Societal factors that induce career change decision among nurses working at different Sohag city hospitals

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Background

Nurses who have positive professional images will have stronger relations with their patients, peers, and community as a whole. Decision to leave might be an indication that nurses are not committed to their profession.

Aim

This study aimed to determine the societal factors that induce career change decision among nurses working at different Sohag city hospitals. The study participants comprised all categories of nursing staff from all age categories and different educational levels. Societal Satisfaction Questionnaire and Anticipated Career Change Questionnaire were used for data collection.

Results

On the basis of the analysis of the participant's responses, the result revealed that there was a highly statistically significant positive correlation between societal satisfaction and participants' decision to leave the nursing career.

Conclusion

The study revealed that different sets of societal factors are associated with career change decision among nurses, which are mainly concerned with society's view of nursing and mass media projection. These data can be useful for understanding nurse workforce challenges, improving mass media recognition, providing feedback to Egyptian nursing leaders as regards the best workplace practices, and informing decisions surrounding workforce policy.

Keywords:

career, career change, mass media, societal satisfaction, society view

Introduction

Good career choice outcomes should produce a series of positions that give opportunity for good performance, maintain commitment to the field, and give high work satisfaction (Super, 1980). In Egypt, nursing was considered as a chance to work in other countries. The image of nursing as a profession is affected by numerous factors that decide the choice of nursing as a career. These factors include media, public image, social prestige, nurses themselves, having a family member, relative, or a friend who is a nurse, role models, physician–nurse interaction, nursing educators, nurse preceptors, risk for violence, exposure to health hazards, and nursing education programs (Shukri *et al.*, 2013). The popular view of nursing is influenced by how nurses behave with consumers and in their relationships with members of other disciplines, especially physicians. Likewise, the value and status of nursing is diminished when nurses allow themselves to be demeaned. For example, it is demeaning when nurses address physicians as 'Doctor' but physicians address nurses by their given names (Cowen and Moorhead, 2011).

Nurses have demonstrated the ability to deliver high-quality cost-effective healthcare with concomitant high patient satisfaction. Healthcare organizations require a stable, highly trained, and fully engaged nursing staff to provide effective levels of patient care. Those who are leaving the profession are reducing the total number of nurses in the manpower, which has an impact on the present nursing shortage and is leading to a permanent loss of productivity (Buchan and Aiken, 2008). The financial investments used on nurse's education, orientation, and continuing education are lost. Moreover, nurse turnover is also costly to organizations: first, because it results in the direct and indirect costs of filling the positions, and, second, because of the loss of organizational productivity and knowledge (Li and Jones, 2013).

Review of the literature

The concept of career has been used in different meanings. The dictionary meaning of the concept is stone quarry, running, place, path, walkway, and arena,

and figurative meaning is life and profession. Super (1957) defined career as 'The sequence and combination of roles that a person plays during the course of a lifetime'. Moreover, career is defined as progress throughout an individual's professional life, which is developed by selecting positions that contribute to professional goals (Patricia, 2016). There are three different career stages among nurses suggested by Shirey (2009), which are as follows: promise, momentum, and harvest. Promise is the earliest of the career stages and typically reflects the first 10 years of nursing employment. Making wise early career choices is critical in this stage. Momentum is the middle career stages and typically reflects the nurse with 11–29 years of experience. This is a time of accomplishment, challenge, and a sense of purpose. The most significant challenge to nurses at the middle stage is a commitment to lifelong learning and being willing to seize unexpected opportunities that may present themselves over time are often key to career divergence at this point in life. The last stage, harvest, commences in late career. Shirey (2009) labels nurses with 30–40 years of experience as having 'prime' experience and nurses with more than 40 years of experience as being 'legacy' clinicians.

The total number of nurses in Egypt is estimated to be 202 542. The majority (almost 90%) of them had a certificate of diploma of nursing and only 6–8% had a certificate of bachelor of nursing. The Ministry of Health estimates a more evident shortage in Upper Egypt (Bakr, 2012). Nursing in Egypt is one of the skilled professions that have seen little change over the past 30 years. The primary challenges in nursing are centered on education, performance, accommodation, an image that is not highly appreciated, and lack of motivation due to low salaries and incentives. The existing weaknesses in the legislation of nursing as regards nursing have left nurses with minimal social and human rights benefits.

Challenges within nursing in Egypt have existed for over 30 years, yet current social and political conditions within the country have hindered the improvement of the identified challenges. Some of these challenges are the following:

(1) Nurses often face challenging workplace conditions with little institutional recognition or support.
(2) Shortage of nursing funding, require more funds.
(3) High turnover of Ministers and decision makers at MOHP hinders setting rules to support nursing reforms.

