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What are the career planning and development practices for nurses in hospitals? Is there a difference between private and public hospitals?

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Aim. The aim was to determine the opinions of nurse managers about career planning and development for nurses in hospitals.

Background. Career planning and development are defined as an important and necessary tool in the development of nurses as professionals and in retaining nurses in a facility.

Design. A descriptive survey.

Method. The research population comprised nurse managers in 200+ bed hospitals on the European side of Istanbul province ($n = 668$). The entire population was targeted and 373 nurse managers were included in the study (55.8% return rate). Data were collected with a 32-item survey form that had three sections to determine the nurse managers' demographic characteristics, the career development practices at the facility where they worked, the nurse managers' responsibilities for career development and their expected competencies and recommendations.

Findings. The findings of this study suggest that the most common technique used for nurses for career development was education programs, the career development practices of private hospitals were more developed than public hospitals and the nurse managers' perceptions about career development were different according to their management level, age group and educational level ($p < 0.05$).

Result. Although different practices were found in public and private hospitals in Turkey there were no effective career development practices identified and the nurse managers did not have agreement on the subject of career development.

Relevance to clinical practice. Hospitals which provide opportunity for horizontal and vertical promotion and have clear development policies will be successful hospitals which are preferred by high quality nurses. This study draws attention to the importance of career planning in nursing and the need for nurse managers to take an active role in career planning and development.

Key words: career development, career planning, hospitals, nurse managers, nurses, nursing

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Introduction

Career planning is the process through which individuals evaluate the opportunities that exist at their institution, determine their career goals and take advantage of jobs, education and other developmental opportunities that will help them reach these goals (Erdoğan 2003, Aytaç 2005).

Career development is defined as a formal, structured activity provided by an institution for the purpose of increasing individuals' awareness of factors that affect their career and advancement, their knowledge and capacity (Aytaç 2005).

The goal of career development activities is not to create positions for employees, but to help to meet the needs of the organisation with regard to the correct number and

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quality of employees (Erdoğan 2003). In career planning and development individuals are responsible for determining their own developmental needs and integrating them with current career opportunities. The organisation is responsible for helping individuals take advantage of opportunities for self-improvement to meet the needs of the organisation, for creating career paths within the organisation and for providing mentoring and career counseling (Wilson & Davies 1999, Roworth-Stokes & Peren 2000, Aytaç 2005).

Employees want to know the career opportunities before them in organisations, want to evaluate and direct themselves according to them and determine their goals (Walker 1980). In public facilities individuals can evaluate their career opportunities because actions are taken according to previously established regulations in many areas related to career management, such as hiring, placement, promotion and education (Noe 1999). Career paths/career maps are used as tools in career planning and development which clearly define the methods for transfer between all positions within the organisation and the necessary experience and qualifications for the positions (Ivancevich 1998).

Career planning is the strategic evaluation of nurses' individual and professional development which helps to ensure they are in harmony with changes that have occurred in their work and private lives (Donner & Wheeler 2001, ICN 2001). Among the career planning and development systems created for nurses there are clinical ladders defined as a horizontal system for advancing in clinical roles and there are career ladders defined as vertical systems for advancing in non-clinical areas, such as management, education and research. In recent years clinical and career advancement ladders have generally been called career ladders (Lancaster 1999, Tomey 2000).

Systems that allow nurses to advance in the clinical area commonly use the Benner model as a basis. According to the model adapted for nursing by Patricia Benner a new graduate nurse achieves expertise through five levels of competency: novice, advanced beginner, competent, proficient and expert (Shapiro 1998). A career advancement system based on this model defines for nurses their opportunities for professional development, for advancement in clinical areas, primarily and in leadership and how to take advantage of salary raises as a result of promotions in positions in the hospital and department (Career Advancement Program 2006). Career planning and development workshops, one of the techniques used by facilities for career planning and development for nurses, however, are more focused on individual career planning and development and support the participants in their evaluation of their individual careers, their determination of their personal strengths and weaknesses with career

choices, defining sources of personal and professional support and how they can be used, and teaching them how to evaluate opportunities and market their personal abilities (Edmonstone & Watt 1995).

