COLLEGE OF DEVELOPMENT STUDIES

CENTER FOR GENDER STUDIES

Exploring female Nurses' Experiences in Relation to their Career Development - the case of Cure Ethiopia Children's Hospital, Ethiopia

BY

Mihret Wondimu

Advisor

Dr. Aynalem Megersa

A Thesis submitted to the Center for Gender Studies College of Development Studies of Addis Ababa University in Partial Fulfillment of the Requirements of Degree for the Master of Arts in Gender Studies.

June 2024

Addis Ababa, Ethiopia

Approval of Board of Examiners

1.	_____	_____	_____
	Chairman, Department Graduate Committee	Signature	Date
2.	_____	_____	_____
	Advisor	Signature	Date
3.	_____	_____	_____
	Internal Examiner	Signature	Date
4.	_____	_____	_____
	External Examiner	Signature	Date

Acknowledgments

Several people have assisted me during my research work. Although it is not possible to mention all in a few sentences, I would like to thank those who have been particularly important to my work. It is a delight to express my deepest gratitude to my advisor Dr. Aynalem Megersa for her unreserved and invaluable advice, comments, and continuous support for the accomplishment of this work. I would also like to express my deepest gratitude to my brother Befekadu Wondimu for his remarkable support and advice in this study. My particular gratitude also goes to Cure Hospital director and my colleague nurses for their unreserved support and involvement throughout the research work.

Finally, I would like to extend my sincere thanks to my family, particularly my husband, Molalign Yelibe for his patience and understanding of the inconveniences he experienced during the process of writing this thesis.

Contents

List of Tables

List of Figures

Acronyms and Abbreviations

1. ANA - American Nursing Association
2. CCHE- Cure Children's Ethiopia Hospital
3. CPD- Continuous professional development
4. EFL- English Foreign Language
5. FAO- Food and Agriculture Organization
6. FMOH – Federal Ministry Of Health
7. HRH – Human Resource for Health
8. WHO- World Health Organization
9. HSDP- Health Sector development
10. HSW- Health Extension Workers
11. HP- Health Professionals
12. HSTP- Health Sector Transformation Plan
13. ADCQ- Anti Discrimination Commission Queens land
14. CCG- Clinical Commission Group
15. FMHACA- Food Medicine and Health Care Administration Authority

DEDICATION

I have dedicated this work to my mother W/ro Kidist Bedasso who has been my role model in confronting the odds of life, laid a profound foundation in my educational life and paid all what it takes to help me realize the achievement and success in my higher education, and supported me throughout my life to grow and help me take my current holistic shape.

Abstract

This study has attempted to explore the experiences of female nurses in Cure Children Ethiopia Hospital towards the practice of provision of carer development opportunities for female nurses. In this study, exploratory qualitative research approach was administered. In-depth interviews, key informant interviews, focus group discussion, and observation were the techniques used to collect data from participants, who were the focus of the study. The findings of the study have depicted that there are clear individual, family, social, job-related, and organizational actors that influence the career development endeavors of nurses; both the nurses and the healthcare institution have the responsibility to design, plan, and implement nurses' career development goals and initiatives; the career development initiatives needs to be aligned to the needs of both the individual female nurses and the healthcare institution; healthcare institutions are recommended to diversify their career development programs including internal and external development opportunities; healthcare institutions planning and providing more and more career development opportunities for female nurses would help them feel they are cared for and are likely to avoid the sentiment of impartiality imposed upon them. This study contributes in the body of knowledge in regards to addressing the critical needs and challenges towards the career development of female nurses.

CHAPTER ONE
INTRODUCTION

1.1 Background

Career development is one of the most-talked-about issue in the career industry. Weinert (2001) sees career as a pattern of work experiences comprising the entire life span of a person and which is generally seen with regard to a number of phases or stages reflecting the transition from one stage of life to the next. For Collin (1998), career arises from the interaction of individuals with organizations and society. Career development contributes to the career advancement or growth of employees.

Gender and gender-defined roles are social constructs and change over time. According to Arreciado (2019), gender refers to the roles and responsibilities as well as the opportunities that stem from the biological fact of being male or female. This includes beliefs, values, attitudes, representations, prejudices, stereotypes, social norms, obligations and prohibitions about men's and women's behaviors, sexualities, and relationships affect professional life (Arreciado, 2019). The level of treatment of male and female individuals may also differ in relation to these attributes. The treatment is often found unequal. Such treatments are commonly termed as gender disparity. Jayachandran (2015) emphasizes that such disparity is very common in the developing countries like Ethiopia. In relation to career development, males, in many ways, may be given more weight than females.

One of the issues often critically dealt with in relation to gender disparity is the focus given to the career development opportunities given to female healthcare workers like female nurses. While a large sector of hospitals and other healthcare professional workforce constitute nurses, of which female nurses take the lion's share, insignificant attention is given to the motivation, career advancement, and leadership aspirations and representations of this portion. Getachew (2018) emphasizes the lower rate of representation of women healthcare professionals in leadership roles. He reiterates the position of Javadi et al. (2016) and emphasizes that Low motivation and job satisfaction of women who make up a large proportion of the health workforce are considered obstacles to advancement of women healthcare professionals to leadership positions.

Nursing is a profession that emphasizes collaborative connections to achieve the best possible outcomes for clients. Ontario (2018) sees nursing as a practice defined as the assessment, promotion of health, availability of care, and treatment of health in order to maintain optimal function. According to the American Nursing Association (ANA), the purpose of nursing is to "protect, promote, and optimize health and abilities to prevent illness and injury, alleviate suffering through the diagnosis and treatment of human response, and advocate in the care of individuals, families, and communities" (Song EJ and Kim BY, 2019). Owing to the increasing demand of the health care industry, nurses need to continuously develop their knowledge and skills through on-going learning, education, and experience (Ontario, 2018). Hence, career growth and development of nurses needs close attention.

Nurses are the largest health care providers in Ethiopia. According to the Federal Democratic Republic of Ethiopia Ministry of Health (FMoH), in 2016, there were more than 50,604 nurses in Ethiopia. The ministry has projected this figure to reach 127,299 in 2025. The study further indicates that currently, 92% of the nursing work force in Ethiopia have diploma, 3% have bachelor's degree and 5% have master's degree. The Human Resources for Health (HRH) projections show that Ethiopia will need to deploy an additional 24,558 bachelor-level and 344 masters-level nurses at primary health care facilities and specialized hospitals by 2025 to meet the needs of the country's growing population (FMOH, 2016).

Low job satisfaction and demotivation, and high attrition rates pose major challenges for users and other health workers to provide quality healthcare services in remote and rural areas of Ethiopia (FMOH, 2015). The ministry's National Human Resource for Health, in its ten years strategic plan (2016-25) for Ethiopia, has indicated that the health sector has a critical gap in effective human resources managers who have capacity and motivation to assess HRH needs, develop relevant policies, strategies and operational guidelines to ensure health workforce planning, development, recruitment and equitable distribution, career development, motivation, retention and performance.

A great number of influences have shaped the career growth and development opportunities available to women in the healthcare sector overtime. Gender roles, relations, norms, and expectations negatively impacted career advancement to healthcare positions at multiple

levels, including the individual, family, health institutions, and within health systems (WHO, 2018). This perpetuates the division of roles traditionally, in which men are assigned to decision-making roles, and women are still significantly under-represented in healthcare leadership positions (Hyde & Hawikns, 2017).

According to the policy report on the state of Women and Leadership in Global Health, in some low-income countries, low levels of education and literacy restrict the level at which some women can enter the health workforce and prevent them from progressing to leadership. Despite their critical roles in delivering primary health care and as community leaders, women community health workers are typically excluded from formal leadership opportunities (Women in Global Health, 2023). Health service facilities unlike other institutions, does not have women in the health care leadership program (Weyam, 2019).

Though the attention given to female nurses still needs much greater commitment in many ways, the Federal Ministry of Health (2010) has made a thorough assessment of the needs of healthcare workforce career development programs and identified strategic issues.

The Health Sector Development Program (HSDP)-IV had indicated that since the development of HSDP I, which also paved the way for the subsequent HSDP II and HSDP III, the Ethiopian Federal Ministry of Health has formulated and implemented a number of policies and strategies that afforded an effective framework for improving health in the country. One of the strategies was ensuring the acquisition of training and deployment of a new health workforce called all female health extension workers (HEWs) for the institutionalization of community healthcare services, including clean and safe delivery at the Healthcare Professional (HP) level and deployment of Health Officers (Hos) with MSc training in skills of Integrated Emergency Obstetric and Surgery (IEOS).

The HSDI clearly indicated that various learning opportunities were provided for Health Extension Workers (HEWs), nurses, midwives, managers, and technicians. Masters' level program in Emergency Surgery and Obstetrics for health officers were introduced and a first batch was graduated and deployed.

Human Resource Development (HRD) was given due place in the HSDPs. It has been one of the key components in HSDP III with the main objective of improving the staffing level at various levels as well as establishing the implementation of transparent and accountable Human Resource Management (HRM) at all levels.

Under one of the strategic issues of the HSDP-IV, developing the Health workforce was given due place. This includes training, deployment, career development, and improved health human resource (HRH) management. Scaling up of midwife training and establishing Continuous Professional Development Program (CPD) were also taken up as major initiatives.

The Ethiopian Federal Ministry of Health, under its Health Sector Transformation Plan II (HSTP II, 2020/21-2024/25), formulated in February 2021, it identified five priority issues. Key interventions would be implemented to address these priority issues to transform the health system and achieve health for all. One of the transformation agenda is the development of a motivated, competent, and compassionate health workforce.

It can be concluded, therefore, that the Federal Ministry of Health has been intentional in building the capacity of the healthcare workforce to help healthcare institutions be able to achieve federal health service outcomes. These career development initiatives include female nurses. While the career development plan and design are quite encouraging, the implementation needs a rigorous commitment on the part of the implementers.

The provision of access for nurses to career growth and development has been a frequently talked-about but it is seldom practiced in many health institutions and sectors. Many strategies that clearly stipulate the need to provide career advancement for nurses have been developed but these are hardly put into practice. Female nurses are often observed to stay longer in a given role and very little effort is made in planning, implementing, monitoring and evaluating career development strategies for female nurses. Cure Ethiopia Children Hospital has a number of female nurses who has served in the hospitals for many years. Most of them has stayed in the same role for many years without getting a significant opportunity for growth and development in their career.

1.2 Statement of the Problem

Nurses play critical roles in the health industry. Nebiat (2010) underscores that Health care delivery is highly labor-intensive. The quality, efficiency, and equity of services are all dependent on the availability of skilled and competent health professionals when and where they are needed. Building nurses' capacity and helping them advance in their careers contribute to achieving the health sector's desired goals and building its institutional capacity.

Career development efforts have specific outcomes in the lives of employees. As they strive for healthcare excellence for quality health service, female nurses aspire for career advancement. But this effort is not without obstacles. They would like to get as many practical opportunities as possible for career development that contribute to their advancement in their careers. They would like to assume higher ladders and contribute more than they used to do at lower levels.

There are a number of studies done in relation to female career development like Hlina's (2020) work on women nurses' career paths in relation to work-life balance. Her study was aimed at looking into the effect of motherhood on the career development of professional nurse mothers. She put greater emphasis on the effect of work-life balance on nurse professional mothers' career development. Dickerson and Taylor (2000) stress the adverse effect of negative attitudes toward female nurses' performance or efficacy in the workplace on their aspirations for advancement.

Citing the Southern Ethiopia Regional Health Bureau health worker profile (2017), Getachew (2018) indicated that majority of women health professionals working in Southern Nations Nationalities and people's Regional State of Ethiopia have similar or higher educational preparation than their male counterparts, but women face challenges at varying stages of their career that keep them from attaining top healthcare leadership positions. His work gave due place to the barriers of female nurses in their effort to advance to leadership posts. Female nurses often struggle to get the opportunities to grow in their careers; neither are they given ample opportunities for career development that would help them grow in their careers.

The intent of this study is to explore the experience of female nurses in their effort to develop and grow their careers, taking the case of Cure Ethiopia Children's Hospital. In line with this, it is desirable to investigate factors that affect the development efforts of female nurses that would, in turn, help them grow in their career path. Career development factors that influence the career growth of female nurses will be sought out from the experiences of the hospital's female nurses. Gender disparity, nurses' individual, family, job-related, and organizational factors will be examined to determine if they have any correlations with nurses' growth and development initiatives.

This study may significantly enrich the academic knowledge in the area in question and provide an important link between practice and theory based on what we are learning about female nurses' career development endeavors that play critical roles in their career growth.

1.3 Research Questions

The research will try to answer the following questions related to the challenges of gender role expectations and factors affecting female nurse career progression in the Case of Cure Ethiopia Children's Hospital.

1. How do individual, family, job-related, and organizational factors influence female nurses' career development?
2. What set of career development opportunities are there for female nurses in the hospital?
3. What are the experiences of female nurses towards the career development program/package provided by the hospital?
4. How do female nurses' career development efforts contribute to their career advancement?

1.4 Objectives

1.4.1 General objective

The general objective of the study is to explore the experiences of female nurses in relation to their career development, look into possible impeding factors to this effort in the case of Cure Ethiopia Children's Hospital.

1.4.2 Specific objective

1. Describe the career program and structure of Cure Hospital from a gender perspective.
2. Examine female nurses' experiences towards the provision of career growth and development opportunities by the hospital.
3. Scrutinize the factors affecting the efforts of female nurses' career development.
4. Recommend possible interventions that would help alleviate challenges that hinder the efforts of female nurses to help develop their career.

1.5 Significance of the study

Even though there are a lot of studies done about career progression of other professions, the researcher realizes that studies are relatively silent or few studies have been done on female nurses in this particular area, and the study result might give additional input to the literature.

The researcher also believes that the finding will benefit for improving the women nurses work environment. The work will also provide Cure Ethiopia Children's Hospital areas of improvement towards effective management of the career advancement of its female nurses.

This study will attempt to explore the experiences of female nurses and the efforts made to help them advance in their careers. Such knowledge would assist in the planning of the health career development systems, and this would lead to a notable change in gender representation. The insights gained from the research will give input for policy makers in the healthcare industry to improve career development policy documents and incorporate gender perspective issues. Furthermore, Academicians and researchers can use the findings of this study as an input for future researches as there are few pieces of research done on this area in Ethiopia.

1.6 Delimitation of the study

The study is delimited to the exploration of female nurses' experiences of their career development that influence their career advancement. The case of Cure Ethiopia Children's Hospital in Addis Ababa City Administration is selected as this hospital provides the researcher with rich experiences of nurses in understanding the real career development challenges female nurses' encounter. The study will not consider the experiences of other similar hospitals. Female nurses face unique challenges. Hence, this study is delimited to

exploring the unique challenges of female nurses in their effort to develop and advance in their career.

1.7 Limitation of the Study

This study is affected by the inadequacy of local research and well-documented materials to serve as a baseline. Due to lack of adequate secondary sources on nurses' career development that would contribute to their career advancement, there is a limited opportunity to cross triangulate the findings of various research outputs.

Analysis of content in this particular study is subject to bias due to methods of data collection and interpretation as such analysis has a limiting factor in describing how female nurses perceive their career development aspects.

These limitations may also lack comprehensiveness and be, of course, impeding factors in exhaustively looking at many features and characteristics of the study and may affect the strength of the generalizability of the study.

CHAPTER TWO
REVIEW OF LITERATURE

2.1. Nursing

The nurse educator, author, and researcher, Virginia Henderson (1966) described the concept of basic nursing as the unique function of the nurse which helps assist the individual, sick or well, in the performance of those activities contributing to health or its recovery (or to peaceful death) that he would perform unaided if he had the necessary strength, will or knowledge.

Faye Abdellah (1960), Jean Watson (1979–1988), Katharine Y. Kolcaba's (1992), and other prominent theorists have contributed to the body of theoretical definitions of nursing. Faye Abdellah (1960) views nursing as a service to individuals, families, and society based on an art and science that molds the attitudes, intellectual competencies, and technical skills of the individual nurse into the desire and ability to help people cope with their health care needs. According to Jean Watson (1979–1988), the essence and central unifying focus for nursing practice is caring, a transpersonal value.

