



**ST. MARY UNIVERSITY
SCHOOL OF GRADUATE STUDIES**

**FACTORS AFFECTING CAREER
DEVELOPMENT OF NURSE PROFESSIONAL MOTHERS WORKING
AT
SELECTED HOSPITALS UNDER ADDIS ABABA HEALTH BUREAU**

BY: HELINA TADESSE

**AUGUST, 2020
ADDIS ABABA, ETHIOPIA**

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**A THESIS SUBMITTED TO ST MARY UNIVERSITY, SCHOOL OF
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REQUIREMENT FOR THE DEGREE OF MASTER OF BUSINESS
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**AUGUST, 2020
ADDIS ABABA, ETHIOPIA**

DECLARATION

I, HelinaTadesse, declare that this thesis is my original work; prepared under the guidance of Shoa Jemal (Asst. Prof). All sources of material used for the thesis have been duly acknowledged. I further confirm that the thesis has not been submitted either in part or in full to any other higher learning institution for the purpose of earning any degree.

Name

Signature

St.Mary University, Addis Ababa

August, 2020

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HelinaTadesse

ACRONYMS /ABBREVIATIONS

AAHB- Addis Ababa Health Bureau

CSA- Central Statistical Agency

EDHS -Ethiopian Demographic Health Survey

HRM- Human Resource Managers

SPSS – Statistical Package for the Social Sciences

UN -United Nations

WLB-Work Life Balance

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ABSTRACT

On a female dominated profession such as nursing motherhood is still associated with limited opportunities of career development. While many studies were done to study work life balance of professional mothers in Ethiopia less attention was given for studying the career path of nurse mothers and the effect of motherhood associated factors on career development of nurses. Thus the purpose of this paper is to study the effect of motherhood on career development of nurse professional mothers. This paper used a quantitative approach and employed explanatory cross sectional design. The study was carried out in two out of six hospitals under Addis Ababa Health bureau with a sample size of 200. Structured questionnaire (in Amharic and English) was used to collect data. Out of the administered 200 questionnaires 200 was returned with a response rate of 100%. Descriptive analytics was done to determine frequency of variables and binary logistic regression was done to determine the magnitude and scale of significance of associated variables. Socio demographic factors (Age and Dependent children), Work family factors (Work life balance and Career break) and Organizational Factors (Organizational policies and Practices and Supervisor support) was considered potential factors which has an effect on career development of nurse professional mothers. The results indicate that more than half of the nurse professional mothers have career development. The study also revealed that only work life balance was a significant predictor of career development of nurse professional mothers.

Key words: Age, Dependent children, work life balance, Career Break, Organizational Policy and practices, Supervisor support, Career development

CHAPTER ONE

INTRODUCTION

1.1. Background of the study

Motherhood is a large social institution and is characterized by specific meanings and ideologies. The state of motherhood has a direct impact on women's lives, regardless of whether or not they become mothers. The meaning of mothers, mothering, and motherhood, as well as the forms of economic labor in which women are typically involved, vary over time, by country, and by cultural background (Mokomane, 2014). The notion of motherhood is however expressed differently over time and varies across social class, race, ethnicity, and culture. Yet, in most societies of Asia and Africa, motherhood ideally begins with heterosexual relations through social/legal marriage between a man and a woman. A couple of cohabiting is normally expected to give birth to children and rear them (Ghosh, 2017).

On a survey of mothers done in America mothers 'powerful feelings appears to be a new and intense kind of love women experience when they become mothers. More than 93% of mothers on the survey said the love they feel for their children is unlike any other love they have experienced. Nearly 93% agreed that a mother's contribution to the care of her children is so unique that no one else can replace it. And nearly 81% of mothers said mothering is the most important thing they do (Farrell et al., 2005). A wives' relation with her husband, her in-laws, other relatives and children inextricably gets linked up in any discussion on motherhood. Because, the institution of motherhood involves the potential role of a woman as wife, as mother, as a daughter-in-law and so on (Ghosh, 2017). Motherhood leads to a definite bias in employment for women seeking a job in traditionally male settings (Heilman and Okimoto, 2008).

The report of (UN women, 2014), shows a significant increment of employment among women in urban areas, who were never married and have no children, in the sales and service sector. Moreover, the report of (Central Statistical Agency, 2016) also indicates that women who are divorced, separated, or widowed are most likely to be employed.

A career is an individual's work-related and other relevant experiences, both inside and outside of organizations that form a unique pattern over the individual's life span'(Sullivan and Baruch, 2012). A person can decide on a career path inside of an organization, outside of the organization, or in a new business as an entrepreneur, depending on that person's career objectives (Baruch, 2004). Substantial women are more likely to have non-linear careers. These may feature multiple breaks, lateral moves, a mix of full-time and part-time employment, and work in different sectors (Naomi, 2011).

In Ethiopia, like in other parts of Sub-Saharan Africa, gender norms delegate women and girls the majority of domestic work, including child-rearing, cleaning, and food preparation. Ethiopian women ages 18–19 spend 4.1 hours per day on domestic tasks compared to 1.5 hours for boys of the same age. These domestic responsibilities impede women's opportunities to study, develop professional experience and skills (World Bank Group, 2019).

In Ethiopia, the female population accounts of 50.2% out of which Women made up 35 percent of the administrative and 47 percent of custodian and manual jobs in 2012/13, essentially unchanged from the preceding two years. (UN Women, 2014).As indicated in (Ethiopian Demographic Health Survey,2016), among married women, the percentage of employed was 32% in the 2005 EDHS and this increased moderately to 57% in the 2011 EDHS, and then declined slightly to 48% in the 2016 EDHS. The percentage of employed married women who receive cash earnings increased from 27% in 2005 to 36% in2011, and then remained essentially stable at 35% in 2016. The percentage of married women not paid for their work declined from 60% to 30% between 2005 and 2011 and then increased to 49% in 2016. (Central Statistical Agency,2016, p.256).

On a worldwide study of 104 countries, it is revealed that women's share of employment in the health and social sector is high, with an estimated 67% of the health workforce analyzed being female. Nevertheless, systematic differences exist in gender distribution by occupation across all regions. In most countries, male workers make up the majority of physicians, dentists and pharmacists in the workforce, with female workers comprising the vast majority of the nursing and midwifery workforce (WHO, 2019). As married nurse mothers are part of the productive force of the country the researcher seeks to identify the factors affecting their career development

1.2. Definition of Terms

The following terms are operationalized as follows in this study.

Profession: Possessing special knowledge and skills in a widely recognized body of learning derived from research, education, and training (Professions Australia, 2014).

Professional: A professional is a member of a profession. (Cruess, Sharon and Richard, 2015)

Career: The course of events which constitutes a life; the sequence of occupations and other life roles which combine to express one's commitment to work in his or her total pattern of self-development (Super, 1976)

Career Development; series of activities or the ongoing process of managing one's career in an Organization which involves training on new skills, moving to a higher job responsibilities/rank, or making a career change within the same organization.

Dependent Children; any person aged 0-5 living in the household or mentally or physically disabled child under the age of 18.

Career Break; Defined as a time away from work to take care of one's children or other family members.

Work-Life Balance: A concept including proper prioritizing between "work" (career and ambition) and "lifestyle" (family, social life, Health). (Felisita, 2013)

1.3. Statement of the problem

Globally, Less than half (47.7%) of all women participated in the labor force, a decrease from 50.9% in 1990. Mothers are less likely to be employed compared to fathers and women without children (Catalyst, 2020). Demographics indicate that the number of women with young children who have joined the workforce has increased from 44% to 71% in the past 30 years (Avellar, Smock, 2003). Many of these mothers who are working outside the home have children less than 12 months of age (Hayes, Bonner, and Pryor, 2010). The pressure of trying to balance work and childcare can lead women to take lower-quality jobs, often in the informal sector (ILO, 2016). Furthermore, based on a study by (Oesch, Lipps and Mc Donald, 2017) Once they have children, mothers may, therefore, switch to jobs with predictable work schedules and hence forgo well-paying jobs for part-time jobs in the public sector that allows them to take time off for family duties.

Cultural understanding of the motherhood role exists in Tension between Cultural understandings of the “ideal worker” role. This perceived incompatible cultural understandings or schemas leads evaluators, perhaps unconsciously, to expect mothers to be less competent and less committed to their jobs (King, 2015). To the extent that mothers are believed to be less committed to the workplace, Employers discriminate against mothers when making evaluations that affect hiring, promotion, and salary decisions (King, 2008). However, there is widespread agreement that women’s commitment or abilities are not the problem (Carli and Eagly 2011; Morley 2013). Instead, women’s progression is structurally constrained by inequalities arising from factors such as culture, power dynamics, and the framing of merit (Lipton, 2017).

Imbalance between professional and private life, the inability of organizations to create an adequate reward and promotion system for women that would be in line with their social and gender role of “those that care for others” leads to specific challenges to the career development of women. (Misic, 2015). Furthermore a study done by (Sundersan, 2014) about the work-life balance of working mothers listed consequence of poor work-life balance faced by working mothers like, high levels of stress and anxiety, job burnout and inability to realize full potential are mentioned. (Jáuregui and Olivos, 2018) explains given the potential stresses involved with full-time working mothers, needs exist regarding a better understanding of what motivates them to engage and develop their careers.

(Bolton, 2003) states that, as nursing is organized within a highly structured and constrained hierarchy, power, prestige, status, and careers are developed through these relationships. (Heilman et al., 2004) within the nursing profession, commitment appears to be demonstrated by demonstrating a willingness to work flexibly according to the demands of the service and to prioritize the needs of the profession. Also on a study done in the UK (Mcintosh, 2015) explained the career progression of nursing professional women with children is inhibited, and this is driven in part by a determination to maintain "traditional" employment practices.

Some research work has been done around motherhood and working mothers in Africa for example (Quaye, 2011), in Ghana studied the everyday life experiences of working mothers and their children. The finding of the study revealed that major challenge working mothers face is related to family life that has to do with the amount of time they spend with their children which was reduced because of their work.

(Muasya, 2016) studied women working in Kenya universities and found that women with young children in preschool and primary school found it difficult to accommodate work and family demands. There are also studies done in Ethiopia on work-life balance (Meskerem, 2017), (Frehiwot, 2019) & (Hiwot, 2019) but it only focused on the effect of work-life balance on organizational commitment of employees, how working mothers balance their triple roles as a wife, mother and worker & measured the work-life balance of mothers respectively. To the best knowledge of the researcher, there is no published research done in Ethiopia on the career path of nursing professional mothers. The purpose of this paper is to study the career path of Nurse professional mothers and identify how motherhood related factors affect the career development of nurse professional mothers working at selected Hospitals under Addis Ababa health bureau.

1.4. Research questions

This study attempts to provide solutions to the following research questions.

1. What is the proportion of nurse professional mothers working at selected Hospitals under Addis Ababa health bureau that has career development?
2. How do Socio-demographic factors affect career development of nurse professional mothers working at selected Hospitals under Addis Ababa health bureau?
3. How do Work-family factors affect career development of nurse professional mothers working at selected Hospitals under Addis Ababa health bureau?
4. How do Organizational factors affect career development of nurse professional mothers working at selected Hospitals under Addis Ababa health bureau?

1.5. Objectives

The following are general and specific objectives of the study.

1.5.1. General objective

To identify the effect of motherhood on career development of nurse professional mothers working at selected Hospitals under Addis Ababa health bureau.

1.5.2. Specific objectives

- To identify the proportion of nurse professional mothers working at selected Hospitals under Addis Ababa health bureau who has career development.
- To identify factors affecting the career development of nurse professional mothers working at selected Hospitals under Addis Ababa health bureau.

1.6. Significance of the study

The study is conducted to have a better understanding of the Nursing Professional mother's career path, and the relationship of the factors that affect nurse professional mothers' career development. The result of this study gives us an insight into the challenges women face to progress with their careers when in fact they have the potential and well-deserved qualifications.

- ✓ Ministry of health, Human resource managers and respective hospitals can use the findings of this study to better understand and eradicate the obstacles in place for career development of nurse professional mothers and come up with a practical and efficient working condition for women.
- ✓ Policy makers can use the findings of this study to formulate more inclusive labor policies.
- ✓ More importantly, women account for more than 50% of the Ethiopian population, enabling women to fulfill their full potential in the workplace is not simply a consideration of equality. Being one step closer to understanding the challenges women face and opportunities women can bring to the table can help us grow as a society and at large as a nation.
- ✓ 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.

1.7. Scope of the Study

The study was conducted from March 1 to June 15, 2020. Due to feasibility problems and limited study period the research employed only a quantitative approach and it was descriptive and explanatory in nature. The research was only limited to two selected hospitals under Addis Ababa health bureau and did not encompass women working in the rural and other parts of the country therefore the study only got to establish challenges being experienced in the urban center. Secondly, the study was only limited to Nursing Professional Mothers but the researcher acknowledges that challenges encountered in career development are encountered in all kinds of professional careers of women. Besides Nurse Mother's career development was only studied in relation to Socio-Demographic (Age and Dependent children), Work-family factors (Career Break and Work life balance) and Organizational factors (Organizational policies and practices & Supervisor support).

1.8. Limitation of the Study

The study was done only in selected hospitals under Addis Ababa Health bureau and it may not be generalized to all nurses working in federal State owned hospitals in Addis Ababa. Since this was quantitative study it may not explore all the associated factors and for future studies it is advisable to use both quantitative and qualitative methods as well.

1.9. Organization of the study

Introduction of the study is discussed in the first chapter, in addition to statement of the problem, significance of the study, objective of the study, scope and limitations of the study which are demonstrated consecutively. The second chapter discusses review of literatures from different sources. The third chapter deals with methodology of the study while the fourth chapter encompasses Data interpretation and Analysis. Major findings of the study, Conclusion and recommendations are listed as the fifth chapter followed by references and appendices.

CHAPTER TWO

REVIEW OF RELATED LITERATURE

2.1. Theoretical Literature

2.1.1. Career Development Theories

Career Development is a "continuous lifelong process of developmental experiences that focuses on seeking, obtaining and processing information about self, occupational and educational alternatives, lifestyles and role options" (Hansen, 1976). Put another way, career development is the process through which people come to understand them as they relate to the world of work and their role in it. The development of career guidance and development into a global discipline requires a set of theoretical frameworks with universal validity and applications, as well as culture-specific models that could be used to explain career development issues and phenomena at a local level.

2.1.2. Women Career Development

(Claretha,2006) explains many models help prepare women to obtain a job; however, little emphasis is placed on the unique characteristics that they must understand to succeed after job entry. After joining the workplace, women must emphasize extensive planning and execution of strategy in three distinct career phases--entry, sustainability, and advancement (Banks, 2006). Internal factors, which are within individuals, and external factors, inherent in the organizations employing them, affect these stages. Human resource development can influence the success of women and diverse individuals by providing training and professional development, personal development, skill development, and continuous learning opportunities. By focusing more research emphasis on developing models that address the sustainability of women after they enter the workplace, more may be done to enhance their success within the workplace.

Career models have been evolving from models in which career paths are very linear to more dynamic models. Traditional career models like those of Hall and Schein are characterized by their high levels of structure and rigidity, linking professional success to upward movement and external factors of success like salary and social status (Baruch, 2004). (Hall, 1976) suggested a

linear trajectory, while (Schein, 1978) considered a trajectory that included vertical, horizontal, and diagonal movements. The traditional models categorized professional development by age (Duberley, Carmichael, & Szmigin, 2014), in a tiered progression, with linear promotion and uninterrupted, full-time employment (Herman, 2015). However, these models are criticized since they do not necessarily conform to the expectations and demands placed upon women (Herman, 2015). Women know that if they want to belong to the labor market, they must adapt to a world created by men and for men (Kumra & Vinnicombe, 2010). This means they must work long hours at full-time employment (Warren & Walters, 1998), in addition to being technically outstanding.

Modern career models are characterized by discontinuity and nonlinearity (Duberley et al., 2014). Among these models are the protean career (Hall & Moss, 1999), the kaleidoscope career (Mainiero & Sullivan, 2005), and the boundary less career (Defillippi & Arthur, 1994). (Evetts, 2000) note that women's careers respond to their personal experiences and unique perspectives on life. Indeed, in these models, there has been a shift from an organization-focused perspective to a person-focused perspective.

Without any question, women's careers are unique and dynamic, not only involving their occupations but also their post-vocational interests, as well as their ability to integrate their personal and working lives. In this sense, (O'Neil and Bilimoria, 2005), considering the various moments in a woman's life, define a three-phase career model. The first stage, between 24 and 35 years of age, is called the idealist phase, since women base their professional choices on their desire to obtain professional satisfaction, achievements, and success, and they focus on generating benefits for those around them. Stage 2, between 36 and 45 years of age, is called the resistance, because it corresponds to the period in which women have to intensely wrestle with the management of a family as well as work commitments. They must act pragmatically in response to operative demands, doing what they need to do. Stage 3, from age 46 on, called the reinvention stage, is the stage in which women orient themselves to contribute to their surroundings (organizational, family, and community). In contrast, the stages of traditional career models describe and generalize the masculine experience in the work world (Mavin, 2001), which is why the contribution of (O'Neil and Bilimoria, 2005) sets out stages that follow the life experiences of women and the peculiar facets of their lives.

However, these new career models also have limitations, especially due to the cultural context in which they were developed. The national cultural context and the strength of the societal environment can also be expressed in terms of direct or indirect discrimination (Baruch & Reiss, 2015), masculinity, and informality, among others. For example, (Pringle and Mallon, 2003) mention that in collectivist cultures, one's career is not exactly one's priority for the women. Despite the appearance of these new models, the traditional career models continue to be the most commonly used in organizations (Broadbridge, 2015). Consequently, women find career advancement challenging if they adopt the conventional, vertical career paradigm.

The achievement of a family-work balance is probably the most recognized career challenge for women (Kelly et al., 2010). Notably, one of the most criticized topics related to the needs of the female executive is that women have greater familial responsibilities than men do (O'Neil & Bilimoria, 2005), which can reduce their educational and professional opportunities (Bass, 2015). For example, regarding career internationalization, men tend to be the majority of those chosen to become company-assigned expatriates (Vance & McNulty, 2014). In fact, (Brookfield Global Relocation Services, 2016) has found that only 25% of executives chosen for international assignments are women. Indeed, women often make career decisions based in large part on family necessities (Mainiero & Sullivan, 2005), and this influences whether or not they continue at their workplace (Duberley et al., 2014) and therefore whether or not a linear career model can be followed; in many cases, it cannot be maintained.

2.1.3. The concept of Work-Life Balance

Work-life balance is the extent to which an individual is equally engaged in – and equally satisfied with – his or her work role and family role (Greenhaus, Collins, & Shaw 2003) emphasis on prioritization and conflict of work and family role, this definition emphasizes equally engaging in the work and non-work domain in general. According to this definition, an individual's work and personal life is said to be in balance, if he/she is capable of managing the two roles equally. Generally speaking, work-life balance is managing the personal life role and the occupational role of the individual in an effective way so that the two roles do not enter into a conflict.

2.2. EMPIRICAL REVIEW

2.2.1. Motherhood

In a recent McKinsey study, 15 gender equality indicators were tracked for 95 countries. The study found that, if women participated in the economy at a level identical to that of men, it would add up to US\$ 28 trillion or 26 percent of annual global gross domestic product (GDP) in 2025, assuming a business-as-usual scenario. This impact is roughly equivalent to the size of the combined United States and Chinese economies today (McKinsey Global Institute, 2015).

The gender versus career progression debate is extensive concerning employment (Mcintosh, 2012). Within the narrative of motherhood, the family has great importance. On average women spend 45 minutes more than men daily on paid and unpaid work – and over 2 hours more in the most unequal countries. The difference equates to up to 5.7 weeks more work per year. On a study across 37 countries covering 20% of the global population, women typically undertake 75% of childcare responsibilities – with a range of from 63% (Sweden) to 93% (Ireland). (Emma et al., 2016)

(Hakim, 2006) explains that the majority of mothers do not have a strong personal commitment to paid work or a career and that happens after having dependent children. (Houle et al., 2009) rejected Hakim's position and they argued that concepts related to "the family" promoted the model of the male as provider, head of the household, and the wife as mother and nurturer as this then socialized them into gender roles. They argued the pervasiveness and acceptance of this model combined with a general belief in its importance and worth facilitated the continued reinforcement of gender stereotypical beliefs, values, and structures.

(Longhurst, 2008) observed these socio-structural constraints informed women's relationship to employment. Women's choices and preferences about paid work are an outcome of the interplay between these factors. Women's wider goals and desire to succeed within the remit of the family framework facilitate a situation that results in women limiting their career opportunities to accommodate these perceptions. She did note that in feminized professions, the degree of self-regulated by women over women reduced levels of support and acted as a barrier to career progression.

(Gatrell, 2011) in "Managing the maternal body: a comprehensive review and Trans-disciplinary analysis" of women's employment argues that motherhood stigmatizes the woman and is used as grounds for control and exclusion ultimately resulting in lowered employer commitment towards expectant and new mothers. She notes that women with young children are often perceived by others to be less competent than women without children. Assumptions about colleagues' capabilities can lead to the exclusion of women with children from career development opportunities because motherhood is believed, by other workers, to reduce productivity and lower performance.

Responsibilities of motherhood and climbing the career ladder can be daunting because it entails a wide range of duties, including attending meetings, feeding and putting children to bed, changing diapers, supervising children's assignments, sending and picking children to and from school, taking children to the hospital, among others (Sarpong, 2017).

(Subramaniam et al., 2014) examined the Influence of Demographic and Family-Related Barrier on Women Managers' Career Development in Malaysia. The target population of the study comprised of senior, middle and line managers of public firms in Malaysia. The study adopted a survey design and questionnaire as an instrument for data collection. Pearson Product Moment Correlation was used to analyze data. The study found that demographic factors (job level, age, marital status, and education) and family-related barrier has a significant positive influence on career development in Malaysia.

2.2.2. Motherhood, the Care of Young Children and Women's Work

Globally, over 2.7 billion women are legally restricted from having the same choice of jobs as men. Of 189 economies assessed in 2018, 104 economies still have laws preventing women from working in specific jobs, 59 economies have no laws on sexual harassment in the workplace, and in 18 economies, and husbands can legally prevent their wives from working World Bank, 2018).

Women tend to spend around 2.5 times more time on unpaid care and domestic work than men. The amount of time devoted to unpaid care work is negatively correlated with female labor force participation (ILO, 2017). It is estimated that if women's unpaid work were assigned a monetary value, it would constitute between 10 percent and 39 percent of GDP (UNRISD, 2017).

Constructions of motherhood vary across cultures, but for the most part, mothers are the primary caregivers of young children. Globally, women with a child of pre-school age are less likely to be employed, provided other conditions remain the same (Del Boca, 2015). The competing demand of market work and child-rearing leads women to make tradeoffs, especially during children's infancy and preschool years when the latter require intense supervision (Rindfuss and Brewster, 1996).

Much of the reported research in the literature focuses on the benefits of working mothers (Chase et al., 2003). The United States (Galinsky, 1999) studied the impact of employment choices of parents on their children and found that 81% of 13-18-year-olds believed working mothers can have as good relationships with their children as do stay-at-home mothers. Also, 77% of 8-18-year-olds in Galinsky's sample did not believe that working mothers were more concerned about being successful in their careers than they were about taking care of their children's needs. Generally, Galinsky found that, especially when both parents are involved, employment of mothers outside of the home does not, per se, negatively affect children. However on a similar study done in America by (Hyde et al, 1990) found that 31% of infants with working mothers were classified as having insecure-avoidant attachment and 54% were classified as having a secure attachment. In contrast, 9% of infants of non-working mothers were classified as insecure-avoidant and 71% as secure. Similarly, child care, other than that given by the mother, can have some negative effects.

Another study by (Hsin et al., 2014) done in America found out that, "On average, maternal work does not affect on time in activities that positively influence children's development, but it reduces time in types of activities that may be detrimental to children's development," Each week, kids whose mothers work full-time spend 3.2 fewer hours engaged in "unstructured activities" — activities that don't require children and parents to be actively engaged and speaking to one another — compared to kids whose moms are unemployed. Maternal employment, generally speaking, appears to have a positive effect on children's cognitive development. "When comparing the effect of maternal employment on child outcomes between stay-at-home mothers and mothers who work full-time, the reduction in unstructured time resulting from full-time employment amounts to an improvement in children's cognitive development of 0.03 to 0.04 SD [standard deviation]," the authors write. For children under age 6, the improvement is greater.

(Waldfogel, 2007) stated there was a detrimental "family penalty" to women's career progression. She argued that this penalty lasts for their entire careers even after women have ceased to have immediate childcare concerns. (Booth and Van, 2008) linked woman's labor market position, not just to presence of children but their ages. Using British Household Panel data, they observed a link between these factors but were unable to establish the degree of impact.

(Klaile, 2013) carried out a study which sought to unravel why few women are promoted to top management positions in Finland. A descriptive survey research design was adopted. The target population comprised of middle managers in Engineering and Business professions. The study adopted a descriptive survey and questionnaire as an instrument for data collection. A simple regression technique was used to analyze data to generate data. Findings showed that family obligation (child care) has a significant influence on female middle managers career advancement in Finnish organizations.

(Fourage, 2011) also found a negative relationship between children and women's labor supply. This study used retrospective life history data for Germany, The Netherlands, and Great Britain to investigate the long-term effects of childbirth on mothers' labor supply for successive birth cohorts. Probability of estimates with correction for selection into motherhood and the number of

births showed strong drops in labor market participation before first childbirth and strong recovery after the birth of the last child, especially in Great Britain. Younger cohorts display a less sharp decline in participation around childbirth and a faster increase in participation in the 20 years after childbirth, especially in The Netherlands. However, mothers' participation rates did not return to pre-birth levels in any of the countries studied.

(Ekin,2007) argued that this was intrinsically linked to the cost and availability of childcare, especially before the child goes to Primary School at around five years old (after which the childcare costs should reduce significantly as they will be at school much of the day and alternative childcare provision is often available). After the child reaches Secondary school age, at around 12 years, mothers are more likely to go back to longer working hours or full-time work as the children are more independent, need less childcare, and spend more time in school.

In Scotland, a longitudinal study (2000-2008) was done on 46565 nurses and found that the likelihood of a woman remaining in service reduces with the age of their youngest child. Those with children under the age of five were most likely to leave. Having school-aged children is a major arbiter about women maintaining their employment. Also, for higher grade nurses, the likelihood of progression (in terms of moving up a grade) for women with dependent children is lower than that for men (ranging from 0.310 for women with children under five years old to 0.461 for those with children aged 12-15years (Mcintosh, 2012).

There is a consensus within literature that acknowledges that dependent children are a critical factor with women's position to career development.

2.2.3. Mother Hood and Nursing Profession

Research done on the family conflict among nurses in America suggested that particular hardships are experienced by women employed as nurses, especially when they have children at home (A. Morehead, 2001).(Rich, LePine, & Crawford, 2012) described various dissatisfactions with working conditions among nurses who have young children.

(Legault and Chasserio, 2003) on a study done in seven Canadian companies which sought to examine 'obstacles in the path of professional women' the extent to which "commitment" is seen as important to career advancement was studied and They noted that women's reasons for flexible work patterns had to do with the context of family and dependent children. In addition they found that, although women considered that they possessed commitment and flexibility in employment, they criticized other women with dependent children for not demonstrating these attributes. Paradoxically, this rigidity of thought was not, in general, imposed upon women by men, but frequently by women upon women.

Historically, nursing has been defined by the gender of its workforce and its professional values although there has been less attention on how these two factors are inter-related and impact on careers. There is evidence that this underrepresentation relates to child-rearing. However, there is little known about the processes by which this situation is reproduced in an occupation numerically dominated by women (McIntosh et al., 2012).

(Aarons and Sawitsky, 2006) A study done in a small mental health institution in New York which studied the attitudes towards empirically supported treatments found that commitment is seen with prioritizing the professional at the expense of the personal. They argue: commitment within nursing is defined by operational needs as opposed to individual considerations. (Davey et al., 2005) argue that this type of commitment is "total" with the practitioner subservient to the profession above any other considerations, particularly personal circumstances and needs. This form of commitment is defined primarily by an individual practitioner's relationship within the profession as opposed to any other determinant factor: it is the essential arbiter in career progression.

In nursing, perceptions of flexibility were centered on the requirements of the service as opposed to the needs of the individual nurse. The demand for flexibility for the organization has been counter-productive and denied the profession access to a wider range of able practitioners; flexibility for the employee is the key to developing skills in the long-term and preventing the loss of skills.

2.2.4. Work-Family Factors

(Colletti, Mulholland, and Sonnad, 2000) found that social and family issues to be a major concern for both male and female academic surgeons. However, both men and women report differences in the conflict between family and career responsibilities and perceptions of balancing those responsibilities for men and women. Two-thirds of men and women reported that the demands of their surgical faculty position adversely affect their relationships with spouses. Men reported a slightly higher tendency to miss family activities because of job demands (35 [77%] vs. 6[67%]), while women were significantly more likely to miss work activities because of family responsibilities (5 [56%] vs. 9 [20%]).

Mothers often carry parenting burdens with precious little assistance. African American mothers rely more on extended family for assistance with child care (Arendell, 2000). (Samman et al., 2016) suggest that when women work for pay, the amount of time they spend on care (in absolute terms and relative to men) is lower, but the reduction is not proportionate to the amount of time they spend at work thus, Aside from the significance of a mother figure with emotional needs, mothers are important for some of the participating mothers for very practical reasons (Marie, 2011).

Unlike in the good old joint families, the absence of an elderly presence in the modern nuclear families leaves the working mother with no option but to leave the child in daycare centers. Here comes the role of a crèche or playschool to substitute the tender care of a home for a blooming child much to the relief of young working mothers (Linda, 2012). Some mothers hire servants to look after their children. Baby sitters are usually paid to watch, play with the baby, and to care for the children. But the purpose would be served only if the children received their sitter's complete attention (Sun, 2013).

Additionally, a study about an intersectional perspective on parenting values among black married couples in the United States by (Cross & Bell, 2015) revealed that several African women regretted that no relatives were living nearby to help with childcare, and not having family-based care drove working African mothers to want to stay home to initiate appropriate values. In the study, most parents expressed a preference for family members providing child care when it was needed, and many parents interviewed in the study did use daycare centers or

aftercare at their child's school. Similarly, in another study in Ghana (Quaye, 2011) revealed most families would like to follow their cultural values and Practices which is sticking to their families.

This shows that the preference of family members for child care is not only for their provision of safe care for children. But it is mostly unpaid and has no economic difficulty. For this reason, they would want to use their parents more when it comes to Childcare. Therefore, with no childcare options available, there is often instability between women's reproductive work and their engagement in the labor market. The demands of children can limit women's opportunity to work outside the home the evidence suggests that where childcare is available, women's labor force participation is higher (Samman,Presler and Jones, 2016).

2.2.4.1. Work-life Balance

A recent study by (Iyer, 2017) measured the work-life balance of women and the finding revealed that married women find it very hard to balance their work and personal life irrespective of the sector they are into, the age group they belong to, the number of children they have and their spouse's profession. The study also indicated that most of the women (52%) have colleagues who have resigned or taken a career break because of work-life balance issues. (28%) work overtime frequently. (48%) spend 4 to 6 hours with their children/partners. (44%) have job stress that affects their relationships. (42%) have work that affects their house-hold activities. And from 22 private employees, only 15 of them feel that they can balance their professional and personal life.

Another study conducted by (Care,2012) found that 1,000 working mothers surveyed across the US loved their career besides raising their children. 64% of women said that work had no problem with their capability to be a good mother and 50% said that they felt that having a career made them a good role model for their children. Furthermore, from10 mothers 8 of them replied that they enjoyed being a parent who worked.

(Wang and Cho, 2013) investigated Work-Family Conflict Influences on Female Career Development and Expectations in Shandong, China. The objective of the study was to investigate whether family responsibilities influence female career development and expectation.

The study adopted a descriptive survey approach and questionnaire as an instrument for data collection. Pearson Product Moment Correlation and Regression Method were used to analyze data to generate study results. Research findings showed that family responsibilities influence female career development and expectations.

On another study done in India, (Buddhapriya, 2009) examined “Work-Family Challenges and Their Impact on Career Decisions: A Study of Indian Women Professionals”. The study adopted a descriptive survey approach and questionnaire as an instrument for data collection. A mean score was used to analyze data to generate study results. The findings showed that family responsibility influences their work-life challenges and subsequently their career decisions.

On a cross-sectional study done by (Sundaresan, 2014) in Bangalore city, India to find out the 'Work-life balance implication for working women which comprised of 125 respondents revealed that the Majority (78%) of the respondents agree that they experience high levels of stress and anxiety due to poor work-life balance. Working women not only have to manage the tasks involved in bearing and raising children but also have to deal with high levels of anxiety in having to compete in a man's world. Besides, they have to constantly juggle between the family and work preventing them from aspiring to progress in their career beyond a particular level and when some working women choose to prioritize career over family, they may experience frustration and guilt in compromising on the time to be spent with family. In either situation, working women are forced to make a difficult choice.

A longitudinal study was done by (Maitreyi and Ieva, 2017) to examine the motherhood penalty and female employment in urban India. The analysis used pooled data from six rounds of the National Sample Surveys to examine the effects of having a young child on mothers' employment in urban India over the period of 1983-2011. The results of the study showed that the care of young children is an increasingly important issue in women's employment Decisions also it is found that difficulty of balancing work and family life also results in a higher degree of stress.

(Laghari, 2015) studied an implication of work-life balance on career development in health sector at Khairpur, Indonesia. There were 30 participants from various public sector health organizations, from which 14 respondents were observed via interviews and 16 people took active part in questionnaire survey. Impact of work-life on career development is observed via five variables of work-life, named as: Work, Pay, Job security, Family life & entertainment. Work-life with its variables has the effective relation with career development. It is observed in the results that there is optimistic relation among variables taken.

Similarly, a Study by (Whitehead, 2003) about career and life balance of professional women in South Africa indicated that professional women experienced pressures and challenges, irrespective of cultural background, in their determinations to balance their multiple roles. In the study, 24 women were interviewed and fifteen indicated that they did experience life-balance, and nine indicated they did not. Several themes relating to the phenomenon of life-balance emerged from the data analysis. In the study according to the participants' responses, the experience of life balance seems to be indefinable and ever-changing for professional women.

A study conducted by (Tayfun, 2014) examined the impact of work-life balance on organizational commitment of nurses' who work in Ankara revealed that there are significant differences between the 16-25, 26-35, 36-45 age groups and also 56 and over. In the analysis of the impact of the participants' service duration on work-life balance, a significant difference was found between these two variables. There was a significant difference between workers who have been working for 1 to 11 and 21 to 30 years. Workers who have been working for 21-30 years have a better work-life balance.

(Quaye, 2011) in Ghana carried out, a qualitative study which aims to explore the everyday life experiences of working mothers and their children. A semi-structured interview guide was employed in gathering the data and the data were analyzed using qualitative content analysis. The finding of the study revealed that major challenges working mothers face are related to family life that has to do with the amount of time they spend with their children which was reduced because of their work.

(Muasya, 2016) studied the work–family balance options of women working in Kenyan universities. Data were collected by use of surveys which has both qualitative (Open ended) and quantitative (Closed ended) sections and it was distributed to female employees with children of all pay scales from administrative and academic divisions of the university. The researcher used descriptive and regression analysis for the quantitative data and Inductive data analysis for the qualitative part. Results showed that accommodation by the university(employer) was negatively correlated with the number of children women has in preschool or primary school ($r = -.47, p < .01$). Women with young children in preschool and primary school found their universities less accommodating in helping them balance work and family demands.

(Irungu, 2017) assessed the influence of work-life balance on career development choices of employees in the banking sector. The target population included 1500 management and staff of Stanbic Bank Nairobi. Through the use of stratified sampling techniques and simple random sampling techniques, a selection of 450 respondents was determined. By the use of a structured questionnaire, the research utilized descriptive and inferential statistics in data analysis and presentation. Results of the study confirm that childcare responsibilities affect employee’s career development choices. From the study, it was concluded that work life balance is the most key and determining component affecting a worker's career development choices.

(Tegene,2018) examined the effects of work-life balance on employees' retention in selected public health institutions under AAHB, Ethiopia. The study followed a concurrent mixed approach by combining both descriptive and explanatory design. It was carried out in 2 out of the 6 public hospitals. The findings of this study highlight the fact that work-life balance is significantly related to employee retention and indeed affects employee retention in public health institutions.

A qualitative study was conducted by (Frehiwot, 2019) to understand the Lived Experience of Career and Personal Life Balance of Married Working Mothers; the Case of ECEA Employees. Finding from the study clarifies working mothers have their definition of work-life balance which differs from one another, they face challenges like, lack of consistent support, lack of consistent home maid, economic difficulty, workload, and no nearby daycare. Working mothers also face the stress that comes from the guilt of leaving their children with the housemaid, from a

load of responsibilities and expectations. It is also found that married working mothers manage to attain work-life balance with the help of others like family, mother, and sister or housemaid.

Another study conducted by (Hiwot, 2019) on the work-life balance of female physicians working in Addis Ababa governmental hospitals revealed that Majority of the participants (85.7%) of them responded, they spend 2-4 hrs a day on household activities every day after spending 9-10 hrs./day (68.98%) in their work duties in the hospital where 50% of the respondents believed they never got enough time after work for their family, the stress is further compounded by the six-day/week (72.7%) work schedule. Also, 85.5% of the respondents indicated that they feel tired and depressed at work, they missed quality time with family and they even worry about work when they are not actually at work.

2.2.4.2. Career breaks

The poll of 3,000 working parents conducted by LinkedIn and Census wide found almost half of working mothers have taken an extended career break beyond their paid family leave benefits after the birth of their children, and 75 percent of working women who didn't, wanted to, but their financial situation prevented it. Many hiring managers believe the personal skills they develop during that time off make them better employees when they return. But nearly two-thirds of working parents in a LinkedIn poll said returning moms face unnecessary obstacles that make it challenging for them to advance in their careers (Stych, 2020)

“A Career break is a time out of employment due to specific reasons”. (Hurn, 2012). Traditionally for women, this is to raise kids or otherwise taking time out of their career for personal development and/or professional development. Hurn explains women are either pushed or pulled into the gap or enters the break. They are pulled into the gap seeking lesser work-related responsibilities and flexible work hours as they address their family needs like raising kids, accommodating spouses' careers, or taking care of elderly family members. On the other hand, they are pushed away when determined that their job is not satisfying or there is no advancement. Many women are often reluctant to go back to full-time work after bringing up a family.

A literature review done by(Grimshaw and Rubery, 2001) reported research into gender and careers has been long-standing and covered many determining factors, notably differences in human capital. (There has also been a research emphasis on organizational structures and policies. Within nursing, a predominantly female occupation, women commonly have disruptions to their career due to family reasons – anecdotal evidence highlighted the detrimental consequences of career breaks in terms of careers for women.

(Davey et al., 2005) found an association between career breaks and women’s acquisition of human capital. They noted the negative impact of career breaks for caring for children with the ability of women to progress from one grade to another and their long-term careers while having no discernable upon men’s careers. They argued that the inability to accrue this form of human capital was related to an individual’s career breaks.

Also in Scotland, a longitudinal study (2000-2008) was done on 46565 nurses and found that the likelihood of a woman remaining in service reduces with the age of their youngest child. According to the study the greater the cumulative break the less likelihood of career progression, except when the break is less than two years (McIntosh, 2012).

A study on the effect of career breaks on the working lives of women using survey data from the state of Queensland in Australia stated women who take career breaks interrupt their accumulation of human capital and pay a penalty in terms of lower earnings (unless the career break is for work-related reasons, such as gaining an advanced degree). Besides, women who take child-related career breaks could pay a further penalty because, within the class of women who interrupt their careers, employers might discriminate against those who interrupt careers for family-related reasons and also women who take child-related career breaks might not be able to return to the same type of job and this could generate an income penalty (Borooah & Arun 2014).

Also, on a qualitative study of Women's Part-Time Work and Occupational Change in Britain 1991–2001, discovered that negative perceptions about career breaks may be exacerbated by beliefs concerning turnover costs, principally high staff turnover associated with women leaving employment to take care of their families and children (Gregory and Connolly, 2008). Again continuous experience was associated with the accumulation of human capital and employers' perception of human capital accumulation (Manning and Robinson, 2004).

Based on a study done in Britain (Manning and Petrongolo, 2008) noted that organizations tended to give preference and privilege to continuous employment, so disproportionately handicapping of women who had taken a long-term career break. Women with children (or childcare responsibilities) who spend less time in the labor force than men, accordingly have less opportunity to invest in the accumulation of marketable human capital.

A study in the United States of America examined whether the career penalties faced by mothers change over the life course. They broaden the focus beyond wages to also consider labor force participation and occupational status and use data from the National Longitudinal Survey of Young Women to model the changing impact of motherhood as women age from their 20s to their 50s (n = 4,730). They found that motherhood is “costly” to women’s careers, but the effects on all 3 labor force outcomes attenuate at older ages. Children reduce women’s labor force participation, but this effect is strongest when women are younger, and is eliminated by the 40s and 50s. Mothers also seem able to regain ground in terms of occupational status. The wage penalty for having children varies by parity, persisting across the life course only for women who have 3 or more children (Joan, Javier & Suzzane, 2014).

On a survey done on women who had a career break and reentered the workforce to study “The effect of career breaks on working lives of women in Queensland, Austria” revealed that The average probability that the seniority or status of women (who had re-entered the workforce following a career break) would be affected was 26 percent when women were assumed to resume in the same type of jobs they were doing before their break and 40 percent when they were assumed to rejoin the workforce in different jobs from their previous ones. In other words, after controlling for "other" factors affecting seniority or status, changing job type after a break

would raise the average probability of women losing status or seniority from 26 percent to 40 percent (Voni and Shoba, 2014).

2.2.5. Organizational Factors

As a first step toward achieving gender equality and promoting the career progression of women, organizations can encourage the hiring, retention, and advancement of women by adopting work/life policies (Guy, 2003). Among work/life policies found in the literature are flexible work hours, paid leaves of absence, subsidies for childcare, job sharing, and home-based employment (Rose and Hartmann 2004; Blauer *al.* 1998). Family-friendly, or work-life, policies have been defined as arrangements designed to support employees faced with balancing the competing demands of work and family in today's fast-paced, complex environment (Reno 1993). 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 (Dex and Joshi 1999).

A study by (Hamming, 2017) aimed to explore whether and in what way social support from different sources and domains makes an additional or different and independent contribution to various health and work-related outcomes. Cross-sectional data were used from an employee survey among the workforces of four service companies from different industries in Switzerland. The study sample covered 5,877 employees of working age. The study found out that lack of supervisor support turned out to be the only or the strongest of the few remaining support measures and statistically significant risk factors for the studied outcomes throughout and by far. Lack of supervisor support was almost consistently found to have the strongest negative effect or impact of all studied factors on both health and well-being at work. The negative effect or relative risk of lacking supervisor support turned out to be particularly strong or high in case of problems at work and with regard to burnout (aOR = 2.6), job satisfaction (aOR = 3.6) and turnover intention (aOR = 3.8).

A study in China was done by (Yang et al, 2018) to explore how supervisory support for career development relates to subordinate work engagement and career outcomes: The moderating role of task proficiency. Using data collected from 228 supervisor–subordinate dyads and examined a mediated moderation model in which the interaction between supervisory support for career development and task proficiency was mediated by work engagement in predicting career outcomes in terms of career satisfaction and promotability. Results showed that supervisory support was positively related to career satisfaction ($\beta = .46$, $p < .001$, $\Delta R^2 = .20$) and promotability ($\beta = .21$, $p < .01$, $\Delta R^2 = .04$). Supervisory support for career development was positively related to career satisfaction and promotability.

A study in Malaysia aimed to examine the impact of supervisor support and to assess the moderating role of gender on employee work engagement in the context of the Malaysian hospitality industry. Data were collected from a sample of 438 customer-contact employees in Malaysian upscale hotels and tested using the partial least squares technique. The findings indicated that supervisor support positively influences work engagement and career outcome. The results highlight that supervisor support plays a critical role in fostering greater employee work engagement (Choo et al.,2016)

(Napasri and Yukongdi, 2015) carried out a study on the barriers that Influence Career Advancement on Female Executives in Thailand. Descriptive survey design and interview was adopted as an instrument for data collection. The target population of the study comprised of 30 people, chief executive officers, presidents, country managers, managing directors, and general managers. The data were mainly primary and is collected using face-to-face interviews with managers and employees of the firms. Data was analyzed using a categorization approach to compare the relationship that exists between theory and practice. Findings showed that individual factors (lack of career aspirations, work-family balance); interpersonal factors (network relationship); organizational factors (gender bias, discriminatory human resource policies and practices); societal factors (gender misconception) influences career advancement of Thai female executives.

With the advancement in technology and the introduction of innovative techniques and methods, individuals need to be trained regarding how to make effective use of these methods and techniques. To acquire appropriate knowledge, and information, it is essential to obtain mentoring. When appropriate mentoring is not available within the organizations, and then employees are not able to seek guidance and adequate assistance, hence, they experience problems in career development (Kapur, 2019).

On a study done on 'Factors influencing career progression of working women in health services: A case from Kathmandu Valley in Nepal'. A cross-sectional mixed-method study was employed in which a total of 110 female employees from health service organizations were interviewed for a quantitative survey and 15 for in-depth interviews. The results revealed that Female employees were found to have dual responsibilities both at home and at the workplace. Their career goals were changed after marriage and having children. They face discrimination and sexual harassment and lack mentoring, coaching, and social support in the workplace. Interplay between the socio-cultural and organizational factors was evident for career growth. Maintaining the balance between work and family life with being subjected to gender stereotypes makes it difficult to progress in their career (Sonia & Sharada, 2017).

(Rande et al., 2015) examined Factors Affecting Career Development of Female Employees in Indonesia. The population of the study comprised of 241 female employees of the public sector in the regional secretariat in Samarinda. Descriptive survey approach and questionnaire was adopted as an instrument for data collection. Primary data was analyzed using T-Test Statistics to generate study results. The study found that career counseling, performance assessment, and career mapping has a significant positive influence on career development on female employees.

(Abubakar, Mohd-Nazri and Rozita, 2016) examined Administrative Barrier and Career Advancement of Female Academic Staff in Nigerian Universities. The study adopted a qualitative approach and interview as an instrument for data collection. The population of the study comprised of female academic staff of different Universities in Nigeria. Purposive sampling technique was used in the selection of seven respondents and analyzed data using thematic method. Study found that administrative barrier (such as excessive workload and lack of political will) has a strong influence on the career advancement of female academic staff.

Another study in Nigeria examined the impact of micro factors on the career development of women in the hotel industry in Etsako West LGA of Edo State. Data was collected using a structured questionnaire. Multiple regression analysis was applied to analyze the data collected. The results shows that all the dimensions of micro factor; organizational culture ($r = 0.185$; $p < .05$), family factor ($r = 0.306$; $p < .05$) and individual factor ($r = 0.381$; $p < .05$) has a significant relationship on career development of women in the studied hotels in Etsako West LGA. Regarding the strength of the relationship, the results show that the organizational culture has a small but positive relationship, the family factor has a positive but medium relationship, and the individual factor has a positive, but medium relationship. Results of the micro factor dimensions that contributed to the prediction of the career development of women shows that organizational factor made the highest contribution to career development and as well significant ($\beta=0.756$; $p<.05$), followed by family factor which is also significant ($\beta= 0.182$; $p<.05$). This suggests that managers should put in place gender-friendly organizational policies that could encourage professionalism, including, enforcement of family support programs that could enhance the career path of women. (Josephine et al, 2016).

(Rahel, 2013) aimed to investigate and compare the challenges and opportunities of women managers in female & male-dominated organizations and findings suggest that, the policies and strategies that could help women managers in organizations studied were insufficient. Regarding the challenges of women managers in both organization is more or less the same however in women dominated organization challenges of women managers is more significant than men dominated organizations. Also, policies and strategies that support women managers were insufficient and there is no mentorship programs incorporated in their organizational policy.

Another study was done in Addis Ababa by (Woineshet, 2015) which aimed to assess factors affecting women's participation in leadership positions at Dashen Bank S.C. using a descriptive survey. The findings of the research revealed that there is no equal distribution of positions between men and women in key decision making and leadership positions. The major identified factors were the perception of top management that men are better leaders than women, highly linked male networks and alliance with the management, attitudes of top management, inconsistency or unfair promotional policies, and inhospitable and discouraging corporate cultures are mentioned.

This paper examines three separate factors Socio-demographic Factors, Work-family factors, and Organizational Factors and their impact on the career development of nurse professional mothers. It quantifies the impact of these motherhood associated factors upon women's careers.

2.3. Conceptual Framework

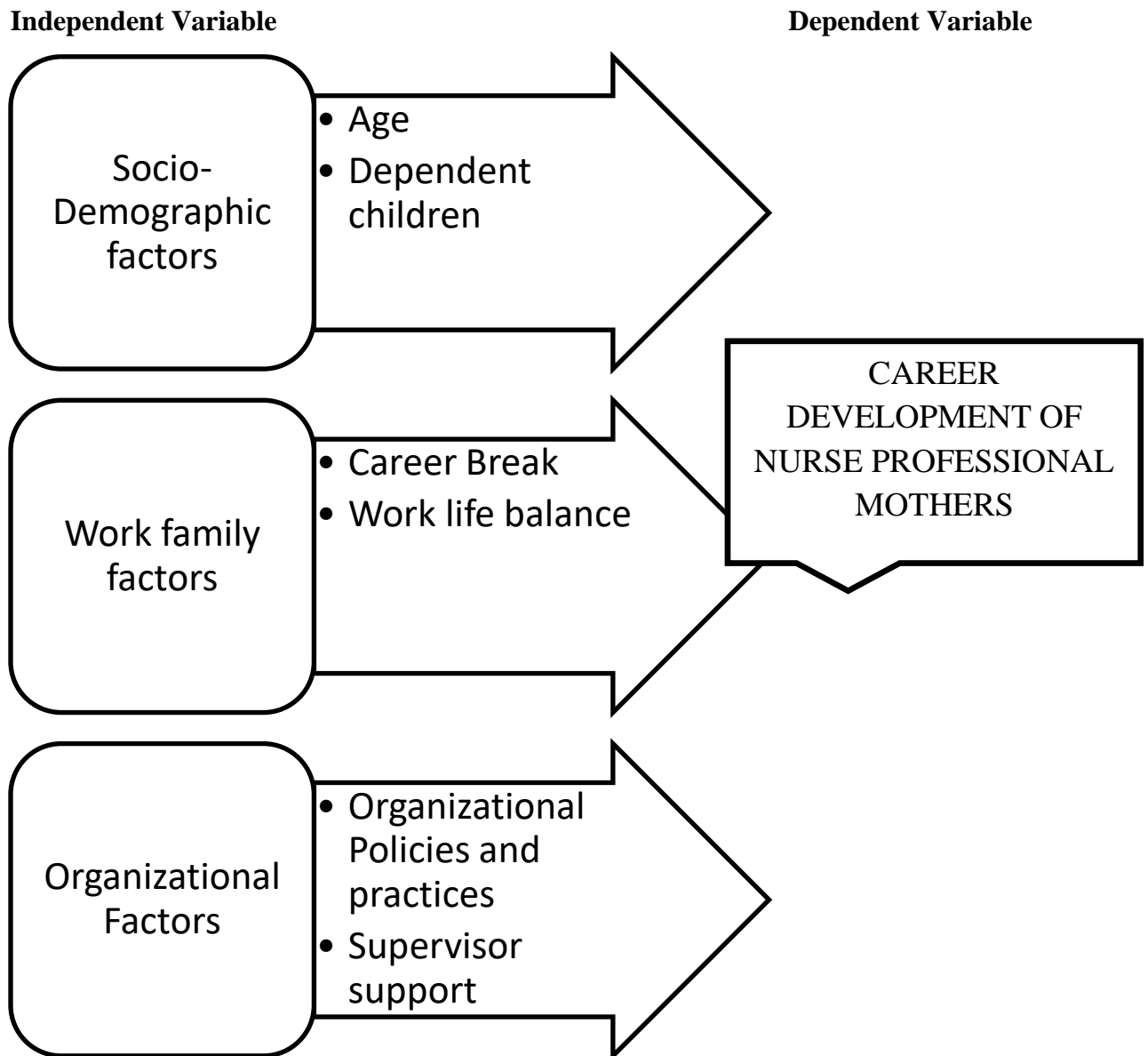


Figure 1. Conceptual Frame Work; Adopted from (Mcintosh,2012; Felisita, 2013

2.4. Research Hypotheses

In previous research studies, different factors that affect mothers' career development have been identified. Based on those findings Socio demographic factors, Work-Family Factors, Organizational Factors are considered as the factors affecting the career development of mothers. Then, the hypotheses are proposed as:

Socio demographic factors have an effect on Women Career development

H1a: *Socio demographic factors (Age and dependent children) have an effect on Women Career Development*

Work-family factors(Career break and work life balance) have an effect on Women Career Development

H1b: *Work family factors have an effect on Women Career Development*

Organizational Factors (Organizational policy & practices and Supervisor support) have an effect on Women Career Development

H1c: *Organizational Factors have an effect on Women Career Development*

CHAPTER THREE

RESEARCH DESIGN AND METHODOLOGY

This chapter highlights the overall methodology that issued to carry out this research study. It embodies the research design, population under consideration, sampling design, data collection methods, research procedures and the methodology that the researcher employed in the study.

3.1. Research Design and Approaches

The study was quantitative and cross sectional in nature and adopted a descriptive and explanatory research design. According to (Cooper and Schindler, 2003), a descriptive research design is concerned with finding out the what, where, and how of a phenomenon. The study chose a descriptive research design because the study aimed at building a profile about the effect of motherhood on the career development of nursing professional mothers. Descriptive research design is more appropriate as it seeks to establish the what, who, where, and when of a phenomenon. This design is more appropriate in providing an in-depth understanding of the Motherhood associated factors affecting the career development of nurse professional mothers. In addition Explanatory design was used so as to identify the extent and nature of cause-and-effect relationships.

3.2. Population, Sample size and Sampling Techniques

3.2.1. Research Population

This was an institutional-based cross-sectional study conducted in selected Hospitals under Addis Ababa health bureau. Addis Ababa is the capital city of Ethiopia, which is located in the central part of Ethiopia, with a total population of 3,384,569 and covers a geographical coverage of 540 square kilometers.

There are six public hospitals under the administrative city and a total of 8703 health professionals working in Addis Ababa government health facilities. The study was conducted from March 1 to June 15, 2020 in selected Addis Ababa city governmental Hospitals. From the six hospitals under Addis Ababa Health Bureau two of them were selected (Yekatit 12 and Ras Desta Damtew).

Yekatit 12 Hospital is one of the hospitals under Addis Ababa City Administration Health Bureau that has been giving routine health services for Addis Ababa and other referral cases from different regional states of Ethiopia. The hospital provides services for a population of approximately 4 million people. It has 9 departments and 6 units and has 265 beds. It has been the main referral hospital for treatment of burns patients for many years. The burn unit has 19 beds, 12 of them for adults and 7 for pediatrics.

Ras Desta Damtew Memorial Hospital is one of the hospitals under Addis Ababa City Administration Health Bureau that has been giving routine health services for Addis Ababa and other referral cases from different regional states of Ethiopia.

Study Population

All-female nurses working at selected hospitals under Addis Ababa health bureau who satisfy the eligibility criteria's

Eligibility Criteria

Inclusion Criteria

- ✓ All Married Nurse Professional mothers working at selected Hospitals under Addis Ababa Health Bureau

Exclusion Criteria

- ✓ All Nurse Professionals working at selected Hospitals under Addis Ababa Health Bureau who graduated after 2015 and those who were not present at the time of data collection.

Study Variables

Dependent

Career Development (Yes/No)

Independent

Socio demographic factors

Work-Family Factors

Organizational Factors

3.2.2. Sample Size

According to (Catherine, 2009) the correct sample size in a study is dependent on the nature of the population and the purpose of the study. Although there are no general rules, the sample size usually depends on the population to be sampled. In this study, All married mothers which are nurse professionals (Bsc, Diploma and Msc) who were working in selected hospitals under Addis Ababa health bureau and who meet the eligibility criteria was included in the study. The sample size was determined using a single proportion formula

$$\frac{n = z^2(a/2) p(1 - p)}{w^2}$$

where n is the required sample size, z is the standard normal deviate, set at 1.96 (for 95% confidence level), w is the desired degree of accuracy (taken as 0.05) and p is the estimate of the proportion of career development was taken to be 50%.

$$\frac{(1.96)^2 \cdot 0.5(1 - 0.5)}{.05^2}$$

N=384

Hence, nurses working under Addis Ababa Health bureau are <10,000 the final sample size was determined as follows by using correction formula:

$nf = no/[1 + no/N]$ Where;

□ nf = the final sample size,

□ no = initial sample size 384 and

□ N = number of female nurses working in hospitals under Addis Ababa health bureau is 1020

$$nf = 384/1+384/1020= 280$$

Considering a 10 % non-response rate, the total sample size was:

$\frac{10}{100} \times 280 = 28$, $280+28=308$, but considering the fact that Ethiopia is in the middle of COVID 19 pandemic and since the study period is limited, It was not possible to collect this much data. Due to the mentioned reasons the researcher opted to carry out binary logistic regression with minimum sample size which is 30 per each variable. Hence there are six variables related to career development of nurse mothers the feasible sample size was calculated to be 200.

3.2.3. Sampling Techniques

There are six hospitals under Addis Ababa health bureau. Out of the six hospitals two of them were selected using simple random sampling and all nurses working at Yekatit 12 and Ras desta hospital who satisfy the eligibility criteria were included in the study. The total number of Married nurse mothers involved in the study was 200.

3.3. Sources of data

Primary data which is a structured questionnaire was the instrument used for data collection. The tool was prepared to collect data from all nurse professional mothers working at Yekatit 12 and Ras desta hospital.

3.4. Data gathering instrument

The study collected primary data through a structured questionnaire. The questionnaire was adopted from (Felista, 2013) & (Meskerem, 2017) and modified to the local context based on the specific objectives of the study and were prepared to guide the respondents. Structured questionnaire was used to collect data on socio-demographic characteristics, Work conditions, work life balance, organizational policies and practices and supervisor support. A Likert scale consisting of 16 items with responses being answered in a 5-point scale (Strongly disagree, disagree, neither agree nor disagree, Agree and strongly agree) was employed to measure the nurse's Work life balance, Organizational policies and practices and Supervisor support. The questionnaire was translated into Amharic by a language specialist and the researcher made sure questions did not lose their essence on the translation process.

3.5. Procedures of data collection

The researcher with the help of six data collectors administered questionnaires to the nurse supervisors in each of the departments which are found on the two hospitals. Due to the fact that Ethiopia is in the middle of Covid 19 pandemic it was difficult to collect the questionnaires from each of the respondents. Nurse supervisors were responsible to collect the data from each of the respondents. On each data collection day, the collected data was reviewed and each questionnaire was checked for completeness by the researcher daily.

3.6. Pilot Testing

Data quality was maintained through a pretest. A pre-test was done both in the English and Amharic translated questionnaires at Amanuel Specialized mental hospital in 5% of the sample to see if there are any missed or unclear questions on the data collection tool. After pre test, marginal corrections such as order and wording of questions were assessed. Similarly, the questionnaire was pilot tested ($n = 10$). The internal consistency reliability for the six statements on work life balance was (Cronbach's α) was $\alpha=.64$, for the 5 statements on Organizational policies and practices was $\alpha=.66$ and for the 5 statements on Supervisor support was $\alpha=.901$. In addition, supervised data collection was done to look for the completeness and accuracy of the data. Double entry and data cleaning was also done to recheck data entered in the SPSS.

3.7. Methods of data analysis

The collected data was critically checked for its completeness then coded, entered, and cleaned using SPSS version 20. Reliability tests were employed on SPSS to check the instrument internal consistency. Descriptive statistics was used to describe each individual variable using mean, standard deviation and other methods to describe study parts by characteristics. Binary Logistic regression was done to identify factors related to nurse professional mother's career development. In all the analysis p -value 0.05 was considered as statistically significant.

3.8. Ethical Considerations

In this study, the researcher requested ethical clearance and a support letter were provided by SMU. Ethical clearances were obtained from St Mary University. Letter of support was obtained from Addis Ababa administrative Health Bureau. The purpose of the study was explained to the study participants (Nurses) and Informed consent was asked from the respondents (nurses). In addition, confidentiality and privacy of the information they gave was guaranteed. Data was used for the research purpose only and unique identifiers were not expressed.

3.9. Dissemination Plan

The findings of the study will be submitted to St Mary University School of Graduate studies Department of Business Administration, Addis Ababa. Following submission, the results will be defended in the University. After the approval of the findings by the Department of Business Administration, copies will be distributed Health bureau and Ministry of Health.

CHAPTER FOUR

DATA ANALYSIS, INTERPRETATION AND DISCUSSION

The study tried to assess the effect of motherhood associated factors on career development of nurse professionals working in selected hospitals under Addis Ababa Health Bureau. The researcher gave out 200 questionnaires and 200 of them were completed and returned. The response rate was 100%. The following results are obtained after carefully analyzing the survey data using SPSS version 20.0.

4.1. Socio-Demographic characteristics of Respondents

From the total respondents (n=200) of nurse professional mothers, (n=140, 70 %) of the nurses work in Yekatit 12. Nurse professional mothers with dependent children only made up of (n=97, 48.5%) and the average number of children for nurse mothers was 2. Descriptive statistics for age showed that the mean age of the respondents were (Mean=30.77) with minimum being 26years. Nurses who lived in a rented house (n=121, 60.5%) constituted majority of the respondents, (n= 113, 26.8%) live with their families, and only (n=18, 9.0%) live in their own house. The average Family income per month in Ethiopian birr was calculated to be (n=20164) with the minimum being 2600ETB. The average number of years worked as a nurse was (m= 8.48).The Minimum number of families living in the same house for the respondents was 3. Only (n=44, 22%) of the nurse's Spouses were health professionals (Table-1).

Respondents who has Diploma was the smallest of the groups (n=51, 25.5%) and nurses with a Bsc degree was the largest group (n=108, 54%) of the respondents which is similar to studies done in public hospitals in Addis Ababa where 73% of the respondents had a Bsc degree and only 24% had a diploma (Yimer, 2017).

Table-1. Socio-demographic characteristics of Nurse professional mothers (n=200)

CATEGORICAL SOCIO-DEMOGRAPHIC VARIABLES	CATEGORIES	n (%)
Type of Health Facility	Yekatit 12 Hospital	140(70.0)
	Ras desta Hospital	60(30.0)
Dependent Children	Yes	97 (48.5)
	No	103 (51.5)
Housing Arrangement	Rented	121 (60.5)
	Own	18 (9.0)
	Living with family	61 (30.5)
Highest Education Attained by Nurse Professional Mother	Diploma	51 (25.5)
	Bsc Degree	108 (54.0)
	Masters Degree	41 (20.5)
Spouse Profession	Health Professional	44 (22.0)
	Non Health Professional	156 (78.0)
CONTINUOUS SOCIO-DEMOGRAPHIC VARIABLES	MEAN(SD)	MIN/MAX
Age in Years	30.77 (2.63)	26/47
Number of children	1.95(.885)	1/4
Family income per month in ETB	20164.00 (10687.87)	2600/48000
Number of family members	4.29 (1.02)	3/6
Number of years worked as a nurse	8.48 (3.86)	5/29

(Survey data, 2020)

4.2. Descriptive analysis

The below variables were measured using the following criteria

Career Development; Career development was measured based on the presence of job promotions and/or the presence of formal trainings taken after the birth of the first child.

Dependent Children; any person aged 0-5 living in the household or mentally or physically disabled child under the age of 18.

Career Break; Defined as a time away from work to take care of one's children or other family members.

Work Life Balance; Assessment of work life balance was performed by using six items and was measured by Likert scale from highly disagree (1) to highly agree (5). The internal consistency reliability for the six statements on work life balance was (Cronbach's α) $\alpha=.62$, the overall score was estimated by taking the average score of all the subscales. To measure level of work life balance of each individual, the mean (average) value of all domains was calculated. Mean value of domains was taken as a cut point value to determine whether a Nurse professional mother has Work life balance. As a result, nurse for whom score was below mean were considered as not having work life balance and those with mean and above were regarded as having a work life balance.

Organizational Policies and Practices; Assessment of Organizational policies and Practices was performed by using five items and was measured by Likert scale from highly disagree (1) to highly agree (5). The internal consistency reliability for the six statements on Organizational policies and Practices was (Cronbach's α) $\alpha=.67$, the overall score was estimated by taking the average score of all the subscales. To measure level supportiveness of Organizational policies and Practices of each individual, the mean (average) value of all domains was calculated. Mean value of domains was taken as a cut point value to determine whether a Nurse professional mother considers organizational policies and practices supportive. As a result, a nurse mother for whom score was below mean were considered as not having supportive Organizational policies and Practices and those with mean above were regarded as having supportive Organizational policies and Practices.

Supervisor Support; Assessment of Supervisor support was performed by using five items and was measured by Likert scale from highly disagree (1) to highly agree (5). The internal consistency reliability for the six statements on Supervisor support was (Cronbach's α) α =.92, the overall score was estimated by taking the average score of all the subscales. To measure level supervisor support of each individual, the mean (average) value of all domains was calculated. Mean value of domains was taken as a cut point value to determine whether a Nurse professional mother considers her supervisor supportive. As a result, a nurse mother for whom score was below mean were considered as not having supportive Supervisor and those with mean above were regarded as having supportive supervisor.

4.2.1. Frequency of work related factors

From the total (n=200) respondents, only (11, 5.5%) has administrative or executive positions. A small number (54, 27%) of nurses have been promoted since they started working in their organization.(n=91,45.5%) of the respondents have not taken any kind of formal trainings since giving birth to their first child. Only (n=42, 21%) of nurses didn't take a career break to take care of their family. Work life balance among the respondents were (n=122, 61%).Organizational policies and practices were perceived family friendly in only (n=62, 31%) of the respondents. More than half (n=105, 52.5%) of the of the nurses did not have supportive supervisors (Table-2)

The results of this study showed that 79% of the nurses have taken a career break to take care of their family which is similar to study conducted by (Stych, 2020) on LinkedIn and Census wide where almost half of working mothers have taken an extended career break beyond their paid family leave benefits after the birth of their children, and 75 percent of working women who didn't, wanted to, but their financial situation prevented it. This may be due to non family friendly environment at work and the burden of family responsibilities on women.

Work life balance among the respondents were (n=122, 61%) which is higher than a study by (Iyer, 2017) where only 31.8% of the respondents believe that they have work life balance. This may be due to the fact that the two studies employed different methods to measure work life balance and the small number (22) of respondents on Iyer's study.

Table-2.Frequency of Work related Variables of Nurse Professional mothers (n=200)

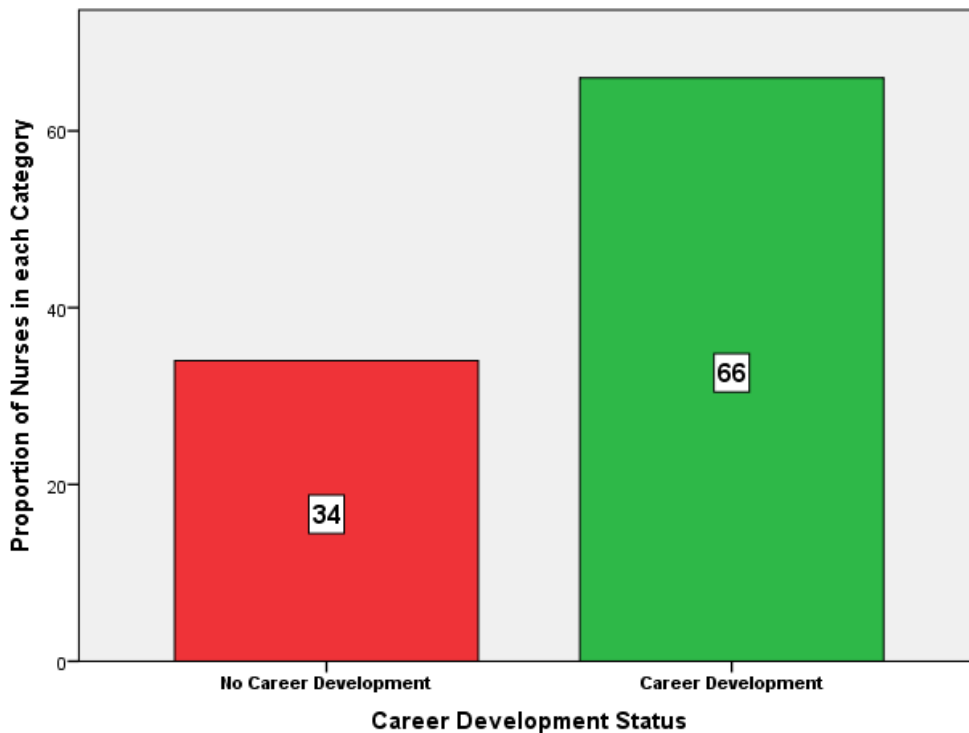
Variables	Category	n(%)
Job Title	Staff Nurse	150 (75.0)
	Nurse Manager	39 (19.5)
	Administrative or Executive	11 (5.5)
Promotion since working in current organization	Yes	54 (27.0)
	No	146 (73.0)
Formal Trainings taken after giving birth to first child	None	91 (45.5)
	Academic degree (Bsc/Msc.)	58 (29.0)
	Short term trainings	51 (25.5)
Career Break	Yes	158 (79.0)
	No	42 (21.0)
Work life balance	Yes	122 (61.0)
	No	78 (39.0)
Organizational policies and practices	Family Friendly	62 (31.0)
	Not Family Friendly	138 (69.0)
Supervisor Support	Supportive	95 (47.5)
	Not Supportive	105 (52.5)

(Survey data, 2020)

4.2.2. Career Development of Respondents

Career development was measured based on the presence of job promotions and/or the presence of formal trainings taken after the birth of the first child. From the total nurse professional mothers (n=68, 34 %) have no career development. More than half (132, 66%) have developed their careers (Figure 1).

Figure 2. Career Development of Nurse Professional mothers (n=200)



The ability for working mothers to climb the corporate ladder is challenging and extremely difficult. The responsibility that comes with being a mother affects working mother's career development (Esther, 2016). From the total 200 respondents more than half (66%) has career development this may seem optimal by itself but not in comparisons to male nurses according to study by (Abrahamsen, 2013) half a year after completing training, about 10% of both men and women have leadership posts, However this picture changes. Four to five years later, more than

half of the male nurses have acquired positions of leadership. At the same time only 20% of the women are in similar positions. This may be explained with the burden of family responsibilities on female nurses. Most of the nurses (n=146, 73%) have not been promoted since working in their current organization which has a great variation with a similar study in Nairobi by (Gatecha, 2013) where only 19.35% of female employees were not promoted. This variation may be created due to the difference in the study sectors plus all female employees (Mothers and not) were included in the study. Nurses who has taken no formal trainings after giving birth to their first child has accounted for 45.5 % of the respondents Similarly Lack of adequate training was associated with less career growth with a mean of 3.8731 on a study by (Gatecha, 2013).This may be created because nurses will be busy with taking care of their children and other family responsibilities after being a mother.

4.2.3. Opinions of nurse professional mothers on work life balance

Less than half of the respondents (n=80, 40%) (a total of %) agreed and strongly agreed that Spouse equally shares household activities and child caring activities, 18% of the respondents disagreed and strongly disagreed that they can ask help on child care and family issues from relatives, 28.5% of the respondents Disagreed and strongly disagreed that they miss family activities due to work. