

Career Plateau, Self-efficacy and Job Embeddedness as Perceived by Staff Nurses

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Abstract In this era of globalization, career plateau is considered one of the contributing factors that affects both the organization's and nurse's self-efficacy and job embedded, particularly through hurriedly spreading of downsizing and layoffs which characterizes today's worldwide work, so it is important for the organizations and managers to be aware of career plateauing or leveling off in a career path to manage it effectively, in order to enhance the organizational competitiveness. **Aim:** The present study aimed to explore the relationship between career plateau, self-efficacy and job embeddedness as perceived by staff nurses. **Research Design:** A descriptive correlational design was utilized. **Study Setting:** The study was conducted in all critical care units and general medical and surgical units at Benha University Hospital. **The study sample was:** A convenience sample of Bachelor nursing graduates 164 who are working staff nurses in the above mentioned study setting. **Tools of data collection:** Four tools were used: (1) the personal and job characteristics of nurses, (2) Career Plateau Scale, (3) The General Self-Efficacy Scale (GSE), and (4) Job Embeddedness Scale. **The result:** The findings of this study showed that the majority (89.0%) of staff nurses high perceived career plateau. Also, about half (48.8%) of studied staff nurses' perceived their self-efficacy as moderate and the majority (89.6%) of staff nurses not embedded in their job. **Conclusion:** The study concluded that there was a negative highly statistical significant correlation between perceived career plateau, self-efficacy and job embeddedness. Otherwise, there was a positive highly statistical significant correlation between self-efficacy and job embeddedness among studied staff nurses. **Recommendation:** It recommended that, hospital administration should conduct induction courses for new nurses and introducing them to the nature and potential of temporary jobs to align their behavior, rights, and values with the hospital values, goals, and objectives. Also, it should make efforts to ensure that staff expectations are realistic throughout their career to avoid unfavorable job attitudes.

Keywords: career plateau, self-efficacy and work embeddedness, and staff nurses

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1. Introduction

Our world is the world of organizations and people are considered as the main driver of the wheel, who give spirits to the organizations and accomplish the goals. Without human resources the organizations are meaningless and management becomes a fictitious issue [1]. Career plateau is a trap on the way of the organization staff. 99% of the staff during their working lives is engaged with the phenomenon of career plateau [2].

Career plateauing in literature has not received much attention, even when employees retain their positions for a longer period with little prospect of advancing or increasing work responsibilities. Since that the phenomenon of career plateau remained a central issue for any organization. Career plateau is a period in a profession where the chance

of further upward movement/endorsement is considerably low when there are no chances of promotion or motivation the end result is career plateau [3].

By definition, a career plateau represents a point in the employee's career where the possibility of vertical upgrade within the formal hierarchy becomes very low or completely absent. Also career plateau is defined as the feeling of frustration and psychological feebleness that staff experience as a result of a halt in advancement in their careers [4]. The halt may be permanent and impermanent, but still causing frustration, discontinuation in the career success which causes irritation and psychological anxiety and low self-efficacy. When confronting someone on career plateau, professional managers should determine the side growth opportunities available to the staff involved. After that, the manager needs to identify and present acceptable options to keep trapped staff engaged and interested participants [3].

Bardwick (1986), defined two types of career plateauing; structural (hierarchical) plateau and content (job content) plateau. A Hierarchical plateauing is defined as a point in one's career at which the individual perceives little opportunity for more vertical movement within the organization. Although the job content plateauing occurs when staffs are not challenged because of their job or job responsibilities and there is a general recession in the job itself [5].

There are several factors that lead to career plateauing of staff namely: individual, family and institutional. Individual factors range from age, tenure, locus control, educational level, lack of skills and ambition. Family factors range from family satisfaction, scale, load and partner's type of work. Another set of factors involves structural characteristics and career path [6]. Additionally, there are different reasons for reaching the plateau stage. The causes might differ from person to person. They might be external or internal factors. Internal factors as lack of skills and interest to develop the professional skills are foremost internal factors for career plateau. External factors include the seniority level of the employee, size, type and location of the institution [7].

Nowadays, employees reach the plateau at the beginning of their careers compared to their predecessors. It is important that organizations and individuals prepare to successfully deal with this phenomenon, especially when noticing signs of an impending plateau. The risk of a plateau is lower if organizations accept responsibility for staff development and if staffs are willing to invest time in the development [6].

Dealing with the career plateauing has now become a serious issue for both plateaued staff and human resources practitioners. Career plateau is a point in a person's career life where the probability of promotion is low [5]. Therefore, employees may reach the job plateau when they do not face their current jobs, feel that their work has become routine and boring and that perceiving the job plateau is related to negative individual and institutional outcomes including job dissatisfaction, emotional exhaustion, work stress, decreased affective commitment and self-efficacy which impeded career development, turnover and early retirement intentions [8].

Self-efficacy is a personality trait and a controlling mechanism which plays significant roles in dealing with daily tasks and achieving goals. As the ability of an individual to successfully perform his/her tasks, self-efficacy allows nurses to establish meaningful relationships at work and promotes their commitment to their organizations [9].

Additionally, self-efficacy as a specific and dynamic behavior identifies individuals' perceptions of their abilities in a particular environment. Individuals who have sufficient self-esteem are more likely to be able to meet the needs of specific situations than those who are not sufficient, for this reason, self-efficacy is important in the clinical setting; self-efficacy in clinical practice means judgment about the ability to manage care independently [10].

Self-efficacy is the belief in an individual's ability to take actions to manage a situation in the future; increasing self-efficacy may foster independence and confidence. Efficacy is vital for clinical nurses, in which nurses with

low self-efficacy will do nothing for their patients. General self-efficacy, understood as visualizing competence in solving stressful situations [11]. General self-efficacy as one's overall confidence in the ability to be succeeds. Task-specific self-efficacy, also known as situational self-efficacy, refers to the overall confidence level in performing a particular task or behavior [12].

Perception of efficacy affects people's thoughts (self-stimulating and self-devaluing), the degree of optimism or pessimism, the courses of action they choose to accomplish goals, their commitment to these goals, and the effort they make to attain them. Accordingly, it can be considered as a basis for human motivation, well-being, and the goal achievement [13].

