

# **The Influence of Occupational Satisfaction on Career Change Decision Among Nurses Working At Different Sohag City Hospitals**

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## **1- Abstract**

**Background:** The intention of nurses for career change can have negative consequences on how health-care systems and organizations function. At a time of current nursing shortage, it is important to understand the reasons why nurses decided to leave the profession. **Aim:** This study aimed to explore and determine the effect of occupational satisfaction on career change decision among nurses working at different Sohag city hospitals. **Subject and Methods:** Descriptive exploratory design was adopted to conduct this study. The study was conducted at the Main three governmental hospitals in Sohag city. The study participants were (250) all categories of nursing staff from all age categories and different educational levels. **Tools:** Occupational Satisfaction questionnaire and Anticipated Career Change questionnaire were used for data collection. **Results:** Based on the participant's responses, the results revealed that there is a significant negative correlation between occupational satisfaction and career change decision ( $r = -0.166, P = 0.005$ ). The highest percentage of participants dissatisfied about treating conflict among nurses and doctor within their organizations and agreed that the organization didn't care about their well-being. **Conclusion:** The study revealed that more than half of the participants dah the career change decision for different sets of factors associated with occupational satisfaction. This knowledge is important for health care managers to understanding predictors of career change among nurses which help them to formulate strategic plans to maximize nurse's attraction and retention in the workforce.

**Key words:** occupational satisfaction, career change decision, nurse's retention

## **2- 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 (Donald Super, 1980). During the current economic downturn, many new graduates have rushed to find a "job" in nursing, forgetting that even early employment decisions are critical to the achievement of their long-term career plan (Marquis & Huston, 2015). Several factors are related to young nurses' intentions to leave the

profession, including an imbalance of effort and reward, higher psychological demands, and higher job strain, which all influencing young nurses` intentions to resign from their nursing career (Lavoie-Tremblay, O`Brien-Pallas, Gélinas, Desforges, &Marchionni, 2008)

Career satisfaction refers more broadly to satisfaction with a career in nursing and may be a critical element in retaining nurses in the profession. Nurses who have a sense of career satisfaction and feel more fulfilled may contribute to the growth of the profession. (Mariani, 2012) Nurses who reported overall dissatisfaction with their jobs had a 65% higher probability of intending to leave than satisfied nurses. Many other studies have highlighted how personal experiences characterized by dissatisfaction relative to various aspects, such as the nature of the activities performed, work load, career opportunities, autonomy, training opportunities, fairness in evaluation systems, financial rewards, benefits, physical characteristics of working environment are linked to higher intention to leave (Bowling, Eschleman, &Wang, 2010).

Nurses have demonstrated the ability to deliver high-quality cost-effective health care with concomitant high patient satisfaction (Wortans, Happell, &Johnstone, 2006). 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&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 & Jones, 2013).

In a time health-care systems, policymakers, nurse leaders and nurse managers require evidence-based research to guide policy decisions concerning the nursing workforce (Barlow & Zangaro 2010). The findings of different studies and researches used by nurses managers involved in the design and implementation of nurse retention strategies as well as future recruitment initiatives. (Mazurenko, Gupte& Shan, 2015) When the nursing community gains better understanding of the reasons why nurses have the intention to leave or have left the profession, there might be more possibility of attracting leavers back. (Simoens, Villeneuve & Hurst, 2012)

### **3- Review of literature:**

The concept of career has been used in different meanings. The dictionary meaning of the concept is stone quarry, running, place, path, walkway, arena, and figurative meaning is life, profession. Super Donald, 1957 defined career as "The sequence and combination of roles that a person plays during the course of a lifetime". Also, Career defined as progress throughout an individual`s professional life, is developed by selecting positions that contribute to professional goals (Hagler, 2016).