The immediate desirable outcome of nursing care, according to Katharine Y. Kolcaba's (1992) Holistic Theory of Comfort is enhanced comfort. She believes that comfort positively correlates with desirable health seeking behaviors.

2.2. The Role of Nurses in the Health Care System

Nurses play a number of roles in expanding quality health care. Amsale et al (2006) provide a spectrum of the critical roles of nurses. According to them nurse's roles include provision of care to clients, effectively communicating to the clients to help them be able to explain internal feelings, educating the client on a given case, providing counsel to help them recognize and cope with stressful psychological or social problems. They also play critical roles in providing

leadership and management to help clients make decisions in establishing and achieving goals to improve their wellbeing, and engage in health related researches.

2.3. Career Development

Weinert (2001) defines career as a pattern of work experiences comprising the entire life span of a person and which is generally seen with regard to a number of phases or stages reflecting the transition from one stage of life to the next. Similarly, Collin (1998) explains that the term career arises from the interaction of individuals with organizations and society.

Career development contributes to the career advancement or growth of employees. Although they support one another, there are clear distinctions between career growth or advancement and career development. Career growth is rooted in strategy and can be measured. Career development is more about quality. Muchelule (2019) describes career growth as basically dealing with the goals we set for ourselves and where we see our career going. In contrast, career development is more about identifying strengths and weaknesses, making changes and striving for improvement. A given higher role we intend to hold in a given period of years' time, which may be referred to as promotion, is our career growth path. Promotion is often tied with a change of title and increase in pay. This can be achieved by setting goals constituting the development.

To achieve growth, one needs to plot and plan one's progression up the career ladder. To achieve development, we'll need to consistently build on ourselves to become a better, more well-rounded and more confident employee. Career growth needs may take long to take shape, but career development can be achieved continually. Mohammed et al. (2020) reiterate Fatima's (2017) notion of career development and defines it as a continuous and formalized effort by an organization that focuses on enhancing, enriching, and empowering the organization's human capital to begin innovative activities to fulfill both the employee's and the organization's goals (2017). Abele et al (2016) hold that it represents a progressive engagement with work to reach well-being, life satisfaction, and identity.

2.4. The Need to Invest in the Nurses' Career Development

Changing health outcomes will require action at all levels—upstream, midstream, and downstream—and nurses have a major role at all levels in reducing gaps in clinical outcomes and improving health care equity. Williams et al (2021) emphasize that nurses can strengthen

their commitment to diversity, equity, and inclusion by leading large-scale efforts to dismantle systemic contributors to inequality and create new norms and competencies within health care. In that process, nurses need to meet the complex ethical challenges that will arise as health care reorients to respond to the rapidly changing dynamics of the health system.

Basic education in nursing alone cannot effectively meet the challenging and complex demands of the expanding range of healthcare. Technological advances and continuous changes in nursing practice create a demand for nurses to continue their education to remain competent. Accordingly, they put emphasis on the role of investing in the well-being of nurses in order to ensure their robust engagement with these major shifts in health care and society.

2.5. The Role of Motivation in Female Nurses Career Development

Nelson and Quick (2013) define motivation as the process of arousing and sustaining goal-oriented behaviour. Kelly and Cole (2011) hold that motivation is the driving force that encourages individuals to behave in certain ways as they try to achieve a certain goal. There are a umber of attributes around the work place that contribute to the motivation of employees and ultimately contribute to the success of achieving organizational goals.

According to Herzberg's (1959) two-factor theory of job satisfaction, not all job attributes contribute to employee job motivation. The two factors that had an effect on job satisfaction are divided into two sets of categories. The first category is associated with "the need for growth or self-actualization" and is known as the motivation factors. According to him, motivators have to do with factors intrinsic to the job that leads to job satisfaction which includes achievement, recognition, work itself, responsibility, advancement and growth. According to this theory, lack of career development and advancement can cause demotivation in employees to achieve results.

Herzberg's second factor is termed as the Hygiene factors. These include those factors extrinsic to the job which lead to job dissatisfaction. They include company policies and administration, supervision, working conditions, relationship with supervisors and peers, interpersonal relations, status, Job security, salary and personal life.

Nurses play a significant role in providing the necessary care and support, comfort, and safety of patients. They need to pay very close attention to their patients. As discussed above, nurses communicate with patients to help them describe internal feelings, educate them to have a clear picture of a given case, provide counsel to help them recognize and cope with stressful psychological or social problems, and develop improved interpersonal relationships. These and multiple other responsibilities keep them overburdened and may, in many cases, feel tiresome and bored.

To help female nurses cope with various adverse situations, they need to get motivated through a number of ways. Recognizing their contribution, providing them with various career development opportunities, providing them with challenging assignments that contribute to their development, organizing a conducive work environment which may include the arrangement of lactation room for lactating nurses, and others.

2.6. Organizational Career Development Plans and Policies

Healthcare institutions need to embrace a growth mindset and be committed to lifelong learning. They can meet rapidly changing health care demands through creating goal-oriented plans and employee development policies and programs. In her attempt to discuss on the factors affecting the career development of mother nurses, Helina (2020) was able to see that the importance of organizational commitment in putting in place a policy on work-life balance for nurses to motivate them to intentionally work on their career development.

Zahavy and Somec (2008) define Family-friendly policies as an institutionalized structural and procedural arrangements, as well as formal and informal practices aimed to design, create and maintain family-friendly work environments that allow individuals to balance their work and family duties. From a broader perspective, Dave (2004) looks at family-friendly policies as arrangements designed to support employees faced with balancing the competing demands of work and family life, as well as work and other caring or community roles for all employees.

Among work-life policies, Helina (2020) was able to identify areas including flexible work hours, paid leaves of absence, subsidies for childcare, job sharing, and home-based

employment. She also indicated that family friendly practices can take the form of maternity leave, career breaks with the right to return to a job, flex-job arrangements, and childcare. Failure in healthcare systems to put such policies contributes to reducing the level of motivation, productivity, quality of clinical services to clients, engagement, and career development of the nurses.

2.7. Factors Influencing Nurses' Career Development

While there are a number of factors that adversely affect the career development effort of all workers, there are unique impeding factors that hinder the career advancement of female nurses. In their effort to develop their careers, nurses may encounter challenges from both employees and the organizations they belong to. Individual, family-related, job-related, socio-economic and cultural, and organizational factors may influence the career progression of female nurses.

2.7.1. Individual Factors

Individual factors such as education, self-perception, self-efficacy, and motivation affect nurses' career growth. Yekinni et al (2017) underscore that women must take more risks and believe in their skills to develop their careers and also found out that the ability to work with people, leadership, integrity or honesty, dedication and adaptability positively influence women's career success. Shin and Bang (2013) believe that women's lack of confidence to succeed affects their career prospects, because they are likely to blame themselves when they fail.

Some internal factors noted by Nijiru (2015) include: age, sex, race, personality traits, academic achievement, self-efficacy, persistence, and motivation. The majority of participants in the study conducted in Kenya (2013) study either "agreed" or "strongly agreed" that individual factors such as age, gender issues, individual's skills, tenure, hard work, reputation, and performance affect women's career advancement; and women's lack of self-confidence and their tendency to be more self-critical than men hinder their career advancement in the health sectors sector in Kenya.

Women's lack of confidence is commonly regarded as a key reason why women lag behind men's career outcomes (Risse, 2020). In addition to the external barriers erected by society, women are hindered by barriers that exist within themselves, shaped by patriarchal contexts (Sandberg, 2013). It is important to stress that these factors are not fixed categories but change over time as skills, experience and relations a woman creates in an organization change (Nijiru, 2013).

Some nurses may be discouraged from working on their own talent, career growth and development for fear there would be a possibility of raising their expectations which the organization may not be able to satisfy. Wendy (2009) holds that employees who are subject to fear to discuss career issues may make them wish to leave their current jobs or even leave to go to another employer. But they are expected to plan and aggressively work on their own career growth and development.

Wendy (2009) underlines the view that female nurses need to work on taking actions, both in terms of accessing work experiences, including making job moves, and accessing formal and more personalized forms of learning. Such action involves navigating a range of formal and informal processes and gaining support from a range of people. Individuals need career skills to achieve such action, just as much as they do to frame their own career plans or decisions. In terms of working on their own growth and development in this case, Wendy provides the following model that provides a picture of personal efforts in developing one's career.

The model provides a pathway for the person to start thinking about one's career progression and take a specific action on a given plan. This starts from making a self-assessment on the current needs of development to implementing an action plan. The self-assessment can be backed up with discussions with and hearing advice from people like immediate supervisor and Human Resources personnel. The input found in various ways can be used in self-career planning. The career development plan helps employees select development activities that prepare them to meet their career goals that help them lead to a desired future career path.

Figure 1: Career development from the individual's perspective

2.7.2. Family/Household Related Factors

Family factors refer to a person's responsibility to care for or support the family (Anti-Discrimination Commission Queens land [ADCQ], 2013). The demands of family reduce women's personal resources of time, energy, and commitment available for work. A number of studies globally underscore this reality. Nijru (2013), for instance, found out that the conflict between family and work is the main obstacle women face in their career development in Kenya.

Cross (2010) indicated that Irish women express that having children lead them to sacrifice their careers and are compelled to leave companies at a higher rate than men due to difficulties in balancing work and family commitments. Njiru's study (2013) concludes that the difficulty of balancing work and family life of women also results in a higher degree of stress, among other things.

2.7.3. Job-Related Factors

Job-related factors involve autonomy and supervisory support. Job autonomy and supervisors' support promote work engagement among nurses. Job-related factors refer to autonomy and

supervisory supports provided for employees in their career development effort. Mohammed et al. (2020) conducted a study on factors influencing career development among nursing staff at Port Said Governmental Hospitals, Northeast Egypt. According to their finding, nurses' freedom to exercise decision-making and solve problems related to their personal tasks and career development helps them be effective, committed, and creative. Their finding also indicates that supervisors can help nurses identify opportunities for training or further education. Supervisors play key roles in coaching and mentoring their employees and guiding them to solicit and pursue effective development opportunities.

2.7.4. Organizational Factors

From the organization's side, Talent management may be a focus for senior people and those with the potential for such roles. Wendy (2009) emphasizes that career development is often worked out for individuals in so- called 'talent pools', and these individuals receive considerable personal career attention. However, this trend can reinforce the assumption that 'ordinary' employees don't really have careers and that career development is for the few, not many. She also holds that graduate entry schemes, succession planning, talent pools, development programs at key transitions, personal mentoring, and coaching are widely used, but usually only for selected groups of employees.

Organizations may also often invest more in providing learning experiences to employees and fail to facilitate the acquisition of opportunities for job-related experiences. Wendy (2009) underscores that formal learning, both inside and outside the workplace, may facilitate career development but does not substitute for access to suitable work and learning experiences on the job.

Organizations' contribution to the career development of women starts with clearly formulating their intentions in their policy documents. In her literature review on the organizational factors that affect the career development of nurses, Helina (2020) discusses organizations' roles and responsibilities in contributing to nurses' career advancement. She underlines Guy's (2003) position that as a first step toward achieving

gender equity and promoting the career progression of women, organizations can play a pivotal role in encouraging the hiring, retention, and advancement of women by adopting work/life policies.

2.7.5. Socio-Economic and Cultural Factors

Most developing countries have cultural factors that favor men than women (Jayachandran 2015). According to Wyman (2019), men and women often behave and perceive actions differently based on socialization and cultural norms about the roles of men and women and the difference regarding how health service facility teams are led. It is more culturally loaded for men and women to be connected in an informal way outside work environment, but social activities tend to be more aligned with male interests that may not appeal to women who often shoulder more responsibilities at home to care for their families than their male counterparts (Wyman 2019:8).

Health system is a reflection of the overall cultural context in which women are often excluded from decision-making positions in their lives starting from the household level up to the higher levels of policymaking (Giorgis 2017:1). According to the estimates by Rock Health Report (2017), women constitute 21% of executive roles and 21% of board members at fortune 500 companies, though 78% of job in these companies are held by women.

Social and cultural norms tend to put burden on women and influence their decisions to pursue their career development endeavors.

2.8. The Level of Attention given to Nurses in Leadership Engagements

Low motivation and job satisfaction of women who make up a large proportion of the health workforce are considered as obstacles to advancement of female health professionals in their effort to move up in the career ladder. According to Javadi et al (2016), in the United States academic medicine, only 25% of top executive positions are held by women and 24% of directors at global health centers across 50 United States medical schools were women.

Newman (2015) indicated that women are underrepresented in National Health System leadership pipeline. This has significant implications on the quality of healthcare services they provide. According to the study conducted by Newman (2015), women make up only 36% of

chief executive officers, 24% of medical directors. In 211 clinical commissioning groups (CCGs), 70% of the workforce is female while women make up only 37% of governing board members (Newman (2015:12-25).

Women make up approximately 75% of the health workforce and yet their representation on top healthcare sector leadership positions is limited (Javadi et al, 2016). Untapped potential of women health professionals undermines their contribution to be effective leaders for health systems strengthening (Javadi et al, 2016). According to Javadi et al (2016), lived experiences of women leaders can help understand and make use of their potential by identifying the challenges, highlighting enablers, and sharing appropriate guidelines used to become effective healthcare sector leaders.

Women are severely under-represented in leadership positions across not only in business sphere but in academic health professions program, pharmacy and healthcare sector in general. Burns et al (2017) believe that these disparities cannot be attributed to lack of education, as women having similar or higher educational preparation than their male counterparts.

2.9. Theoretical structure

2.9.1. Gender role theory

Gender role theorists state that gender roles are cultivated from the age of children or at a very young age. Traditional gender roles focus on masculinity and femininity personality which could affect the role preference of individuals. Traditionally, males are considered independent, self-confident, and aggressive. Females, on the other hand, are taught to be more passive, sensitive and supportive. This is an extension of the role mandate that males are expected to provide for their families as the breadwinner and the female stays at home to raise the children and take care of household duties (Zuo & Tang, 2000). Since there is an adaptation of role classification by gender, it extends to role preference in the office.

Another research on an organizational behavior makes a similar prediction, for example, that a lack of fit between stereotypical gender characteristics and stereotypical job requirements leads to the conclusion that certain individuals will be unable to succeed in

jobs in which gender stereotypes of jobs are at odds with the individual's gender. According to Heilman's (1983, 2001, 2012) lack-of-fit model to social role theory, men and women behaving in accordance with their social roles are frequently separated along gender lines, which serves to reinforce gender stereotypes. (Eagly, 1887, 1997).

Candidates of managerial jobs are expected to have technical and rational expertise, as well as an appropriate degree of male traits, and those applicants who are more competent and better able to meet the social expectations of a leader will be given preference by the hiring manager.

2.9.2. Theory of Gender and Organization

The view that organizations are gender-free has been a bone of contention to many and is not free from debates. Examining organizations' policies, structures, patterns of operation, and the way they treat their employees with respect to gender and gender-related issues has been a dire need of establishing a theory for theorists like Juan Aucker (1990).

The researcher believes that there are a number of gender-related theories but found Juan Aucker's (1990) theory of Gendered Organization to help understand how organizational perceptions and positions towards gender influence decisions of female career development. Aucker argues that organizations are not gender neutral.

Aucker strongly believes that, in spite of feminists' recognition that hierarchical organizations are an important location of male dominance, most feminists' writings about organizations assume that organizational structure is gender neutral. She argues that organizational structures are not gender neutral; on the contrary, assumptions about gender trigger documents and contracts used to construct organizations and to provide a commonsense ground for theorizing about them. Their gendered nature is partly masked by obscuring the embodied nature of work.

