improve health for all and empower the nurse workforce on the path toward universal health policies [2].

A career is defined as advancing in a chosen job and as a result of that earning more money, taking on more responsibility, gaining more status, power, and respect [3]. In working life, individuals want to choose a profession that suits their abilities, work for a long time in jobs related to the profession they have chosen, to make career plans in their fields by using the opportunities of education and development in their profession and to rise in the career ladder [4,5]. Career planning is a process that is strengthened with skills and experiences that enable the nurse to develop as a professional and achieve goals. The International Council of Nurses (ICN) has taken a leadership role in this field. In 2010, ICN published a working paper called "Career Planning and Development for Nurses", stating that "nurses' career development should be encouraged and supported by appropriate professional attitudes, education systems, workplace structures, and management attitudes" [6]. The insufficiency of nurse manpower/nurse turnover rate, which has been felt much more intensely in health services especially recently, and the fact that nurses tend to non-nursing areas make the issue of career development in nursing services much more important [7]. Career development is an important tool in the development of nurses as a professional profession [8]. The fact that hospital and nursing services managers work to improve career opportunities in the field of nursing services is effective in helping nurses to choose that hospital, and by directing them to evaluate opportunities for promotion by not leaving the organization, to do their jobs in a more motivated way, to increase job satisfaction, increase success and productivity [7,9]. For this reason, it is very important to determine the career problems experienced by nurses. Career problems are handled within the framework of very broad dimensions. While providing a good career opportunity to employees and giving importance to their career development is important for service quality, identifying career problems and taking measures against them also become a priority for institutions [10,11].

Career-related problems appear in the literature such as a glass ceiling, dual-career spouses, dual careers, moonlight problems, problems that arise in career stages, and work-family conflict, work stress, mobbing, and burnout, which have been discussed in career problems recently [12-15]. Nurses, who are at a very important point in health service delivery, are heavily exposed to all these factors [16]. Nurses who are compatible with work-family life and motivated in work life are important determinants of the quality of patient care [17]. In this context, the problems experienced by nurses should be determined to improve their work-life, motivation levels, and commitment [18]. In this way, it is possible to determine which subjects nurses have problems in their professional development and progress and to make plans to improve their working lives and to be supported. It is thought that determining the career problems experienced by nurses in nursing will contribute to the planning of reducing the stress and burnout levels experienced by nurses, thus increasing their job satisfaction, professional commitment, and motivation levels. However, determining the career problems of nurses will positively affect the development and progress of the profession. When national and international literature is scanned, some studies on nurses' career planning are seen [3,14,21]. However, no study focusing on nurses' career problems has been seen. For this reason, this study was conducted to determine the career problems of nurses and the related factors to them.

MATERIAL AND METHODS

Type of research: The research was conducted as descriptive and cross-sectional.

The universe and sample of the research: The population of the research consisted of 204,969 nurses. The sample size of the study was determined as at least 382 nurses with the sample calculation formula of the known universe [19].

$$S = \frac{Nt^2p.q}{d^2(N-1)+t^2p.q} =$$

$$204.969 \times (1.96)^2 \times (0.5) \times (0.5) = 293.81 = 382$$
$$(0.05)^2 \times 204.968 + (1.96)^2 \times (0.5) \times (0.5)$$

The sample of this study consisted of 400 nurses working in hospitals providing health services throughout Türkiye. The research was carried out between 01/06/2021-15/08/2021 and the Informed Voluntary Consent Form was obtained from the participants at the beginning of the online survey.

Procedure: The research was carried out with nurses working in university, state, and city hospitals providing health services throughout Türkiye. Data were collected through the questionnaire method (online linked) with all individuals in the sample who agreed to participate in the study.

DATA COLLECTION TOOLS

The Descriptive Characteristics Form and the Career Problems in Nursing Scale were used to collect the data for the study. *Introductory Characteristics Form:* It was prepared by the researchers in line with the literature [4,5,7,20]. The introductory characteristics form consists of 25 questions including age, gender, the working year, type of working institution, and factors affecting career problems of nurses.

Career Problems in Nursing Scale (CPNS): Çavmak et al. is a 7-point Likert-type scale consisting of four sub-dimensions [21]. Sub-dimensions of the scale; Stress and exhaustion consisting of 9 items, organizational pressure and occupational incompatibility consisting of 7 items, dual-career problem consisting of 3 items, and gender-related problems in career consisting of 4 items. The minimum score that can be obtained from the scale is 23 and the maximum score is 161. Increasing scores indicate that nurses perceive/experience the relevant dimension as a career problem. The Cronbach's alpha value of the original scale was 0.89. In this study, Chronbach's alpha value of the scale was calculated as 0.93.