There are three different career stages among nurses suggested by Shirey, (2009) which are: 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 to 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 labels nurses with 30 to 40 years as having "prime" experience and nurses with more than 40 years of experience as being "legacy" clinicians

Almost 90% of nurses in Egypt had a certificate of diploma of nursing and only 6-8% had a certificate of bachelor of nursing. The ministry of health estimates that more evident shortage in Upper Egypt. 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 which is not highly appreciated and a lack of motivation due to low salaries and incentives. The existing weaknesses in the legislation of nursing in regards to nursing have left nurses with minimal social and human rights benefits. (Bakr, 2012)

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 as the following:

- Nurses often face challenging work place conditions with little institutional recognition or support.
- Shortage of nursing funding, require more funds.
- High turnover of Ministers and decision makers at MOHP hinders setting rules to support nursing reforms.
- Existing nurse numbers are insufficient to cover all health services sufficiently, leading to the mal-distribution of nurses in different health services.
- Inaccurate image and poor public perception and knowledge of the value of nurses.
- Nurses are not paid enough; the cadres of pay for different levels of expertise must improve.
- Important issues discussed included nurses' fees, salaries, work hours, shifts, challenges and risks during night shifts; misdistribution of nurses according to expertise in different health services. (WHO report, 2011)

The lay view of nursing is simultaneously less glamorous and more idealized, in other words, may make it difficult for the public or new comers 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 (Thompson, Kath& Kenneth, 2010). Dissatisfaction with promotion may have a stronger impact than pay on

intention leave. Inequality in workload, salary, or other signs of professional respect can lead to job dissatisfaction. (Tummers, Groeneveld, & Lankhaar, 2013)

Healthcare workers operate in an environment that is considered to be one of the most hazardous occupational settings. In addition to the usual workplace related exposures, healthcare workers encounter diverse hazards due to their work related activities. A higher annual prevalence of back pain (77%) among healthcare workers compared to other occupational groups has been reported. Also, a Brazilian research reported that (80.7%) of nurses complained of musculoskeletal pain, mainly upper extremity, shoulder, and neck injuries. (Andersen, Clausen, Mortensen, Burr, & Holtermann, 2012) Seven areas of job related stress: conflict with physicians, inadequate training, lack of support, conflict with other nurses, workload, uncertainty about treatments, death and suffering. (Romano, Festini, Bronner, 2015)

There are many nurses intent to leave through three themes emerged; (a) unfriendly workplace, (b) emotional distress related to patient care, and (c) fatigue and exhaustion. Unfriendly workplace was evidenced by nurses reporting issues of harassment: verbal or physical abuse from co-workers, managers, or physicians in the workplace; and/or consistent lack of support from others. The second theme, emotional distress related to the patient care, was marked by a perception that others ignored patient or family wishes. The third theme of fatigue and exhaustion was characterized by the frequent comments regarding overwhelming emotional and physical exhaustion. New nurses express disillusionment about scheduling, lack of autonomous practice, and the lack of intrinsic and extrinsic workplace rewards. (Minick & MacKusick, 2010)

Career change has 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 (RN) may leave the nursing field to work in a different industry. (Mazurenko, Gupte & Shan, 2015) Also, Gök & Kocaman (2011) has defined Nurse who has been leaving profession "a nurse who voluntarily discontinues nursing profession after working a certain time after graduation from the school of nursing". Career change tends to occur later in a person's career and is rarely guided by institutionalized separation, transition or incorporation process and rituals.

#### **4- Significance and aim of the study:**

The current understanding of why nurses leave the profession is still limited. Although researchers have studied the career behaviors of nurses in the past, the focus was mostly on organizational turnover and less on occupational turnover. When nurses leave the profession, their human capital (knowledge, experience, expertise) will be lost from the nursing workforce. The number of nurses in the job market will also decrease

which will exacerbate the global nursing shortage and lead to a permanent loss of productivity in the health-care field.

In this context, it was observed by the investigator that many nurses are trying to change the career through enrollment in open education programs. Although it is not documented, but there are 16% of Sohag University Hospital` nurses join different open education programs as a step to change the career. Similarly this happens in another two hospitals as there are many nurses started to join open education. As this study may provide some valuable insights on factors contributing to career change among nurses. There for, there is a need to explore and determine the effect of occupational satisfaction on decision to leave nursing career among nurses working at different Sohag city hospitals.