Aucker takes the position that images of men's bodies and masculinity pervade organizational processes, marginalizing women and contributing to the maintenance of

gender segregation in organizations. The positing of gender-neutral and disembodied organizational structures and work relations is part of the larger strategy of control in industrial capitalist societies, which, at least partly, are built upon a deeply embedded substructure of gender difference. Organizational structures and processes are considered gender-neutral because males perceive their actions and perspectives as representing all people. It is suggested that gendered attitudes and behavior are introduced into (and contaminate) inherently gender-neutral institutions when it is accepted that men and women are affected differently by organizations. According to this perspective, structures and their occupants are distinct entities.

Women are forced to adopt the male "career" paradigm in order to advance in management since organizations do not have gender-appropriate career frameworks. According to Burke and McKeen's (1994) observation, women who were able to pursue their careers alongside traditionally male-dominated paths experienced higher levels of financial rewards and job satisfaction than those whose careers were interrupted by things like having children or taking career breaks.

Acker underscores that although many misunderstandings persist regarding women and management careers, there are actual distinctions between men and women in terms of work and career experience. Men and women should be the target of organizational family-friendly policy measures to support a shift in organizational culture and the stereotype that views women as the primary domestic caregivers.

Women professionals have many facets of responsibilities that need attention. Family responsibilities, for instance, take most of their time and attention while they make an effort to discharge organizational responsibilities. Aucker’s theory provides a perspective in terms of the calls for organizations to intentionally develop gender-sensitive organizational settings. In this case, organizations need to make sure they design career and career development frameworks and policies to incorporate the different experiences of both males and females.

2.9.3. Career Development Theories

A career can be defined as a pattern of work experiences comprising the entire life span of a person and which is generally seen with regard to a number of phases or stages reflecting the transition from one stage of life to the next (Weinert, 2001). Samuel and Helen (2018) view career as involving the various functions and roles one engages in throughout life, and these include education, training, paid and unpaid work, family, volunteer work, leisure activities and more. According to them, a career has been traditionally linked with paid employment and had been connected to a single occupation.

Samuel and Helen (2018) also believe that there are current developments around the concept of career and indicate that, today, career is seen as a continuous process of learning and development which is anticipated to enhance the acquisition of values that foster employee development. They also provide a contrast between career and job. A job is something done simply to earn money; a career is a series of connected employment opportunities; while a job is short-lived and has little influence on one's future work life, a career equips one with experience and learning for an `entire life.

The notion that career calls for equipping oneself with experience and learning for life implies that the person needs to work on a continuous growth and development of his/her career. Hence, career development in a person's life is a critical issue to look into. Braer et al (2008) hold that career development entails the management of a person's growth and progress in his or her career. According to them, an individual's career development is a lifetime process that encompasses the growth and change process of childhood, the formal career education at school, and the maturational processes that continue throughout a person's working adulthood and into retirement.

While organizations play significant roles in a person's career development and growth, the individual is heavily responsible for his/her own personal career development and growth.

It would be imperative to review the various theories of career development to help frame the dynamics of career development. These theories take multiple forms and purposes. To help address the focus of this study, the researcher opted to consider the list of theories as summarized by Sharma (2016). She divided the various theories into three categories: Content Theories, Process Theories, and Content and Process Theories. The summary of the theories is discussed below.

1. **Content Theories**

   Content refers to the influences on career development which are either intrinsic to the individual themselves or emanate from within the context in which the individual lives. In general, individual influences have been afforded more attention in career than contextual influences. Under this, Sharma listed John Holland's (1959) Psychological Approaches of Trait and Factor theory, Parson's (1909) Trait Theory of Career, and Bordin's (1990) psychodynamic theory as major theories focusing on the 'content' of career development.

   Holland's Theory (1959) is grounded on a modal of personal orientation, or a developmental process established through heredity and the individual's life history of reacting to environmental demands. This means that individuals are attracted to a particular occupation that meets their personal needs and provides them satisfaction.

   Sharma further elaborates content theories based on Holland's, Parson's, and Bordin's arguments, which are summarized below.

   According to Holland's theory, personality is permanent, and early life experience, self-perceptions, and values influence the development of behaviors or personality. A career is an extension and expression of one's personality within the context of the world of work and a subsequent identification with specific occupational stereotypes. Where individuals compare themselves to their own perceptions of occupations and either accept or reject them based on the psychological and

sociological relevance an occupation holds for them. Holland's postulate suggests vocational environments could be arranged into similar typologies.

In Holland's argument, in the career choice and development process, people search for environments that would allow them to exercise their skills and abilities and express their attitudes and values. Holland uses the concept of "congruence" to denote the status of person-environment interaction. A high degree of match between a person's personality and interest types and the dominant work environmental types, that is, a high degree of congruence is likely to result in vocational satisfaction and stability, and a low degree of match (that is, low congruence) is likely to result in vocational dissatisfaction and instability.

Sharma provides more light on Parsons' (1909) process of studying individuals, which considers occupations and matching them provided the foundation for trait and factor theory. Sharma provides a the following list of Parson's three main elements of his career development theory which helps in career selection:

a. A clear understanding of oneself, aptitudes, abilities, interests, resources, limitations and other qualities.
b. A knowledge of the requirements and conditions of success, advantages and disadvantages, compensation, opportunities, and prospects in different lines of work.
c. The right reasoning on the relations of these two groups of facts.

2. Process Theories

Process refers to interaction and changes over time and is depicted in some theories as a series of stages through which individuals pass. The stage or developmental theories of Ginzberg and his colleagues (1951), and Super (1953) fall in this category.

Sharma provides further insights into the positions of Donald Super's (1959) career development theory as summarized below.

Career choice and development is essentially a process of developing and implementing a person's self-concept. According to Donald Super, self-concept is a product of complex interactions among a number of factors, including physical and mental growth, personal experiences, and environmental characteristics and stimulation. Super's theory has called for a stronger emphasis on the effects of social context and the reciprocal influence between the person and the environment. A relatively stable self-concept should emerge in late adolescence to guide career choice and adjustment. However, self-concept is not a static entity and will continue to evolve as the person encounters new experiences and progresses through the developmental stages. Life and work satisfaction are a continual process of implementing the evolving self-concept through work and other life roles.

Sharma argues that, in addition to career maturity, there are other aspects of Super's theory that need to be examined across cultures. For example, self-concept is a prominent feature of Super's theory, and the implementation of one's interests, values, and skills in a work role is instrumental to vocational development and satisfaction. However, there are cultural variations in the importance of self in decision-making, and in some cultures, important life decisions such as career choices are also subject to considerations that are familial and collective in nature. In order to maximize self- fulfilment and social approval, one has to negotiate with the environment to locate the most acceptable solutions and option. Consequently, career choice and development is not a linear process of self-concept implementation, but a process of negotiations and compromises in which both the self and one's environment have to be consulted.

Life space is the constellation of different life roles that one is playing at a given time in different contexts or cultural "theatres", including home, community, school, and workplace. Role conflicts, role interference, and role confusions would likely happen when individuals are constrained in their ability to cope with the demands associated with their multiple roles.

According to Sharma, many aspects of Super's theory are attractive to international career guidance professionals and researchers, including vocational developmental tasks, developmental stages, career maturity and life roles.

Gottfredson's (1981, 1996, 2002, 2005) theory of Circumscription and Compromise on career development provides an additional input in the theory of career development. According to Gottfredson (1981, 1996, 2002, 2005), the career choice process demands a greater level of cognitive ability. Gottfredson's (2002, 2005) expounded on the interplay between the concept of genetic makeup and environment. Genetic features performs a vital role by influencing the attributes of a person like skills, values, and interest and these traits are moderated when one is open to an environment. Gottfredson informed that person is a dynamic agent who can modify the environment and hence viewed career development as a process of self-creation.

a. **Content and Process Theories**: More recently the need for theory to take into account both content (characteristics of the individual and the context), and process (their development and the interaction between them), has been recognized. Theoretical models based on the social learning theory, conceptualized as the social cognitive theory of Bandura (1986), include the learning theory of Mitchell and Krumboltz (1990, 1996).

Lipsa Jena and Umakanta Nayak (2020) provide a perspective on this theory. According to their summary, the theory considers that the development of career goals and career choices are the functions of the interface among interest, self-

efficacy, and outcome expectations over time. The Career choice model suggested in the theory shows the interaction and influence between the person and the environment upon each other. The theory postulated that compromise in personal interests may be required during a career choice process due to factors that act as a barrier to choice.

In summary, one can conclude that the theories generally focus on the individual, environment, and interrelations between the two. There is no one-size-fits-all theory. A given theory cannot be applicable to all types of individuals or environments. A theory may not be applicable at all times. A theory may no longer be effective and found obsolete when the needs of individuals change or the requirements of the organization they serve change over time. Hence, organizations need to make the right use of theoretical advantage for the right conditions and work on the career development of their employees accordingly.

Reflection on Theories Discussed

Analysis of the theories of career development discussed above helps see that most of them are related to the career behaviour of an individual. There are contrasts among the theories. Holland's theory (1959) identifies the factors that trigger the vocational behaviour of a person while other theories deal with the purpose and development of vocational behaviours. Trait factors associated with Holland's theory explain little about vocational behaviour.

Holland's theory has a restricted range of use. For instance, a nurses responsibility requires a large amount of interaction with patients, which in turn requires the nurse to get involved in a larger amount of self-concept. Lips and Nayak see a contrast between Super's theory and Holland's theory. They argue that Super theory interprets interest as part of self-concept whereas Holland's interest is related to the comparison of a person's occupation, which can be assessed but it is difficult to be analysed. Because an individual may be poor to judge his own talents and may opt

for a career which may be challenging for him to carry out or too low in scope to practice his talents.

Holland's Theory helps one choose a career or education program that fits one's personality and interests. This is a vital step toward career well-being and success. On the contrary, Holland's approaches do not take into account the numerous relevant personality factors found in an individual and are hardly able to evaluate an individual's complicated environments.

Super's theory provides a framework for understanding our thinking or beliefs about ourselves and how these thinking beliefs affect the direction we would like to pursue in our careers. This helps employees to be intentional in planning their own career development and work towards that. In contrast, this theory has a limitation in that it assumes that an individual chooses a career and remains in this career for the rest of his working life. Employees aspire for other development opportunities and tend to strive for much better challenges that help them grow more in their career tenure. In this case, healthcare personnel like female nurses are keen to develop their careers and look for more and more avenues for their growth in their personal lives.

Krumboltz theory puts emphasis on the importance of being open to new opportunities and experiences. This is quite an encouragement for organizations to motivate their employees to prepare them for new avenues of career opportunities. Employees need to also be optimistic to the availabilities of new opportunities and work accordingly.

2.10. Conceptual Framework

The conceptual framework is taken out from the above literature review, and important variables only were selected for the study. The most important variable is the gender role orientation, in which it might affect the career progression of the nurses negatively if there is a gender role bias within the hospital. On the other hand, the organizational career development

strategy is also a very important variable that negatively or positively affects the career progression of nurses based on its strategies and policies that might have an influence in gender equality throughout the hospital. Other variables work experience and educational status of the nurse might also give an input for the successful career progression.

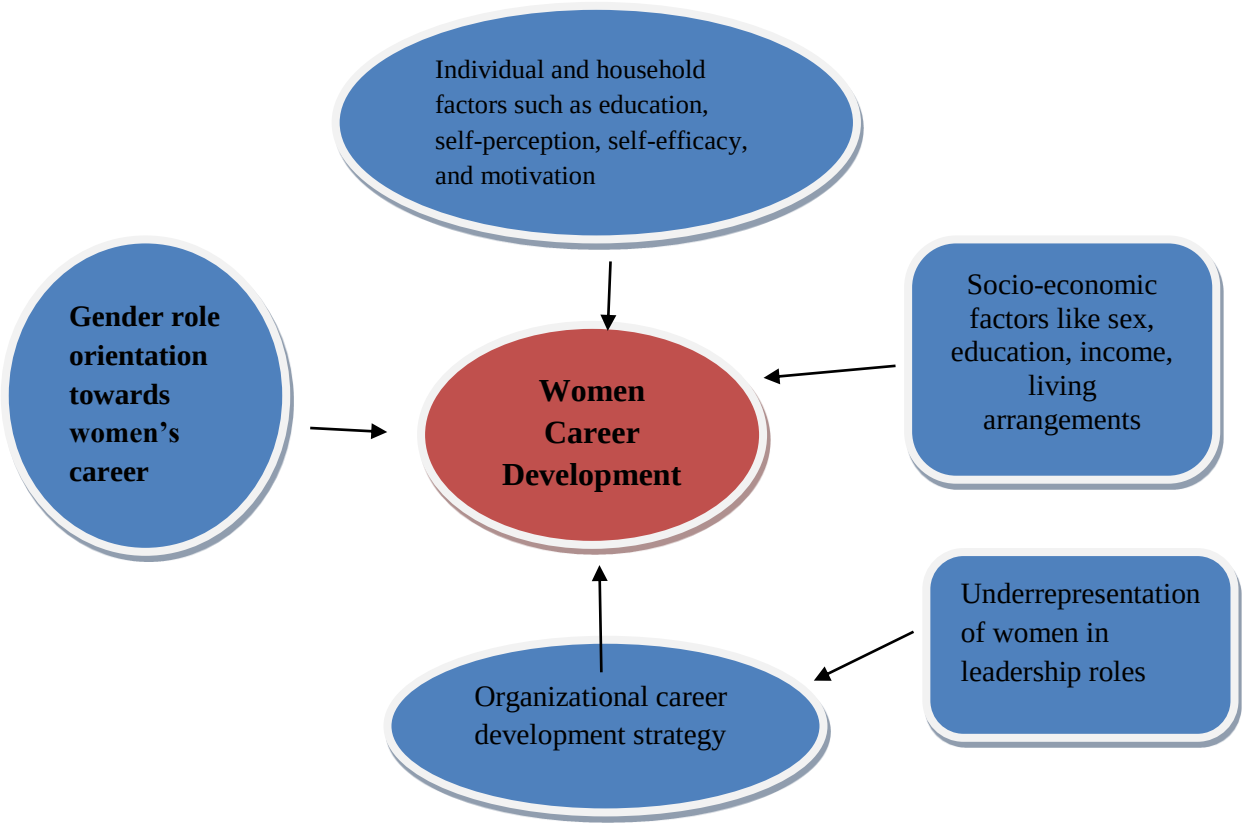


Figure 2:Conceptual Framework

2.11. Synthesis of the Review of Literature

Nurses play significant roles in providing quality care to patients and influence many decisions related to providing quality health services. The healthcare industry is posing increasing demands on healthcare institutions, and nurses' competencies often become obsolete. They cope with various adverse situations in their working environment. They are often overburdened by huge responsibilities. According to Cure Ethiopia Children Hospital's Patient Identification Policy (2023), nurses are responsible and accountable for any error committed while performing any procedure, investigation, or providing care.

To meet these demands, nurses' competency needs to be consistently developed. However, female nurses' career development is often neglected due to various reasons. This tampers their capacity to meet the complex ethical challenges that will arise as health care reorients to respond to the rapidly changing dynamics of the health system. Basic education in nursing alone cannot effectively meet the challenging and complex demands of the expanding range of healthcare. Technological advances and continuous changes in nursing practice create a demand for nurses to continue their education to remain competent.

There are individual, job-related, social and cultural, and organizational factors that influence female nurses' career development and advancement endeavors. Individual factors such as education, self-perception, self-efficacy, and motivation affect nurses' career growth and development. In many cases, female nurses lack confidence in competing with their male counterparts and advance in their career. In this case, they need to be motivated to look for opportunities and look for opportunities. According to Holland's content theory, these nurses need to exercise self-looking and explore their environment for career development opportunities.

The family demands will also put heavy burdens on them and tamper their desire to pursue their career advancement. The nature of the job they carry out is another factor that may hinder their effort for the pursuit of career advancement. Female nurses are often overburdened by their duties in their healthcare settings. This discourages their desire for career advancement. In such cases, immediate supervisors are responsible for creating a working environment that reduces burnout and demotivation.