The four main sources of self-efficacy that affects human functioning are enactive mastery experience (actual performance), vicarious experiences (observation of others), forms of persuasion (both verbal and non-verbal), and physiological and emotional arousal (factors that influence readiness for learning) it is through these four main sources that one's beliefs about self-efficacy can be strengthened or weakened [14].

The perception of each person's effectiveness in the workplace can affect his job embeddedness. Hence, if health workers have a high self-efficacy to provide services, they are expected to be more likely to achieve the desired outcomes, self-efficacy with clinical skills is enough for a nurse to be more effective in dealing with obstacles and problems. For this reason, paying attention to the problem of self-efficacy in employee performance requires identifying its predictive factors [15].

In all organizations, retention of employees is compulsory for their survival. It is also necessary to achieve main goals. Organizations have a goal to keep their staff. Despite all the efforts made by the organizations, the volunteer turnover rate has been slow. Organizations try their best to retain their workforce. Organizations that can keep employees have a competitive advantage. Organizations that cannot retain employees must face their downfall [16].

These days, researchers in management, psychology and different social sciences interested in knowing the factors that make an employee engaged on job. This phenomenon is called a job embeddedness. It is a more modern construct. This most recent construct of job embeddedness came in educational field from organizational and management psychology [17].

Job embeddedness is defined as an abroad of psychological, social, and financial affects abroad on employee retention. These effects exist on the job, as well as outside the employee's immediate work environment, and are often likened to strings in a "web" or "network" in which a person can become "stuck". Individuals with a greater number of branches become more involved in the Internet, and have a greater difficulty leaving their job. Job embeddedness includes three dimensions: links, fit, and sacrifice [18].

Moreover, "job embeddedness" can generally be defined as a link between the employees and their organization and community that makes them retain in the institution and determines the extent to which people relate to people in the job or their community; how well they match or match their job and community; and the

ease with which they will have to give up or sacrifice it if they quit their job. Therefore, the process of job embeddedness includes three dimensions: “fit” with the job, organization and community; “links” with other people, teams, groups and the “sacrifice” related to job change [19].

If the hospital administration creates an environment in which employees can obtain support from coworkers and supervisors, the staff meets similarly through very job embeddedness into the organization [20]. Social support for work can generate nurses’ perceptions of job embeddedness. Employees who can get support from coworkers and supervisors are more involved in their jobs. This support can be in the form of attention and consideration received by coworkers and supervisors [21].

When creating an alternative model to explain why employees retain and be embedded in a job, researchers propose that many who leave the job are often dissatisfied with their jobs, not looking for a replacement job before they leave, have low self-efficacy and quit from the work, due to some sudden off-the-job event. Job embeddedness anticipated intent to leave and actual turnover, and was a better indication of voluntary turnover than job satisfaction, organizational commitment, and alternatives to seeking employment [22].

1.1. Significance of the Study

Nowadays, due to volatile organizational structures, an unstable economic environment, and a downsizing policy, more employees work in the same position and job for an extended period of time, after having lateral and higher upward movement, and careers represent a moratorium on promotion of employees. The scientists describe that these employees are subject to a career plateau [23].

Moreover, career plateau reflects obstacles to promotion and is not a challenge to the job content. Employee remains in the same position in a longer period, so the employee will feel bored of his job. In addition, the plateaued employees have become less optimistic, very nervous and highly stressed. Therefore, career plateau was used as an antecedent for unwanted work outcomes, such as low job satisfaction, low career motivation, low self-efficacy, high turnover intentions, and low work embeddedness [8, 24].

Also, job embeddedness is an aspect of personnel motivation for their career life. If people who have great embeddedness at work, they will express a great incentive to overcome difficulties in the workplace. In essence, high motivation explored the concept of self-efficacy. Self-efficacy is associated with personal performance. It conveys the foundation for human motivation, well-being, personal confidence, achievement and a sense of accomplishment [25,26].

Additionally, when researcher contact with staff nurses in different clinical setting during practical training of students noted that they don’t have sufficient self-efficacy at work due to represent cessation of promotion (career plateau) at work that increase turnover intention and decrease job embeddedness. So, this study was carried out to explore the relationship among career plateau, self-efficacy and job embeddedness as perceived by staff nurses’ at Benha University Hospital.

1.2. Aim of the Study

The present study aimed to explore the relationship between career plateau, self-efficacy and job embeddedness as perceived by staff nurses.

1.3. Research Questions

To fulfill the aim of the study the following questions was formulated to guide the research study:

1. What are the levels of career plateau as perceived by staff nurses'?
2. What are the levels of self-efficacy among staff nurses'?
3. What are the degrees of job embeddedness among staff nurses'?
4. Is there a relationship between career plateau, self-efficacy and job embeddedness?

2. Subjects and Method

2.1. Research Design

Descriptive correlational design utilized for achieving the aim of this study.

2.2. Study Setting

The study was carried out in all Critical Care units, general Medical and Surgical units at Benha University Hospital, Qaliobia Governorate, Egypt. Critical Care Units contain 11 units divided into; General Intensive Care Unit (ICU) (1unit), Medium ICU(1unit), Emergency ICU(1 unit), Hepatic ICU(1unit), Coronary Care Unit (CCU) (1unit),Chest ICU(1unit), Chest and Heart ICU(1 unit), Pediatric ICU (1unit), Dialysis ICU (2units) and Psychiatric ICU (1unit). General medical units contain (6units) and general surgical units contain (4units).

2.3. Subjects

2.3.1. Subject Size

A convenient sample of Bachelor nursing graduates and working staff nurses 164 distributed as the following; Critical care units 103, general medical units 34, and general surgical units 27 staff nurses who employed in the above mentioned study setting and had at least two years of job experience, available at the time of study, and agree to participate after clarification of purpose of the study.

2.3.2. Study Variables

- Independent variable: Career plateau
- Dependent variable: Self-efficacy and job embeddedness.

2.4. Tools of Data Collection

Four tools were used to collect the data of this study:-

2.4.1. Personal and Job Characteristics of Nurses

It included items as; age, sex, marital status, level of educational levels, and years of experience.

2.4.2. Career Plateau Scale

It was developed by Bardwick [27]. It was used to indicate the extent to which staff nurses' experience feelings and perception regarding career plateau. It contains 20 items divided into two types/ domains; Structural / Hierarchical "9 items" and Job content "11 items".

