

Article

Career plan and related attributes of nurses

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Abstract: 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. A descriptive type of cross-sectional study was conducted in two tertiary level Government hospitals namely Rajshahi Medical College Hospital (RMCH), Rajshahi and Shaheed Suhrawardy Medical College Hospital (ShSMCH), Sher-E-Bangla Nagar, Dhaka, Bangladesh from 1st January to 31st December, 2019 with the aim to determine the career plan and related attributes of nurses in a selected tertiary hospital. Study Population was the nurses working in those two hospitals and convenience sampling technique was done, Sample size was 302. After taking written consent from the respondents, data collection was done by face to face interview using a semi-structured questionnaire. The study findings revealed that 94.0% of the respondents have career plan and only 89 respondents were received degree after employment, 43.8% nurses worked in RMCH and 56.2% nurses worked in ShSMCH. From the total respondents, 58.6% respondents expect after completion higher education they will get better job opportunity. Here, 50.0% of the respondent's reason for no career plan had family problem, 33.3% respondents' opinion was time consuming and only 16.7% respondents' opinion was expensive and 56.3% had job satisfaction. Length of service significantly ($p < 0.001$) associated with career plan and educational qualification significantly ($p < 0.001$) associated with choosing of discipline. Professional development can be achieved through career plan, which will not only provide quality nursing care to patients but also nurses updated knowledge with new information and technology.

Keywords: career; career plan; quality; promotion; competency; professional development

1. Introduction

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. Careers need attention and nurturing. Career planning is not a onetime event, but rather is a process that, over time, becomes part of the repertoire of skills and experiences and enables the nurse to develop as a professional and achieve the objectives.

The mission of nursing in the society is to help individuals, families and groups in the surrounding they live in, identify and fulfill their physical, mental and social needs. Nurses are expected to develop and perform actions that promote and maintain health, as well as prevent the development of illness. Nursing also includes planning and providing care during an illness and the recovery process, and it also encompasses physical, mental, and social views of everyday life, corresponding to the degree in which they affect health, illnesses, disabilities and death". From the past until today nursing has been considered as one of the helping professions. Helping others to achieve the highest level of well-being is the aim of nursing and one of the basic components of professional nursing. The nursing shortage continues to be a significant threat to health care. This problem is not new and is a

constant threat to the nursing profession. Increasing nurse retention and satisfaction by creating a culture of professional development in health care institutions is one way to combat the nursing shortage (Cooper, 2014). The International Council of Nurses (ICN) has taken a leadership role in this area. In 1995, the ICN published a working document “Career Development for Nurses.” In the Introduction, the ICN stated that “nurses’ career development should be encouraged and supported by appropriate professional attitudes, educational systems, workplace structures and management attitudes” (ICN, 1995). Advanced education in nursing is crucial for preparing advanced practice nurses, which include clinical nurse specialists and nurse practitioners. A clinical nurse specialist generally specializes in a focused area of clinical practice and acts as a leader and advocate for quality healthcare provision. The role of a clinical nurse specialist can entail work as a clinician, consultant, educator, and researcher (CNA, 2009). Personal career goals are formed while researching professions and plans are made to be successful throughout the work life. Once a profession is obtained, people spend a significant portion of their time engaging in that business. Most of the time, even personal and family affairs are organized according to one’s job. Therefore, career planning does not only impact one’s happiness in work life, but also in his life in general (Kayalar and Ozmutaf, 2009). It is stated that providing career guidance to individuals before their professional life while they are still college students, making them think about their future professions, revising nursing curriculum to prepare them for the profession and approaches that help them know themselves better and decide what they can do may prevent early reality shocks and burnouts in their professional lives (Salmela *et al.*, 2009). Career planning is crucial for nursing students (Goz and Gurbuz, 2005; McKenna *et al.*, 2010). In nursing as well, a career path that is randomly chosen adversely impacts both the job satisfaction of the nurse and the satisfaction of those the nurse cares for (Goz and Gurbuz, 2005).