Aucker's (1990) theory indicated that organizations are not immunized from gender biases. Their structures, policies, operations, and organizational cultures and behaviors are not gender neutral. Such cases have the potential to ignore female nurses in the career development and advancement program. Right from the formulation of their policies and strategies up to the implementation of the same, organizations need to clearly design the career development of females' career development that contributes to their advancement or growth.

Career development needs to be one of the institutional priorities of the health care organization. It's important to facilitate the avenue for staff to diligently commit their gifts and talents to the health institution, work with them to intentionally develop their gifts and abilities that contribute to the success of the organization now and in the future. It's imperative for the health care institute to commit to being a proactive, learning organization. In line with this, health care institutes play significant role in developing the career of nurses by putting clear standards and guidelines that would motivate them to strive for advancement and contribute to institutional success.

Career development is a long-term organizational commitment to help employees be exposed to new challenges and experience. Nurses' career development plays of paramount importance in terms of providing them with new challenges and opportunities to help develop their career. Well-planned learning experiences, on-the-job learning, practices, and stretched assignments help them develop their competencies to achieve healthcare goals. Both the nurses and the healthcare institution need to be intentional in planning, implementing, and monitoring their career development.

In the effort to provide opportunities for nurses' career growth and development opportunities, healthcare leaders play significant role. They can provide supportive supervision, facilitate informal networks and hospitable culture, and demonstrate an exemplary role model to help the advancement in question.

CHAPTER THREE
RESEARCH DESIGN AND METHODOLOGY

3.1. Research Design

The objective of this study is to explore how experience of gender roles affect the career growth and development of female nurses focusing on the case of Cure Ethiopia Children's Hospital Ethiopia Children's Hospital.

The study was conducted at the CURE ETHIOPIA CHILDREN'S HOSPITAL. The Cure Ethiopia Children's Hospital is a pediatric orthopedic teaching hospital located in Ethiopia's capital city, Addis Ababa. Started operating in April 2008, the hospital is a state-of-the-art complex that provides modern medical and surgical care to physically disabled children in the country.

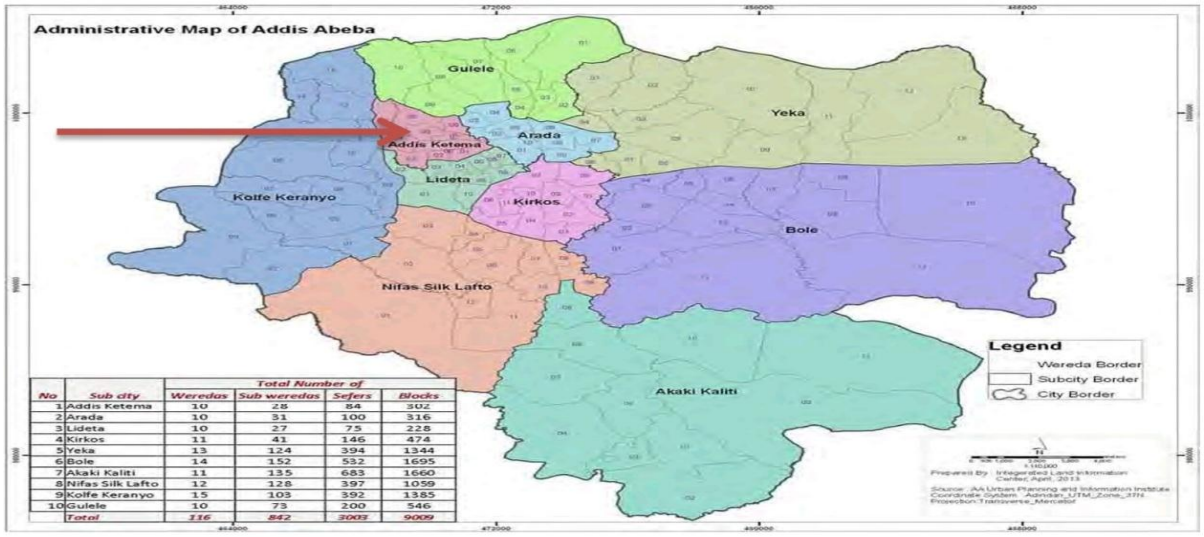
Although it is mainly a pediatric orthopedic hospital, which means a hospital that gives treatments and surgeries for children with bony related injuries and disabilities that are present since birth, it also provides care and surgical treatments for children with cleft lip/palates, burn injuries and other plastic surgeries for children under the age of 15 free of charge. The hospital has a total of 176 employees including 80 medical staff, out of which 50 are nurses, 43 female and 7 Male. (Cure Ethiopia Children's Hospital personnel manual, 2022)

The qualitative exploratory research design was employed in this study. A qualitative method focusing on the qualitative aspect of meaning and understanding is used to investigate individual experience from the viewpoint of the study participant. (Bricks, 2018). An exploratory design ascribes a perceived views of reality position, which allows for multiple meaning of individual experience from the point of research participants. (Gray, 2017). Accordingly, in this study, a qualitative exploratory study design was used in order to provide in-depth information and description of the phenomenon being studied from the participants.

Cure Ethiopia Children's Hospital is an international hospital with a Head office in the US, and it has 8 sister Hospitals throughout the world, 7 of them are located in Africa and one in

Philippines. Its branch in UAE has been recently closed. (Cure Ethiopia Children's Hospital personnel manual, 2022). The researcher is an insider, working in the capacity of an Operation Theatre Nurse, who shares most of the experiences of the nurses on the female career development practices in the hospital and hence was interested in exploring the experiences.

The researcher believes the result of this study will be an input for the other Cure Ethiopia Children's Hospital hospitals to further evaluate their policies and procedure based on issues of career growth and development of female nurses.



No	Sub city	Total Number of Weredas	Sub weredas	Sefers	Blocks
1	Addis Ketema	10	28	84	302
2	Arada	10	31	100	316
3	Lideta	10	27	75	228
4	Kirkos	11	41	146	474
5	Yeka	13	124	394	1344
6	Bole	14	152	532	1695
7	Akaki Kaliti	11	135	683	1660
8	Nifas Silk Lafto	12	128	397	1059
9	Kolfe Keranyo	15	103	392	1385
10	Gulele	10	73	200	546
	Total	*116*	*842*	*3003*	*9009*

Source: Addis Ababa City Administration Integrated Land Management Information Center

Figure 3: Location of CCHE in the City Government of Addis Ababa

3.2. Data Collection Methods

The researcher used the following five methods to collect data from the participants.

1. In-depth Interview

Face to face interview type of data collection for qualitative research helps find accurate data from the interview. An in-depth interview is an open-ended, discovery-oriented method to obtain detailed information about a topic from a stakeholder. Carolyn (2006) describes In-depth interviewing as a qualitative research technique that involves conducting intensive individual interviews with a small number of respondents to explore their perspectives on a particular idea, program, or situation. Their goal is to explore in depth a respondent's

point of view, experiences, feelings, and perspectives. Carolyn Boyce and Palena Neale (2006) view in-depth interviews as useful powerful tools in terms of providing much more detailed information than what is available through other data collection methods, such as surveys.

The target group opted for in-depth interview are nurses in CCHE. There are 50 nurses in CCHE of which 43 (86%) are female who are working in various capacities at the hospital. The researcher used this technique to obtain information from selected female nurses at Cure Ethiopia Children Hospital.

To conduct the in-depth interview, a semi-structured interview guide was designed in English containing open-ended questions. The views of the selected participant nurses were coded into categories and subcategories. The most relevant themes to emerge from participants' interviews were related to practices, perceptions, and experiences in relation to career growth and development context, CCHE leadership's perceptions towards career program provided for nurses, and roles and responsibilities of the hospital in providing career growth and development opportunities for female nurses.

2. Key Informant Interview

Key informant interview method of data collection was administered for collecting data in this study. Krishna (1989) describes this method as a technique used for interviewing a select group of individuals who are likely to provide needed information, ideas, and insights on a particular subject. He indicates that this method often provides data and insight that other methods cannot obtain because information comes directly from knowledgeable people. Key informants may offer confidential information that would not be revealed in other settings.

The researcher administered the pre-structured open-ended interview questions. The key informant interviewees involved four key leaders of the hospital. For the sake of anonymity, the researcher labeled these leaders as Leader One, Leader Two, Leader Three, and Leader Four. The key informant interview helped address questions about the hospital's program and provisions of career development opportunities for female nurses.

3. Focus Group Discussion

A Focus Group Discussion (FGD) was administered in this research. Lokanath (2016) describes a Focus Group Discussion (FGDa qualitative research method and data collection technique in which a small group of people from similar backgrounds or experiences are led by a moderator (interviewer) in a loosely structured discussion of various topics of interest. According to him, this method helps the group participate in a lively and natural discussion among them and solicit their attitudes and perceptions, knowledge and experiences, and practices, shared in the course of interaction with one another. The technique is based upon the assumption that the group processes activated during an FGD help identify and clarify shared knowledge among groups, which would otherwise be difficult to obtain with a series of individual interviews.

In this study, FGD was administered in two sessions (two groups). The first group consisted of 10 nurses, and the second one involved 7 nurses. The target group for this discussion was a group of purposively selected, information-rich female nurses serving in CCHE to cover a number of topics and keep track of the discussion. The purpose of administering this method is to help obtain more experiences and shared views from female nurses on career development opportunities and practices for female nurses at CCHE.

4. Observation

In this study, the researcher used observation as a data collection tool since the researcher is an insider, and it would be advantageous to observe the phenomenon related to the research questions.

Observation is a way of gathering data by watching behavior or events or noting physical characteristics in their natural setting. Observations are more helpful when we are trying to understand an ongoing process or situation. Through observation, we can monitor or watch a process or situation that we are evaluating as it occurs. It is also useful when we are gathering data on individual behaviors or interactions between people. (CDC, 2018).

The researcher noted the participants' informal discussions at lunchtime and other informal discussion times, as well as meetings and organizational social committee gatherings, to identify issues and concerns related to nurses' job satisfaction and explore ideas about career

progression obstacles.

5. **Document Review**

Document review is often used because of the many different ways it can support and strengthen research. The data obtained from document review can provide supplementary research data, making document analysis a useful and beneficial method for most research. Documents can provide background information and broad coverage of data and are therefore helpful in contextualizing one's research within its subject or field (Bowen, 2009). Documents can also contain data that no longer can be observed, provide details that informants have forgotten, and can track change and development.

While CCHE has put in place a number of documents including policies and manuals that guide the overall operation of the hospital, the researcher found three of the documents relevant to the focus of this study. These documents include Cure Governance Policy, Cure Patient Identification Policy, and CCHE Human Resources manual. The researcher reviewed these documents to help answer questions about the organizations culture towards female career development practices

3.3. Data Collection Procedure

The exploratory approach is more focused on gaining insights and in-depth understanding of the underlying reasons by digging deeper. In this work, in-depth interviews, key informant interviews, focus group discussion, observation, and document reviews were used to look for information on female nurses' experiences on their career development at CCHE. For data collection an in-depth interview was used. The interview questions were first developed in English and then translated into Amharic. The questions were developed based on the range of issues that need to be captured to answer the research questions.

The researcher collected the primary data through in-depth interviews with one individual at a time, key informant interviews, and the FGD, where both the in-depth interview and the key informant interviews were recorded with a tape recorder and transcribed. Secondary data was collected from the organization by exploring the written document for career development strategies.

3.4. Sampling procedure

The goal of a qualitative study is to collect themes and see patterns. It's to uncover the "Why" and "How" versus the amount. The sample size for in-depth interview should be adequate to sufficiently describe the phenomenon of interest and address the research question at hand but the aim of this study is the attainment of saturation of information by considering variety of options and minimizing repetitive answers by limiting the sample size at the point of saturation.

In this qualitative research, the goal is to develop a thorough investigation of a key phenomenon rather than merely generalizing it to a population. The size of the participants in this study depends on the amount of information deemed relevant to address the research questions and sufficient enough to meet the study's objectives.

The sample for this study was drawn from personnel of the Cure Ethiopia Children's Hospital. The target group for this study is 43 female nurses working in various capacities at CCHE. The researcher selected the key informants using purposive sampling. In this case, three key leaders were approached for key informant interviews. To maintain anonymity in this research, these individuals were referred to as Leader 1, Leader 2, and Leader 3.

The researcher also conducted in-depth interviews with female nurses. There are 43 female nurses in the hospital. As the views and experiences of the nurses are closer to one another and hence there would be a saturation of information, the researcher opted to consider a random selection of the nurses. In this case, 8 nurses were selected randomly to be approached for the in-depth interviews. The participants' identities were kept confidential, and their participation was completely voluntary. The views of a diverse group of nurses were captured.

The participant nurses for the Focus Group Discussion (FGD) were also selected randomly as involving all nurses for the FGD may result in data saturation. The FGD was carried out in two groups in two different sessions. The researcher considered 7-10 people in a given FGD is an ideal size and hence arranged the FGD group such that one group consists of 7 nurses

and the other consists of 10.

3.5. Research Techniques' protocols

The information on the participants' experiences towards their career progression was collected utilizing in-depth interviews and FGD. The interview questions contain items regarding the participants' experience of the career development practice in the context of the hospital they serve and the accompanying influence of the career development to their career progression. The interview questions were meant to help understand the presence of the diverse perceptions towards gender roles' factors that may affect the career development of the employees and the variability of job performances by the female nurse at work.

3.6. Data Organization and Analysis

The information generated from the key informant, in-depth interviews, FGD, and the researcher's observation was analyzed manually through careful interpretation of meanings and contents, organizing, and summarizing in accordance with the issue under investigation.

Upon gathering data, the next step was thematically grouping the data in a way that corresponds to the research objectives. The discovered trends and significant problems related to the research questions were articulated. The researcher then went on analyzing the pieces of information gathered and organized them into themes. The common issues highlighted were given subtitles, which will make up the results and discussion section of this work.

Each sub-topic discussed was summarized with a brief conclusion. Information gathered from secondary sources which were pertinent to the study's question were incorporated in the study.

3.7. Operational definition

Organizational career development strategies: A professional development plan is created by the manager working closely with the staff member to identify the necessary skills and resources to support the staff member's career goals and the organization's business needs.

Profession: An occupation (as medicine, law, or teaching) that requires specialized knowledge and often advanced education (Miriam Dictionary, updated 2024)**.**

Socio-demographic characteristics: age, sex, educational status, income, and living arrangement of the employed women.

Women nurse career development: A process of making decisions for long term development, to align personal needs of physical or psychological fulfillment with career advancement.

3.8. Data quality assurance

All the questions were checked to ensure that they were appropriately administered. Any possibility of missing information was confirmed before the commencement of the intended interviews.

3.9. Ethical consideration

Ethical clearance was obtained and approved from the Institutional Review Board of College of Development Studies, Addis Ababa University. The purpose of the study and the usefulness of the participant's involvement in the research was explained to the participants properly. They were also briefed about the research topic and the purpose of the study. Furthermore, the participants' right to decline to answer a question or to participate in any activity or to refuse to discuss any topic if he/she felt uncomfortable was maintained. Consent form was read to the study participants and signed consent form would be obtained from the participants. Strict confidentiality was maintained throughout the study.

CHAPTER FOUR

PRESENTATION, DISCUSSION, AND INTERPRETATION

This chapter is dedicated to presenting the views of the participant nurses in Cure Children Ethiopia Hospital (CCHE) who were involved in in-depth individual interviews and focus group discussions, and the corresponding analysis in view of the literature discussed in chapter two of this study. The information gathered from key informants and observation will be used to help triangulate the information gathered in the former methods.

The study explores the challenges female nurses encounter in their efforts to grow and develop their careers in the hospital. For the sake of this study, the researcher shortens the name "Cure Ethiopia Children Hospital" to simply Cure Hospital. It also aims to understand the nurses' attitudes and perceptions about their experiences in line with the career growth and development opportunities and practices of the hospital, explaining and drawing meanings of their experiences.