Scoring System: The studied staff nurses' were rated on a four-point Likert scale ranging from 1 (no extent) to 4 (very great extent) which converted into three points for the purpose of presentation of each item; Nurses' response of each item was scored as follow; agree (3 point), neutral which meaning cannot respond or determined (2 point), and disagree (1 point). Each nurse choose one answer after reading and understanding carefully, finally score of each dimension summed up and converted to percent score. Range of scores from (20-60) and cut point done at 60% = 36. The total perception was determined as the following; high perception if the percent $\geq 75\%$ of total score = ≥ 45 point (for each subscale, the higher score was obtained, the greater degree/ level of plateau was perceived by the staff nurses) moderate perception from 60% - 74% = 36 - 44 point and low perception $< 60\%$ = < 36 point.

2.4.3. The General Self-Efficacy Scale (GSE)

It was developed by Schwarzer, and Jerusalem [28] The GSE was used to measure / evaluate a sense of perceived self-efficacy by staff nurses. It consisted of 10 items.

Scoring System: Responses were measured by using a four point Likert scale as follow: (1 = not at all true, 2 = hardly true, 3 = moderately true 4 = exactly true), which converted into three points for the purpose of presentation of each item; Nurses' response of each item was scored as follow; true (3 point), moderately true (2 point), and not at all true (1 point). The range of scores from (10-30) and cut point done at 60% = 18. The total perception was determined as the following; high self-efficacy if the percent $\geq 75\%$ of total score = ≥ 23 point, moderate level from 60% - 74% = 18 - 22 point and low self-efficacy $< 60\%$ = < 18 point.

2.4.4. Job Embeddedness Scale

It was developed by Choi and Kim [29] based on Mitchell et al., [30] to assess staff nurses' perception regarding job embeddedness. It contains 26 items clustered into three categories; Organizational links "7 items", Organizational fit "9 items" and Organizational sacrifice "10 items".

Scoring System: Responses were rated by using a seven-point Likert scale, ranging from strongly disagree to strongly agree (1-7) which converted into three points for the purpose of presentation of each item; Nurses' response of each item was scored as follow; agree (3 point), neutral which meaning cannot respond or determined (2 point), and disagree (1 point). The score of each dimension summed up and converted to percent score and range of scores from (26-78). Nurses considered embedded (the higher score of the participants, the more embedded in job) if the percent $\geq 75\%$ of total score = ≥ 59 and not embedded (the lower score of the participants, the low embedded in job) if the percent $< 75\%$ = < 59 .

2.5. Data Collection Methods

1. The preparatory phase started from the beginning of May 2019 to end of August 2019, covering four months and including the following: reviewing the national and international related literature using journals, magazines, periodicals, textbooks, internet and theoretical knowledge of the various aspects concerning the topic of the study.
2. The four tools contents were developed, translated into Arabic and tested for its content validity by 3 juries, who were experts in the related field. Based on their recommendations the necessary modifications were made. Also, the reliability of the tools was conducted to determine the internal consistency and homogeneity of the used tools by Cronbach's Alpha test. The internal consistency of Career Plateau Scale was ($\alpha = 0.928$) and the reliability for each subscale as following; (0.774 for structural/hierarchical, and 0.811 for job content), for Self-Efficacy Scale ($\alpha = 0.775$) and the Job Embeddedness Scale was ($\alpha = 0.824$) and the reliability for each subscale as following; (0.703 for organizational links, 0.801 for organizational fit, and 0.749 for organizational sacrifice).
3. Before embarking on the study, official letters were obtained from the director of Benha University Hospital and heads of units included in this study as previously mentioned. These letters briefly explained the purpose and nature of this study.
4. Pilot study was conducted at September 2019, to assess face and content validity of the used tools; it also served in estimating the time needed for filling the tools. It was done on 10% of the total subjects (17) nurses. The tool was finalized based on the result of the pilot study. The pilot study was included in the main sample.
5. Ethical consideration; all participants interviewed for explaining the purposes and procedures of the study, and they have the right to withdrawal from the study any time during the study. In addition, confidentiality and anonymity of the subjects were assured through coding of all data. Oral consent to participate was assumed by attendance of filling questionnaire sheet.
6. The actual data collection taken 2 months was started from the beginning of October, to the end of November, 2019, the researchers collected data through meeting with the nurses and explaining the purpose of the study to them. The data collected from nurses before and between their work hours according to their availability through 2 days/week; the numbers of interviewed nurses were ranged from 10 to 11 nurses for every collected day.
7. The time required to fill the questionnaires sheet was from 20 to 25 minutes for career plateau scale, from 10-15 minutes for self- efficacy scale and from 25-30 minutes for job embeddedness scale. The filled forms were collected in time and revised to check their completeness to avoid any missing data. Finally, the researchers thanked the participants for their cooperation.

2.6. Statistical Analysis

Data were verified prior to computerized entry. The Statistical Package for Social Sciences (SPSS version 20.0) was used for that purpose, followed by data analysis and tabulation. Data were presented using descriptive statistics as number, frequency, percent, mean, and standard deviation, and Pearson correlation coefficients (r). A significance level value was considered when p-value ≥ 0.05 , while p-value > 0.05 indicates non-significance results.

3. Results

Table 1: Shows that, more than three fifth (61.1%) of the studied staff nurses' were aged from 20 to less than 30 years with mean age of 29.79 ± 8.32 , the majority of them (87.8 % & 89.0 %) were married and female respectively. As far as to their educational levels the majority (87.2%) of them had Bachelor degree of nursing and about half (47.0 %) of them had from 5 to less than 15 years of experience with a mean of 8.08 ± 6.08 . According to their working units more than three fifth (62.8%) of them worked at critical care units.

Table 2: Illustrates that, the total mean score of perceived career plateau among studied staff nurses was 55.45 ± 5.65 . Also, the first ranking with highest mean score (31.17 ± 3.15) was related to job content, while the second ranking with the lowest mean score was (24.28 ± 2.51) related to structural / hierarchical plateau domain.

Table 3: Clarifies that, nearly three quarters (74.4%) of studied staff nurses perceived their self- efficacy as not at all true in the following item; I can remain calm when facing difficulties because I can rely on my coping abilities, about half (54.3%) of studied nurses perceived their self- efficacy as moderately true in the following item, I am confident that I could deal efficiently with unexpected events. Also, it was notice that about two fifth (40.2%) only of studied nurses perceived their self- efficacy as true in the following item, If I am in trouble, I can usually think of a solution. And, the total mean score of perceived self- efficacy among studied staff nurses was 17.37 ± 5.55 with range 17.0.