EVALUATION OF DATA

The data obtained from the research were evaluated using the IBM SPSS 22.0 (Statistical Package for the Social Sciences) package program. Number, percentage calculation, and mean measures (minimum, maximum) were used in the evaluation of the data. As a result of the normality tests of the data, Student's t-test and/or Mann-Whitney U test were used for comparisons with two groups, and ANOVA and/or Kruskal-Wallis H test were used for comparisons with 3 or more groups. The statistical significance value was accepted as $p < 0.05$.

ETHICAL ASPECT OF RESEARCH

To carry out the research, ethics clearance was obtained from Tokat Gaziosmanpaşa University Social and Human Sciences Research Ethics Committee (No:08.06.2021/12:01). Data was collected online via Google surveys. The first page consists of an informed consent section explaining the purpose of the study, and those who gave consent were included. The Google survey is arranged so that the personal information of the participants is not visible.

RESULTS

FINDINGS REGARD NURSES' DESCRIPTIVE CHARACTERISTICS

The distribution of the individuals participating in the research according to some introductory characteristics is given in Table 1. It was determined that 78.25% of the participants were women, 72 % were between the ages of 18-35, and 77.25% were undergraduate graduates. It was determined that 55.25% of the participants were satisfied with working as nurses, 66.50% chose the nursing profession willingly and 86.00% of the nurses worked as service nurses. It was determined that 72 % of the nurses in the study could not fulfill their career-developing roles and 80 % of them did not support career development. Again, it was determined that 51.50% of the nurses experienced burnout, 52 % experienced chronic fatigue, 86.00% were not satisfied with their current position, and 81.25% needed training or counseling for career planning and career planning.

TABLE 1. DISTRIBUTION OF NURSES BY DESCRIPTIVE CHARACTERISTICS (N=400)

Characteristics	n	%
Gender		
Female	313	78.25
Male	87	21.75
Age (X=30.86±7.57)		
18-35	288	72.00
36-55	112	28.00
Marital status		
Married	186	46.50
Single	214	53.50
Educational Status		
Health vocational high School	26	6.50
License	309	77.25
Graduate	65	16.25
Employed Institution		
City Hospital	50	12.50
Faculty of Medicine (Training and Research Hospital)	231	57.75
Public Hospital	119	29.75
Assigned Unit		
Internal Units	127	31.75
Surgical Units	85	21.25
Intensive care	106	26.50
Operating room	27	6.75
Emergency Unit	33	8.25
Policlinic	22	5.50
Satisfaction with Working as a Nurse		
Yes	221	55.25
No	179	44.75
The state of choosing the profession willingly		
Yes	266	66.50
No	134	33.50
Working Year		
0-5 years	184	46.00
6-10 years	80	20.00
11-15 years	50	12.50
More than 15 years	86	21.50
Current Position		
Service Nurse	344	86.00
Responsible Nurse	33	8.25
Policlinic Nurse	17	4.25
Training Nurse	6	1.50
Weekly Working Hours		
0-40 hours	95	23.75
Between 41-50 hours	149	37.25
Between 51-60 hours	124	31.00
more than 61 hours	32	8.00

State of Being in a Stressful Structure		
Always	86	21.50
Sometimes	308	77.00
None	6	1.50
Institution's Career Support Status		
Yes	80	20,0
No	320	80,0
Experiencing Burnout		
Yes	206	51.50
No	12	3.00
Partially	182	45.50
The state of experiencing chronic fatigue		
Yes	208	52.00
No	20	5.00
Partially	172	43.00
Satisfaction with the Current Position		
Yes	56	14.00
No	344	86.00
Training status for career development and career planning		
Yes	124	31.00
In undergraduate education	76	19.00
Symposium/Conference	36	9.00
Internet	12	3.00
No	276	69.00
State of having a clear career goal		
Yes	294	73,5
No	106	26,5
Need for training or consultancy for career development and career planning		
Yes	325	81.25
No	75	18.75

FINDINGS REGARDING NURSES' NURSING CAREER PROBLEMS SCALE AND SUBSCALES

In Table 2, the mean scores of the Career Problems Scale in Nursing and its sub-dimensions are given. The total mean score of the scale was 79.06 ± 26.68 ; the stress and burnout sub-dimension mean score was 34.64 ± 12.30 , the organizational pressure and occupational incompatibility sub-dimension mean score was 21.65 ± 9.94 , the dual-career problem sub-dimension mean score was 9.85 ± 4.95 , gender-related problems in career sub-dimension score average was 12.92 ± 4.26 .