The most relevant themes emerging from participants' interviews were related to practices, perceptions, and experiences in relation to the career growth and development context, Cure Ethiopia leadership's perceptions towards the career program provided for nurses, and the roles and responsibilities of the hospital in providing career growth and development opportunities

for female nurses. These categories have emerged unstructured but are organized here in what the researcher believes to be the most logical way to present views and describe participants' stories.

4.1. Socio-Demographic Characteristics of Participants of the Study

This section provides the attributes of the participants. Based on the data, participants' ages ranged between 33 and 45. The number of years they have served in the hospital ranges between 6 and 16. The average service year of a nurse is 10.6 years, and the average service year of a nurse in her current position is 6.5 years.

Table 1: Socio-demographic characteristics of participants

No	Code of participants	Pseudonyms	Age	Marital status	Service years in the Hospital	Service years in current position
1.	01	Abebech	34	Married	10	8
2.	02	Beza	33	Single	6	6
3.	03	Desta	36	Divorced	16	6
4.	04	Emnet	38	Married	14	10
5.	05	Fantanesh	45	Divorced	15	9
6.	06	Gete	38	Married	7	7
7.	07	Hasset	32	Married	8	4
8.	08	Lemlem	40	Married	9	2

Table 2: Number of participants

Interviewees	Total
In-depth interview	**8**
FGD-1	**7**
FGD-2	10
Key informant interview	4

4.2. Overview of CURE Children's Ethiopia Hospital (CCHE)

An attempt was made to make a thorough review of the hospital's Governance Policy, Patient Identification Policy, and its Employee Manual as the researcher found them relevant to this study. The following is a summary of the background of Cure International and CCHE.

Cure Hospital International, INC.'s governance policy (2023) clearly outlines the organization's overall core ideology, mode of operation, scope of services, and leadership structure.

1. General Background of Cure International and CCHE

The following summary of the background of Cure International, INC. and Cure Ethiopia Children's Hospital is a result of the review of the hospital's governance policy.

CURE International, Inc. is a U.S.-based, registered non-profit organization with headquarters in Grand Rapids, Michigan, that runs a global nonprofit network of children's hospitals that provide surgical care. Services within the hospitals are provided at no cost to families because of the generosity of donors and partners around the world.

CURE International/USA signed a Memorandum of Understanding with the City Administration of Addis Ababa Health Bureau in July 2004 and obtained its Certificate as an International Non-Government Organization (INGO) in Ethiopia. CURE International received notice of approval by the Addis Ababa City Government of a land allocation for the construction of the proposed hospital in Shiro Meda, Addis Ababa municipality and finalized constructing the hospital in 2008. On May 16, 2008, the second three years project, a trilateral agreement with the Disaster Prevention and Preparedness Agency (DPPA), Addis Ababa City Administration Health Bureau and the Addis Ababa Social and Civil Affairs Bureau was signed.

CURE International Inc/Ethiopia, referred to as CURE Ethiopia Children's Hospital of (CCHE), established in 2008 in Addis Ababa, is part of the network of hospitals within CURE International Inc. CCHE, as part of a network of hospitals, provides holistic health care services focused on surgical and non-surgical rehabilitative care for children that have disabling conditions such as clubfoot, bowlegs, spinal deformities, in addition to cleft lip and palate, burn contractures and other similar conditions causing disabling conditions

unless treated. Strengthening the health care system in the areas that it specializes in is also part of the hospital's strategic plan and part of the services provided. The hospital is owned and operated by CURE International Inc. Each year, CCHE provides life-transforming surgeries for over **3,000 patients** and treats more than **12,000 outpatients** with various musculoskeletal issues, cleft lip/palate, burn contractures, and other similar conditions.

In September 2020 CCHE developed a 5-years strategy that envisions becoming internationally recognized as a center of excellence for holistic care, training, and research. Thus, the plan is to be accredited by Safe Care, an international accreditation organization. CCHE's core operating mission is to provide a holistic healthcare service to children with disability that is safe, sustainable, and compassionate. The five-year strategic plan had set out 5 strategic objectives that include improving the quality, safety, and effectiveness of patient care; attracting, developing, and retaining competent staff that meets all the Hospital's staffing needs; fundraising; enhancing the hospital's infrastructure in line with the Master Site Plan and International standards; increasing operational efficiency; and continue being the leading center of excellence in training and research in pediatrics orthopedics in Ethiopia.

CCHE's Core Operating Mission is t*o provide a holistic healthcare service to children with disabilities that is safe, sustainable, and compassionate.* **Its vision is** *to become internationally recognized as a center of excellence for holistic care, training, and research by 2026."* **Its focus areas are** improving the quality, safety, and effectiveness of patient care, attracting, developing, and retaining competent staff that meets all the Hospital's staffing needs, revenue-generating, enhancing the hospital's infrastructure in line with the Master Site Plan, increasing operational efficiency, and, continuing being the leading center of excellence in training and research in pediatric orthopedics in Ethiopia.

2. The Structure and Authority of the Governance of the Hospital

CURE International, Inc.'s Board of Directors is the governing body over the CURE International Network of Hospitals and Programs, including CURE Ethiopia Children's Hospital, as outlined in the Organogram. The CURE International Board of Directors

approves and monitors the healthcare organization's strategic plans, mission statement, and operational plan.

3. **Leadership Roles and Responsibilities**

Executive Leadership Team: The Executive Leadership Team comprises the President/Chief Executive Officer, the Chief Program Officer, the Chief Medical Officer, and the Chief Financial Officer. This team approves and monitors the operational plans and policies.

In-Country Board of Directors/Advisors: CURE Children's Hospital of Ethiopia does not have an in-country board of directors, as Ethiopian law does not require it for international organizations.

The Executive Director is legally appointed as the Country Representative of the Organization and has the overall responsibility of CCHE, such as: Ensuring that the healthcare is compliant with in-country rules and regulations and ensuring the strategic plan, mission, and vision of CCHE are aligned with CURE International Inc.

Hospital Departments and Services

Each department has an assigned Supervisor or Head of Department (HOD) with the necessary qualifications as described in the hospital's position's Job Description. The responsibilities of HOD include developing departmental standard of operating procedure Manual using a standardized format detailing the operations of the department.

4. **Organizational Structure of CCHE**

CCHE's Senior Management team constitutes the Executive Director, the Medical Director, Counseling/Spiritual Director, the Nursing Director, the HR and Admin Director, the Quality/Patient Safety Director, the Facilities Director, the Finance Director, and the Program/Development Director. As depicted in the organogram below, the seven directors report to the Executive Director. Nurses are under the supervision of each head under the Nursing Director.

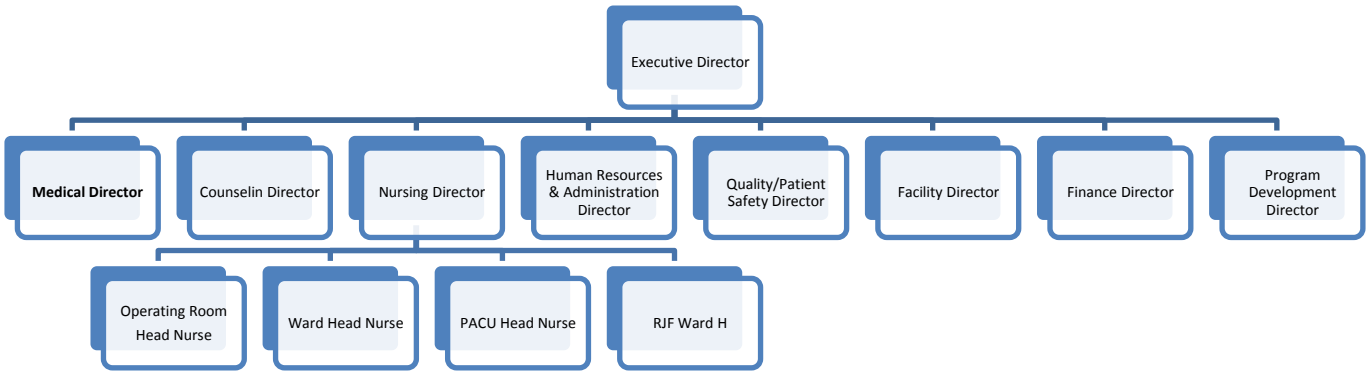


Figure 4*:* CCHE's Organizational Structure

Cure Children's Ethiopia Hospital has seven departments. The nursing department has four functions including the Out-patient Clinic, the Operating Room, the In-patient unit that constitutes the male head nurses and 95% of nursing staffs, and the Rehabilitation unit called the Rick Jhon's Foundation (RJF).

5. **Outpatient Mobile Clinic**

The hospital provides services in the regions in collaboration with university hospitals that are in different parts of the country. Currently, mobile clinics are operational in Bahir Dar, Gondar, Hawassa, and Jimma in partnership with Bahir Dar University - Tibebe Ghion Specialized Teaching Hospital, University of Gondar Specialized Hospital, Hawassa University Comprehensive Specialized Hospital, and Jimma University Medical Center respectively.

The mobile clinics are designed to strengthen the health systems of partner hospitals by training local orthopedic surgeons in their own facilities and setups to bring about a difference in the capacity of government hospitals to provide pediatric orthopedic services.

The medical team is providing regular outreach services in the setup of partner hospitals. During the outreach events the orthopedic surgeons in the partner hospitals are teaming up

with the hospital's experienced surgeons to carry out surgeries and outpatient clinics along with teaching sessions provided to local surgeons.

The mobile clinic is instrumental in multiplying the extensive experiences of CURE's experienced practitioners and the good practices at CURE to partner hospitals and enhancing local capacity, gradually taking up the burden from CURE. It is also believed to improve the service's accessibility to patients while freeing families from financial burdens due to travel-related expenses.

Thus, both the international and the national hospitals are highly organized with capable leadership and a clearly defined vision, mission, and strategy.

6. CCEH Health Care Services and Success

Cure Children's Ethiopia Hospital provides holistic care for patients with disabilities, a care that includes the physical, psychological, social, emotional, and the spiritual aspects of one's well-being as the WHO defines what health means. This hospital has a comprehensive treatment for its patients based on their deformity and needs, it is basically an orthopedic and reconstructive surgical hospital, and beyond doing surgery, it has a number of departments supporting the healing of the patient, including the physical therapy department, the workshop unit which makes a huge contribution for patients' extremity healing. The workshop unit makes a lot of orthotics or body support materials and crutches for better ambulation after surgery. It also has a counseling department that tries to heal patients' and caregivers' psychological traumas related to the patient's condition and help kids start or get back to school with better confidence.

In this study, the researcher used observation as a data collection tool, since the researcher is an insider and that would be an advantage to observe the phenomenon related to the research questions. The researcher noted informal discussions of the participants at lunch times and informal discussion times, as well as meetings and various hospital's gatherings in order to explore female nurses' experiences related to their career progressions.

The researcher observed a number of patients getting discharged from the hospital with a happy and smiling face after completion of care. The comprehensive care also includes the newly started speech therapy unit for patients who had surgery for their cleft lips and palate. The Cure Children Ethiopia Hospital community and the patients, as well as parents agree that patients are getting the best quality of orthopedic reconstructive and plastic surgical care they can find in the country.

Even though Cure has other hospitals in the world that were established before Cure Ethiopia, it has been reported that it has the leading number of surgeries and accomplished the level 5 SafeCare certificate in 2024 that categorizes it as one of the international standard hospitals in the world. SafeCare standards are the first and so far, only ISQua accredited clinical standards tailor-made for resource-restricted settings. They create a common language and ensure quality is measured against international standards, while leaving room for more local adaptions. (SafeCare). Among the ten areas SafeCare surveys to measure the quality of a healthcare standard, Mother and Child, Customer Care, Business Performance, Staff and Training, Stock Management and Clinical Management are included. SafeCare values the capacity of medical practitioners including nurses and takes this into account as a criterion for standard measurement. (SafeCare Healthcare Standards 2023).

4.3. Career Development Standards and Provisions in CCHE

An attempt was made to thoroughly review the hospital's Human Resources manual. The manual presents approved policies and regulations pertaining to personnel management for all CCHE's staff. Its purpose is to help the employee understand the goals, objectives, and expectations of CCHE so that employees can carry out their duties and responsibilities accordingly. In the researcher's opinion, the manual fairly addresses matters about employment and employees of the hospital. It addresses specific areas like senior management responsibilities, employment, transfers, compliance issues, salary and benefits standards, disciplinary guidelines, harassment handling, performance management, training, and other relevant areas.

On the other hand, the manual fails to clearly stipulate very relevant areas like staff promotion. It states that employees should be provided with internal and external training opportunities (CCHE Personnel Manual, 2023). It also facilitates working visits for senior management officials at any time as the need arises. However, it does not clearly stipulate the types and modes of career development schemes in detail.

Currently, there are several nurses who have served in the same role for many years in the hospital. The hospital has nurses at various levels. Based on the information obtained from the Head of HR, CCEH has a total of 176 staff out of which 80 are medical professionals. Of these 80, 50 are nurses (43 female and 7 males). All except two of the clinical nurses hold first degrees. The nurses with first-degree levels are working at the bedside for nursing care. There are also operation and outpatient nurses with bachelor's degrees in nursing who aren't involved in teaching and training other nurses. There are Head Nurse positions that can be acquired based on the number of years of experience and academic achievement. There are also positions like Nurse Coordinator, Nurse Trainer, and nurse Matron or Nursing Director.

The researcher observed a number of patients getting discharged from the hospital with a happy and smiling face after completion of care. The comprehensive care also includes the newly started speech therapy unit for patients who had surgery for their cleft lips and palate. The Cure Children Ethiopia Hospital community and the patients, as well as parents agree that patients are getting the best quality of orthopedic reconstructive and plastic surgical care they can find in the country.

4.4. Nurses' Experiences with the Career Development Practices of CCHE

The researcher approached eight randomly selected female nurses from the hospital and conducted individual in-depth interviews. The interview was intended to obtain information about the career development experiences of female nurses who work in various capacities at Cure Ethiopia Children's Hospital. It was aimed to explore the possible factors that affect the career progression of these nurses. The nurses were asked about their experience of career progression, whether they have noticed any gender role stereotyping through their

work experience, and if there are any issues of gender inequality. They were also asked about their knowledge and experiences with the policies and practices regarding the career program of the hospital, and encouraged to recommend the way forward for female career development.

The participants responded to the questions posed to them. Many of the nurses indicated that there is no specific policy that clearly outlines the career growth and development opportunities for female nurses in general and female nurses specifically. Very few of the participants indicated that they were not aware of any such policies or practices. Abebech said:

Gete complains that there is no clear document for career development ladder that would encourage nurses to advance their career. She said:

> *"We remain in the same position during our entire tenure of the hospital. The hospital's system does not provide educational development that contributes to our career advancement."*

Abebech is married and has served for ten years in the hospital. She feels that the nursing profession has not been given the expected level of value and respect in general. According to her, the hospital does not provide a conducive and favorable environment that motivates nurses to love their job and keeps them engaged and connected to the hospital, and ultimately be more productive. She indicated that the hospital does not have the intention to promote women and help them develop their career development, neither does it have a clear document of career development ladder. Regarding her awareness of the hospital's policies and practices, Fantanesh stated the following:

> *"I am not aware of any policy that encourages the nurses to proceed with their career advancement. In my observation, the policies mainly focus on the do's and don'ts of the staff and patient safety."*

Some Female nurses like Fantanesh who have stayed in the same roles for several years have felt frustration, and developed the interest to move out of the profession itself.

Fantanesh, on the other hand, indicated that she and her colleagues had one career progression experience in which she was able to earn her masters' degree and was given a new growth opportunity. Fantanesh was given to grow from an Out-patient Nurse to a Nutritionist post. However, we note that this is not necessarily a result of putting an available carer structure into practice. From the researcher's observation and the review of organizational documents, it was verified that there is no clearly defined career pathing structure. In fact, Fantanesh's case is a single case and cannot be generalized. She indicated her observation that there might be no specific policies for nurses' career opportunities.

The Head of HR indicated that the hospital has a plan to develop nurses' career in the future. One of the five strategic issues of CCHE is attracting, developing, and retaining competent staff that meets all the Hospital's staffing needs. The hospital's governance policy indicates that its focus areas include improving the quality, safety, and effectiveness of patient care, attracting, developing, and retaining competent staff that meet all the Hospital's staffing needs, increasing operational efficiency, and continuing to be the leading center of excellence in training and research in pediatric orthopedics in Ethiopia.

CCHE runs mobile clinics. These clinics provide prevention and healthcare services where people work, live, and play. According to the CCHE official website, these clinics play an important role in overcoming the barriers of time, money, and trust and providing care to vulnerable populations. A mobile clinic is basically a doctor's office on the go. The clinics are designed to strengthen the health systems of partner hospitals through training local orthopedic surgeons in their own facilities and setups to bring about a difference in the capacity of government hospitals to provide pediatrics orthopedics services.

The medical team is providing regular outreach services in the setup of partner hospitals. During the outreach events the orthopedic surgeons in the partner hospitals are teaming up with our experienced surgeons to carry out surgeries and outpatient clinics along with teaching sessions provided to local surgeons. The mobile clinic is instrumental in

multiplying the extensive experiences of CCHE's experienced practitioners and the good practices at the hospital to partner hospitals and enhancing local capacity.

From the above discussion, it can be noted that CCHE provides various capacity-building opportunities to various stakeholders and constituents. But female nurses do not feel that they get planned career development opportunities. On the other hand, employees need to enquire about policies and practices available in the hospital to educate themselves and take advantage of them accordingly.

4.5. Factors Influencing Nurses' Career Development Efforts in CCHE

4.5.1. Individual Factors

The nurses have indicated that they are burdened by job responsibilities and that the organization has not taken significant measures to help them develop their career. However, they did not indicate a specific measure they had taken to develop themselves. As discussed earlier, employees need to plan their own career development goals and approach their supervisors for negotiation.

Nurses at CCHE often discuss how they are treated by the hospital. Desta is one of the female nurses at CCHE and says:

> *"I believe there is gender equality in the hospital in general but at the same time there is a gender role bias that promotes the motto that nurses should remain at the bed side of the patient because of their caring nature. This limits female nurses from thinking about and planning their career advancement."*

4.5.2. Family, Social, and Cultural Factors

According to Beza, one possible obstacle that hinders CCHE's female nurses to strive for advancing their careers is that there is hardly any practice like the culture of work-life balance. Lemlem has served as a nurse in CCHE for nine years. She indicated that she has a number of family and social responsibilities to discharge.

Hasset is a married woman who served for 8 years in the hospital. She perceives that she is a hard-working nurse but thinks that this is not often recognized. She believes that female nurses are less treated than male nurses. She said,

"I have a baby and I feel very discouraged to stay with her while she is sick and my commitment to the work has not been encouraged. I need time to take care of my little kid, but I am not encouraged to do so. This upsets me.

Nurses at CCHE often discuss issues regarding their careers in relative to others'. The perception of others regarding their employment status often influences their attitude towards developing their career development. Abebech said that she often feels that she lacks personal interest to advance her career. She has realized that this was influenced by the narratives of her colleagues towards female nurses that they are at the right place, and that nursing is a proper profession for females because of their caring behavior.

Some nurses feel that their career is classified towards the lower end-jobs. Such views of female nurses about their own career have influenced some of them to think they don't need to develop. In other words, others' wrong attitudes towards their career discourage them to work towards their career development.

The researcher observed some nurses worrying to pay attention to some social responsibilities and hence looking for special duty arrangement or schedules. From the researcher's observation, most of the female nurses are burdened with family and social responsibilities apart from their heavy-duties and organizational responsibilities. In this case, the researcher observed that there is no special consideration for female nurses to help benefit from a specified work-life balance arrangement.

4.5.3. Job-related Factors

The autonomous nature of a given job responsibility an employee is expected to discharge not only greatly influences the person's performance effectiveness but also has the potential to inspire the person to develop his or her career development and advance in the career. During the in-depth interview, Beza indicated that she has served in the hospital for six years. She mentioned that the hospital's weekdays and weekend business schedules are so tight that she can hardly pursue any developmental opportunities.

During the FGD female nurse indicated that nurses spend longer hours at the patients' bedsides, in the outpatient clinic, and even in the operating room. Hence their job is very tiresome but are rarely motivated to strive for growing and

developing their career. During the FGD, nurses indicated that they aspire to develop themselves but due to the very busy nature of their duty, they are not often encouraged to attempt to pursue their career development.

4.5.4. Organizational Factors

According to the views of CCHE's female nurses, nurses are committed to the duties and responsibilities they are entrusted. Lemlem indicated that lack of opportunity to grow and develop in the hospital is a pertinent problem. She complained that nothing has happened in her career development apart from changing her nursing license. Lemlem's aspiration was to get more career development opportunities that would help her advance in her career. According to Lemlem, there had never been any carer development goals designed to help female nurses like her to be able to achieve career objectives.

Desta served for 16 years in the hospital. She indicated that the annual salary increase she gets is very small. She was only given the opportunity to get her nursing license. She said,

> *"The work experience I had was only for licensure, and I often received very small salary increases. The attitude and assumption of the leadership and other hospital staff towards the nursing staff is that we are less educated than other staff."*

According to Beza, the hospital has a very limited number of career opportunities in its career ladder though it is considered a specialized hospital. She also mentioned that the hospital has a very few career opportunities in its career development endeavors though it is considered a specialized hospital.

During the FGD, the nurses indicated that nearly half of the senior managers are women including the executive director, the Human Resources Director, and the Nursing Director, but this doesn't seem to resolve the female nurses' concerns. Most of these leaders are from non-nursing disciplines. To make the situation worse, they tend to force female nurses to resume duty immediately after they have completed

their period of confinement- a period for a woman's body to recuperate and recover from childbirth. In line with this, one critical inhibiting factor that hinders female nurses from aspiring and pursuing career growth and development efforts is lack of advocacy of leaders for the female nurses to help them use their maternity benefit as stipulated in the labor proclamation.

Article 88. sub-article 4 of the Ethiopian labor proclamation 1156/2019 has the following provision for a pregnant woman:

> *"Where a pregnant worker does not deliver within the 30 working days of her pre-natal leave, she is entitled to an additional leave until her confinement in accordance with Sub-Article (2) of this Article. However, if birth takes place before the expiry of the pre-natal leave, the 90 working days of post-natal leave shall commence."*

According to this provision, a woman who has given birth to her baby before the expiry of her pre-natal leave is entitled to a maternity leave extending to more than three months as she considers working days only. According to the FGD participants, the hospital in question doesn't even allow the nurses to take leave-without-pay to help lactate their babies at least for an additional month even when they experience a premature delivery or term delivery.

As discussed in the literature section of this study, effective work-life policies and provisions such as flexible work hours, flex-job arrangements, paid leaves of absence, and subsidies for childcare contribute to enhancing the employees' motivation and their productivity. As Helina (2020) underscored, in the health care industry, family friendly practices like maternity leave, career breaks with the right to return to a job, and childcare, are effective institutional practices that have the power to reduce the level of demotivation and increase the level of productivity, quality of clinical services to clients, engagement, and career development of health care practitioners like nurses. CCHE does not have the family friendly practices noted above.

The failure of the hospital to take an expected care of the pregnant female nurses not only significantly contributes to their demotivation, disengagement, and poor productivity, but also decreases their desire to develop their careers and contribute to their level best.

4.6. Gender Disparity and Bias at the CCHE

As discussed in the literature section of this study, higher proportion of women are represented at lower positions that require less educational preparation. As Morgan (2016) underscored it, it is common to view that women have less earning potential. In line with this, Silver (2018) emphasizes that they get less pay for equivalent service rendered by male counterparts, are promoted less frequently, have fewer opportunities to get recognition than their male colleagues.

Healthcare systems may be seen to tend to recruit male nurses than female nurses due to various reasons. Emnet observed that, contrary to its past trend, the hospital had started to show more preferences in recruiting male nurses than females in order to avoid the inconveniences in the inconsistent attendance of female nurses during their maternity. In fact, she indicated that the hospital's policies and practices do not clearly stipulate any maternity privileges that women need to enjoy during the period of their pregnancy and maternity. However, the HR manual of the hospital clearly indicates that women are eligible for maternity leaves and other types of employee-related leaves. This indicates that some nurses may need to either refer to the employee manual or seek the support of the personnel office to help them understand the standards.

During the FGD, some of the nurses mentioned about the head nurse's preference of recruiting male nurses for the future because of the perception that female nurses will be away from duty for several months during maternity and even after they have got back, they tend to take a lot of time-off to take care of their babies.

Gete believes that there are some manifestations that indicate gender discrimination practices in the hospital, especially among childbearing women in general. She perceives that this is more severe when it comes to nurses. She believes that nurses are susceptible to inequality compared to other professionals and that this is more serious towards female nurses.

Gete, a married woman and one of the nurses at the hospital, perceives that the hospital does not give due consideration to female nurses' responsibility in taking a good care of their newborn babies. She perceives that women nurses are ignored in terms of the fact that they need time to take care of the newborn. Gete further says:

> *"Female nurses may need to leave earlier to breast feed their babies even beyond their confinement but the fact that the hospital does not have a lactation room. Neither do they have any other affirmative action for women nurses. Consequently, mother nurses tend to take frequent paid time-offs and may be away from duty several times during a given lactation month. This intern brings an interest for the hospital to have an interest in recruiting male nurses."*

Gete believes that the hospital should have taken the various challenges female nurses encounter into consideration and should have a minimum special consideration for them to accommodate the child caring responsibility of the mother. Gete assumed she has seen a "gender-blind" treatment because of this.

During the FGD, the participants indicated that the former personnel manual used to allow women nurses to have a sick leave to take care of their sick babies, but later, the senior management team decided to give them leave without pay in lieu of a sick leave. when they are away to take care of their kids. This decision was based on the perception that female nurses abuse the sick-leave provision. The personnel department hardly accepts any legal sick leave documents. But this is against the provision of Article 85 and 86 of the Ethiopian labor proclamation, 1156/2019 that clearly stipulates that all employees who have completed their probation period are eligible to the provision of sick leave with pay if they are able to produce a medical certificate.

One of the primary areas regarding the treatment of nurses at the hospital is the reward system. As noted above, so many health care systems ignore the importance of equivalent treatment to female health practitioners in the reward system. Desta underscored that female nurses are less treated in the reward program of the hospital than their male counterparts and hence often less paid than the male nurses. This contributes to the decreasing the motivation of female nurses in aspiring for career growth and development at the hospital.

Though majority of the female nurses perceive that female nurses are less treated than males, Fantanesh believes gender equality is practiced in general in the hospital and underscores that talking about gender treatment is irrelevant as the majority of nurses are female and the issue of raising the nurses' maltreatment in the provision of career growth and development opportunities has no significance.

The nursing staff, in which female nurses accounts for 86%, have played a tremendous role and contributed to the success of CCEH to achieve what it has achieved so far. During nurses' informal talks, the researcher observed nurses raising issues about the lack of respect and acceptance of their ideas and contribution to the care of the patients; some non-nurse health professionals seem to neglect the ideas and contributions to the care of the patient.

The researcher approached key leaders of the hospital to get their views about the overall career growth and development program of the hospital. The leaders approached for key informant interviews include three leaders of the hospital. For the sake of anonymity, they are labeled as Leader One, Leader Two, Leader Three, and Leader Four. The interview was intended to seek information from these leaders about their organizational beliefs, culture, and practices in relation to the career progression of female nurses. In line with this, the researcher attempted to discuss the availability of policies, practices, and procedures on female nurses' career progression.

Leader Two indicated that Cure Ethiopia Children Hospital is gender-sensitive, manifested by the quality care it provides for everyone impartially. The majority of the management

consists of females, and the majority of the nurses are also female, which is common in the nursing profession.

Leader One has served the hospital for 16 years. This leader said that the hospital adheres to one of its core values, "integrity", and promotes gender equality. The leader stated that the hospital incorporated issues of equality in its policies, like equal values for everyone regardless of their gender, religion, or economic status, without any partiality. According to this leader, specific issues are mentioned in the Human Resources manual to prevent gender-based violence. Disciplinary procedures regarding child and female, and sexual harassment are also clearly stated in the same manual.

Regarding career progression, Leader One mentioned that the hospital encourages OR female nurses to be placed in other units during their pregnancies to prevent radiation exposure to the fetus. If the pregnant nurse decides to keep on working at the same unit, she will take on the responsibility.

From the above discussion, we note that female nurses hold that significant career development opportunities have not been laid out for them. They also see that there are gender disparities and discrimination in the treatment of female nurses in line with their career development.

4.7. Female Nurses' Experiences Towards Career Program Provided by CCHE

The researcher has held discussions with female nurses about their attitude toward the profession. They explained that the nature of the profession tends to change over time and witnessed that they have the desire to change the profession itself instead of trying to grow in the profession. This may create job dissatisfaction and demotivation in the nurses and adversely influence the service quality and care they provide for their patients.

Some females like Desta complain that female nurses' contributions to patients' care and safety play a significant role, but the hospital has not given due place in terms of providing an avenue for female nurses to get motivated. She says:

"The leadership of the hospital has officially declared on certain events that nurses are the backbone of patients' wellbeing, but in a real sense, the attitude and practice towards this perception are diametrically opposite. This is vividly demonstrated by the hospital's failure to respond and pay attention to nurses' complaints about the burden female nurses have in the work environment and their real career development needs."

The researcher observed that nurses have expressed their concerns about leadership's responsibility in providing a clear career path for nurses. Nurses like Desta claim that CCEH doesn't have a career ladder for nurses to help them, like the opportunity to develop from a clinical nurse to a senior nurse, the opportunity to develop from a BSC nurse to a nurse with a Master's degree, and so on.

Leader Four, during a key informant interview, indicated that the hospital is limited to providing internal trainings that would help strengthen the skills and knowledge of the nurses to help them provide successful nursing care for patients. This person emphasized that there are gaps in terms of providing external learning opportunities for nurses. According to this leader, even though it is not specific for women nurses, the hospital has a long-term plan that includes funding for nurses to go out and get specialty nursing degree programs, including in the area of Nursing on Intensive Care Unit, which later on changes the placement of the nurse on duty.

The FGD participants indicated that some of the hospital's leadership and even some heads are not aware of the difficulty of nursing responsibilities and do not consider the role as a dependent profession. Hence, they assume female nurses do not need to advance in their careers but just keep taking care of patients.

They also indicated that female nurses are the least paid, even when compared with other women staff in other departments. They underscored that the fact that most of the new nurses are male puts a lot of burden and workload on female nurses in training these nurses while already carrying the bigger responsibility of the most difficult tasks in their departments. Some jobs are assumed to be discharged by females than by males. For example, cleaning OR beds or patient beds, changing diapers, and the like are thought to be best carried out by female nurses rather than males. According to these participants, female

nurses are usually quicker in performing those additional chores other than caring for patients, and this causes females to experience more burden than males.

Leader Two indicated that career progression policies are clearly outlined in the CCEH's strategic document and that this strategy encourages the professional growth of the nurses.

4.8. Female Nurses' View about CCHE's Role in providing Career Opportunities for them

During the various in-depth interviews, the nurses clearly indicated their views in line with the responsibilities the hospital is expected to discharge towards ensuring career growth and development opportunities are put in place for nurses at large and female nurses in particular.

The nurses indicated that standards and procedures regarding the handling of patients with due care and safety are clearly articulated and stipulated in the hospital's HR manual. These standards and procedures are nicely expressed so to help provide the safest care to patients. They also give testimony to the quality service the hospital provides to patients. Its orthopedic and plastic surgeries are done with the safest and highest care.