Figure 2: Demonstrates that, about half (48.8%) of studied staff nurses' perceived their self- efficacy as moderate, while, nearly two fifth (39.0%) of them perceived their self- efficacy as low and lowest percent (12.2%) of them perceived it as high.

Table 4: Shows that, the total mean score of perceived job embeddedness among studied staff nurses was 44.11 ± 12.78 . Also, the first ranking with highest mean score (20.32 ± 6.07) was related to organizational sacrifice, while the second ranking with the lowest mean score was (10.19 ± 3.34) related to organizational links domain.

Figure 3: Displays that, the majority (89.6%) of staff nurses' not embedded in the job, while the lowest percent (10.4%) of them embedded in their job.

Table 5: Shows that, there was a negative highly statistical significant correlation between overall score of career plateau, self-efficacy and job embeddedness, otherwise there was a positive highly statistical significant correlation between overall score of self-efficacy and job embeddedness among staff nurses.

Table 6: Presents that, there was a high statistical significant relation between staff nurses' perception levels regarding career plateau and their personal characteristics except, sex there was no statistical significant relation.

Table 7: Reveals that, there was a high statistical significant relation between staff nurses' perception levels regarding self-efficacy and their personal characteristics.

Table 8: Indicates that, there was high statistical significant relation between staff nurses' perception levels regarding job embeddedness and their personal characteristics except, marital status and educational levels.

Table 1. Distribution of the studied staff nurses' according to their personal and job characteristics (n =164)

| Personal and Job Characteristics | No. | % |
|----------------------------------|----------------------------------|------|
| Age (years) | | |
| 20 <30 | 101 | 61.6 |
| 30 <40 | 42 | 25.6 |
| 40 <50 | 21 | 12.8 |
| X\pmSD | 29.79\pm8.32 | |
| Marital status | | |
| Married | 144 | 87.8 |
| Unmarried | 20 | 12.2 |
| Gender | | |
| Male | 18 | 11.0 |
| Female | 146 | 89.0 |
| Levels of Education | | |
| B.Sc. Nursing | 143 | 87.2 |
| Master degree in nursing | 21 | 12.8 |
| Years of experience | | |
| < 5 years | 60 | 36.6 |
| 5 < 15 | 77 | 47.0 |
| 15< 25 | 15 | 9.1 |
| ≥ 25 | 12 | 7.3 |
| X\pmSD | 8.08\pm6.08 | |
| Units | | |
| Critical care units | 103 | 62.8 |
| General medical | 34 | 20.7 |
| General Surgical | 27 | 16.5 |

Table 2. Ranking with mean scores and standard deviation of career plateau domains among studied staff nurses' (n= 164)

| Career plateau domains | Max score | Mean \pm SD | Mean % | Ranking |
|---------------------------|-----------|------------------------------------|--------|---------|
| Structural / Hierarchical | 27 | 24.28 \pm 2.51 | 89.9 | 2 |
| Job content | 33 | 31.17 \pm 3.15 | 94.4 | 1 |
| Total | 60 | 55.45 \pm 5.65 | | |

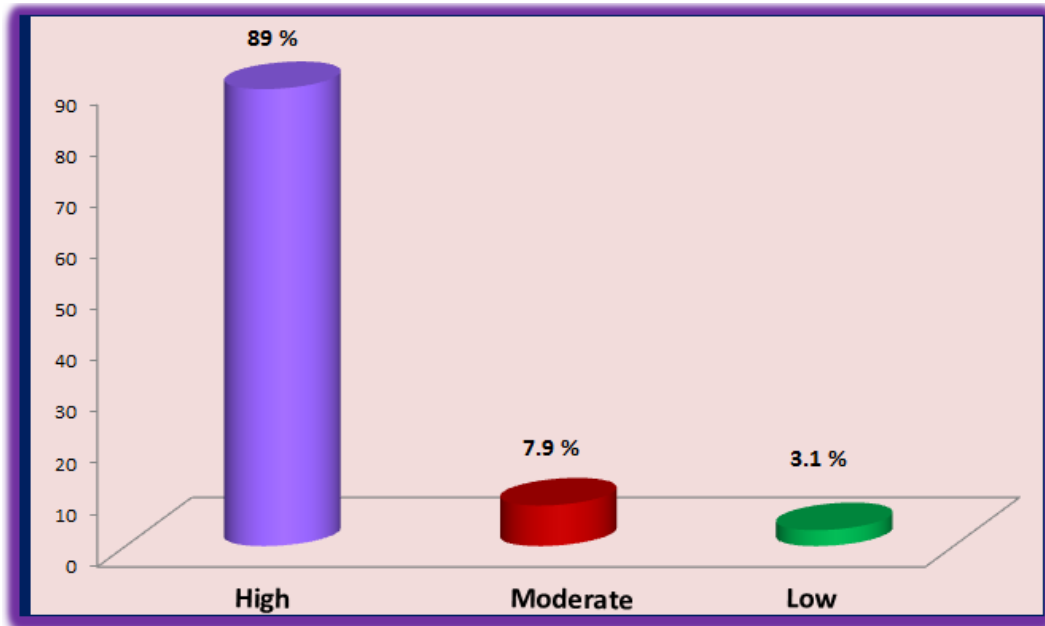


Figure 1. Total levels of career plateau as perceived by staff nurses'