**5- Research question:**

- 1- What is the effect of occupational satisfaction on career change intention among nurses working in different Sohag city hospitals?

**6- Methods:**

**6.1- Research participants:**

Stratified random sample of nurses from the three hospitals was used in the study. The (250) participants of the study were the members of nursing staff from the three hospitals which included in the study. There are 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 were included in the study have different number of experienced years from newly graduate to retirement age.

**6.2-Procedure:**

Data collection procedure was conducted over six months during the mid-time morning shift at their sample work place. Purpose of the study and methods of data collection were explained to the nursing director and the head nurses of the units to obtain their permission to conduct the study. The investigator had met the staff nurses at their working unites either was individually or in groups, and a written consent was obtained from them.

**6.3- Study tool:**

The study tool was developed by the researcher based on extensive literature review for many researches and questionnaires related to career satisfaction and career change such as Career Satisfaction Scale (Greenhaus et al., 1990) and Misener Nurse Practitioner Job Satisfaction Scale (Misener, 2001). The two tools which used were Occupational Satisfaction Questionnaire and Anticipated Career Change Questionnaire. Content validity was established by five experts in nursing administration field. Based on 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) prior

to the mass distribution of the questionnaire. Cronbach's alpha result for Occupational Satisfaction Questionnaire was 0.790 & Anticipated Career Change Questionnaire was 0.801

#### 6.4- Research Design:

A descriptive correlational design was utilized in this study. The purpose of descriptive studies is to observe, describe, and document aspects of a situation as it naturally occurs and sometimes to serve as a starting point for hypothesis generation or theory development. The aim of descriptive correlational research is to describe the relationship among variables rather than to infer cause-and effect relationships. Descriptive correlational studies are usually cross-sectional. (Polit & Beck, 2010)

#### 6.5- Statistical design:

Upon completion of data collection, the data were scored, tabulated, and analyzed through data entry and analysis by computer using the "Statistical Package for Social Science" (SPSS) version 20. Data were presented using descriptive statistics in the form of percentages, frequency mean and standard deviation. Inferential statistical tests of significance such as Pearson correlation, and independent t-test were used to identify group differences and the relations among the study variables. The p value > 0.05 indicates non-significant result while, the p value < 0.05 is significant and the p value ≤ 0.01 is highly significant.

#### 6.6- Ethical consideration:

An approval to conduct the current study was obtained from ethical committee, faculty of nursing, Cairo University. Written informed consent format was obtained after taken initial acceptance from research ethical committee. As well as Official approval was obtained from hospital manager at the three hospitals for data collection. Also, approval from the ethical committee of the Egyptian Ministry of health was given to the researcher.

### 7- Results:

*Table (1): Percentage Distribution of the participants` demographic data (N=250).*

Demographic Items	Variable	Study sample N= 250	
		No.	%
Gender	Male	17	6.8
	Female	233	93.2
Age	18 – less than 24 years	103	41.2
	24 - less than 44	140	56
	44- less than 60 years	7	2.8
Years of experience	6 months- less than 1 year	41	16.4

Demographic Items	Variable	Study sample N= 250	
		No.	%
	1-less than 10 years	137	58.8
	10- less than 20 years	66	26.4
	20-less than 30 years	6	2.4
	30- less than 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	.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

Table (1), reveals that, the majority (n =233, 93.2%) of the participants were female and high percentage of them were (n=140, 56%) aged from 24 years to less than 44years, (n = 33, 41.2%) held associated degree in nursing, (n=137, 58.8) had from one year to less than 10 years' experience in nursing, (n=159, 63.6%) married and (n=161, 64.4) worked at Sohag university hospital.