(4) Existing nurse numbers are insufficient to cover all health services sufficiently, leading to the maldistribution of nurses in different health services.
(5) Inaccurate image and poor public perception and knowledge of the value of nurses.
(6) Nurses are not paid enough; the cadres of pay for different levels of expertise must improve.
(7) Important issues discussed included nurses' fees, salaries, work hours, shifts, challenges and risks during night shifts, and misdistribution of nurses according to expertise in different health services (WHO, 2011).

Even in the 21st century, the nursing profession still faces problems in showing its true image (Gwendoline and Keith, 2010). Despite the great advances in the nursing career, nurses still face considerable challenges related to its image that impact on status, power, and the ability to affect changes in healthcare. The image of nursing is vital to the profession, necessary in today's changing workplace, and an important concept for future nurses to understand. It is imperative to establish and maintain a proper image of nursing, particularly in current society, in which the accomplishments of nurses are seldom given the recognition they deserve (Abdel El-Halem et al., 2011).

The popular public image of medicine and nursing is changing as societies become more knowledgeable, the media more critical, and litigation more common place. On the basis of the media coverage, doctors are generally regarded as skilled professionals who routinely deal in matters of life and death. Image refers to the tangible or visible representations and/or perceptions resulting from a person's conduct as a professional, linked to competence and ethical behavior [Nurses Association of Botswana (NAB), 2010]. Moreover, image can be defined as a reproduction or an imitation of something or as a mental picture or impression of something (Merriam-Webster, 2011). In fact, nurses have been ranked number one on every Gallup's annual poll on honesty and ethics (National Nurses United, 2016).

Chauke (2014) suggested that nurses who have positive professional images will have more stronger relations with their patients, peers, and community as a whole. Although there is an enormous advancement in the nursing profession, nurses still face multiple challenges in relation to a professional image. Abdel El-Halem et al. (2011) determined that the image of nursing as a profession in the Egyptian community was

not improved significantly even after the nurse was university qualified. Accordingly, Aries (2011) discussed many nursing stereotypes, the most common ones are the following: the nurse as an angel of mercy, the nurse as a love interest (particularly to physicians), the nurse as a sex bombshell or 'naughty nurse', the nurse as a handmaiden to physicians, the nurse as a battle-axe, and the male nurse as gay, effeminate, or sexually predatory. Moreover, he suggested that such images as an angel are generally unhelpful to the profession because they fail to convey the college-level knowledge base, critical thinking skills, and hardwork required to be a nurse. Depending on that other individuals think that nurses are supernatural beings who do not require decent working conditions, adequate staffing, or a significant role in healthcare decision making or policy.

Social, political, and economic systems continue to perpetuate the image of nursing as a female-dominated profession. Although increased numbers of men are joining the ranks of professional nursing, disproportionate numbers of male nurses are leaving nursing, compared with female nurses. Unfortunately, these images often do not portray an accurate or complete picture of the role of a professional nurse (Kunde, 2010). Nurses should be aware of the fact that when consulting clients or caring for someone, patients are observing nurses and form impressions about the appearance, competence, character, and commitment of the nurse. Whether good or bad, these impressions usually (very fast) spread around the health facility and community (Alexander, 2011).

Studies have identified a number of negative societal perceptions of nursing related to be gendered stereotyping such as subordination to (male) doctors, low academic standards, limited career opportunities, and poor pay and conditions. There are reports that many career seekers perceive nursing as a poor career choice for reasons such as lack of prestige and defined career ladders, too little financial compensation, and the subservient image of nurse's role (Yun *et al.*, 2010). AQ37 Therefore, Tawash *et al.* (2013) emphasized on the fact that maintaining an intraprofessional positive image is significant in attracting new recruits to the profession, contributing to morale and job satisfaction, and influencing social status, economic value, and career development.

Social stratification refers to a system by which a society ranks categories of people in a hierarchy. In the USA, it is perfectly clear that some groups have greater status, power, and wealth compared with other groups. These differences are what led to social stratification. Social stratification is based on four major principles: social stratification is a trait of society and not simply a reflection of individual differences; social stratification persists over generations, social stratification is universal (it happens everywhere) but variable (it takes different forms across different societies), and social stratification involves not just inequality but beliefs as well (inequality is rooted in a society's philosophy) (Grusky and David, 2011).