Table 3. Distribution of the studied staff nurses' perception of their self-efficacy (n=164)

| Self-Efficacy Items | True | | Moderately true | | Not at all true | |
|---|-------------------|------|-----------------|------|-----------------|------|
| | No. | % | No. | % | No. | % |
| I can always manage to solve difficult problems if I try hard enough. | 44 | 26.9 | 54 | 32.9 | 66 | 40.2 |
| If someone opposes me, I can find the means and ways to get what I want. | 49 | 29.9 | 57 | 34.8 | 58 | 35.3 |
| It is easy for me to stick to my aims and accomplish my goals. | 46 | 28.0 | 65 | 39.6 | 53 | 32.4 |
| I am confident that I could deal efficiently with unexpected events. | 10 | 6.1 | 89 | 54.3 | 65 | 39.6 |
| Thanks to my resourcefulness, I know how to handle unforeseen situations. | 19 | 11.6 | 62 | 37.8 | 83 | 50.6 |
| I can solve most problems if I invest the necessary effort. | 55 | 33.5 | 22 | 13.5 | 87 | 53.0 |
| I can remain calm when facing difficulties because I can rely on my coping abilities. | 7 | 4.3 | 35 | 21.3 | 122 | 74.4 |
| When I am confronted with a problem, I can usually find several solutions. | 41 | 25.0 | 19 | 11.6 | 104 | 63.4 |
| If I am in trouble, I can usually think of a solution. | 66 | 40.2 | 22 | 13.4 | 76 | 46.4 |
| I can usually handle whatever comes my way. | 22 | 13.5 | 56 | 34.1 | 86 | 52.4 |
| X±SD | 17.37±5.55 | | | | | |
| Range | 17.00 | | | | | |

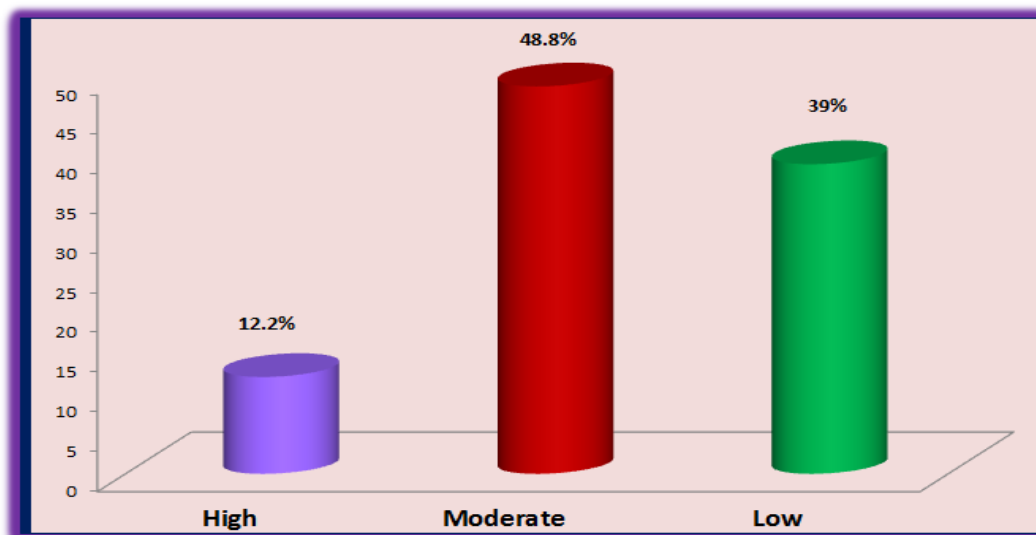


Figure 2. Total levels / degrees of self-efficacy as perceived by staff nurses'

Table 4. Ranking with mean scores and standard deviation of job embeddedness categories among studied staff nurses' (n= 164)

| Job Embeddedness Categories | Max score | Mean ± SD | Mean % | Ranking |
|-----------------------------|-----------|----------------------|--------|---------|
| Organizational links | 21 | 10.19 ± 3.34 | 48.5 | 3 |
| Organizational fit | 27 | 13.60 ± 4.11 | 50.4 | 2 |
| Organizational sacrifice | 30 | 20.32 ± 6.07 | 67.7 | 1 |
| Total | 78 | 44.11 ± 12.78 | | |

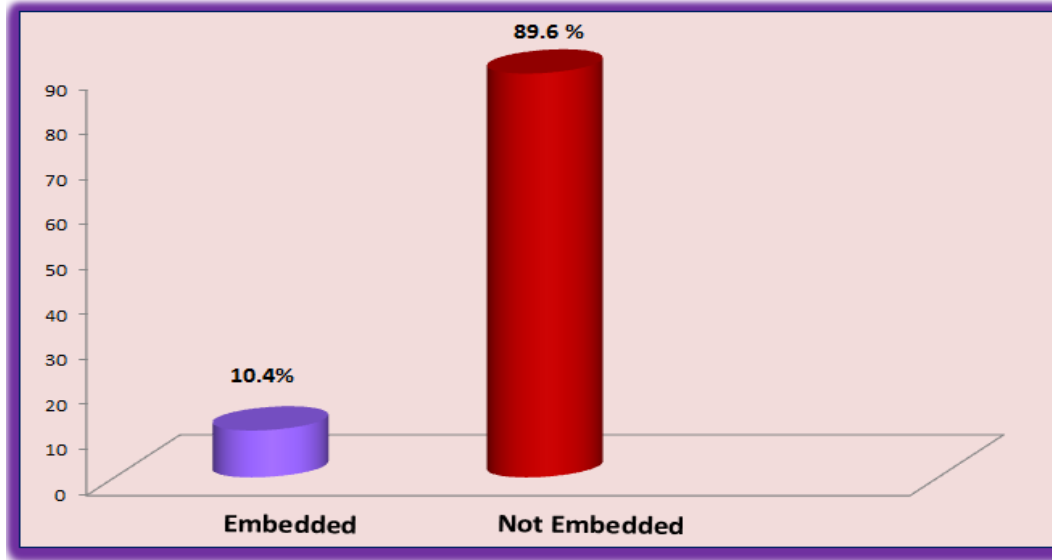


Figure 3. Total levels / degrees of job embeddedness as perceived by staff nurses'

Table 5. Correlation between overall score of career plateau, self-efficacy and job embeddedness among staff nurses` (n=164)

| Variables | Career Plateau | | Self-Efficacy | | Job Embeddedness | |
|------------------|----------------|----------|---------------|----------|------------------|----------|
| | r | P- value | r | P- value | r | P- value |
| Career Plateau | - | - | -.548** | <0.001** | -.639** | <0.001** |
| Self-Efficacy | -.548** | <0.001** | - | - | .271** | <0.001** |
| Job Embeddedness | -.639** | <0.001** | .271** | <0.001** | - | - |