Career development systems not only have benefits to individuals, such as improving individual and professional satisfaction and increasing motivation, they also have benefits to organisations as they improve the quality of nursing care, increase patient satisfaction, ensure that jobs and positions, etc. are defined with the development of performance evaluation tools, decrease job turnover and provide cost effectiveness (Rowland & Rowland 1997, Shapiro 1998, Kennington 1999, Lancaster 1999, Tomey 2000, ICN 2001).

Although career planning and development are known to be necessary for nurses and to have a positive effect on them, there are an inadequate number of studies reported in the literature that have evaluated these programs and their results (Hall *et al.* 2004). In our country some hospitals in the private sector indicate that they have career planning and development practices in their organisations, however objective data about the process and contents of these practices have not been presented. Our research was conducted for the purpose of determining the opinions of nurse managers working in different hospitals about the methods, procedures and technical characteristics of career planning and development practices for nurses employed in hospitals in Turkey. The research results will provide data from our country for the first time about whether or not career planning and development practices for nurses in hospitals exist and, if they do exist, at what level of adequacy they exist.

This descriptive type of study was planned to answer these research questions:

- 1 Are there any career planning and development practices in the hospitals?
- 2 If there are career planning and development practices for nurses how are they implemented?
- 3 Is there any difference between the public and private hospitals in the career planning and development practices?
- 4 What are the opinions of upper, middle and lower level nurse managers about career planning and development?

Method

The research population comprised upper, middle and lower level nurse managers at a total of 20 (two university, 12 health ministry public and six private) hospitals with 200 or more beds on the European side of Istanbul ($n = 668$). The

entire population was targeted and 373 nurse managers were included in the study (55.8% return rate).

The research data were collected with a three section 32-item survey form prepared by the researchers in light of literature information (Telci 1992, Eroğlu 1995, Bilen 1998, Demir 2000, Anafarta 2001, Gözaydın 2002, Erdoğan 2003, Aytaç 2005). In the first section of the survey there were seven questions about the nurse managers' demographic information. In the second section there were 15 questions about the structure and contents of current career planning and development practices at the facility. This included questions about written policies and procedures about career planning and development (career paths, definitions of jobs and positions, etc.), the department that carries out these practices, advertising for open positions, how personnel are placed in open positions, criteria for advancement in the facility, career planning and development activities for nurses, and nurse managers' responsibilities for these activities. In the third section of the questionnaire there were 10 questions about the nurse managers' opinions and recommendations about career planning and development and the concept of career counseling and their personal evaluation of the hospital where they worked. These included questions about nurses' expectations from the hospital about career planning and development, nurses' expectations as a result of career planning and development activities, personal evaluation of practices in the hospital, the addition of career planning and development for nursing and nurse managers' most important role on this topic as well as their recommendations about career planning and development in nursing.

The types of questions on the 32-item questionnaire are multiple choice, more than one answer and listing in order (in the form of: at the most 1, at the least 7), degree (between 1–10) and open-ended. A variety of types of questions were used instead of a standard likert type format for the purpose of informing and increasing the awareness of nurse managers about career planning and development practices used in hospitals. A line scale of numbers between 1 (very bad) – 10 (very good) which was used by Telci (1992) was used on the survey for the questions to determine the nurse managers' personal opinions about career planning and development practices at their hospital. The numbers on the scale were classified by the researchers as very bad (1 and 2), bad (3 and 4), average (5 and 6), good (7 and 8) and very good (9 and 10).

After written permission from the hospital administrators and ethics committees of the university hospitals was received the research was started. The researchers met face to face with the nurse managers included in the research,

gave them the questionnaires and made necessary explanations.

Data were analysed using spss 12.0 and number and percentage were used in the data analysis and number, percentage and Chi square method were used in the comparisons between groups. When the data were evaluated the hospitals were divided into three groups, Health Ministry, university and private hospitals and the nurse managers were divided into three groups of upper level (director of nursing and assistants), middle level (ward/department head nurses and assistants and supervisors) and lower level (ward charge nurses). A list was made of all questions that had more than one answer on the questionnaire starting with the items that were marked the most (those with the highest frequency) and they are presented in tables (Tables 2–5).