Career change is alternatively defined as any major change in work-role requirements or work context and as a process that may result in a change of job, profession, or a change in one's orientation to work (Ashforth, 2010). In nursing context, career change occurs when registered nurse may leave the nursing field to work in a different industry (Mazurenko *et al.*, 2015). Moreover, Gök and Kocaman (2011) have defined nurses who have been leaving profession as follows: 'a nurse who voluntarily discontinues nursing profession after working a certain time after graduation from the school of nursing'. Zamanzadeh *et al.* (2013) explained that poor image of nursing and ambiguous social status of nurses were the major causes of leaving nursing by Iranian nurses.

Significance and aim of the study

The public image of the nurse appears to be negative in countries where strong cultural traditions severely restrict the participation of women in paid occupations outside the home. The lay view of nursing is simultaneously less glamorous and more idealized; in other words, it may make it difficult for the public or newcomers to the profession to appreciate the level of knowledge and skill and complex responsibilities involved, and hence the true nature of the moral conflicts they will encounter. The image of the nursing profession has an apparent impact on nurses' self-concept, self-esteem, recruitment, retention, and performance. Thus, nurses who have positive professional images will have stronger relations with their patients, peers, and community as a whole. The image of nursing as a profession in the Egyptian community was not improved significantly even after the nurse was university qualified.

Research question

What are the societal factors that induce career change decision among nurses working at different Sohag city hospitals?

Participants and methods

Research participants

Stratified random sample of nurses from the three hospitals was the sample of the study. The participants ($n=250$) of the study were the members of nursing staff from the three hospitals included in the study. There were 162 nurses from Sohag University Hospital, 34 nurses from Sohag Health Insurance Hospital, and 54 nurses from Sohag General Hospital. The participants were from all nursing categories, all age groups, and all social statuses. The participants who were included in the study had different years of experience from newly graduate to retirement age.

Procedure

Data collection procedure was conducted over 6 months during the mid-time morning shift at their workplace. Purpose of the study and methods of data collection were explained to the nursing directors of the three hospitals to obtain their permission to conduct the study. The investigator had met the staff nurses at their working units either individually or in groups, and written consent was obtained from them.

Study tool

The study tool was developed by the researcher based on extensive literature review for many research studies and questionnaires related to societal satisfaction and career change, such as the Career Satisfaction Scale (Greenhaus *et al.*, 1990) and the Misener Nurse Practitioner Job Satisfaction Scale (Misener, 2001). Content validity was established by five experts in nursing administration field. On the basis of experts' comment and recommendations, some changes had been made at the data collection tools. A pilot study was carried out on 10% of the study sample ($n=25$) before the mass distribution of the questionnaire. Cronbach's α result for Societal Satisfaction Questionnaire was 0.790 and for Anticipated Career Change Questionnaire it was 0.801.

Research design

Descriptive exploratory design was adopted to conduct this study. A descriptive exploratory design refers to a type of study in which information is collected without making any changes to the study subject and seeks to describe the current status of an identified variable. The study examined variables that have already occurred or were occurring during the period of data collection. These variables were clearly identified and defined as discussed in the result section.

Statistical design

Upon completion of data collection, the data were scored, tabulated, and analyzed through data entry and analysis with computer using the 'statistical package for the social science' (SPSS, version 20; SPSS Inc., Chicago, Illinois, USA). Data were presented using descriptive statistics in the form of percentages, frequency, and mean and SD. Inferential statistical tests of significance such as Pearson's correlation and independent t-test were used to identify group differences and the relations among the study variables. The P value more than 0.05 indicates nonsignificant result, whereas the P value less than 0.05 is significant, and the P value 0.01 or less is highly significant.

Ethical consideration

An approval to conduct the current study was obtained from the Ethical Committee, Faculty of Nursing, Cairo University. Written informed consent was obtained after taking initial acceptance from the research ethical committee. In addition, official approval was obtained from hospital manager at the three hospitals for data collection. Moreover, approval from the Ethical Committee of the Egyptian Ministry of Health was given to the researcher.

Results

Table 1 shows that majority of the respondents were married ($n=233$, 93.2%), female ($n=161$, 64.4), 24–44 years of age ($n=140$, 56%), held associated degree in nursing ($n=33$, 41.2%), and had 1–10 years of experience in nursing ($n=137$, 58.8). The majority of the study sample ($n=159$, 63.6%) worked at Sohag University Hospital. There were no widow participants and those who had more than 30 years of experiences.