** Correlation is a high statistical significant difference (P ≤ 0.001).

Table 6. Relation between total staff nurses' perception levels regarding career plateau and their personnel and job characteristics (n = 164)

| Personal and job characteristics | Nurses' perception levels regarding career plateau (n = 164) | | | | | | X2 | p-value |
|----------------------------------|--|------|-----------------|-------|-----------|-------|--------|---------|
| | High (n=146) | | Moderate (n=13) | | Low (n=5) | | | |
| | No. | % | No. | % | No. | % | | |
| Age (years) | | | | | | | | |
| 20 <30 | 101 | 69.1 | 0 | 0.0 | 0 | 0.0 | 58.73 | 0.000** |
| 30 <40 | 24 | 16.4 | 13 | 100.0 | 5 | 100.0 | | |
| 40 <50 | 21 | 14.5 | 0 | 0.0 | 0 | 0.0 | | |
| Marital status | | | | | | | | |
| Married | 140 | 95.9 | 4 | 30.8 | 0 | 0.0 | 84.40 | 0.000** |
| Unmarried | 6 | 4.1 | 9 | 69.2 | 5 | 100.0 | | |
| Gender | | | | | | | | |
| Male | 18 | 12.3 | 0 | 0.0 | 0 | 0.0 | 2.49 | 0.288 |
| Female | 128 | 87.7 | 13 | 100.0 | 5 | 100.0 | | |
| Levels of Education | | | | | | | | |
| B.Sc. Nursing | 140 | 95.9 | 3 | 23.0 | 0 | 0.0 | 97.48 | 0.000** |
| Master degree in nursing | 6 | 4.1 | 10 | 77.0 | 5 | 100.0 | | |
| Years of experience | | | | | | | | |
| < 5 | 60 | 41.1 | 0 | 0.0 | 0 | 0.0 | 142.73 | 0.000** |
| 5 < 15 | 77 | 52.7 | 0 | 0.0 | 0 | 0.0 | | |
| 15 < 25 | 7 | 4.8 | 8 | 61.5 | 0 | 0.0 | | |
| ≥ 25 | 2 | 1.4 | 5 | 38.5 | 5 | 100.0 | | |
| Units | | | | | | | | |
| Critical care units | 103 | 70.6 | 0 | 0.0 | 0 | 0.0 | 77.30 | 0.000** |
| General medical units | 16 | 10.9 | 13 | 100.0 | 5 | 100.0 | | |
| General surgical units | 27 | 18.5 | 0 | 0.0 | 0 | 0.0 | | |

Table 7. Relation between total staff nurses' perception levels regarding self-efficacy and their personnel and job characteristics (n = 164)

| Personal and job characteristics | Nurses' perception levels regarding self-efficacy (n = 164) | | | | | | X2 | p-value |
|----------------------------------|---|-------|-----------------|-------|------------|-------|--------|---------|
| | High (n=20) | | Moderate (n=80) | | Low (n=64) | | | |
| | No. | % | No. | % | No. | % | | |
| Age (years) | | | | | | | | |
| 20 <30 | 0 | 0.0 | 37 | 46.3 | 64 | 100.0 | 81.97 | 0.000** |
| 30 <40 | 15 | 75.0 | 27 | 33.7 | 0 | 0.0 | | |
| 40 <50 | 5 | 25.0 | 16 | 20.0 | 0 | 0.0 | | |
| Marital status | | | | | | | | |
| Married | 15 | 75.0 | 65 | 81.2 | 64 | 100.0 | 15.16 | 0.001** |
| Unmarried | 5 | 25.0 | 15 | 18.8 | 0 | 0.0 | | |
| Gender | | | | | | | | |
| Male | 0 | 0.0 | 0 | 0.0 | 18 | 28.1 | 31.59 | 0.000** |
| Female | 20 | 100.0 | 80 | 100.0 | 46 | 71.9 | | |
| Levels of Education | | | | | | | | |
| B.Sc. Nursing | 15 | 75.0 | 64 | 80.0 | 64 | 100.0 | 16.38 | 0.003** |
| Master degree in nursing | 5 | 25.0 | 16 | 20.0 | 0 | 0.0 | | |
| Years of experience | | | | | | | | |
| < 5 | 0 | 0.0 | 0 | 0.0 | 60 | | 160.00 | 0.000** |
| 5 < 15 | 15 | 75.0 | 58 | 72.5 | 4 | | | |
| 15 < 25 | 0 | 0.0 | 15 | 18.8 | 0 | 0.0 | | |
| ≥ 25 | 5 | 25.0 | 7 | 8.7 | 0 | 0.0 | | |
| Units | | | | | | | | |
| Critical care units | 0 | 0.0 | 39 | 48.8 | 64 | 100.0 | 90.15 | 0.000** |
| General medical units | 7 | 35.0 | 27 | 33.7 | 0 | 0.0 | | |
| General surgical units | 13 | 65.0 | 14 | 17.5 | 0 | 0.0 | | |

Table 8. Relation between total staff nurses' perception levels regarding job embeddedness and their personnel and job characteristics (n = 164)

| Personal and job characteristics | Nurses' perception levels regarding self-efficacy (n = 164) | | | | X2 | p-value |
|----------------------------------|---|-------|------------------|------|-------|---------|
| | Not embedded (n=17) | | Embedded (n=147) | | | |
| | No. | % | No. | % | | |
| Age (years) | | | | | | |
| 20 <30 | 17 | 100.0 | 84 | 57.1 | 11.83 | 0.003** |
| 30 <40 | 0 | 0.0 | 42 | 28.6 | | |
| 40 <50 | 0 | 0.0 | 21 | 14.3 | | |
| Marital status | | | | | | |
| Married | 17 | 100.0 | 127 | 86.4 | 2.63 | 0.105 |
| Unmarried | 0 | 0.0 | 20 | 13.6 | | |
| Gender | | | | | | |
| Male | 8 | 47.0 | 10 | 6.8 | 25.27 | 0.000** |
| Female | 9 | 53.0 | 137 | 93.2 | | |
| Levels of Education | | | | | | |
| B.Sc. Nursing | 17 | 100.0 | 126 | 85.8 | 15.78 | 0.001** |
| Master degree in nursing | 0 | 0.0 | 21 | 14.2 | | |
| Years of experience | | | | | | |
| < 5 | 17 | 100.0 | 43 | 29.2 | 32.87 | 0.000** |
| 5 < 15 | 0 | 0.0 | 77 | 52.4 | | |
| 15 < 25 | 0 | 0.0 | 15 | 10.2 | | |
| ≥ 25 | 0 | 0.0 | 12 | 8.2 | | |
| Units | | | | | | |
| Critical care units | 17 | 100.0 | 86 | 58.5 | 11.23 | 0.004** |
| General medical units | 0 | 0.0 | 34 | 23.1 | | |
| General surgical units | 0 | 0.0 | 27 | 18.4 | | |