Findings

The research population was comprised of 292 nurse managers at Health Ministry hospitals, 236 at university hospitals and 140 at private hospitals for a total of 668 nurse managers. Of these 12.6% ($n = 84$) were upper level managers, 12.1% ($n = 81$) were middle level and 75.3% ($n = 503$) were lower level nurse managers. The total return rate in this research was determined to be 55.8% ($n = 373$). The institutional return rate was 56.5% ($n = 165$) from the Health Ministry hospitals, 47.0% ($n = 111$) from the university hospitals and 69.3% ($n = 97$) from the private hospitals. The return rate by level was determined to be 47.6% ($n = 40$) from upper level nurse managers, 67.9% ($n = 55$) from middle level and 55.3% ($n = 278$) from lower level managers.

Demographic characteristics

The demographic characteristics of the nurses managers are shown in Table 1. According to this information the majority of the nurses managers participating in the research were lower level nurse managers. The majority of the participants worked at Health Ministry hospitals and had an associate (two-year university) degree. In this study 29% of the nurse managers were between 37–41 years old, 29.5% had worked as nurses for 16–20 years and 42.6% had 0–5 years of management experience at the hospital where they were working (Table 1). The managers who had Master's degrees were in different areas of specialty, 12.3% ($n = 7$) in nursing management and 17.5% ($n = 10$) in hospital management. The other specialties were in various clinical areas of specialty, such as pediatrics ($n = 11$, 19.3%) and surgery ($n = 8$, 14.0%).

Table 1 Nurse managers' demographic characteristics (*n* = 373)

	<i>n</i>	%
Type of hospital where employed		
Health ministry public hospitals	165	44.2
University hospitals	111	29.8
Private hospitals	97	26.0
Distribution of positions in facility		
Upper level	40	10.8
Middle level	55	14.7
Lower level	278	74.5
Age		
< 32 years	92	24.7
32–36 years	96	25.7
37–41 years	108	29.0
> 41 years	77	20.6
Educational level		
Health occupational high school	55	14.7
Associate (2-year university)	177	47.5
Baccalaureate	84	22.5
Masters' degree	57	15.3
Years of employment in current management position		
0–5 years	159	42.6
6–10 years	83	22.3
11–15 years	56	15.0
16–20 years	39	10.5
21 years or more	36	9.6
Years of employment as nurse		
0–5 years	16	4.3
6–10 years	51	13.7
11–15 years	87	23.3
16–20 years	110	29.5
21 years or more	109	29.2

Career planning and development practices at the hospital and nurse managers' responsibilities

In this study 64.9% (*n* = 242) of the nurses managers stated that there were no career planning and development practices for nurses in place at their hospitals, 78.3% (*n* = 292) stated that there was no written career planning and development process, 61.7% (*n* = 230) that there were no written work analysis or job descriptions, 35.7% (*n* = 133) that the qualifications required for open positions were not advertised, but 34.9% (*n* = 130) stated that personal career goals were partially taken into account when choosing personnel for open positions.

The distribution of the criteria that was used for the nurse managers' promotion into management positions are shown in Table 2. According to this information the majority of the

Table 2 Distribution of nurse managers' opinions about criteria taken into consideration for their promotion to management positions

	<i>n</i>	%
Clinical experience	236	63.3
Performance evaluation results	227	60.9
Upper management decision	222	59.5
Educational level	144	38.6
Immediate supervisor's recommendation	136	36.5
Personal development	77	20.6
Coworkers' recommendation	68	18.2
Area of specialty	59	15.8
Other professional's recommendation	49	13.1
Other	12	3.2

More than one answer was given.

nurse managers stated that their clinical experience was the criteria taken into consideration for their promotion into a management position.

The distribution of nurse managers' opinions about the criteria that are taken into account for promoting nurses who work in their facility (including those considered for their own promotion) are shown in Table 3. According to these findings the individual's ability and performance are the main criteria taken into consideration for promoting nurses who work at their facility.