Table 2 shows the studied participants' perception of societal satisfaction items. The majority of respondents ($n=192$, 76.8%) agreed on mass media showing nurses in a bad behavior and being guilty, followed by the respondents ($n=167$, 66.8%) who agreed on the following: 'The societal view of the reasoning of entering nursing is the need for money'. However, the minority of respondents' agreement was on the following: 'The society in Upper Egypt respect nursing career and their employee' ($n=23$, 9.2%), 'The Egyptian laws and legislation protect nursing career' ($n=6$, 2.4%), and 'I think that the Egyptian Nursing Syndicate supports nurses everywhere' ($n=9$, 3.6%).

Table 3 shows that there was a highly significant relationship between societal satisfaction and age

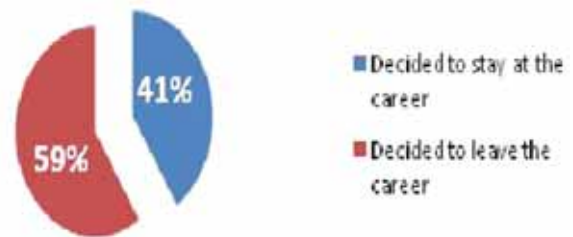(P=0.002), years of experiences (P=0.004), work place (P=0.004), and marital status (P=0.010).

However, there was a nonsignificant relationship between societal satisfaction and sex (P=0.551) and level of education (P=0.409).

Figure 1 shows the participants' career change decision. The majority of respondents (n=148, 59.2%) decided to change the nursing career. However, the minority of respondents (n=102, 40.8%) decided to stay at the nursing career.

Table 4 demonstrates the main causes of career change decision as perceived by participants. The majority of respondents decided to change the nursing career in an attempt to reduce work time

Table 1 Percentage distribution of the studied participants' demographic data (N=250)

Demographic items	Variable	Study sample (N=250) [n (%)]
Sex	Male	17 (6.8)
	Female	233 (93.2)
Age (years)	18–24	103 (41.2)
	24–44	140 (56)
	44–60	7 (2.8)
Years of experience	6 months to 1 year	41 (16.4)
	1–10	137 (58.8)
	10–20	66 (26.4)
	20–30	6 (2.4)
	30–40	0 (0)
Level of education	Diploma degree in nursing	89 (35.6)
	Associate's degree in nursing	114 (45.6)
	Bachelor degree in nursing	37 (14.8)
	Specialized diploma after BSN	8 (3.2)
	Master degree in nursing	2 (0.8)
Work place	Sohag University Hospital	162 (64.4)
	Ministry of Health Hospital in Sohag	54 (21.6)
	Health Insurance Hospital in Sohag	34 (14)
Marital status	Single	79 (31.6)
	Married	159 (63.6)
	Divorced	12 (4.8)
	Widow	0 (0)

Figure 1

Percentage of participants' career change decision.

Table 2 Percentage distribution of the studied participants' perception related to societal dimensions (N=250)

Items	Strongly disagree [n (%)]	Disagree [n (%)]	To some extent [n (%)]	Agree [n (%)]	Strongly agree [n (%)]	Percentage of respondents agreement
The society in Upper Egypt respects nursing career and their employee	134 (53.6)	56 (22.4)	37 (14.8)	7 (2.8)	16 (6.4)	9.2
The societal view of the reasoning of entering nursing is the need for money	26 (10.4)	11 (4.4)	46 (18.4)	90 (36.0)	77 (30.8)	66.8
Society views nurses who work at night shifts, as if they have a deviant behavior	21 (8.4)	19 (7.6)	59 (23.6)	79 (31.6)	72 (28.8)	60.4
Nurses' behavior and attitude are suspected in the society	11 (4.4)	18 (7.2)	88 (35.2)	79 (31.6)	54 (21.6)	53.2
Mass media show nurses in a bad behavior	11 (4.4)	1 (2.8)	40 (16.0)	74 (29.6)	118 (47.2)	76.8
I feel that being a nurse does not affect my relations in the society	23 (9.2)	26 (10.4)	103 (41.2)	51 (20.4)	47 (18.8)	39.2
My family respects me as a nurse and supports me all the time	35 (14.0)	25 (10.0)	84 (33.6)	63 (25.2)	43 (17.2)	42.4
When I decided to be a nurse, my family support me	18 (7.2)	20 (8.0)	95 (38.0)	63 (25.2)	54 (21.6)	46.8
The Egyptian laws and legislation protect nursing	152 (60.8)	57 (22.8)	25 (10.0)	10 (4.0)	6 (2.4)	6.4
I think that the Egyptian Nursing Syndicate support nurses everywhere	137 (54.8)	63 (25.2)	37 (14.8)	4 (1.6)	9 (3.6)	5.2

(n=35, 23.65%) and dedicate more time for one's own personal life (n=35, 23.65%). However, the minority of respondents (n=8, 5.40%) decided to change the nursing career to reduce physical and psychological stress associated with nursing work.