4. Discussion

Organizations today are experiencing new challenges as external forces such as changing demographics, globalization, technology and an increasingly diverse workforce become part of the organization's strategy to survive are requiring management to proactively develop

effective talent management strategies in an effort to remain competitive. The world of work is changing at a very fast pace. The need for innovation from a technological and socio-economic perspective is putting pressure on organizations to continuously adapt and change within this climate. The demands employees face within organizations (job insecurity, changes in job role,

pressure on the employee to up skill, work overload, unstable relationships, lack of career advancement opportunities and poor work autonomy) has therefore become a current reality. These factors remain significant sources of job stress for the employee [5,31].

Regarding personal characteristics of staff nurses the result revealed that more than three fifth of the studied staff nurses' age was ranged from 20-to less than 30years with mean age of 29.79 ± 8.32 , the majority of them were married and female respectively. As far as to their educational levels the majority of them had Bachelor degree of nursing and about half of the nurses had from 5 to less than 15 experience years with a mean of 8.08 ± 6.08 . According to their working units more than three fifth of them worked at critical care units.

The result of present study illustrates that, the first ranking with highest mean score was related to job content, while the second ranking with the lowest mean score was related to structural / hierarchical plateau domain. This may be due to the staff nurses' feeling of lack of challenges in their work, the number of positions available decreases as one move forward hierarchically in the hospital. Also decrease in responsibilities, can't advance quickly in their job and overall staleness of the job itself.

This result was consistent with Baoguo1 and Mian, [32] who revealed in their study on people from enterprises and MBA classes; China, that highest mean score of study sample was related to job content plateau while, the lowest mean score was associated with hierarchical plateau. Also, the outcome was in similarity with Miles, Gordon and Storlie, [33] who showed in their study on employees from television media organizations across the United States, that the high variability was related to job content, while low variability was related to external (hierarchy) career plateau.

In addition, Wangechi, [34] who revealed in his study on secondary school teachers of public schools in Nyandarua and Murang Counties, that the highest mean score was associated with job content plateau, while the lowest mean score was linked to structural plateau. On the opposite side, these findings were in disagreement with Neville and Henry, [7] who revealed in their study on senior librarians in South Florida, that one quarter of respondents have career plateau related to job content.

The previous findings of the existing study arrayed that; the majority of participated nurses perceived a high level of career plateau, while the lowest percent of them perceived it as low level. This might be due to staff nurses had lowered level of motivation and not try to establish ideal goals for their career path and they will have low confidence in the unpleasant environmental situation; accordingly, this decrease the level of responsibility, job satisfaction and commitment and increase plateau conditions. These results were supported by Waweru, [35] who revealed in their study on teachers in secondary schools Ruiru Sub-county, Kiambu County, Kenya that the two types of career plateauing experienced by teachers. Also this result in agreement with Wei Su et al., [36] who showed in their study on career officers who received full-time training at the National Defense University in Taiwan that the participants experienced structural/content career plateaus.

In addition of the preceding findings were in agreement with Tharkude and Gankar, [37] who revealed in their study on employees working in wide variety of organizations across in IT - ITEs organizations in Pune City that career plateau have a great impact towards employees as well the organization. Also Jeon, Lee and Kim, [38] who revealed in their study on employees in Korea that high percent of employees' experienced career plateau.

This part of discussion answered the research question; what are the levels of career plateau as perceived by staff nurses'?

The current study clarifies that, nearly three quarters of studied staff nurses perceived their self- efficacy as not at all true in the following item; I can remain calm when facing difficulties because I can rely on my coping about half of studied nurses perceived their self- efficacy as moderately true in the following item, I am confident that I could deal efficiently with unexpected events. Also, it was notice that about two fifth only of studied nurses perceived their self- efficacy as true in the following item, if I am in trouble, I can usually think of a solution.

This is may be due to hospital managers can't promote nurses' self-efficacy through employing strategies to enhance their perceived organizational justice and self- efficacy and thereby, improving their job satisfaction because self-efficacy influences changing behavior and performance of nurses, it is a crucial variable that strengthens self-confidence and motivation to deliver proper nursing care in complex clinical situations. Also, it is necessary for individual performance because it acts as a mediator between individual knowledge and performance that affects both.

This result in disagreement with Harsul, Irwan and Sjattar, [39] who revealed in their study on nurses from a District General Hospital in South Sulawesi Province, Indonesia that less than three quarters of studied staff nurses perceived their self- efficacy as almost in the following item; calm in the face of difficulties, more than three quarters of them almost in the following item have lots of ideas to solve problems.

The previous results of the existing study demonstrate that, about half of the study subjects perceived their self- efficacy as moderate, while, nearly two fifth of them perceived their self- efficacy as low and lowest percent of them perceived it as high. The current finding in agreement with Hahn, et al., [13] who showed in a study of Colombian nursing professionals that the cultural self- efficacy level of the nursing professionals, with their capability to provide competent care, is moderate and is related to gender and age.

In addition, of this result in agreement with Gibson, [40] who revealed in his study on employees on adjunct faculty at community colleges across California that they two fifth of them had lower levels of job satisfaction and self- efficacy. Also, the outcome in agreement with Jurado et al., [41] who found in the study of high school teachers in different schools in many Italian provinces, that sample had low scores in perceived efficacy (personal and collective).

Additionally, this result in agreement with Levesque, [32] who discovered in the study of nurse practitioners in

Wilmington, U.S.A. that, the participant had low level of self-efficacy. While this finding in dissimilarity with Harsul, et al., [39] who displayed that, the majority of nurses had low level of self- efficacy. While these findings were in disagreement with Daugherty, [10] who revealed in his study on clinical nurse educators in multiple sites across the United States that self-efficacy higher majority of study sample in the post-intervention group.

This part of discussion answered the research question; what are the levels of self-efficacy among staff nurses'?