The criteria considered for promotion were different in the different types of hospitals. The criteria given more emphasis for promotion in the Health Ministry hospitals was 'upper level management decision' (*n* = 106, 64.2%), in the university hospitals it was 'results of performance evaluation' (*n* = 74, 66.7%) and in private hospitals it was 'clinical experience' (*n* = 68, 70.0%). There were also differences in the criteria considered for promotion: 79.4% (*n* = 131) at Health Ministry hospitals stated 'upper level management decision,' and 85.6% (*n* = 95) at university and 86.6%

Table 3 Distribution of opinions about criteria considered for promoting nursing working in hospitals

	<i>n</i>	%
Person's abilities and performance	295	79.1
Upper management decision	273	73.2
Educational level	246	66.0
Division managers' recommendation	239	64.1
Area of specialty	131	35.1
Coworkers' recommendation	69	18.5
Other professionals' recommendation	65	17.4
Patient satisfaction	45	12.1
Other	18	4.8

More than one answer was given.

($n = 84$) at private hospitals stated 'person's abilities and performance' were the criteria given priority for promotion.

The opinions of nurse managers who participated in this research about the criteria taken into account for placing them in their position were different according to their management level. The upper level nurse managers stated that it was based on an 'upper level management decision' ($n = 30, 75.0\%$), the middle level nurse managers stated that it was 'performance evaluation results' ($n = 39, 70.9\%$) and the lower level nurse managers that it was 'clinical experience' ($n = 180, 64.7\%$). The majority ($n = 238, 63.8\%$) of the nurse managers participating in this research stated that retention related to promotion policies varied according to the position and the individual.

The opinions of the nurse managers about the criteria taken into account for placing them in their position were also different according to their age group. Those in the under 32 year old age group ($n = 63, 68.5\%$) and in the 32–36 year old age group ($n = 62, 64.6\%$) stated 'performance evaluation results,' but those in the 37–41 year old age group ($n = 71, 65.7\%$) and in the 41 and over age group ($n = 52, 67.5\%$) stated 'upper level management decision' were the criteria taken into account.

However, when the opinions of the nurse managers about the criteria taken into account for placing them in their position were evaluated according to their educational level it was seen that the majority of the health occupational high school ($n = 43, 78.2\%$) and associate degree ($n = 117, 66.1\%$) graduates thought that 'clinical experience' was the criterion given priority, but the majority of the baccalaureate degree ($n = 64, 76.2\%$) and Master's degree ($n = 51, 89.5\%$) graduates thought that 'educational level' was given priority.

The distribution of career planning and development practices for nurses at hospitals are shown in Table 4. According to these findings 'provision was made for partic-

Table 4 Distribution of career planning and development practices for nurses

	<i>n</i>	%
Education programs, courses and seminars	256	68.6
Encouragement and opportunity for advanced education	127	34.0
Resource for personal development	55	14.7
Coaching and mentoring	44	11.8
Individual career counseling	13	3.5
Nothing	53	14.2

More than one answer was given.

Table 5 Distribution of nurse managers' responsibilities for career planning and development

	<i>n</i>	%
Ensure information is passed on	245	65.7
Carrying out performance evaluation procedures	128	34.3
Reviewing individual development plan	107	28.7
Guidance and career counseling	102	27.3
Creating a feedback system	97	26.0
Completing a formal report to give to unit managers	78	20.9
Filling out a formal report	66	17.7
Nothing	36	9.7

More than one answer was given.

ipation in educational programs, courses and seminars' was the most common career planning and development practice reported. The distribution of the nurse managers' opinions about their responsibilities for career planning and development in the hospitals is shown in Table 5.

Nurse managers' expectations and recommendations about career planning and development

When the nurse managers' opinions about their competency regarding career was evaluated it was determined that 38.3% ($n = 143$) stated that they needed more information and experience on every aspect of career guidance and 12.1% ($n = 45$) stated that they recommended that the services of career counselors outside the organisation be used. In addition 42.5% ($n = 17$) of the upper level management nurses stated that they needed more information about career counseling, 41.8% ($n = 23$) of the middle level managers and 37.8% ($n = 105$) of the lower level managers stated that they needed more information and experience on every aspect of career counseling.

The majority of the associate degree ($n = 69, 39.0\%$), baccalaureate degree ($n = 33, 39.3\%$) and Master's degree ($n = 22, 38.6\%$) graduates stated that they needed more information and experience on every aspect of career counseling, but the majority of the nurse managers who were health occupational high school graduates ($n = 11, 20.0\%$) recommended that the services of career counselors outside the organisation be used.