*Table (2): Main factors which influence participants` occupational dis-satisfaction (N=250)*

Main items which influence participants` occupational dis-satisfaction		Number of Dis-Satisfied Participant	Percentage of Dis-Satisfied Participant %
1	When conflict occurs between nurse and doctor, it will be treated fairly	216	86.4
2	I feel I can trust what I am told by the management staff	210	84.0
3	The Egyptian laws and legislation protect nursing career	209	83.6
4	I think that the Egyptian Nursing Syndicate support nurses everywhere	200	80.0
5	If I do good work I can count on being promoted	197	78.8

Main items which influence participants` occupational dis-satisfaction		Number of Dis-Satisfied Participant	Percentage of Dis-Satisfied Participant %
6	In this organization, nursing career equal any career from the view of managers and all employee	195	78.0
7	The organization cares about my general satisfaction at work.	193	77.2
8	The organization really cares about my well-being	184	73.6
9	Managers make me aware about all updates within the organization	183	73.2
10	The hospital facilitate transportation to and from the work every shift	177	70.8

Table (2): illustrated that (n= 216, 86.4 %) the majority of respondents dissatisfied about “When conflict occurs between nurse and doctor, it will be treated fairly”, followed by (n= 210, 84.0%) “I feel I can trust what I am told by the management staff “. Then (n=209, 83.6) were dissatisfied with the statement of “The Egyptian laws and legislation protect nursing career”

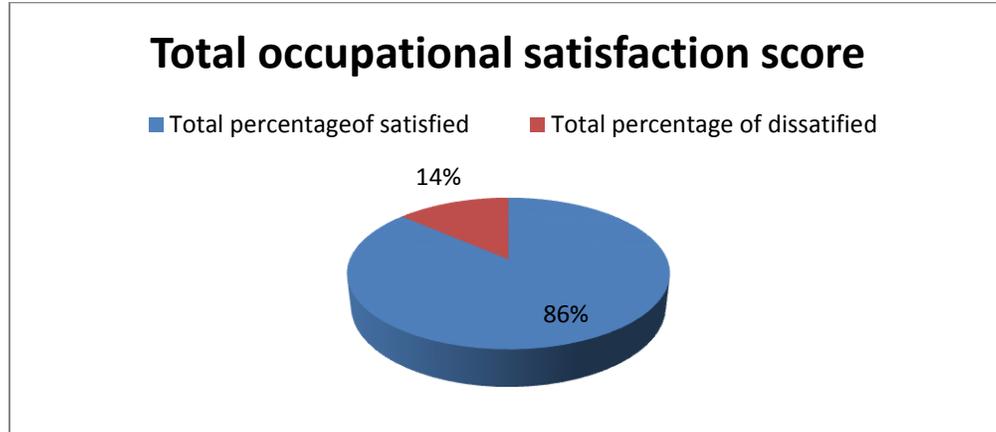


Figure (1) Percentage of total occupational satisfaction score

Figure (1) revealed that the total percentage of occupational dissatisfied participants were 86.4 % ( n= 216) which mean that the majority of sample was dissatisfied about the nursing.