Table 5 illustrates the main future plans of those who decided to change nursing career. The majority of respondents (n=62, 41.33%) decided to join open educational programs and then shift to another career in the same hospital, followed by leaving nursing career and work in hospitals to stay with children at home (n=57, 38.0%). However, the minority of respondents (n=15, 10.0%) decided to

join open educational programs and then left nursing career and hospital to pursue business-oriented career.

Table 6 reveals that the majority of female participants (n=146, 62.66%) decided to change the nursing career, whereas the majority of male participants decided to stay. The majority of participants who were 18 years to 24 years of age (n=71, 68.93%) and those who had 1 year of experience to less than 10 years of experience decided to change the career (n=92, 67.15%). Nurses who had diploma degree decided to change (n=58, 65.17%), whereas nurses who had master degree decided to stay (n=2, 100%).

Table 3 The relationship between participants' demographic data and their scores of societal satisfaction questionnaire (N=250)

Items	Demographic data	Satisfy [n (%)]	Dis-satisfy [n (%)]	P value
Sex	Male	3 (17.65)	14 (82.35)	0.551
	Female	18 (7.73)	215 (92.27)	
Age (years)	18–24	5 (4.85)	98 (93.15)	0.002**
	24–44	11 (7.86)	129 (92.14)	
	44–60	5 (71.43)	2 (29.57)	
Years of experiences	6 months to 1 year	0 (0.0)	41 (100.0)	0.004**
	1–10	7 (5.11)	130 (94.89)	
	10–20	9 (13.64)	57 (86.36)	
	20–30	5 (83.33)	1 (16.67)	
Level of education	Diploma degree in nursing	9 (10.11)	80 (89.89)	0.409
	Associate's degree in nursing	4 (3.51)	110 (96.49)	
	Bachelor degree in nursing	6 (16.22)	31 (83.78)	
	Specialized diploma after BSN	3 (37.5)	5 (62.5)	
	Master degree in nursing	1 (50.0)	1 (50.0)	
Work place	Sohag University Hospital	14 (8.64)	148 (91.36)	0.004**
	Ministry of Health Hospital in Sohag	4 (7.41)	50 (92.59)	
	Health Insurance Hospital in Sohag	10 (29.41)	24 (70.59)	
Marital status	Single	10 (12.67)	69 (87.34)	0.010**
	Married	11 (6.92)	148 (93.8)	
	Divorced	0 (0.0)	12 (100.0)	

**The mean difference is highly significant at $P<0.01$ level.

Table 4 Main causes of career change decision as participants' perception at Anticipated Career Change Questionnaire (n=148)

Main causes of career change decision	Number of respondents [n (%)]	Cumulative percent
Seeking a more respectful look of the family and society	33 (22.30)	22.30
Achieving a better financial level	13 (8.78)	31.08
Getting various management positions and leadership opportunities	15 (10.14)	41.22
Trying to reduce work time and dictate more time one's own personal life	35 (23.65)	64.87
Paying attention to marital responsibilities and raising my children	34 (22.97)	87.84
Feeling defeated at this career comparing by other careers	10 (6.76)	94.6
Reduction from physical and psychological stress associated with nursing work	8 (5.40)	100.0

Table 5 Main future plans of participants to leave the nursing career (N=148)

Main future plans of participants to leave the nursing career	Number of respondents [n (%)]
Join open educational programs and then shift to another career in the same hospital	62 (41.33)
Join open educational program and then leave nursing career and hospital to pursue business	16 (10.66)
Leave nursing career and hospital to free business	15 (10.0)
Leave nursing career and work in hospitals to stay with children at home	57 (38.0)

Table 6 The relationship between participants' demographic data and their career change decision (N=250)