Half ($n = 192, 51.5\%$) of the nurse managers stated that nurses who worked at their hospital wanted to have career planning and development regarding information about career opportunities at the hospital. The career planning and development practices at the hospital were evaluated as poor (3 and 4) by 28.4% ($n = 106$) of the nurse managers. The majority of the upper level ($n = 21, 52.5\%$)

and middle level ($n = 35$, 63.6%) nurse managers stated that some of the nurses working at their hospital could reach the highest level of promotion at their hospital with career planning and development practices, but 49.6% ($n = 138$) of the lower level nurse managers did not think they could.

When the nurse managers were asked open-ended questions about their roles in career planning and development a high percentage ($n = 199$, 53.4%) stated that it was to 'inform and guide.' When asked what part career planning and development had in nursing the first in the list ($n = 143$, 38.4%) was 'to increase personal development.' The recommendation of 22.0% ($n = 82$) of the nurse managers regarding career planning and development in nursing was 'encouragement and equal opportunity for advanced education including professional education'.

Comparison of nurse managers' opinions about career planning and development practices according to their hospitals, level of management, age groups and educational level

The significant findings obtained in the comparison of the nurse managers' opinions about career planning and development according to their hospital are shown in Table 6. According to these data there were career planning and development practices and written procedures for these practices in the private hospitals and the differences were found to be statistically significant at an advanced degree. In addition there were more nurse managers at private hospitals who answered yes to the presence of job analysis and job descriptions, the job analysis and job descriptions being considered in career planning and development and informing about open positions and the differences were found to be statistically significant ($p < 0.001$).

In the comparison of the nurse managers' opinions about criteria taken into consideration when they were given their management position, 'educational level' was found to be higher at university hospitals, but 'area of specialty' and 'performance evaluation results' were higher at private hospitals and the difference between them was statistically significant ($p < 0.05$). The criteria considered for promoting nurses was 'upper level management decision' at Health Ministry hospitals, 'educational level' at university hospitals and 'area of specialty', 'person's abilities and performance', 'immediate supervisor's recommendation' and 'patient satisfaction' at private hospitals and the difference in criteria were found to be statistically significant ($p < 0.05$). 'Encouraging and providing opportunity for advanced education' was the most commonly cited career planning and development

practice at university hospitals and 'coaching and mentoring' at private hospitals and the difference between them was found to be statistically significant ($p < 0.01$) (Table 6).

The significant findings from the comparison of the nurse managers' opinions about career planning and development according to their management level are shown in Table 7. According to these data 'educational level' and 'area of specialty' were the criteria considered for management positions and 'area of specialty' and 'person's abilities and performance' were the criteria for promoting nurses given the most by middle level managers and the differences were found to be statistically significant ($p < 0.05$) (Table 7).

The middle management nurses stated that 'encouragement and providing opportunity for advanced education' as one of the career planning and development practices at a higher percentage and the difference between them was found to be statistically significant ($p < 0.01$). The nurse managers' responsibilities in career planning and development was 'filling out formal reports' at a higher rate by upper level nurse managers and 'filling out formal reports to give to unit manager' and 'guidance and career counseling' by middle level nurse managers and the difference between them was found to be statistically significant ($p < 0.05$) (Table 7). When the opinions of nurse managers about their competencies in career counseling were compared according to their management level, the respondents reported that the upper level nurse managers were adequate career counselors, but the lower level nurse managers took advantage of career counselors outside the organisation at a high percentage and the difference between them was found to be statistically significant ($p < 0.05$) (Table 7).

When the opinions of nurse managers about the criteria for their placement in management positions were compared according to age groups the nurse managers under 32 years old answered 'educational level' and 'area of specialty' at a higher rate and the difference among them was statistically significant ($p < 0.01$). When the opinions of nurse managers about the criteria for placement in management positions were compared according to educational level the nurse managers with a Master's degree gave the criteria 'educational level' and 'area of specialty' at a higher percentage and the nurse managers who were health occupational high school graduates gave the criteria 'clinical experience' at a higher percentage and the difference among them was found to be statistically significant ($p < 0.05$).

Discussion

Although our research population was comprised of 668 nurse managers, a total of 373 valid questionnaires were

Table 6 Significant findings obtained in the comparison of nurse managers' opinions about career planning and development according to hospital

	Health Min. (<i>n</i> = 165)		University (<i>n</i> = 111)		Private (<i>n</i> = 97)		<i>x</i>	<i>p</i>
	<i>n</i>	%	<i>n</i>	%	<i>n</i>	%		
Presence of career planning and development								
Yes	8	4.8	6	5.4	44	45.4	119.39	0.000***
No	141	85.5	72	64.9	29	29.9		
Somewhat	16	9.7	33	29.7	24	24.7		
Presence of written career planning and development process								
Yes	5	3.0	4	3.6	38	39.2	106.83	0.000***
No	155	93.9	94	84.7	43	44.3		
Partial	5	3.1	13	11.7	16	16.5		
Presence of job analysis and job descriptions								
Yes	91	55.2	65	58.6	74	76.3	12.18	0.002**
No	74	44.8	46	41.4	23	23.7		
Status of job analysis and job descriptions being taken into consideration in career planning and development								
Yes	25	27.5	29	43.3	50	68.5	45.68	0.000***
No	35	38.5	15	21.9	7	9.6		
Somewhat	31	34.0	23	34.8	16	21.9		
Informing about open positions								
Yes	37	22.4	22	19.8	55	56.7	49.88	0.000***
No	76	46.1	43	38.8	14	14.4		
Partial	52	31.5	46	41.4	28	28.9		
Criteria considered placement in management positions [†]								
Educational level								
Yes	50	30.3	59	53.2	35	36.1	14.90	0.001**
No	115	69.7	52	46.8	62	63.9		
Area of specialty								
Yes	17	10.3	16	14.4	26	26.8	12.72	0.002**
No	148	89.7	95	85.6	71	73.2		
Performance evaluation results								
Yes	87	52.7	74	66.7	66	68.0	8.25	0.016*
No	78	47.3	37	33.3	31	32.0		
Criteria considered when promoting nurses [†]								
Educational level								
Yes	92	55.8	89	80.2	65	67.0	17.69	0.010*
No	73	44.2	22	19.8	32	33.0		
Area of specialty								
Yes	35	21.2	51	45.9	44.5	46.4	25.12	0.000***
No	130	78.8	60	54.1	52	53.6		
Person's abilities and performance								
Yes	116	70.3	95	85.6	84	86.6	13.84	0.000***
No	49	29.7	16	14.4	13	13.4		
Immediate supervisor's recommendation								
Yes	96	58.2	70	63.1	73	75.3	7.80	0.020*
No	69	41.8	41	36.9	24	24.7		
Upper level management decision								
Yes	131	79.4	80	72.1	62	63.9	7.55	0.023*
No	34	20.6	31	27.9	35	36.1		

Table 6 (Continued)

	Health Min. (<i>n</i> = 165)		University (<i>n</i> = 111)		Private (<i>n</i> = 97)		<i>x</i>	<i>p</i>
	<i>n</i>	%	<i>n</i>	%	<i>n</i>	%		
Patient satisfaction								
Yes	11	6.7	15	13.5	19	19.6	9.92	0.007**
No	154	93.3	96	86.5	78	80.4		
Career planning and development practices [†]								
Encouragement and opportunity for advanced education								
Yes	33	20	59	53.2	35	36.1	32.72	0.000***
No	132	80.0	52	46.8	62	63.9		
Coaching and mentoring								
Yes	10	6.1	15	13.5	19	19.6	11.19	0.004**
No	155	93.9	96	86.5	78	80.4		

p* < 0.05; *p* < 0.01; ****p* < 0.001.[†]More than one answer was given.

Table 7 Items found to be significant in the comparison of nurse managers' opinions about career planning and development according to their level of management

	Upper level (<i>n</i> = 40)		Middle Level (<i>n</i> = 55)		Lower level (<i>n</i> = 278)		<i>x</i>	<i>p</i>
	<i>n</i>	%	<i>n</i>	%	<i>n</i>	%		
Criteria considered when placed in their own position [†]								
Educational level								
Yes	20	50.0	38	69.1	86	30.9	30.65	0.000**
No	20	50.0	17	30.9	192	69.1		
Area of specialty								
Yes	4	10.0	15	27.3	40	14.4	6.86	0.032*
No	36	90.0	40	72.7	238	85.6		
Criteria considered when promoting nurses [†]								
Area of specialty								
Yes	13	32.5	33	60.0	85	30.6	17.58	0.000***
No	27	67.5	22	40.0	193	69.4		
Person's abilities and performance								
Yes	35	87.5	51	92.7	209	75.2	10.46	0.005**
No	5	12.5	4	7.3	69	24.8		
Career planning and development practices [†]								
Encouragement and opportunity for advanced education								
Yes	14	35.0	29	52.7	84	30.2	10.38	0.006**
No	26	65.0	26	47.3	194	69.8		
Nurse managers' responsibilities [†]								
Completing formal report								
Yes	11	27.5	14	25.5	41	14.7	6.57	0.037*
No	29	72.5	41	74.5	237	85.3		
Completing formal report to give to unit supervisor								
Yes	11	27.5	21	38.2	46	16.5	14.17	0.001**
No	29	72.5	34	61.8	232	83.5		
Guidance and career counseling								
Yes	9	22.5	23	41.8	70	25.2	6.92	0.031*
No	31	77.5	32	58.2	208	74.8		

p* < 0.05; *p* < 0.01; ****p* < 0.001.[†]More than one answer was given.

returned with a 55.8% return rate for analysis. The reasons for this low return rate may include only getting back to a few of the upper level nurse managers, some of the nurse managers being on annual leave or maternity leave and not being able to reach some of the nurse managers in closed units, such as the operating room and intensive care units. The majority of the nurse managers who participated in our research were lower level managers which can be explained by the finding that there was a higher number of ward charge nurses at the Health Ministry hospitals. The majority of the nurse managers were between 37–41 years old which suggests that nurses with clinical/professional experience were chosen as managers.

The percentage of nurse managers in our research with a baccalaureate degree was low (22.5%). Until 2007 in our country nurses with four different levels of education (health occupational high school, associate degree, baccalaureate degree and Master's degree) all did the same job and had the same title. This situation also existed for managerial positions. This situation explains the reason why there was a small number of nurse managers in our research with a baccalaureate degree. The new Nursing Law that changed in 2007 standardised nursing education and made graduation from a university baccalaureate degree program a requirement (Changes in the Nursing Law 2007). On the other hand because the majority of the Master's degree nurse managers had specialised in clinical areas rather than in management may be an indication that specialisation was not taken into consideration in career planning and development in the hospitals where the research was conducted.

In the evaluation of career planning and development practices in the hospitals in our research the nurse managers reported that there were no written policies or procedures for career planning and development. There was a higher percentage of nurse managers in private hospitals than in public hospitals who reported that their hospitals provided information about the job analysis and job descriptions of open positions. The implementation of quality management systems in the private hospitals may have had an effect on this result. However the hospitals were inadequate for considering job analyses and job descriptions in career planning and development and in considering individual career goals in the selection of personnel for open positions.

The nurse managers in our research were asked about the criteria that are taken into consideration when nurses are promoted in their hospitals and, to compare the practices, they were also asked what the criteria were that were considered in their own promotion to a management position. The nurse managers' opinions about the criteria

that were taken into consideration in placing them in their own management positions were different according to their hospital, management level, age group and educational level. At Health Ministry hospitals 'upper management decision,' at university hospitals, 'performance evaluation results' and at private hospitals 'clinical experience' were the answers given at higher percentages. However there were higher percentages of upper level nurse managers who answered 'upper management decision,' middle level nurse managers who answered 'performance evaluation results,' and lower level nurse managers who answered 'clinical experience' as the criteria. The criteria for promotion to director of nursing are described in the by laws of public hospitals and are based on the recommendation of the medical director and confirmed by the Health Ministry. According to these by laws the criteria for director of nursing is to be a graduate of a health occupational high school or university school of nursing and have 10 years of experience (Yataklı Tedavi Kurumları İşletme Yönetmeliği/Inpatient Treatment Facilities' Management Guidelines 1983). However the authority given to medical directors to promote a nurse to director of nursing or assistant is the reason why medical directors have the characteristic and inclination to run and organise the department of nursing. This situation diminishes the authority of the director of nursing, both with physicians as well as with other nurses (Seçim 1991).