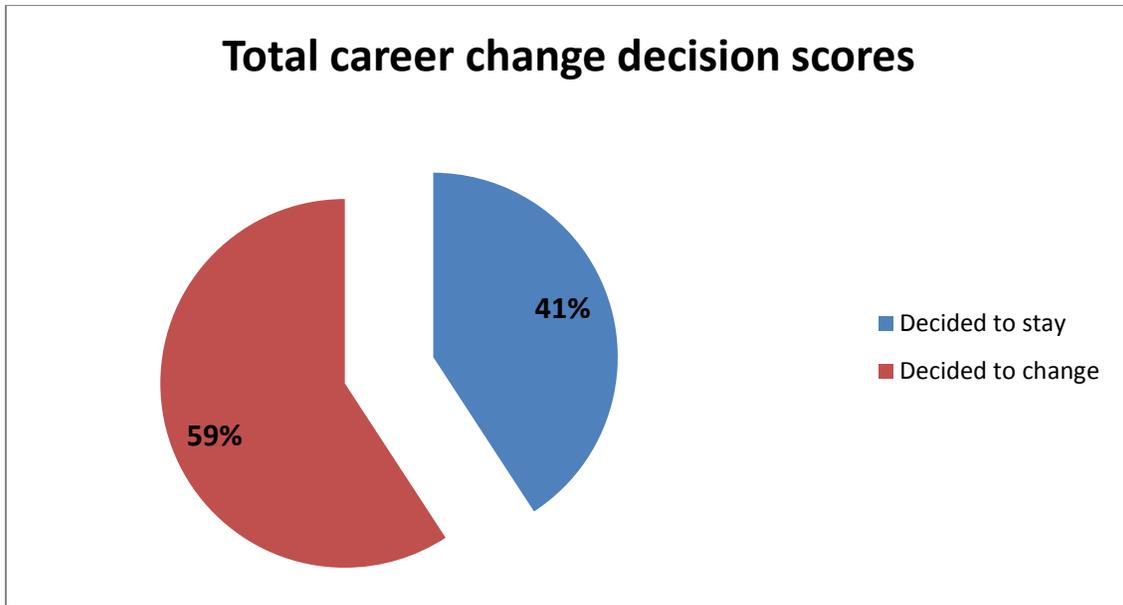


Figure (2): Showed the studied participants' careers change intention, where the high percentage (n = 148, 59.2 %) of participants were decided to change the nursing career. While the low percentage (n = 102, 40.8 %) of participants decided to stay at the nursing career.

*Table (3): Main causes of intention to stay among study participants (n=102)*

Main causes of decision to stay		Number of respondents	Percentage of frequency %
1	I like nursing as an everlasting career.	20	19.61
2	Nursing satisfies my need for helping others.	27	26.47
3	I earn from this career enough money which make me satisfied	21	20.59
4	My family regards me as a merciful angel in this career.	13	12.75
5	Nursing image in my society makes me feel satisfied and proud to be a nurse.	7	6.86
6	Nursing provides opportunities to continuous growth in life and work.	14	13.72
7	I feel that God is satisfied about nursing efforts	10	10.0

Table (3): demonstrated that the main causes of stay intention among study participants, where (n = 27, 26.47%) of participants were decided to stay at the nursing career for that nursing satisfies my need for helping others (n = 27, 26.47%). While the minority (n = 7, 6.86 %) of participants decided to stay at the nursing career for "Nursing image in my society makes me feel satisfied and proud to be a nurse".

*Table (4): Main causes of career change decision among study participants (n=148)*

Main causes of career change decision		Number of respondents	Percentage of frequency %
1	Seeking more respectful look of the family and society	33	22.30
2	Achieving a better financial level.	13	8.78
3	Getting various management positions and leadership opportunities.	15	10.14
4	Trying to reduce work time and dictate more time for my own personal life	35	23.65
5	Paying attention to marital responsibilities and raising my children	34	22.97
6	Feeling defeated at this career comparing by other careers	10	6.76
7	Reduction from physical and psychological stress associated with nursing work	8	5.40

Table (4): demonstrated that the main causes of career change decision among study participants, where (n = 35, 23.65%) of participants were decided to change the nursing career for "Trying to reduce work time and dictate more time for my own personal life". While the minority (n = 8, 5.40 %) of participants decided to change the nursing career for reduction from physical and psychological stress associated with nursing work.

Table (5): *Main future plans of study participants to change the nursing career (n=148)*

Main future plans of study participants to change the nursing career		Number of respondents	Percentage of frequency %
1	Join open educational programs then shifting to another career in the same hospital	62	41.33
2	Join open educational program then left nursing career and hospital to free business	16	10.66
3	Leave nursing career and hospital to free business	15	10.0
4	Leave nursing career and work in hospitals to stay with children at home.	57	38.0

Table (5): illustrated the main future plans of who decided to change nursing career, where (n = 62, 41.33%) of participants were decided to join open educational programs then shifting to another career in the same hospital, followed by (n=57, 38.0%) leave nursing career and work in hospitals to stay with children at home. While the minority (n = 15, 10.0 %) of participants decided to join open educational program then left nursing career and hospital to free business.