On the flip side, some of the nurses complain that nurses are seldom recognized and rewarded for the job they have done very well. Desta believes that female nurses' commitment to patients' care and support need to be recognized. She said:

> *"We, as female nurses, are not encouraged and rewarded (get the opportunity for promotion) for the work and contribution we provide for patient safety and care. The leadership gives more focus on the hospital's priorities and policies: focusing only on patient safety and care."*

Regarding the presence of career ladder, FGD participants indicated that the hospital has no clear document. The Ethiopian Food Medicine and Health Care Administration and Authority (FMHACA) has put clear steps for nurses to go through various career development paths based on their service year, from Junior Nurse to Senior Nurse, to Chief

Nurse, and finally to Nurse Professional. But this is only applied to professional licensing which might result in a slight annual salary increase.

FGD participants suggested that the hospital needs to open a gender office and/or a gender representative in the hospital that would consistently advocate for the needs of the female nurses. They feel this is important because they believe this will ensure that their voices are heard and contribute to removing obstacles and discrepancies in the treatment of female nurses' interests.

Leader One, on the other hand, argued that it is not necessary to arrange a Gender Office because the hospital is taking care of the needs of children with disabilities, and children are the only customers coming to look for services, hence there is no need for a gender office or any gender representative at the hospital. This leader also indicated that there is no gender representative in the hospital and strongly argued that a gender office or representative is not very important since the majority of the staff constitute women, and the hospital has women managers speaking on behalf of them. But female nurses argue that they are not advocated for by their female managers.

Leader One recommends that having a gender audit may possibly help in ensuring gender equality. This leader believes that, as most of the nurses are female, it is the HR's responsibility to ensure gender sensitivity and equality between the workers in general. He additionally said,

> *"Because our culture somehow oppresses women, and that includes oppressing them from different opportunities, for that matter, the human resource performance should be evaluated in line with gender-based treatments."*

Cure Hospital requires a legal medical certificate from a patient, caregiver, or parents who take care of their children who undergo surgery or receive other medical checkups and support at the hospital. According to the FGD participants, in the case of its own employees, it is forbidden to produce a legal medical certificate document from another hospital where the employee nurse took their children for treatment or any surgical procedures. Any day off other than sick leave is considered a personal vacation. The

researcher observed and attended the meeting when this decision to forbid female nurses from getting their certificate was made. CCEH used to accept medical certificates, but ever since this decision was made, nurses' medical certificates have not been accepted.

As Silver (2018) indicated, women in medicine often get less reward and recognition for equivalent performance and get promoted less frequently than their male counterparts. To this end, one critical role of the leadership of a hospital is ensuring patients are cared for and well supported without ignoring that their nurses are well recognized and rewarded as timely and appropriately as possible.

Hospital leadership needs to design a strategy that would promote the culture of advancing the career development of its health practitioners. More and more opportunities for learning experiences need to be designed and provided for nurses to help them cope with and be able to meet the increasing demand of the health care industry. Nurses like Gete complained that such opportunities are not put in place by the hospital. Abebech complains that leadership is negligible in recognizing self-effort of development, let alone providing opportunities. She said:

> *"No encouragement by leadership for upgrading one's career development through training."*

Gete affirms Abebech's attitude and says:

> *"There are few trainings provided to nurses by the hospital, but there are rare opportunities for nurses to get external training or job advancement opportunities. Nurses may make personal efforts to advance their careers, but these efforts rarely result in any promotion opportunities. In fact, vacant posts are filled with new employees. There is a recruitment tradition from outside the hospital whenever there are positions that may otherwise be filled with promotion of internal candidates."*

Both during the in-depth interviews and the FGD, participants indicated that Human Resource policies and strategies give more priority to the organization itself and how employees abide by rules; there is no specific policy, or other issues related to female nurses' career progression. Many of the participant nurses indicated that they felt frustrated

and hence, for so many years, they had not been expecting career growth and development opportunities from the hospital; rather, they simply kept on working in the same position, just fulfilling the expectations in their job descriptions. Hence, they perceived that there is a need to include clearly defined and well-communicated career growth and development schemes.

From the above discussion, we note that female nurses hold that significant career development opportunities have not been laid out for them. They also see that there are gender disparities and discrimination in the treatment of female nurses in line with their career development. They also believe that they are not well advocated for by their female leadership, and hence, a gender office that advocates for them. On the contrary, leaders adhere to the view that there are intentions and strategies to develop female nurses' careers.

4.9. Discussion and Reflections

Cure International, INC. is a well-established orthopedic hospital with state-of-the-art facilities. It has qualified medical and non-medical personnel and capable management. The Hospital in Ethiopia also has qualified medical practitioners and a management team. It has clear working policies, procedures, and strategies for providing day-to-day healthcare services to patients. It provides its medical services within its own hospital at no cost to patients. The hospital reports a high healing success rate.

Cure Children Ethiopia Hospital provides a holistic care for patients with disabilities, a care that includes the physical, psychological, social, emotional and the spiritual aspect of one's wellbeing as the WHO defines what a health means. It also provides comprehensive treatment for its patients based on their deformity and needs; it is basically an orthopedic and reconstructive surgical hospital, and beyond doing surgery, it has a number of departments supporting with the healing of the patient, those include the physical therapy department, the workshop unit which makes a huge contribution to patients' extremity healing.

The workshop unit of CCEH makes a lot of orthotics or body support materials and crutches for better ambulation after surgery. It also has a counseling department that

contributes to the healing of patients', parents' or caregivers' psychological traumas related to the patient's condition and helps children start or get back to school with better confidence. The hospital has a dependable capacity to address children with health challenges as depicted above.

CCEH makes efforts to equip some staff to familiarize them with and acquire knowledge and skills with new medical technologies and facilities. It clearly states in its five-year strategy that it focuses on strategic areas, including attracting, developing, and retaining competent staff, and aspires to become the leading center of excellence in training and research in pediatric orthopedics in Ethiopia. It also runs mobile clinics designed to strengthen partner hospitals' health systems by building the capacity of local orthopedic surgeons in their own facilities and setups to provide pediatric orthopedic services.

The hospital's employee manual states the basic personnel standards and provisions. It also provides stipulations for the provision of internal and external training for employees, and the provision of facilitation of working visits for senior management officials at any time as the need arises. However, it does not clearly stipulate the types and modes of career development schemes in detail. Some female nurses have indicated that they got licensed. Very few others got training opportunities on new technology, knowledge, and skill transfers. However, the number of female nurses who got career development opportunities and the frequency of the training provision are very few. In other words, not so many female nurses have had the career development opportunity.

It is clear that CCEH has the responsibility to realize its five-year strategy towards addressing the career needs of all its female nurses and ensure its goal of attracting, developing, and retaining competent staff. It also needs to make sure that department heads and immediate supervisors make the working environment and duty schedules as convenient and less burdensome for female nurses as possible to help them take ample time to think of their own personal career development.

Key leadership, like Leader Four, believes that the hospital should not be limited to providing internal training but also work on providing external learning opportunities for female nurses. The hospital needs to pursue its long-term plan, which includes funding for nurses to go out and get specialty nursing degree programs.

Though, CCEH plays critical role in female development's career development endeavor, the nurses themselves have the responsibility to have a clear picture of the hospital's career development strategies, operational plans, standards articulated in the hospital's documents. They need to have also their own personal goals and career development plans. They need to also feel confident in their career and develop the attitude that their career is very important and hence strive to develop their own career. They also need to be convinced that they are responsible for their own development.

CCEH leadership believes career growth and development plans are outlined in its strategy but there are no clear practices that convince nurses that there are such plans. Though the hospital claims that it promotes impartiality and equal care for all its employees, female nurses complain that they are not well treated in terms of their career advancement and growth. Putting issues of impartiality, fairness, equality, giving equal worth to everyone regardless of gender, religion, or economic status, in written form is a necessary condition for employees to learn about their privileges, but it is not a sufficient condition as long as it is translated into the lives of the employees.

The researcher's intention in carrying out this study is to find out the experiences of female CCEH nurses regarding the career development opportunities they received and how these opportunities have contributed to their career growth or advancement. Their experience indicated that they have stayed longer in a given nursing post without getting any career advancement.

CHAPTER FIVE
SUMMARY, CONCLUSION AND RECOMMEDNATION

5.1. Summary

The study has attempted to explore female nurses' experiences regarding the level of attention given to them by the Cure Children's Ethiopia Hospital in terms of their career development and how this contributes to their career advancement.

A qualitative exploratory approach was employed in the study. In-depth interviews and focus group discussions were conducted with female nurses of the Cure Children Ethiopia Hospital, who were the focus of the study. Key informant interviews were also used to collect information from four key leaders of the hospital. Other similar research works and theoretical frameworks that support the subject under study have also been reviewed and examined in light of the essence and objectives of the study. The pieces of information gathered were thoroughly discussed, and the following major findings were made.

The study attempted to explore the challenges female nurses encounter in their efforts to grow and develop their careers in the hospital. It also aimed at understanding the nurses' attitudes and perceptions about their experiences in line with the hospital's career growth and development opportunities and practices, explaining and drawing meanings from their experiences.

An attempt was made to examine theoretical views regarding the roles and contributions of female nurses in the healthcare industry, factors affecting female health professionals' motivation and job satisfaction, issues related to organizational career growth and development programs, and factors that impede nurses' efforts to grow and develop in their Careers.

A review of relevant literature indicated that career development is an institutional priority of healthcare organizations. Healthcare institutions like hospitals play key roles in developing the careers of female nurses by setting clear standards and guidelines that contribute to their advancement and institutional success. Well-planned learning experiences, on-the-job learning, practices, and stretched assignments help them develop their competencies to achieve healthcare goals.

The views of the participants were also discussed and presented in this study. The following are summaries of the findings:

A brief review of the hospital's employee manual indicates that the manual fairly addresses matters about employment and employees of the hospital and provides relevant personnel and management matters. However, it fails to provide detailed standards and directions about areas like the provision for career development planning for nurses, the responsibilities of both the individual female nurses and the leadership in providing career development opportunities for nurses and other staff.

The participant nurses indicated that there is no specific policy that clearly outlines the career growth and development opportunities for nurses in general and female nurses specifically. But the hospital's governance policy indicates that there are strategic directions to help all employees develop their careers. There are also instances where a few nurses got opportunities to train on the knowledge and skills of new medical technologies. Participant nurses indicated that the hospital has a very limited number of career opportunities. Some of the leaders indicated that more work needs to be done in the area of designing and planning external learning opportunities for female nurses.

The participant female nurses perceived that they aspire to develop themselves but due to the very busy nature of their duties, they are rarely encouraged to attempt to pursue their career development. Nurses are overburdened by their clinical and domestic responsibilities and hence can hardly plan and pursue career opportunities.

The participants feel their needs are not advocated for by even female leadership and feel they are ignored in a number of areas, and most importantly, in their desire to grow and develop their careers. The failure of the hospital to take the expected measures to develop the careers of the female nurses not only significantly contributes to their demotivation, disengagement, and poor productivity, but also decreases their desire to develop their careers and contribute to their level best.

The participants perceive that female nurses are seen as better at caring for patients and hence need to spend more time at the bedside than their male counterparts. They perceive this as a limiting factor in their endeavor to pursue their career development. They feel that their employer is more interested in external candidates, considering new possibilities for growth, than in them. They also indicated that they are susceptible to inequality compared to other professionals and that this is more serious for female nurses.

The study participants perceive that some of the hospital's leadership and even some heads assume female nurses do not need to advance in their careers, but just keep taking care of patients.

Some of the nurses complain that nurses are seldom recognized and rewarded for the job they have done. The participants feel that a significant portion of the responsibilities of hospital leadership is to make sure career growth goals are planned and implemented accordingly.

The hospital's key leaders indicated that the hospital is gender-sensitive and has clearly stipulated career progression policies in its strategic manual, and that the policy encourages the professional growth of nurses. Human Resources function believes career development plans are outlined in its strategy, but no clear practices convince nurses that such plans exist. Though HR claims the hospital promotes impartiality and equal care for all its employees, female nurses complain that they are not well treated in terms of their career advancement and growth.

The participant nurses indicated that the hospital needs to open a gender office and/or a gender representative who would consistently advocate for the needs of female nurses. Many of the participant nurses feel that their career growth and development needs are underestimated, which calls for the attention of the hospital's leadership.

5.2. Conclusion

This study aimed at exploring the experiences of female nurses in relation to their career development and looking into possible impeding factors to this effort in the case of Cure Ethiopia Children's Hospital. It attempted to examine the individual, job-related, family and social-related, and organizational factors that influence female nurses' efforts in career development in a hospital setting like CCEH.

The findings of this study show that female nurses are qualified people who contribute to the care and safety of patients and greatly contribute to the wellbeing of the same. A number of research works indicate that career growth and development needs of female nurses are downplayed and are paid insignificant attention. The failure in designing and planning effective learning and growth models for female nurses, the heavy responsibilities put on female nurses in patient caring, and the gender disparities impeded on female nurses all contribute to female nurses' demotivation, less engagement, and poor productivity. This needs intentional effort on the part of healthcare leadership.

Female nurses at Cure Ethiopia Children's Hospital indicated their perception that their employer is a competent child orthopedic hospital. They have also testified that the hospital gives due care and attention to the needs of child patients and makes efforts to ensure that the best care and support are provided to children attending the hospital. They also felt that this healthcare institution has clear policies and procedures on many aspects of employees' work and relations. However, they felt that the hospital needs to go a long way to ensure its female nurses' career growth and development are addressed adequately.

The study has also indicated that the responsibility of female nurses' career development is a concerted effort of the nurses and the healthcare institution. Female nurses need to set their own personal career development goals, plan the development initiatives, and pursue the plan. The hospital needs to provide a friendly working environment for nurses to make their career development easier. The hospital needs to understand the family and social burdens of the female nurses and remove job-related obstacles that hinder their career development.

5.3. Recommendations

1. Healthcare senior leadership needs to cast vision and model the way for female nurses' career growth and development.
2. It is recommended that the healthcare institution design learning models that include content, practices, and stretched assignments to encourage female nurses to plan and pursue their individual personal development efforts. In line with this, it is recommended that the institution strengthen its learning management system.
3. The hospital's talent management system needs to be reviewed and aligned with the needs of female nurses' career advancement and growth. Clear development designs and strategic goals that address the needs of female nurses are recommended to be developed and continuously communicated to nurses, and the implementations of development goals are consistently monitored and evaluated.
4. Female nurses need to familiarize themselves with the healthcare policies and practices. In connection with this, Human Resources is recommended to provide adequate socialization of employee-related documents.
5. It is recommended for female nurses to set their own personal career development goals and pursue them. In line with this, they are recommended to seek leadership support.
6. It is recommended that healthcare institutions in which female nurses discharge responsibilities ensure that the working environment and duty schedules are as convenient and less burdensome for female nurses as possible to help them invest in their own personal career development.
7. Healthcare institutions are recommended to diversify their career development programs, including internal and external development opportunities.
8. It is recommended for hospitals to plan for and provide more and more career development opportunities for female nurses to help them feel they are cared for, and no impartiality is imposed on them.
9. Hospitals are recommended to design clear reward and recognition schemes that promote female nurses' contribution. In this case. It is recommended that the hospital's leadership review its staffing and promotion model, in which female nurses are encouraged to get internal growth opportunities.

Reference

Abdellah, F. G. (1960). Patient-centered approaches to nursing. New York: Macmillan

Abdurkie defa, 2021. Assessment of nurses' attitudes toward nursing profession and associated factors in Addis Ababa public hospitals, Ethiopia, : Journal of Marriage and the family, 59,655-699.

Amsale Cherie, Ato Hussen Mekonen, and Tsehay Shimelse (2006). Introduction to Professional Nursing and Ethics. Published by AAU, in collaboration with the Ethiopia Public Health Training Initiative, The Carter Center, the Ethiopia Ministry of Health, and the Ethiopia Ministry of Education

Boundless (2016). The feminist perspective. Retrieved from https://ddl-resources.s3-ap-southeast-1amazonaws.com/resources/boundless-sociology.pdf

Braer, R.B., Flexer, R.W., Luft, P., & Simmons, T.J. (2008). Transition planning for secondary students with disabilities. New Jersey: Pearson Education Inc.