The higher percentage of nurse managers answering that 'performance evaluation results' are used in the selection of nurse managers and the significantly higher percentage for the criteria of 'educational level' being used for promoting nurses may be a result of these hospitals being research and training hospitals. The higher percentage of nurse managers reporting 'clinical experience' in private hospitals suggests that there is a belief that nurses with clinical experience can manage the ward better. However, in promoting nurses the criteria of 'area of specialty' and 'person's abilities and performance' were significantly higher in private hospitals which suggests that this is a result of effective and productive policies in human resources in these hospitals. The nurse managers who were 32 years and younger answering 'educational level and 'area of specialty' as the criteria taken into consideration for their promotion to management positions at a higher rate than the other nurses suggests that these criteria have been given more importance in recent years.

In the examination of the literature about career planning and development in nursing data it was seen that there is more data about the benefits of career planning and development systems for nurses than the contents and process of career planning and development for nurses (Elliott 1994,

Shindul-Rothschild 1995, Rowland & Rowland 1997, Shapiro 1998, Kennington 1999, Lancaster 1999, Tomey 2000, ICN 2001). The criteria for nurse managers in career development systems reported in the literature include having a Masters' degree in management in nursing or related area, having clinical and leadership experience in nursing and having positive performance evaluation results in management role or nurses are classified according to educational level to determine their job duties. According to this 'educational level and area of specialty' and then 'clinical experience' are given priority (Rowland & Rowland 1997, Clements & Parrinello 1998). However in the hospitals where the research was conducted there is no shared approach in the selection of nurse managers or in the promotion of nurses and they vary according to type of institution and even from hospital to hospital.

On the other hand, the career advancement systems and programs for nurses' personal and professional development reported in the literature include formal, structured educational programs for advancement in clinical title and roles (Goudreau & Hardy 2006). In the hospitals included in our research the most common career planning and development practice as a technique for career development was 'educational programs, courses and seminars.' The finding that 'encouraging and providing opportunity for advanced education' was given more often in university hospitals than the other hospitals shows that the nurses are given opportunity for personal development. The practices of 'guidance and career counseling' and 'coaching and mentoring' were higher in private hospitals.

In the evaluation of the nurse managers' responsibilities for career planning and development it was seen that the emphasis was on 'ensuring that the information is passed on'. The difference in completing formal reports according to management level is a finding consistent with the regulation of to whom the authority is given in by laws for completing formal reports. In addition when the nurse managers evaluated themselves as career counsellors they stated that they needed information and experience about career guidance in general. The middle level managers under 32 years of age and the Master's degree nurse managers stated that their responsibilities as nurse managers included 'guidance and career counseling' significantly more than the other groups. This findings shows that the nurse managers want to assume new responsibilities other than their traditional, passive roles. However the nurse managers who feel inadequate in every aspect of career counseling need structured, formal, practical education on the subject of 'career guidance' to effectively fulfill their responsibilities.

Research limitations

One of the research limitations was that it only included the opinions of nurse managers who work in hospitals in Istanbul about career planning and development. For this reason the results cannot be generalised and the limited amount of literature available about career planning and development in nursing limits the ability to discuss the research findings.

Conclusion

Our research was conducted as a descriptive study to determine whether or not there were career planning and development practices in public and private hospitals and if there were career planning and development practices at what level of adequacy they were according to the opinions of nurse managers. The findings suggest that processes of career planning and development are not in place in this region of Turkey. However, the most commonly reported career planning and development practice for nurses in hospitals was educational programs. There were differences in the career planning and development practices among the hospitals and the private hospitals had more practices than the public hospitals. The fact that the nurse managers evaluated themselves as being inadequate to carry out career planning and development suggests that they had not received appropriate career planning themselves at their own hospitals. Nurse managers' perceptions of career planning and development varied according to their management level, age groups and educational level and they did not have agreement in their opinions on this subject. According to the research results it is recommended that formal education and continuing education programs give more attention to career planning and development in nursing and that laws and bylaws define the responsibilities of nurse managers for career planning and development.

Relevance to clinical practice

Career planning and development is an important tool for using the workforce effectively, improving the quality of service and increasing nurse retention. This study draws attention to the importance of career planning in nursing and the need for nurse managers to take an active role in career planning and development.

Contributions

Study design: BS, AY; data collection and analysis: BS and manuscript preparation: BS, AY.

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