Items	Demographic data	Total decided to leave nursing [n (%)]	
		Decided to stay	Decided to leave
Sex	Male	15 (88.24)	2 (11.76)
	Female	87 (37.34)	146 (62.66)
Age (years)	18–24	32 (31.08)	71 (68.93)
	24–44	66 (47.14)	74 (52.86)
	44–60	4 (57.14)	3 (42.86)
Years of experiences	6 months to 1 year	15 (36.59)	26 (63.41)
	1–10	45 (32.85)	92 (67.15)
	10–20	36 (54.55)	30 (45.45)
	20–30	6 (100.0)	0 (0.0)
Level of education	Diploma degree in nursing	31 (34.83)	58 (65.17)
	Associate's degree in nursing	41 (35.96)	73 (64.04)
	Bachelor degree in nursing	26 (70.27)	11 (29.73)
	Specialized diploma after BSN	2 (25.0)	6 (75.0)
	Master degree in Nursing	2 (100.0)	0 (0.0)
Work place	Sohag University Hospital	53 (32.72)	109 (77.86)
	Ministry of Health Hospital in Sohag	32 (59.26)	22 (40.74)
	Health Insurance Hospital in Sohag	17 (50.0)	17 (50.0)
Marital status	Single	36 (45.57)	43 (54.43)
	Married	63 (36.622)	96 (60.38)
	Divorced	3 (25.0)	9 (75.0)

Table 7 showed there was a highly significant positive correlation between career change decision and sex ($r=0.261$, $P=0.000$). There was a significant negative correlation between career change decision and age, years of experience, level of education, and workplace ($r=-0.169$, $P=0.007$; $r=-0.196$, $P=0.002$; $r=-0.166$, $P=0.009$; and $r=-0.188$, $P=0.003$, respectively).

Table 8 showed there was a highly significant negative correlation between nurses' career change decision and societal factors ($r=-0.279$, $P=0.000$).

Table 7 Correlation between demographic data and nurses' career change decision (N=250)

Demographic data	Nurses career change decision	
	r	P value
Sex	0.261	0.000[**]
Age	−0.169	0.007[**]
Years of experience	−0.196	0.002[**]
Level of education	−0.166	0.009[**]
Work place	−0.188	0.003[**]
Marital status	0.082	0.198

[**]The mean difference is highly significant at $P<0.01$ level.

Table 8 Correlation between participants' societal satisfaction and their career change decision

Item	Nurses' career change decision	
	r	P value
Societal factors	−0.279	0.000[**]

[**]The mean difference is highly significant at $P<0.01$ level.

Discussion

Wide-reaching, the nursing profession is confronted by multiple challenges affecting its status, prestige, power, and the ability to grasp and retain adequate number of nursing workforce. Nurses who are leaving the profession are reducing the total number of nurses in the manpower, which has an impact on the present nursing shortage and is leading to a permanent loss of productivity (Takase, 2010). Moreover, when leaving the profession they take their tacit knowledge, experience, and contribution from organizations and from nursing workforce (Li and Jones, 2013). In relation to that this study aimed to determine the societal factors that induce career change decision among nurses working at different Sohag city hospitals.

Findings of the present study revealed the following:

As regards the sociodemographic data of the nurses in the current study, the majority of participants were female (93.2%), 56% were from 24–44 years of age, 58.8% had 1–10 years experience in nursing, 45.6%had an associated degree in nursing, and the majority of them were married (63.6%). There were no widow participants or those who had more than 30 years of experience. The study participants were selected from three main hospitals at Sohag city, which were Sohag University Hospital (64.4%), Ministry of Health Hospital in Sohag (21.6%), and Health Insurance Hospital in Sohag (14%).

In the study by Salminen (2012), nearly half (n=343, 37%) of young registered nurses (<35 years) working in hospitals have reported frequent intention to leave the profession in Finland. Moreover, this study results indicated that 59.67% (n=145) of young nurses under 44 years of age decided to leave the profession. This may be attributed to older nurses being more adapted to their work compared with younger nurses. In Sweden, 10–20% of new graduates have considered leaving the profession (Rudman *et al.*, 2010). The percentage of nurses who decided to leave during the 10 years of work was 67.15%, whereas in the USA the percentage of those intending to leave nursing within 3 years was low, at 3% (Department of Health and Human Services USA, 2010).

According to a previous study (van Dam *et al.*, 2013), age is negatively related to leaving nursing profession, which is similar to that reported in this study as age was negatively correlated with career change decision (r=−0.169, P=0.007). Recent research in nursing has identified that the millennial generation are also significantly less satisfied with their jobs compared with older generational cohorts (Laschinger *et al.*, 2009). Moreover, the study results showed that the young participants who were less than 24 years of age (mean±SD: 137.0±21.898) and who were less than 44 years of age (mean±SD: 141.092±22.180) were less satisfied compared with those who were older than 44 years (mean±SD: 150.142±30.991). Addressing the loss and job dissatisfaction of new graduates from the profession will be essential to address the current and growing shortage of nurses (O'Brien-Pallas *et al.*, 2008). Younger nurses were more likely to leave the profession provide an evidence for negative effects of low commitment to the profession (Sermeus *et al.*, 2011).