The current study reported that the first ranking with highest mean score was related to organizational sacrifice, while the second ranking with the lowest mean score was associated with organizational linksdomain. The result in agreement with Jamshaid, and Malik, [43] who showed in their study on teachers from different private and Government sector colleges and universities of Sargodha that highest mean score of the study sample was connected with organizational sacrificewhile, the lowest mean score was linked to organizational links domain. And this finding in similarity with Bambacas, [44] who revealed in his study on professional staff in Malaysia that people became embedded by the perceived sacrifice to be made in leaving.

In the same line with Ringl, [45] who explored in the study of individuals in San Jose State University, that all dimensions of organizational embeddedness were predicted work engagement; however, organizational fit and sacrifice were completed significantly much better in predicting work engagement than organizational links. Also this result in agreement with Coetzee and Takawira, [46] who revealed in their study on staff of information technology services, Southern African that positively predicted their perceived job embeddedness both (organizational fit and sacrifice).

The outcomes of the present study display that, the majority of the recruited staff nurses were not embedded in their job, while the lowest percent of them embedded in their job. These findings were in similarity with Chetty, Coetzee and Ferreira, [47] who revealed in their study on employees undergoing change in the South African that participants had low job embeddedness.

On the opposite side, these findings were in inconsistency with Ghaffar and Muhammad, [17] that mirrored in the study of faculty members of Higher Education Department, Government of Punjab that the study stands on a medium level on job embeddedness scale. Also, this result in disagreement with Karatepe and Avci, [20] who indicated in their study of staff nurses from the two public hospitals in Northern Cyprus, that staff nurses who had received adequate support from their head nurses were highly embedded in their jobs. In addition to Shahriari, [48] who revealed in their study on employees in the four- and five-star hotels of Tehran that the study sample indicated higher job embeddedness.

This part of discussion answered the research question; what are the degrees of job embeddedness among staff nurses'?

The current study evident that, there was a negative highly statistical significant correlation between overall score of career plateau, self-efficacy and job embeddedness, otherwise there was a positive highly statistical significant correlation between overall score of self-efficacy and job

embeddedness among staff nurses. This because of volatile organizational structures, an unstable economic environment, and downsizing policy, more nurses were work in the same job for an extended period of time, they have limited lateral and upward mobility, and their careers represent a moratorium on promotion. These decrease their self-efficacy level and their commitment to organizational goals as symbolization of successful work and become not embedded.

The existing result was in similarity with Jianga, et al., [8] who decided in the study of working adults in Australia, that the relationship between the job plateau was stronger when employees stated a low level of job self-efficacy and showed that these outcomes provided useful insights for institutional managers to plan and apply employee development strategies, and career counselors to design psycho-logical interventions, taking into account the conditions that make career adaptability more effective in dealing with job-related experiences. Also, Kim and Kang, [25] who revealed in their study on nurses in five small-medium sized hospitals in Korea that there was a negative correlation between career plateau, self-efficacy and job embeddedness.

In the same line, Lin and Li, [26] who reported in their study on business students in Taiwan, that the relationship between self-efficacy and job content plateau was negatively moderated. According to Yumi and Youngsil, [49] who revealed in their study on nurses from selected hospitals in Kyungnam city, that there was a negative highly statistical significant correlation between overall score of career plateau, self-efficacy and job embeddedness.

This part of discussion answered the research question; is there a relationship between career plateau, self-efficacy and job embeddedness?

The current study showed that, the relation between the staff nurses' perception levels of career plateau and their personal characteristics was a highly statistical significant except, gender there was no statistical significant relation. In the same line, Wangechi, [34] who showed in their study that there was a significant difference in structural plateauing across age. While Gender was found to have no significant influence on career plateauing. On the other hand, these findings were in incongruity with Miles et al., [50] who reported that, significant positive relationships exist with the variability in the internal (job content) career plateau score and variability in the external (hierarchy) career plateau score with the gender of the participants.

The preceding findings of the existing study explored that, there was a high statistical significant relation between staff nurses' perception levels regarding self-efficacy and their personal characteristics. This result in agreement Hahn, et al., [13] with who reported in their study that, the cultural self-efficacy level of the sample of nursing professionals is associated with sex and age. Also, Asurakkody, [51] who revealed in the study of nursing students in two nursing schools offering 3 years' diploma in nursing in Sri Lanka, that there was a significantly association between demographic factors as geographic location, age, gender and relationship with multicultural groups with transcultural self-efficacy.

The findings of the study Indicates that, there was high statistical significant relation between staff nurses'

perception levels regarding job embeddedness and their personal characteristics except, marital status and educational levels. This result in agreement with Ghaffar and Muhammad, [17] who revealed in their study that, demographic factors as; gender, work experience, locality and designation reported a significant relation on the level of college faculty members' job embeddedness.

5. Conclusions

On the bases of the outcomes of the current research, it was concluded that, there was a negative highly statistical significant correlation was found among perceived career plateau, self-efficacy and job embeddedness. While, there was a positive highly statistical significant correlation between self-efficacy and job embeddedness among studied staff nurses. In addition, the majority of staff nurses perceived a high level of career plateau. Also, about half of studied staff nurses perceived their self-efficacy as moderate level, while, nearly two fifth of them perceived their self- efficacy as low, and the majority of staff nurses not embedded in the job, while the lowest percent of them embedded in their job.

6. Recommendation

The outcomes of the study propose that:

1. Administration of the hospitals should make efforts to ensure that staff expectations are realistic throughout their career to avoid unfavorable job attitudes.
2. Hospital administration should conduct induction courses for new nurses and introducing them to the nature and potential of temporary jobs to align their behavior, rights, and values with the hospital's values, goals, and objectives.
3. Respecting staff and promoting the value and their job position in the organization and the community.
4. Giving independence and freedom in action to the staff by creating opportunities in jobs in order to use personal judgment and creativity.
5. Working continuously to expand the nurses' skills set; seeking to enhance rather than advance.
6. Organizations should employ counseling psychologist to counsel staff on how to cope unstable job embeddedness, lowered self-efficacy and career plateau.
7. Further studies should be conducted for exploring:
 - Job embeddedness factors as a predictor of turnover intention among nurses.
 - Relationship between career plateau and career adaptability.
 - Relationship between occupational stress and career plateau.

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Conflict of Interest

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