The government of Bangladesh is politically committed for qualitative and quantitative extension of nursing education and nursing services. In government sector at present there are 43 Nursing Institute (seat capacity 2580 per year) offering Diploma in Nursing Science and Midwifery, 7 Nursing College (seat capacity 700 per year) offering BSc in Nursing, 4 College of Nursing (seat capacity 500 per year) offering Post-basic BSc in Nursing/ Public Health Nursing and 1 National Institute of Advance Nursing Education and Research (seat capacity 60 per year) offering MSc in Nursing. Ministry of Health and Family Welfare strongly encourages private medical schools to run a diploma and / or BSc Nursing program as well to. One clinical nursing faculty / teacher for every ten students is a requirement of Bangladesh Nursing and Midwifery Council. Shortage of qualified faculty is a major issue in Nursing Institute and Colleges in Bangladesh. For higher nursing care in hospitals and communities and teaching positions, there is a great need of advanced nursing education in Bangladesh (Directorate General of Nursing Midwifery services and Bangladesh Nursing and Midwifery Council).

The aim of the study was to determine career plan and related attributes of nurses. Career plan is associated with advanced nursing education and the benefits of advanced nursing education are improvement of quality nursing care and self-development.

2. Materials and Methods

2.1. Ethical approval

Ethical permission from NIPSOM ethics committee was taken before data collection. All ethical issues related to the research involving human subject was address according to the guidelines imposed by BMRC (Bangladesh Medical Research Council) and the ethical review committee of the WHO. To give summery information of the study before giving consent and participating in the interview of the study, a consent form was supplied and written consent obtained before the actual interview. Related forms and questionnaire was attached. Permission from the hospital authority was taken.

2.2. Study design

The study is a descriptive type of cross sectional study.

2.3. Study period and place

This study was conducted from 1st January 2019 to 31st December 2019 in two tertiary level Government hospitals namely Rajshahi Medical College Hospital (RMCH), Rajshahi and Shaheed Suhrawardy Medical College Hospital (ShSMCH), Sher-E-Bangla Nagar, Dhaka, Bangladesh.

2.4. Study population

The study population was the nurses working in RMCH and ShSMCH in Rajshahi and Dhaka city. In this study convenience sampling technique was used, sample size 302.

2.5. Inclusion and exclusion criteria

The inclusion criteria were nurses both male and female who will give informed written consent and nurses who have at least 2 years length of service not more than 10 years.

The exclusion criteria were unwilling to participate and those who was working more than 10 years.

2.6. Tool of the study

A semi structure questionnaire was used for data collection. The questionnaires were prepared using variables according to the specific objectives of the study and made simple, easily understandable to the respondents and used to collect data from the participants. The questionnaires were pre-tested.

3. Results and Discussion

The cross-sectional study was conducted at Rajshahi Medical College Hospital (RMCH), Rajshahi and Shaheed Suhrawardy Medical College Hospital (ShSMCH), Dhaka. The study was aimed to determine the career plan and related attributes of nurses in a selected tertiary hospital. The demographic characteristics of the respondents are shown in Table 1.

Table 1. Socio-demographic status of the respondents (n=302).

Age group (In years)	Frequency	Percentage
Under 25 years	17	5.6
26 – 30 years	113	37.4
31 – 35 years	52	17.2
36 – 40 years	63	20.9
41 years and older	57	18.9
Gender		
Female		84.8
Male		15.2
Marital status		
Married	278	92.1
Unmarried	18	6.0
Widow / Widower	5	1.7
Separated	1	0.3
Number of children		
No children	47	16.5
1 children	116	40.8
2 children	108	38.0
3 children	13	4.6
Monthly family income		
30000 – 50000 taka	56	18.5
50000 – 70000 taka	155	51.3
70000 – 90000 taka	76	25.2
90000 taka and above	15	5.0
Family members of the respondents		
2 to 4 members	220	72.8
5 to 8 members	82	27.2
Educational qualification		
Diploma in Nursing	184	60.9
BSc in Nursing / Public Health Nursing	92	30.5
MSc in Nursing / Masters of Public Health.	26	8.6
Fathers' educational status		
No Formal education	20	6.6
Primary education	111	36.8
S.S.C	80	26.5
H.S.C	62	20.5
Graduation	25	8.3
Master's	4	1.3

Mothers' educational status		
No formal education	120	39.7
Primary	126	41.7
S.S.C	36	11.9
H.S.C	19	6.3
Graduation	1	0.3
Total	302	100.0

This table reveals that the age group distribution of the respondent. The mean age of respondents was 33.54 ± 6.182 years. It indicates that more than one third (37.4%) of the respondent were in the age group of 26–30 years whereas 20.9% were in the group of 36–40 years, 17.2% were in group 31–35 years and only 5.6% were under 25 years. From that, most (84.8%) of the respondents were female while only 15.2% respondents were male. Here majority (92.1%) of the respondents were married. Majority (40.8%) of the respondents had 1 children followed by 108(38.0%) respondents had 2 children and 13(4.6%) respondents had 3 children. Among them, half (51.3%) of the respondents monthly family income was within the range 50000–70000 taka, 25.2% respondents mentioned their monthly family income within 70000–90000 taka while 18.5% respondents mentioned that their monthly family income range was 30000–50000 taka and only 5.0 % respondents mentioned that their monthly family income range was above 90000 taka per month. Mean monthly family income \pm SD was 65918 ± 13898 taka. Here, most (72.8%) of respondents had 2 to 4 family members. Data revealed that 60.9% respondents were completed Diploma in Nursing and 30.5% were completed BSc in Nursing / Public Health Nursing and only 8.6% were completed MSc in Nursing / Masters of Public Health. From them, 36.8% respondents fathers' were completed primary, 26.5% were completed Secondary school certificate as well as 20.5% were completed Higher secondary school and 8.3% were completed Graduation Degree and 41.7% respondents mothers' were completed primary, 11.9% were completed Secondary school certificate as well as 6.3% were completed Higher secondary school.

Table 2. Distribution of the respondents according to job related matter (n=302).

Length of service	Frequency	Percentage
2 – 4 years	167	55.3
5 – 7 years	57	18.9
8 – 10 years	78	25.8
Monthly salary		
25000 to 30000 taka	99	32.8
30000 to 35000 taka	81	26.8
35000 to 40000 taka	122	40.4
Professional Training		
Yes	159	52.6
No	143	47.4
Subject of professional training		
Cardiac Nursing	50	31.4
Pediatric Nursing	33	20.8
Midwifery Nursing	27	17.0
Others subject	49	30.8
Name of others subject of professional training		
Evidence Based Nursing	13	26.6
ICU Training	7	14.3
Orientation for Nurses	29	59.2
Satisfaction with current position		
Yes	217	71.9
No	85	28.1
Total	302	100.0

The Table 2 shows that the mean job age was 5.45 ± 2.963 years. The minimum job age of respondent was 3 years and maximum job age was 10 years. It indicates more than half (55.3%) of the respondents were 2–4 years length of service whereas 25.8% respondents were 5–7 years length of service and only 25.8% respondents were 8–10 years. From them, mean salary was 32956 ± 4249 . It has found that 40.4% respondents salary was

within the range 35000 to 40000 taka followed by 32.8% respondents mentioned their salary was within 25000 to 30000 taka and 26.8% respondents mentioned their salary was within the range 30000 to 35000 taka per month. Among them 52.6% respondents got professional training and 47.4% respondents did not get professional training. Here, 31.4% respondents got training on Cardiac Nursing, 20.8% respondents got training on Pediatric Nursing, while 17.0% respondents were get professional training on Midwifery Nursing and 30.8% of respondents were get professional training on others subject. It was found that more than half (59.2%) of the respondents got training on Orientation for Nurses and 26.6% of respondents got training on Evidence Based Nursing and 14.3% respondents got ICU Training. And most (71.9%) of the respondents were satisfied with their current position and 28.1% respondents did not satisfied with their current position.

Table 3. Distribution of the respondents by opinion regarding professional degree after employment (n=302).

Received degree after employment	Frequency	Percentage
Yes	89	29.5
No	213	70.5
The degree received after employment		
BSc in Nursing / PHN	67	75.3
MSc in Nursing / MPH	22	24.7
The types of institute		
Government	44	49.4
Private	45	50.6
Enrolled in academic course		
Yes	84	27.8
No	218	72.2
Name of the academic course		
BSc in Nursing / PHN	41	48.8
MSc in Nursing / MPH	40	47.6
PhD in Nursing	3	3.6

The Table 3 shows that, 70.5% respondent opinion were not received professional degree after employment and only 29.5% were received professional degree after employment. It was found that most (75.3%) of the respondents were received BSc in Nursing/PHN degree after employment and only 24.7% respondents were received MSc in Nursing/MPH degree after employment. Half (49.4%) of the respondents received professional degree from government institute and half (50.6%) of the respondents received professional degree from private institute. Among the respondents 72.2% opinion were not enrolled in academic course and only 27.8% respondents enrolled in academic course at present. Here, half (48.8%) of the respondents enrolled in BSc in Nursing/PHN course where half (47.6%) of the respondents enrolled in MSc in Nursing /MPH course and only 3.6% were enrolled in PhD in Nursing course.