TABLE 2. CAREER PROBLEMS IN NURSING SCALE AND ITS SUB-DIMENSIONS MEAN SCORES (N:400)

Scale	$\bar{X} \pm Sd$	Min.	Max.
Stress and Exhaustion	34.64 ± 12.30	9	63
Organizational Pressure and Professional Incompatibility	21.65 ± 9.94	7	49
The Dual Career Problem	9.85 ± 4.95	3	21
Gender-Related Issues in Career	12.92 ± 4.26	4	28
Career Problems in Nursing Scale total score	79.06 ± 26.68	23	161

* Mean and SD were examined

FINDINGS REGARD NURSES' DISTRIBUTION OF NURSING CAREER PROBLEMS SCALE TOTAL AND SUBSCALE SCORES BY DEMOGRAPHIC CHARACTERISTICS

Table 3 shows the comparison of Nurses' Career Problems in Nursing Scale total and sub-dimensions score averages and some introductory features. It was found that the scale total score average and stress and exhaustion sub-dimension mean score of the nurses working in the medical faculty/ training and research hospital were higher than the nurses working in the city hospital and state hospital, and the difference was statistically significant ($p < 0.05$). It was found that the scale total score and sub-dimension mean scores of those who were not satisfied with working as nurses were higher than those who were satisfied with working as nurses, and the difference was statistically significant ($p < 0.05$).

It was determined that the scale total score average, dual-career problem sub-dimension score average, and gender-related problems in career sub-dimension score average of the participants who did not choose the profession voluntarily among the participants in the study were higher than the nurses who chose the profession voluntarily, and the difference was statistically significant ($p < 0.05$).

The scale total score average and stress and exhaustion sub-dimension score average of the nurses working 61 hours or more per week were found to be higher than those working between 0-40 hours, 41-50 hours, and 51-60 hours and the difference between them was statistically significant ($p < 0.05$).

It was determined that nurses who were always stressed had higher mean scores in the total scale score, organizational pressure, professional incompatibility sub-dimension, and gender-related problems in career sub-dimension compared to those who sometimes or never experienced stress. The differences between these groups were statistically significant ($p < 0.05$).

The scale total score average, organizational pressure, professional incompatibility, and gender-related problems in the career sub-dimension of the nurses who did not support a career in the institutions they worked for were found to be statistically higher than the nurses who supported the institution to make a career, and the difference between them was found to be statistically significant ($p < 0.05$).

It was found that the scale total score average and all sub-dimension score averages of the nurses who stated that they experienced burnout were statistically higher than the nurses who did not experience burnout and who experienced partial burnout, and the difference between them was found to be statistically significant ($p < 0.05$).

It was determined that the total score average of the scale, the average of the stress and exhaustion sub-dimension, the mean of organizational pressure and occupational incompatibility, and the sub-dimension of gender-related problems in the career of the nurses who stated that they experienced chronic fatigue were statistically higher than the nurses who did not experience chronic fatigue and partially experienced it. The difference between them was found to be statistically significant ($p < 0.05$).

TABLE 3. COMPARISON OF NURSES' CAREER PROBLEMS IN NURSING SCALE AND ITS SUB-DIMENSIONS TOTAL SCORE AVERAGES AND SOME INTRODUCTORY CHARACTERISTICS (N: 400)