Table (6): *The percentage distribution of participants` demographic data on career change decision (N=250):*

Items	Demographic data	Total decided to change nursing career			
		Decided to stay		Decided to change	
		No.	%	No.	%
Gender	Male	15	88.24	2	11.76
	Female	104	44.64	129	55.36
Age	18 – less than 24 years	31	30.09	72	69.90
	24 - less than 44	65	46.43	75	53.57
	44- less than 60 years	4	57.14	3	42.86
Years of experiences	6 months- less than 1 year	15	36.59	26	63.41
	1-less than 10 years	45	32.85	92	67.15
	10- less than 20 years	36	54.55	30	45.45
	20-less than 30 years	6	100.0	0	0.0

Items	Demographic data	Total decided to change nursing career			
		Decided to stay		Decided to change	
		No.	%	No.	%
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	55	33.95	107	66.15
	Ministry of health hospital in Sohag	30	55.56	24	44.44
	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 (6): revealed that the high percentage (n=129, 55.36) of female participants decided to change the nursing career, while the majority of male participants decided to stay. The high percentage (n=70, 68.90%) of participants who were 18 years to less than 24 years decided to change the career and also (n=92, 67.15%) who had one years of experience to less than 10 years. Nurses (n=58, 65.17%) who had diploma degree decided to change comparing with nurses (n=2, 100%) who had master degree decided to stay

*Table (7) Correlation between demographic data & Total decided to change nursing career:*

Demographic data	Total decided to change nursing career	
	r	P -value
Gender	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

Table (7): showed that; there was a highly significant correlation between career change intention and gender ( $r= 0.261, p = 0.000$ ). There were a significant negative correlations between career change intention and age, years of experience, level of education, work place ( $r= -0.169, p = 0.007, r= -0.196, p = 0.002, r= -0.166, p = 0.009, r= -0.188, p = 0.003$  respectively)

*Table (8): The relationship between participant's demographic data and their mean scores of Occupational Satisfaction scores (n=250)*

Items	Demographic data	Satisfy		Dis-satisfy		P value
		No.	%	No.	%	
Gender	Male	0	0.0	17	100.0	0.457
	Female	34	14.59	199	85.41	
Age	18 – less than 24 years	19	18.45	84	81.55	0.403
	24 - less than 44	13	9.29	127	90.71	
	44- less than 60 years	2	28.57	5	71.43	
Years of experience	6 months- less than 1 year	8	19.51	33	80.49	0.119
	1-less than 10 years	16	11.68	121	88.32	
	10- less than 20 years	7	10.61	59	89.39	
	20-less than 30 years	3	50.0	3	50.0	
Level of education	Diploma degree in Nursing	10	11.24	79	88.76	0.005**
	Associate`s degree in Nursing	19	16.67	95	83.33	
	Bachelor degree in Nursing	3	8.11	34	91.89	
	Specialized diploma after BSN	8	100.0	0	0.0	
	Master degree in Nursing	2	100.0	0	0.0	
Work place	Sohag university hospital	12	7.41	150	92.59	0.000**
	Ministry of health hospital in Sohag	18	33.33	36	66.67	
	Health insurance hospital in Sohag	15	44.12	19	55.88	
Marital status	Single	12	15.19	67	84.81	0.008**
	Married	19	11.95	140	88.05	
	Divorced	3	25.0	9	75.0	

Table (8) indicated that there were a high significance relation between occupational satisfaction and level of education, work place and marital status ( $p=0.005, p= 0.000, p= 0.008$  respectively). High level of dissatisfaction was present at ( $n=17, 100%$ ), male

participants, (n=150, 93.59%) of Sohag university hospital, (n=34, 91.89%) had Bachelor degree in Nursing and (n=127, 90.71%) were 24years to less than 44years old.