Table 4. Distribution of the respondents by opinion regarding career plan (n=302).

Career plan	Frequency	Percentage
Yes	284	94.0
No	18	6.0
Choice of discipline		
Preventive	76	26.8
Curative	88	31.0
Administrative	120	42.3
Specialty wants to develop		
Teaching	115	40.5
Clinical	121	42.6
Research	48	16.9
Reason for no career plan		
Time consuming	6	33.3
Expensive	3	16.7
Family problem	9	50.0

Guidance for career plan		
Yes	231	76.5
No	71	23.5
Source of career guidance		
Expert in the field	59	25.5
Role model	87	37.7
Peer group	85	36.8

The Table 4 shows that most (94.0%) of the respondents opined they have career plan and only 6.0% respondents opined they have no career plan. Here, out of 284 respondents, 42.3% respondents mentioned that they wanted to choose administrative, 31.0% respondents mentioned wanted to choose curative and 26.8% respondents mentioned they wanted to choose preventive discipline. We found, 42.6% respondents were mentioned they want to develop clinical specialty followed by 40.5% were mentioned they want to develop teaching specialty and 16.9% respondents want to develop research specialty. It was found that, half (50.0%) of the respondents had family problem where 33.3% respondents' opinion was time consuming and only 16.7% respondents' opinion was expensive. It was also found that, majority (76.5%) of the respondents got career guidance and 23.5% respondents did not get career guidance. Among 231 respondents, 37.7% respondents got guidance from role model followed by 36.8% respondents got guidance from peer group and 25.5% res got guidance from expert in the field.

Table 5. Distribution of the respondents by opinion regarding opportunity after completion higher education (n=302).

Competent in computer	Yes	No
	187 (61.9%)	115 (38.1%)
Professional skills improve		
Clinical competency	285 (94.4%)	17 (5.9%)
Practical and technical skills	195 (64.6%)	107 (37.3%)
Organizational and managerial skills	185 (61.3%)	117 (40.8%)
Problem solving skills	151 (50.0%)	151 (50.0%)
Leadership skills	91 (30.1%)	211 (73.5%)
Communication skills	150 (49.7%)	152 (53.0%)
Place to utilize professional skills		
Evidence based practice	133 (48.2%)	142 (51.6%)
Clinical decision making	76 (27.5%)	199 (72.4%)
Provide quality nursing care	264 (95.7%)	11 (4.0%)
Improve care delivery system	130 (47.1%)	145 (52.7%)
Use modern methods and technology	91 (33.0%)	184 (66.9%)
Social status upgrade	245 (81.1%)	57 (18.9%)
Opportunity for research	78 (25.8%)	224 (74.2%)
Opportunity for foreign training	136 (45.0%)	166 (55%)
Job related benefits through future career plan		
Promotion	269 (89.1%)	33 (11.0%)
Job satisfaction	170 (56.3%)	132 (43.9%)
Flexible working hours	102 (33.8%)	200 (66.4%)
Reduce workload	73 (24.2%)	229 (76.1%)
Quality improvement	220 (72.8%)	82 (27.2%)
Higher salary	121 (40.1%)	181 (60.1%)
Respect and power	263 (87.1%)	39 (13.0%)
Sophisticated working environment	157 (52.0%)	145 (48.2%)
Better job opportunity	177 (58.6%)	125 (41.3%)
Total	302	100.0%

The Table 5 illustrates that more than half (61.9%) of the respondents were competent in computer and 38.1% were not competent in computer. It was found that most (94.4%) of the respondents opined clinical competency after completion higher education, 64.6% opined practical and technical skills, 61.3% % respondents opined organizational and managerial skills 50.0% opined problem solving skills. Most (95.7%) of the respondents mentioned in provide quality nursing care, 48.2% mentioned in evidence based practice, 47.1 % respondents

were mentioned in improve care delivery system, 33.0% respondents were mentioned in use modern method and technology and 27.5% respondents mentioned in clinical decision making. Majority (81.1%) of respondents mentioned upgrade social status and 18.9% were mentioned their social status do not upgrade. Among the total respondents, (18.9%)of the respondents mentioned they had no opportunity for research, 25.8% respondents mentioned have opportunity for research and 12.9% respondents mentioned they have no opportunity for research. Nearly half (45.0%) of the respondents opined they have opportunity for foreign training. Out of 302 respondents, (89.1%) of the respondent's opined promotion, the second highest (87.1%) portion opined respect and power, followed by quality improvement (72.8%), the remaining percentage were job satisfaction (56.3%), sophisticated working environment (52.0%), higher salary (40.1%), and flexible working hours (33.8%) and reduce workload (24.2%). Here, most (58.6%) of the respondents think they has better job opportunity where (41.3%) respondents opined no.