	Career Problems in Nursing Scale Total Score Averages	Career Problems in Nursing Scale sub-dimensions			
		Stress and Exhaustion	Organizational Pressure and Professional Incompatibility	The Dual Career Problem	Gender-Related Issues in Career
		X±SD	X±SD	X±SD	X±SD
Educational Status					
Health vocational high School	76.99±25.76	31.88±10.61	22.73±9.61	9.11±4.80	13.26±5.47
License	77.49±25.53	34.12±11.97	20.84±9.35	9.81±4.89	12.71±5.75
Graduate	87.32±30.13	38.18±13.88	25.07±12.30	10.30±5.43	13.75±5.50
Test statistics	F=0.376 p=0.024	F=3.66 p=0.026	F=5.07 p=0.007	F=5.65 p=0.569	F=0.945 p=0.390
Employed Institution					
City Hospital	77.10±25.76	35.42±11.38	20.02±9.74	9.10±4.79	12.56±6.34
Faculty of Medicine (Training and Research Hospital)	82.65±27.83	36.56±12.91	22.90±10.66	10.14±5.19	13.04±5.76
Public Hospital	72.90±23.00	30.57±10.45	19.91±8.38	9.58±4.59	12.82±5.31
Test statistics	F=5.509 p=0.004*	F=9.80 p=0.001*	F=4.32 p=0.014	F=1.14 p=0.319	F=0.174 p=0.840
Satisfaction with Working as a Nurse					
Yes	71.24±23.92	30.87±10.49	19.61±9.80	8.90±4.67	11.84±5.51
No	88.70±26.68	39.28±12.81	24.16±9.70	11.01±5.10	14.25±5.64
Test statistics	t=-6.866 p=0.001*	t=-7.214 p=0.001*	t=-4.628 p=0.001*	t=-4.291 p=0.001*	t=-4.298 p=0.001*
The state of choosing the profession willingly					
Yes	76.32±24.84	33.46±11.85	21.19±9.62	9.33±4.67	12.33±5.33
No	84.42±29.21	36.82±12.82	22.58±10.74	10.90±5.40	14.11±6.23
Test statistics	t=-2.879 p=0.004*	t=-2.596 p=0.010	t=-1.305 p=0.193	t=-3.00 p=0.003*	t=-2.971 p=0.003*
Working Year					
0-5 years	75.64±24.38	33.98±11.40	19.96±9.64	9.49±4.79	12.19±5.55
6-10 years	80.90±22.10	34.90±12.30	20.64±9.24	9.50±4.70	12.25±4.50
11-15 years	81.98±26.91	35.47±13.14	22.65±9.35	10.23±5.02	13.62±5.86
More than 15 years	81.11±29.44	34.29±12.66	23.79±11.22	9.83±5.22	13.19±5.28
Test statistics	F=2.662 p=0.071	F=0.624 p=0.536	F=5.099 p=0.007	F=0.905 p=0.405	F=2.733 p=0.066
Current Position					
Service Nurse	78.80±26.91	34.31±12.32	21.72±10.04	9.76±4.95	13.00±5.76

Responsible Nurse	76.69±22.08	34.00±11.07	21.51±9.50	8.93±4.18	12.24±5.32
Policlinic Nurse	86.94±28.75	41.41±12.60	20.11±11.00	13.05±5.98	12.35±5.37
Training Nurse	94.99±22.54	44.50±14.84	24.00±5.65	12.50±3.53	14.00±1.41
Test statistics	F=0.826 p=0.480	F=2.276 p=0.079	F=0.177 p=0.912	F=2.993 p=0031	F=0.261 p=0.854
Weekly Working Hours					
0-40 hours	74.73±25.99	33.03±12.18	20.72±10.34	9.30±5.45	11.67±5.17
Between 41-50 hours	84.76±29.67	37.82±13.01	22.73±11.08	10.35±5.39	13.85±6.58
Between 51-60 hours	74.13±22.31	30.72±9.69	21.20±7.93	9.39±3.71	12.80±4.72
More than 61 hours	84.43±23.23	39.75±13.13	21.09±10.90	10.87±5.55	12.71±5.61
Test statistics	F=5.083 p=0.002*	F=10.600 p=0.001*	F=0.963 p=0.410	F=1.699 p=0.167	F=2.918 p=0.034
State of Being in a Stressful Structure					
Always	88.10±26.91	37.47±11.95	25.01±9.90	11.11±4.94	14.50±6.04
Sometimes	76.95±25.81	34.00±12.19	20.81±9.88	9.54±4.90	12.59±5.49
None	57.83±28.52	26.83±17.32	16.50±7.06	7.33±6.50	7.17±4.75
Test statistics	F=8.060 p=0.001*	F=3.965 p=0.020	F=6.918 p=0.001*	F=4.195 p=0.016	F=7.094 p=0.001*
Institution's Career Support Status					
Yes	69.40±27.37	32.45±12.84	17.46±9.93	8.61±5.63	10.87±6.83
No	81.47±25.99	35.18±12.12	22.70±9.76	10.15±4.75	13.43±5.76
Test statistics	t=-3.674 p=0.001*	t=-1.784 p=0.075	t=-4.277 p=0.001*	t=-2.503 p=0.013	t=-3.645 p=0.001*
Experiencing Burnout					
Yes	90.43±26.68	41.08±11.93	24.47±10.72	10.83±5.26	14.03±5.96
No	55.74±31.28	20.75±9.46	15.91±12.18	7.50±6.82	11.58±5.94
Partially	67.73±19.55	18.83±7.89	18.83±7.89	8.89±4.23	11.74±5.11
Test statistics	F=49.176 p=0.001*	F=85.953 p=0.001*	F=18.945 p=0.001*	F=9.117 p=0.001*	F=8.507 p=0.001*
The state of experiencing chronic fatigue					
Yes	89.20±27.37	40.77±12.72	23.94±10.98	10.52±5.28	13.95±6.06
No	65.69±29.44	24.30±9.11	18.35±13.04	9.30±6.38	13.75±5.94
Partially	68.35±19.55	28.42±8.12	19.26±7.43	9.09±4.27	11.56±4.90
Test statistics	F=36.952 p=0.001*	F=75.211 p=0.001*	F=12.051 p=0.001*	F=4.111 p=0.017	F=8.823 p=0.001*