*Table (9): Correlation between participants ` occupational satisfaction & their career change decision (N=250):*

Items	Total decided to change nursing career	
	R	P -value
Total Occupational Satisfaction	-0.166	0.005**

Table (9): illustrated that; there was significant negative correlation between career change decision and occupational satisfaction ( $r = -0.166$ ,  $p = 0.005$ ).

### **8- 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 work force. Leaving the nursing profession can start as a withdrawal process, in that nurses may first leave their unit, then the organization and finally leave the profession, knowing the predictors of the first steps proves to be important: if human resource management direction and nurse managers are able to stop this process, more nurses may be kept in the profession. Moreover, costs linked to an excessive number of internal changes and high turnover can be reduced (Cortese, 2012). In relation to that this study aimed to explore and determine the influence of occupational satisfaction on decision to leave nursing career among nurses working at different Sohag city hospitals.

The study results revealed that gender had a significant correlation with intention to leave. At this study, despite level of satisfaction was closely similar between males and females, males` intention to leave the nursing career was low than females. This can be due to the need of permanent income for males than females as males held the financial responsibilities of their families. This opinion was supported by Fooladi (2011), who 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 when males were economically more satisfied than females so they decided to stay at the career comparing by females. Other study opposed that men who enter the nursing profession tend to have faster and more straightforward career progression than women (Muldoon & Reilly, 2013)

Age is negatively correlated to leaving nursing profession which is supported by Salminen study (2012), where nearly half (37%, N = 343) of young RNs (under 35 years) working in hospitals have reported frequent intention to leave the profession in Finland. Also, this study results indicated that more than half of young nurses under 44 years old intended to leave the nursing career. This may be due to older nurses were more adapted

to their work than younger nurses and older nurses had less chances to start again in another career. Who decided to leave during the ten years of work were about two-third while in the United States, the percentage of who intends to leave nursing within 3 years was low, at 3%. (Department of Health and Human Services U.S., 2010).

High percentage of nurses who decided to left the profession were more likely to have Specialized diploma after BSN while other study (Mazurenko, Gupte &Shan, 2015) indicated that one-third of who have bachelor degree decided to left the profession as level of education correlated significantly with occupational satisfaction level. The majority of who decided to leave was divorced which confirmed by the same previously mentioned study as more than half were separated. There was a high significant difference between marital status and occupational satisfaction level.

Most of leaver had less than 10 years of experiences which mean they were at 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. Also, work place had a great effect on the level of satisfaction and career change decision. There are a high significant negative correlation between career change decision and work place. Majority of nurses who work in Sohag university hospital were dissatisfied and more than half of nurses decided to leave nursing.

With regards to occupational factors, results prove to be in the line with other studies conducted in different setting. The majority of study participants disagreed on “When conflict occurs between nurse and doctor, it will be treated fairly” and disagreed on “In this organization, nursing career equal any career from the view of managers and all employee” which congruent with the result of Italian study (Cortese, 2012) as it revealed that more than one-quarter of the sample dissatisfied about interaction with physicians. At the same in an Italian study, about quarter of the respondents were dissatisfied with level of autonomy. In this study, about two-third of respondents disagreed on (I am given enough authority to make decisions I need to make). Also, findings of earlier studies of how work environment aspects supported that Nurse–physician relationships correlated negatively with intention to leave (Estryn-Behar et al., 2010; Flinkman et al., 2010).