Table 6. Distribution of respondents according to satisfied with current position (n=302).

Place of data collection	Satisfied with current position		Total
	Yes	No	
RMCH, Rajshahi	115 (53.0%)	36 (42.4%)	151 (50.0%)
ShSMCH, Dhaka	102 (47.0 %)	49 (57.6%)	151 (50.0%)
Total	217	85	302

The Table 6 represents that out of 302 respondents, 217 respondents were satisfied with current position, among them 53.0% nurses worked in RMCH and 47.0% nurses worked in ShSMCH. Where 213 respondents did not satisfied with current position, among them 42.4% nurses worked in RMCH and 57.6% nurses worked in ShSMCH.

Table 7. Association between length of service and career plan (n=302).

Length of service	Career plan		Total	χ^2 , df, and p value
	Yes	No		
2 to 4 years	166 (99.4%)	1 (0.6%)	167	$\chi^2 = 19.91$ df = 2 p<0.001
5 to 7 years	51 (89.5%)	6 (10.5%)	57	
8 to 10 years	67 (85.9%)	11 (14.1%)	78	
Total	284 (94.0%)	18 (6.0%)	302	

The Table 7 revealed that out of the 302 respondents 167 had service length 2 to 4 years, among them 166(99.4%) had career plan where 57 respondents had service length 5 to 7 years, among them 51(89.5%) had career plan and 78 respondents had service length 8 to 10 years among them 67(85.9%) had career plan. Length of service significantly (p<0.001) associated with career plan.

Table 8. Association between level of educational qualification and choose of discipline (n=284) (From 302 respondents, 18 respondents had no carrier plan).

Level of educational qualification	Choose of Discipline			Total	χ^2 , df, p value
	Preventive	Curative	Administrative		
Diploma in Nursing	33 (19.9%)	72 (43.4%)	61 (36.7%)	166	$\chi^2 = 29.78$ df = 4 p<0.001
BSc in Nursing/PHN	34 (37.0%)	12 (13.0%)	46 (50.0%)	92	
MSc in Nursing/ MPH	9 (34.6%)	4 (15.4%)	13 (50.0%)	26	
Total	76 (26.8%)	88 (31.0%)	120 (42.3%)	284	

The Table 8 revealed that out of 284 respondents, according to their level of educational qualification 120(42.3%) respondents were choose administrative discipline where 88(31.0%) respondents were choose curative discipline and 76(26.8%) respondents were choose preventive discipline. Educational qualification significantly (p<0.001) associated with choosing of discipline.

4. Conclusions and Recommendations

The study reflects that personal development and professional development can be achieved through career plan, which will not only provide quality nursing care to patients but also nurses updated knowledge with new information and technology. Findings of the study may be helpful for the policy maker to plan in health care delivery system for career plan of nurses which can leads to provide quality care that ultimately leads to the good achievement in nursing profession. The following recommendations were made based on the findings of the study:

- To promote professional development, nurses should be provided with learning opportunities to keep their professional growth.
- Opportunity should be provided for higher education and professional training with a view to improve quality of nursing.
- M.Sc. in nursing course is available in only one institute, other public health institute should offered the course, in the country, at the earliest and the capacity developed to send more nurses abroad in M.Sc. and Ph.D. programs.
- To enhance critical care skills, nurses should be provided with work environments that will help them to deliver their function calmly and competently in emergency situations.
- Nurse empowerment priority should be given to improve relationship between management and nurses and increase decision-making freedom among nurses.
- Highly qualified nurses should be empowered to make decisions about their work to achieve quality outcomes.
- Post graduate nurse should be recognized by promotion and must be given praise and recognition for their achievement.
- Working environment and pattern should be improved and skill of nurses to be utilize properly.

Conflict of interest

None to declare.

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