* Student's t-test, Mann-Whitney U test, ANOVA and Kruskal-Wallis H test

DISCUSSION

Nurses face some problems while developing a career in the business environment. In this study, the problems that nurses face on the path of career development were examined and, in this context, our findings were discussed in the relevant literature.

The mean CPNS total score of the nurses was 79.06±26.68 (out of 161), indicating that their career problems are at a moderate level. On the other hand, the mean score of "stress and burnout" sub-dimensions of CPNS was 34.64±12.30 (out of 63), the mean score of "organizational pressure and occupational incompatibility" was 21.65±9.94 (out of 49), "double

career problem". Sub-dimension mean score 9.85 ± 4.95 (out of 21), "gender-related problems in career" sub-dimension score average of 12.92 ± 4.26 (out of 28) was found to be moderate (Table 2). Work stress and burnout problems are expressed as the most critical factors in career development [22,23]. Hospitals are inherently stressful institutions, and nursing is considered a demanding profession characterized by occupational stress and overload [24]. It is thought that when nurses have an excessive workload and the effort made to cope with this workload, nurses have to keep up with their family life, they cannot spare enough time for career planning and this situation leads them to more stress and exhaustion.

In our study, it was determined that nurses experienced high levels of stress and burnout while working, and those who stated that they experienced chronic fatigue were also high (Table 3). When the literature was examined, Rudman et al. (2020) found that nurses experienced burnout in the first three years of their careers after graduation [25]. Sarafis et al. (2016) determined that situations such as witnessing the death process of nurses, being in contact, and constantly interacting with patients and their families, conflicts, and uncertainty in the institution cause high levels of stress [26]. Nurses, who stated that they were always in stressful situations, stated that they experienced organizational pressure, professional incompatibility, and gender-related problems in their careers (Table 3). Cochran (2021) reported that nurses experience high levels of fatigue due to long working hours [27]. Chronic fatigue of nurses reflects negatively on their job performance and suggests that it also negatively affects their career planning or planning. It also shows that harmful processes caused by chronic stress start early in nurses' careers, and therefore preventive efforts should preferably be initiated early (for example, as part of nursing education and on-the-job training programs) [28].

It has been determined that nurses with postgraduate education experience stress and exhaustion, organizational pressure, and professional incompatibility problems while making a career plan (Table 3). Nurses in Türkiye are often promoted to managerial positions such as a chief nurse, assistant head nurse, supervisor, and head nurse, depending on organizational needs and professional competencies. However, they are also promoted to special branch nurses such as training nurses, infection control nurses, quality nurses, and diabetes nurses. According to the nursing, law numbered 6283 in Türkiye; Nurses who have graduated from postgraduate education programs in fields related to their profession have the right to work as specialist nurses [29]. Unfortunately, today, nurses in Türkiye still have not been able to get a "specialist nurse" staff and they cannot work in hospitals with expert nurse staff. In addition, according to the law, nurses who have received postgraduate education are given the right of priority to management positions in nursing. There are also problems with the implementation of this article. Nurses receive postgraduate education to advance their career paths. However, in most hospitals, the communication of nurses with graduate education with top managers is given priority and their diplomas can be ignored. This situation can slow down the promotion of nurses or lead to negative situations (such as the loss of nurses). In addition, the workload of nurses globally is high. The nursing workload is one of the reasons that increase burnout and stress. Nurses experiencing burnout and stress have persistent intentions to quit their jobs [30]. It can be said that this negative situation created by burnout and stress prevents nurses from making a career.