According to the study result, analysis of the Anticipated Career Change Opinionnaire revealed that were more than half of participants decided to leave nursing career. These results 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. The main causes that induced participants to intend career change as were trying to reduce work time and dictate more time for their own personal life. While an Australian study (Eley, Diann &Clark, 2010) which aimed to determine factors influencing decision to leave nursing, disillusionment with nursing came as a first reason. Family responsibilities came at the as a fifth reason of leaving while at this study

“Paying attention to marital responsibilities and raising their children” was the second reason. Also the last reason at both studies was reduction from physical and psychological stress associated with nursing work or health concerns. Other reasons cited for leaving the nursing profession that 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, Fitzpatrick & McNulty, 2010)

Near half of participants planned to leave nursing by joining open educational programs then shifting to another career in the same hospital and more than third of participants planned to leave nursing career and work in hospitals to stay with children at home. The study results differed from the AMN (American Mobile Nurse) health care survey (2013) indicated that nurses who change the career, they decided to retire. Despite that, this survey results indicated that others would take a non-nursing job which near to the result of the study. At the other side, there were more than third of participants decided to stay in nursing despite the high dissatisfaction levels. Participants who decided to stay, they mentioned the following causes (the most frequent choices): (1) Nursing satisfies their need for helping others, (2) They earn from this career enough money which made them satisfied.

The result of a previous study revealed why nurses stay in nursing field as that nurses (females or males) perceived good salary as the most important reason for staying in nursing career. It is likely that either men or females chosen nursing as a career because nursing offers stable employment with reasonable wages especially in these times of economic instability (Mohamed & El-Sayed, 2013) Similarly, Abd El-Halem and her colleagues (2011) explained 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 males and females assume great responsibilities and it was expected to be the main reason for entering the nursing profession since the graduates are automatically hired and have the opportunities to work abroad whether in Arab or western countries.

## **9- Conclusion and recommendation:**

Overall, the study concluded that:

About three quarter of study participants were dissatisfied about nursing career. Moreover, the majority of study participants were dissatisfied occupationally. Single young participants with high educational level and more experience years were more satisfied than other participants as there was high significant difference between occupation career satisfaction score and participants` marital status and participants` years of experiences. Further, there was a highly significant positive correlation between Occupation Career Satisfaction scores and participants` work place.

This study revealed that different set of factors related to occupational satisfaction among nurses. This results enriches nursing knowledge with level of satisfaction of nurses and why their decided to leave nursing. This knowledge can help the policy makers and nursing managers in the development of nurse retention strategies. Also, health care managers can develop and implement specific career enhancement programs for nurses that would adequately reflect their needs. Additionally health care mangers should consider adopting supportive leadership style that will increase the retention of nurses. Improving the image of nursing at the society will have an effect reflect on nurses` perception that will attract new nurses and retain the existing nurses.

Based on important findings of the study, the following recommendations were suggested:

- Nursing faculties, schools of nursing and nursing managers should create an authentic and up-to-date image of the nursing occupation, presenting its advantage and disadvantages, nurse's responsibilities, values, ethical standards and their vital contribution in the community in order to attract prospective students to the profession.
- Nursing mangers should hold interviews with nurses who decided to leave career to find out why they have made the final decision: such information would be useful in limiting the number of nurses from leaving in the future. It would be relevant to plan actions aimed at implementing new strategy regarding staff retention.
- Results could potentially be used to develop strategies to influence nurses' career satisfaction through improve family-work balance, offering flexible schedule, injury-prevention programs, transition into new roles, etc.
- Nursing managers should implement strategies to increase nurses` autonomy through empowering nursing staff with knowledge and clinical training to control the outcomes of their clinical practice. Also through encouraging staff nurse to participate into nursing committees, assume leadership roles, and become decision makers
- Hospital managers should use (win –win)conflict resolution strategies to treat conflict that occurs between nurses and physicians promptly and fairly which can increase level of nurses` satisfaction that in turn will achieve high retention in the working setting.
- Conduct additional research with practicing nurses to learn more about recent improvements in career satisfaction and what else should to be done to support the nurse workforce.
- Shared governance as method of advocacy for excellence in nursing practice by rendering a structure and environment that empowers staff to make decisions.

- Hospital administrators should create caring environment by providing safe and healthy environment, adequate staffing levels, transportation means from and to the work setting, appropriate rewards and recognition, etc.

### **9-Limitation of the study:**

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

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