Brink, H, Walt, CVD and Rensburg, GV. 2018. Fundamentals of research methodology for healthcare professionals. 4th e dition. South Africa: Juta.

Burke, R. and McKeen, C. (1994). ``Effect of employment gaps on satisfactions and career prospects of managerial and professional women", International Journal of Career Management, Vol. 6 No. 4, pp. 52-66.

Centers for Disease Control and Prevention, CDC (2018). Data Collection Methods for Program Evaluation: Observation. US Department of Health and Human Service. No. 16 | updated August 2018.

Grove, KS, Gray, JR, and Burns, N. 2015. Understanding NursingRresearch: Building an Evidence-based practice. 6th edition. China: Elsevier

Carolyn Boyce and Palena Neale (2006). Conducting In-Depth Interviews: A Guide for Designing and Conducting In-Depth Interviews for Evaluation Input

CCHE Personnel Manual (2023)

Chartman, J. A., & Berdahi, J. C. (2008). cherry, K. (9/2020). Gender schema Theory and roles in culture.

Cole, G. A., & Kelly, P. (2011). Management Theory and Practice (7th ed.). Hampshire, UK: South-Western Cengage Learning

Cross, Christine. "Barriers to the executive suite: Evidence from Ireland." Leadership & Organisation Development Journal 31, no. 2 (2010): 104-119.

Croswells., J. (2008). Research design Qualitative, quantitative & Shin, Young Hae, and Seung Cheon Bang . What are the top factors that prohibit women from advancing into leadership positions at the same rate as men? Cornell University, ILR School Site, 2013

Cure International Hospitals, Inc. (2023). Governance Policy: CE/30 Version No. 3 (2023).

Daves, J. L.: Family-Friendly/Work-Life Balance Policies: Employee Preferences, Supervisor and Organizational Support, and Retention Outcomes, Doctor Of Education, Peabody College Of Vanderbilt University. (2004).

Drach-Zahavy, A. and Somec, A.: Coping with Work-Family Conflict: Integrating Individual and Organizational Perspectives, Korabik, K., Lero, D.S. and Whitehead, D.S. Handbook of Work-Family Integration, Elsevier Science & Technology, UK (2008)

Dickerson, A. T. (2000). Self- limiting behaviour in women self- esteem and self-efficacy as predictors. Group & organization Management.

Eagly, A. a. (2002). role congruity theory of prejudice toward female leaders. Psychol. rev.

Eagly, A. w., & Diekman, A. E. (2000). "Social role theory of sex differences and similarities: a current appraisal" in the developmental social psychology of gender.

Elsevier. Bowen, G. A. (2009). Document analysis as a qualitative research method. Qualitative Research Journal, 9(2), 27-40. doi:10.3316/QRJ0902027 mixed methods approaches.

Federal Democratic Republic of Ethiopia Ministry of Health (FMoH 2016). National Human Resources for health strategic plan 2016- 2025, Addis Ababa, September 2016. Policy document.

Federal Democratic Republic of Ethiopia Ministry of Health (2010). Health Sector Development Program IV 2010/11 – 2014/15

Federal Democratic Republic of Ethiopia Ministry of Health (2016). National Human Resources for Health Strategic Plan for Ethiopia, 2016-2025.

Federal Democratic Republic of Ethiopia Ministry of Health (2021). Health Sector Transformation Plan II HSTP II 2020/21-2024/25

FAO. (n.d.). Gender Perspective. Retrieved from https://www.fao.org/3/x2919e/x2919e04.htm

Fatima, F. (2017). Investigating the predecessors and consequences of career development program: empirical evidence from Omani and Emirati employees. Ahead International Journal of Recent Research Review, 1(11), 28–34.

Gardiner, M. T. (1999). Gender differences in leadership style, job stress and mental halth in male and female dominated industries.

Getachew Lenko Yimmam (2018). Gender Disparity in Healthcare Leadership in Southern Ethiopia, Thesis for the Doctor of Literature Philosophy, South Africa.

Giorgis, B. (2017). Creating conditions to allow women to move into healthcare leadership. Management Science for Health. Policy Paper. Government Printer, USA.

Gray, JR, Grove, SK and Sutherland, S. 2017. The practice of nursing research: Appraisal, synthesis, and generation of evidence. 8th edition. China

Gottfredson, L. S. (1981), "Circumscription and compromise: A developmental theory of occupational aspirations", Journal of Counseling Psychology, 28(6), 545–579

Gottfredson, L. S. (1996), "Gottfredson's theory of circumscription and compromise", In D. Brown & L. Brooks (Eds.), Career choice and development: Applying contemporary approaches to practice, 3rd ed., 179–232, CA: JosseyBass, San Francisco.

Gottfredson, L. S. (2002), "Gottfredson's theory of circumscription, compromise, and self-creation", In D. Brown & Associate (Eds.), Career choice and development, 4th ed., pp. 85–148, CA: Jossey-Bass. San Francisco

Gottfredson, L. S. (2005), "Applying Gottfredson's theory of circumscription and compromise in career guidance and counseling", In S. D. Brown & R. T. Lent (Eds.), Career development and counseling: Putting theory and research to work, pp. 71–100, NJ: Wiley, Hoboken

Guy, M.E. (2003). Three steps forward, two steps backward: The status of women's integration into public management. Public Administration Review 53, 4: 285–292.

Henderson, V. (1966). The Nature of a Science of Nursing. New York: Macmillan.

Heilman, M. (1983). Sex bias in work settings: The lack of fit model. Research in organizatinal behavior.

Helina Tadesse (2020). Factors Affecting Career Development of Nurse Professional Mothers Working at Selected Hospitals Under Addis Ababa Health Bureau. A Thesis submitted to St. Marry University, School of Graduate Studies in partial fulfilment of the requirement for the degree of Master of Business Administration

Herzberg, Frederick; Mausner, Bernard; Snyderman, Barbara B. (1959). The Motivation to Work (2nd ed.). New York: John Wiley.

Hillsadale, N. E. (1987). sex differences in social behaviour: A social role interpretation.

Hirsh, Wendy (2009). Paper on "Career Development in Employing Organizations: Practices and Challenges from a UK Perspective". Institute for Employment Studies, Brighton, UK and National Institute for Careers Education and Counselling, Cambridge, UK

Holland, J. L. (1959), "A theory of vocational choice", Journal of Counseling Psychology, 6(1), 35-45

Javadi, D, Vega, J, Etienne, C, Wandira, S, Doyle, Y and Nishtar, S. 2016. Women Who Lead: Successes and Challenges of Five Health Leaders. Journal of Health System and Reform 2(3):.229- 240.

Jayachandran, S. 2015. The Roots of Gender Inequality in Developing Countries. Journal of Annual Review of Economics (7) 63-88. India.

Jeanette N. Cleaveland, M. S., & kevin R. Murphy. Brabara A. Gutek, J. N. (2000). Measurement of human service staff satisfaction: Development of the job satisfaction. Spector, P.E. American journal of community Psychoogy, Women and men in organizations sex and gender issues at work.

Kolcaba, K. Y. (1992). Holistic comfort: Operationalizing the construct as a nurse-sensitive outcome. Advances in Nursing Science, 1, 1–10.

Krishna Kumar (1989). Conducting Key Informant Interviews in Developing Countries. A.I.D. Program Design and Evaluation Methodology Report, No. 13.

Krumboltz, J. D. (1994), "Improving career development theory from a social learning perspective", In M. L. Savickas, & R. W. Lent (Eds.), Convergence in career development theories: Implications for science and practice, pp. 9- 32, Palo Alto, CA: CPP Books.

Lipsa Jena and Umakanta Nayak (2020). Theories of Career Development: An analysis. Vol.10 / Issue 60 / June / 2020

Lokanath Mishra (2016). Focus Group Discussion in Qualitative Research. TechnoLEARN Vol. 6: No. 1: p. 1-5, June 2016.

Lorraine G. Continuing Education in Nursing: A concept analysis. Nurse Education Today, 2007, 27, 466–473 doi:10.1016/j.nedt.2006.08.007

Mbugua, W. (2007). An investigation of factors influencing women progression to leadership positions in Kenya: a case study of four selected institutions. Kenyatta University.

Muchelule Yusuf (2019). Career-Growth-vs-Career-Development.

Newman, P. 2015. National Health System's Women in Leadership. Plan for action. NHS Confederation. London

Nebiat Negussie (2010). An Analysis of Factors affecting Performance of Nurses in Public Hospitals and Health Centers in Addis Ababa.

Njiru, F. (2013). “Factors affecting Career Progression of Women in the Corporate Sector: A Case Study of Standard Chartered Bank in Nairobi”, Master Dissertation, University of Nairobi.

Ontario, C. (2018). Practice Guideline RN and RPN Practice : The Client , the Nurse and the Environment.

Preeti Sharma (2016), Theories of Career Development: Educational and Counseling Implications, International Journal of Indian Psychology, Volume 3, Issue 4, No. 63, ISSN 2348-5396 (e), ISSN: 2349-3429 (p), DIP: 18.01.116/20160304, ISBN: 978-1-365-32518-2

Quick, J. C., & Nelson, D.L. (2013).Principles of Organizational Behavior: Realities and Challenges (8th ed.). South-Western Cengage Learning.

RanaReda Mohammed, Eglal Ahmed Abdel Wahab, Rasha Ibrahim El-Sayed (2020). Factors Influencing Career Development among Nursing Staff at Port-Said Governmental Hospitals. Port Said Scientific Journal of Nursing Vol.7, No. 1, June 2020

Raw, A. O. (1972). sex, gender and society. San francisco . Vukoicik, J. (2017). Radical feminism as a discourse in the theory of conflict.

Regional Health Bureau (2017). Health Workers Profile. Annual Review Meeting Report. Southern Ethiopia. Hawassa

Risse. L. (2020). Leaning in: Is higher confidence the key to women's career advancement? Australian Journal of Labour Economics, 23(1), 43-77.

Rock Health Report 2017. Gender Gap in Healthcare Leadership Roles. White paper. Rock Health State of Women in Healthcare Survey. USA

SafeCare Healthcare Standards (2023). https://www.safe-care.org/who-we-are/

Samuel Tieku Gyansah and Helen Kiende Guantai (2018). Career Development in Organizations: Placing the Organization and the Employee on the Same Pedestal to Enhance Maximum Productivity. European Journal of Business and Management. Vol.10, No.14, 2018.

Song EJ, Kim BY. Factors influencing professionalism of nurses in community based non-life insurance company in South Korea. Indian J Public Heal Res Dev. 2019;10(10):1225–30.

Watson, J. (1979). Nursing the philosophy and science of caring. Boston: Little, Brown.

Weinert, A. B. (2001). Psychology of career development. International Encyclopaedia of the Social & Behavioural Sciences, Elsevier Science, 1471-1476.

Williams DR, et al (2021). National Academies of Sciences, Engineering, and Medicine; National Ac; ademy of Medicine; Committee on the Future of Nursing 2020–2030 The Future of Nursing 2020-2030: Charting a Path to Achieve Health Equity; National Library of Medicine.

Wyman, O. 2019. Women in Healthcare Leadership. Marsh and McLennan Companies, Oliver Wyman Health innovation Centre.

YekinniOjo, Bello, Bello Mercy Busayo, and Adeyemi Feyisade Charles. "Modelling the relationship between micro and macro factors and women career development in hotel industry." International Journal of Business and Management Invention 6, no. 9 (2017): 20-29.

Steele, J. R., & Brown, J. D. (1995): Adolescent room culture: Studying media in the context of everyday life. Journal of Youth and Adolescence, 24, 551–576.

https://womeningh.org/wp-content/uploads/2023/03/The-State-of-Women-and-Leadership-in-Global-Health.pdf retrieved in April 6, 2023

Appendices

Appendix 1: Research Questions

The research will try to answer the following questions related to the challenges of gender role expectations and factors affecting female nurse career progression in the Case of Cure Ethiopia Children's Hospital.

1. How do individual, family, job-related, and organizational factors influence female nurses' career development?
2. What set of career development opportunities are there for female nurses in the hospital?
3. What are the experiences of female nurses towards the career development program/package provided by the hospital?
4. How do female nurses' career development efforts contribute to their career advancement?

Appendix 2 Key informant interview questions

This key informant interview is intended to seek information from four key leaders of the hospital about the organizational beliefs, culture and practices in relation to the career progression of female nurses. In line with this, the researcher will attempt to discuss the availability of policies, practices, and procedures on female nurses' career progression. It is believed that this process will assist in finding out the presence of gender-related standards and practices in relation with female nurses' career progression.

1. What is your current role in the hospital?
2. How familiar are you with the hospital's policies and procedures?
3. What female-career progression related standards are included in the hospital's administrative manuals?
4. Would you describe how the hospital's administrative documents address gender equality?
5. How sensitive are these hospital's administrative documents to gender career progression?
6. Please describe the organizational beliefs and culture in relation to career progression.

7. Does the organization have a gender office or a gender-focal person? If yes, what are its specific roles and responsibilities? If the answer is no, what do you recommend?
8. How do you measure the level of gender responsiveness by the hospital?
9. Does the hospital have a formal document for nurses' career progression ladder?
10. What does the hospital specifically do for women nurses to help them grow in their career progression?
11. In general, do you believe the organization will benefit from gender-based analysis?

Appendix 3: In-depth interview questions.

The in-depth interview questions below are intended to obtain information from female nurses who work in various capacities at Cure Ethiopia Children's Hospital. It is aimed to explore the possible factors that affect the career progression of the female nurses. The nurses will be asked about their experience of career progression, whether they have noticed any gender role stereotyping through their work experience, and if there are any issues of gender inequality. They will also be asked if they are satisfied with the job they are responsible currently.

1. What is your current position in the hospital
2. How long have you served in the hospital?
3. How long have you served in your current role?
4. How satisfied are you with your current role?
5. Do you think there is a gender stereotype or bias in the hospital? If there is any, how does it affect your career progression? How is it manifested?
6. What challenges have you encountered during your career? These challenges may include those you faced while you carry out your duties as a team, with your immediate supervisor, etc.
7. Have you encountered a gender bias that affected your career progression efforts?
8. Do you believe the hospital has a clearly defined career progression ladder? If your answer is no, how do you think that affects the success of female nurses' career progression efforts? If yes, what measures/steps has the hospital taken so far to support your career progression?
9. Are you aware of the hospital's policies, procedures, guides, and practices? And do you believe they have incorporated a gender perspective?

10. What do you recommend for the hospital to improve its career progression effort for female nurses?
11. What career progression aspects are missing in the organizational administrative manual? What needs to be included?

Appendix 4: Focus Group Discussions (FGD)

The purpose of the focus Group Discussion (FGD) is to help select nurses to get more views on the practices of career growth and development opportunities for female nurses. The discussion questions include the following:

1. Is there any positive or adverse influence in the carrier progression efforts for female nurses in the hospital that differs from the male nurses to consider as job progression obstacles?
2. What gender-blind decision-making process have you encountered during your stay in the hospital?
3. Do you believe Cure Ethiopia Children's Hospital's Human Resource personnel manual and other policies are formulated based on gender perspective?
4. Are you aware of the hospital's policies and procedures? If yes what is your perception about it based on the gender perspective?

Appendix 5: Observation

The purpose of using observation method is to obtain information on female nurses' attitudes and opinions towards the working environment and the volume of work they carry out, and how these situations influence their endeavor to pursue their career development efforts.

1. Watch in what working environment female nurses carry out their duties within the hospital.
2. Observe the attitudes of female nurses towards the values given to their contribution and understand their experiences in line with how this affects their endeavor for career advancement.

DECLARATION

This thesis is my original work, has not been presented for a degree in any other university and that all sources of materials used for the thesis have been appropriately acknowledged.

Name_____

Signature_____

Date_____

This thesis has been submitted for examination with my approval as university advisor.

Name_____

Signature_____

Date_____