In our study, it was determined that the nurses working in the training and research hospital (university hospital) faced career problems, stress, and exhaustion at a higher level compared to other hospitals (Table 3). Considering the period in which the data of the study was collected, it is stated that the level of stress and burnout in nurses increased with the pandemic during the Covid 19 pandemic [31-33]. In Türkiye, patients prefer training and research hospitals for the treatment of moderate and severe diseases [34]. In this context, it is thought that the workload of nurses working in training and research hospitals during the pandemic process increased and this situation increased the stress and burnout levels of nurses, thus negatively affecting their career planning or career path.

In our study, they reported that nurses who were not satisfied with working as a nurse did not choose the profession voluntarily and were not satisfied with their current position experienced higher levels of career problems compared to other nurses (Table 3). When the literature is examined, it is found that there is a strong relationship between professional values and career development in their studies [8]. Guerrero et al. found that affective occupational commitment was negatively related to the intention to leave [35]. Individuals who do not like the nursing profession choose to nurse mostly because they have a high chance of finding a job, suggesting that they only do nursing to earn money and make a living,

and do not make or avoid a career planning for the future [36]. In this context, it can be said that individuals who do not like their profession and the job they do have problems in their career lives.

It was determined that nurses who worked for 15 years or more experienced career problems in the sub-dimension of organizational pressure and professional incompatibility (Table 3). According to the scale items of the sub-dimension; they stated that they were generally given simple and non-specialized jobs and were not given sufficient authority to fulfill their responsibilities. In the World's Nursing 2020 report, it is stated that nurses under the age of 35 act earlier to pursue a career than nurses approaching retirement. Considering that young nurses are more willing to make a career, the institutions and manager nurses must support them and provide training on career planning [1].

It has been determined that polyclinic nurses have dual-career problems in the field of career (Table 3). A dual career is defined as the progress of an individual in two different career fields [21]. This finding suggests that nurses have a dual career problem because they do jobs such as secretarial and technician, where they cannot do nursing work in polyclinic or non-clinical units. In this context, it can be said that nurses have career problems because they cannot perform their main profession, the nursing profession.

Factors such as nurses' busy and irregular working hours, stress, insufficient manpower, and high patient-nurse ratio negatively affect nurses' job satisfaction [37-39]. In our study, it was found that nurses who worked 61 hours or more had higher career problems (Table 3). When the literature is examined, it is reported that long-term and night shift work of nurses harms general health, such as increasing the susceptibility to social dysfunction and depression [40-41]. It can be said that the high perceived career barriers of nurses are because they care for patients with a heavy workload and that they cannot spare enough time for career studies due to their long working hours.

In our study, the career problems of the nurses who were not supported by their institutions to pursue a career were found to be higher than the other groups (Table 3). Cleary et al. (2013) found that especially the support of senior management and supervisors contributed significantly to the career development of nurses [38]. Labrague & McEnroe-Petite (2018) reported that senior staff counseling and in-service training programs are important for nurses' career development and stress control [42]. In this context, nurses should be supported by their institutions, managers, teammates, and families for their career development.

CONCLUSIONS

It has been determined that the career problems of nurses are affected by the factors of education, institution, position, the working year, working hours, choosing the profession willingly and being satisfied, being in a stressful situation, experiencing burnout and chronic fatigue, supporting the institution's career, and being satisfied with the current position. For nurses, it is recommended to provide consultancy and training services that they need in career planning and development. Within the scope of health policies, it is recommended that nurses who have completed postgraduate education or received certificates should be employed in their fields of specialization, as well as creating clinical expertise staff and giving the acquired rights to their owners.

LIMITATIONS

There are some limitations to this study. First, the sample size of this study was selected from a single country. On the other hand, the findings are limited to the scale items.

RECOMMENDATIONS

Promoting the individual career development of nurses contributes to the development of the nurse workforce and quality. This study, which we have done throughout Türkiye, shows the career problems of nurses and which factors affect them. There are two approaches that nurse managers can do in this area; it may be that they give importance to individual career development, and provide training and consultancy for career development, including career

development in the scope of performance evaluation and follow-up regularly. Secondly, each institution should develop its career development model.

ACKNOWLEDGEMENT

We would like to thank all our colleagues who participated in this study.

CONFLICT OF INTEREST

The author(s) declared no potential conflicts of interest with respect to the research, authorship and/or publication of this article.

AUTHOR CONTRIBUTIONS

SÇD, TK, HÖ: design of the study and manuscript revision; SÇD, TK, HÖ: literature searching, assessing the quality of literature; statistical analysis, and writing; SÇD, TK, HÖ: assessing the quality of literature and methodological guidance

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