



Career advancement and professional development in nursing

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ABSTRACT

Background: Excellence underscores the need for nurses to keep their skills and competencies current through participation in professional development and career advancement. Evidence suggests that internationally educated nurses (IENs) progress relatively slowly through the career ladder and participate less in professional development compared with nurses educated in the United States (UENs). Mentorship and self-efficacy are considered major determinants of career advancement.

Purpose: The aim of the study was to understand the differences in levels of mentorship function and self-efficacy as well as the differences in participation in professional development and career advancement between UENs and IENs. **Method:** A descriptive survey design was implemented using a Web-based survey. **Results:** Significant disparities were noted in the role model function of mentoring and some professional development and career advancement measures between UENs and IENs. Mentorship is essential for professional growth. Sociodemographic characteristics of mentors are important because mentors are role models.

Conclusion: Standardized career advancement structures are needed to promote professional growth.

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Internationally educated nurses (IENs) constitute a growing proportion of the nursing workforce in the United States that contributes significantly to meeting the health care needs of the American public. The percentage of IENs as new entrants to the U.S. nursing workforce grew substantially from 8.8% in 1990 to over 15% by the year 2000 (Polsky, Ross, Brush, & Sochalski, 2007). Between 2000 and 2003, foreign-born nurses

(FBNs) accounted for one third of the increase in employed nurses in the United States (Buerhaus, Staiger, & Auebach, 2004). More recently, in 2008 alone, over 48,000 nurses who entered the U.S. nursing workforce were foreign born, elevating the concentration of FBNs to more than 16% of the U.S. nurse workforce (Buerhaus Auerbach, &Staiger, 2009). These numbers show the expanding role of nurses who were

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born or educated outside the United States in the delivery of health care services in the United States.

Emerging evidence suggests that IENs do not engage in professional development activities and do not progress through the career advancement ladders at an equal pace with their indigenous counterparts (i.e., US-educated nurses [UENs]) (Alexis, Vydellingum, & Robbins, 2007; Nichols & Campbell, 2010; Zizzo & Xu, 2009). It is unclear why IENs participate less in professional development activities or progress relatively slower through the career advancement ladder compared with UENs. An understanding of the factors that influence nurses' participation in professional development and career advancement can support the development of programs that facilitate the engagement of nurses in professional development and career advancement. Such programs will be important in an evolving health care environment where nurses are increasingly recognized as valuable members and leaders of the interdisciplinary health care team.

Literature identifies mentorship and self-efficacy as major determinants of career advancement (Abele & Spurk, 2009; Allen, Eby, Poteet, Lentz, & Lima, 2004). However, little empirical evidence is available on the influence of these variables on professional development and the career advancement of nurses (Day & Allen, 2004; Hayes, 1998). Mentorship is critical to professional growth; it serves as a mechanism for information exchange and the acquisition of new knowledge (Mullen, 1994). Mentors provide mentees access to social networks that include repositories of knowledge not available through normal channels (Burt, 2005; Palgi & Moore, 2004). Mentorship promotes individual self-efficacy by enhancing self-confidence, competence, and self-esteem (Day & Allen, 2004). Self-efficacy influences how professionals set career goals, influencing not only the initiation of behavior and effort expended but also the persistence of behavior in the presence of impediments (Bandura, 1982; Bandura, 1984; Pajares, 2002). Self-efficacy is mediated by individuals' beliefs or expectations about their ability to accomplish certain activities successfully (Bandura, 1984). Self-efficacy has been shown to have a positive influence on an individual's desire to engage in professional development and career advancement (Day & Allen 2004; Schyns, 2004). Lower self-efficacy limits the extent to which individuals participate in progressive endeavors, serving as a barrier to career growth (Bandura, 1977a; Bandura, 1977b; Bandura, 1982). The extent to which mentorship and self-efficacy influences professional development and career advancement in nurses deserves careful study.

The purpose of this study was to determine the differences in levels of mentorship function and self-efficacy as well as the differences in participation in professional development and career advancement between UENs and IENs. The working hypotheses for this study were as follows: (a) IENs will report lower

levels of mentorship functions and self-efficacy compared with UENs and (b) IENs engage in fewer professional development activities and have less career advancement compared with UENs.

Method

Research Design

This study used a cross-sectional design to determine differences between IENs and UENs in their levels of mentoring functions and self-efficacy as well as participation in professional development and career advancement.

Sample

A power analysis was conducted to determine the sample size to detect a medium effect of 0.50 (Cohen *d*) between the two groups at an alpha level of ≤ 0.05 and achieve a power of 0.80. These parameters were entered into a power analysis program (G*Power 3.1) (Faul, Erdfelder, Lang, & Buchner, 2007), and it was determined that a minimum sample of 110 nurses with 55 in each group was needed to reach statistical significance if the difference between the groups reached the desired effect size.

To be included in the study, subjects had to be registered nurses between the ages of 22 and 65 years and currently working in a hospital setting for a minimum of 3 years within Philadelphia County. The age range was selected because over 97% of licensed registered nurses in the United States are between 23 and 64 years (Auerbach, Buerhaus, & Staiger, 2007). The 3-year minimum practice experience requirement was deemed essential because nurses generally advance through the career ladder between the first, second, and third years of practice (Nelson & Cook, 2008; Winslow & Blankenship, 2007). Participants had to be proficient in English, comfortable using the Internet, and willing to devote an hour to answer the survey.

Based on evidence on Web-research response rates, it was anticipated that only one in four respondents would meet the study's inclusion criteria (Cook, Heath, & Thompson, 2000; Kaplowitz, Hadlock, & Levine, 2004). For that reason, the survey was open to 500 respondents.

Measurement of Variables

The study used three multipart measures in addition to an initial screening questionnaire. The screening questionnaire consisted of five questions with yes/no responses about the study's inclusion criteria. They were the following: (a) Are you an RN practicing in a hospital located in the Philadelphia County of the Delaware Valley Region of the United States for the past 3 years? (2) Are you between the ages of 22 and

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