Nurses who left the profession were more likely to have specialized diploma after BSN (75.0%), whereas another study (Mazurenko *et al.*, 2015) indicated that 34.7% of nurses who had bachelor degree left the profession. The majority of the nurses who decided to leave were divorced (75.0%), which is confirmed by the same previously mentioned study, as 54.2% were separated. Most of the nurses who quit the job had less than 10 years of experiences, which means they were in the first stage of their career. According to Sheiry (2009), individuals in this stage are less experienced and tend to experience reality overload as a result. Making wise early career choices is critical in this phase.

Sex had a positive significant correlation with career change decision (P=0.000). Boughn (2009) reported that, when participants were asked to rate their reasons for entering nursing, female nurses rated individual fulfillment higher than male nurses, and men were more likely to rate career opportunities and salary as more important motivators for entrance. At this study, level of satisfaction was different between male (17.65%) and female (7.73%) nurses. Despite of that males' intention to leave the profession was low (11.76%) compared with female (55.36%) nurses. Fooladi (2011) reported that Iranian male nursing students lack interest in compassionate nursing care and view nursing as a source of income and security. Fooladi's results supported the fact that when male nurses were economically more satisfied compared with female they decided to stay at the career compared with female nurses. Another study opposed that men who enter the nursing profession tend to have faster and more straightforward career progression compared with women (Muldoon and Reilly, 2013).

The result of a previous study revealed that the junior nurses (female or male) perceived good salary as the most important reason for entering nursing career. It is likely that either men or women who have chosen nursing as a career because nursing offers stable employment with reasonable wages, especially in these times of economic instability (Mohamed and El-Sayed, 2013). Similarly, Abdel El-Halem *et al.* (2011) explained that this finding may be due to the low economic status in developing countries, which drives students to work outside the country. In addition, it may be due to cultural values in Arab countries where men and women assume great responsibilities and it was expected to be the main reason for entering the nursing profession as the graduates are automatically hired and have the opportunities to work abroad whether in Arab or western countries.

The societal satisfaction was significantly correlated with marital status (P=0.010), workplace (P=0.004), years of experiences (P=0.004), and age (P=0.002). The participants saw the following: 'The society in Upper Egypt respects nursing career and their employee' (76%), and 'The societal view of the reasoning of entering nursing is the need for money' (66.8%). According to Amr *et al.* (2011), in Egypt, the nursing profession had a poor reputation, which was in the same line with this study results. Parents, families, and friends play a significant role in the occupational aspirations and career choices of their children (Whittock and Leonard, 2009). Zamanzadeh *et al.*

(2013) reported that parents play a crucial role in their career decisions, which supports the result of the study as the participants agreed (n=130, 52%) on the statement 'My family decided for me to be a nurse'.

The statement of 'Society views nurses who work at night shifts, as if they have a deviant behavior' (66%) had high agreement from participants, which was supported by Lamadah and Sayed (2014)in another Arabian country (Saudi Arabia) as society looks at nurses with some suspicion and disrespect because they were working in socially unacceptable mixed-gender settings and have to cover long hours of unfavorable night and weekend duties. Despite the previous study findings and the current study findings, there was another Egyptian study findings that revealed that nursing is a prestigious and important profession in Egyptian society (Fouda et al., 2016). This differences in results can be related to different cultures, believes, perceptions, or working conditions.

Participants agreed that 'Mass media show nurses in a bad behavior and being guilty' (76.8%). In this context, there was an August 2010 report by the news services Al Bawaba about a protest over an Egyptian naughty nurse television character. Dr Nihad Abd Al Salam of International Nurses Academy observed that the Egyptian media reinforces the widespread perception that nurses are 'girls with bad reputations who try to seduce doctors and rich patients'. Such social contempt discourages practicing and potential nurses and undermines nurses' claims to clinical and educational resources. The naughty nurse image is a factor in the global nursing crisis, and overcoming. Nurses have urged the media to reconsider its rampant use of the image.

Young participants were not satisfied (94.8%) culturally as nurses in this society. Fletcher (2007) supported that nursing, as paradigmatically women's work, has been historically devalued. Nursing profession has been associated with femininity and powerlessness, and stereotypical public images, such as angels with pretty faces and empty heads, physicians' handmaids, or naughty nurses, still exist in western countries. Moreover, other studies concluded that these young nurses did not, however, place themselves within these expected stereotypic images of nurses. This could be one reason why these nurses left profession – talented and bright women did not fit the stereotypes of nurses as nurturing and serving and of being lower in the hospital hierarchy (Seago et al., 2007).

According to the study result, analysis of the Anticipated Career Change Questionnaire revealed that 148 (59.2%) participants decided to leave nursing career. These results are supported by Flinkman et al. (2010), who suggested that nurses' intention to leave the profession varied from 4 up to 54% across the studies internationally. Moreover, in a NEXT (Nurses Early Exit) study, conducted in 10 European countries (n=30 330), 13% of nurses had frequently thought about leaving the profession. In European sample of this study, every 10th (9%) of nurses was having intention to leave the profession (Heinen et al., 2013). Moreover, the study by Heinen et al. (2013) revealed that 9% of the participated nurses intended to leave their profession.

The main causes that induced participants to decide career change were in an attempt to reduce work time and dedicate more time for their own personal life (23.65%). However, an Australian study (Eley et al., 2010), which aimed to determine factors influencing decision to leave nursing, disillusionment with nursing came as a first reason. Family responsibilities came at as a fifth reason of leaving, whereas in this study 'Paying attention to marital responsibilities and raising their children' (22.97%) was the second reason. The study participants mentioned 'Achieving a better financial level' (8.78%) as a reason for leaving, which is similar to the Australian study. Moreover, the last reason at both studies was reduction from physical and psychological stress associated with nursing work (5.40%) or health concerns. Other reasons cited for leaving the nursing profession were career responsibilities (14.3%), little control over practice (14.3%), stress and burnout (14.3%), personal goals are inconsistent with professional goals (14.3%), and lack of satisfying colleague relationships (7.1%) (de Milt et al., 2011).

The majority of participants who planned to leave nursing by joining open educational programs and then shifting to another career in the same hospital (41.33%) and leave nursing career and work in hospitals to stay with children at home (38%). The study results differed from the American Mobile Nurses Health Care (2013) survey, which indicated that nurses who change the career, decided to retire (13%). Despite that, this survey results indicated that others would take a non-nursing job (7%), which is near to the result of the study. As study participants decided to join open educational program and then left nursing career and hospital to

pursue business-oriented career (10.66%) or leave nursing career and hospital to free business (10.0%).

Conclusion and recommendation

The aim of the present study was to determine the societal factors that induce career change decision among nurses working at different Sohag city hospitals.

Overall, the study concluded the following:

More than half of the study participants decided to leave nursing profession. There is a significant negative correlation between career change decision and societal satisfaction. Moreover, the majority of those who were dissatisfied were married women, less than 24 years old, had less than 1 year of experience, and had associated degree in nursing. Mainly participants' satisfaction affected by the following statements: 'Society views nurses who work at night shifts, as if they have a deviant behavior' (66%) and 'Mass media shows nurses in a bad behavior and being guilty' (76.8%).

There was a highly significant positive correlation between career change decision and sex ($r=0.261$, $P=0.000$). There was a significant negative correlation between career change decision and age, years of experience, level of education, and workplace ($r=-0.169$, $P=0.007$; $r=-0.196$, $P=0.002$; $r=-0.166$, $P=0.009$; and $r=-0.188$, $P=0.003$, respectively). The majority of nurses who decided to leave were young divorced women, had less than 10 years of experiences, and had a diploma degree in nursing. Nurses who are not satisfied about societal view, decided to leave nursing career and shifting to another career with different future plan. Joining open education program and working in the same hospital is the core future plan of nurses who decided to leave nursing career, followed by another plan, which was to leave nursing career and work at hospitals and stay with children at home.

On the basis of important findings of the study, the following were recommended:

(1) It is paramount to amend both the public image and self-image of participants to enhance the nurse's career satisfaction through mass media recognition and reception to nursing career.
(2) Universities, schools, and nursing managers should create an authentic and up-to-date image of the nursing occupation, presenting its advantage and disadvantages, in order to attract prospective students to the profession.
(3) A study for planning and implementing orientation training programs about nursing career profession for students before admission.
(4) Government at all levels should improve the general welfare of participants, including monthly remuneration and allowances.
(5) Providing daycare services for children of participants during work hours.

Limitation of the study

The sample of nurses who participated in the study may not accurately reflect all Sohag nurses' perception. Some nurses filled the sheet carelessly without reading the statement, which resulted in the same answer for all questions. Nurses were so busy in filling the questionnaire, which took more than half an hour to fill one sheet. Another limitation of this study is that the results should be viewed in light of the data having been collected in the healthcare profession. This may cast some doubts on the suitability of generalization to other professional sectors.

Conflicts of interest
None declared. **AQ51**

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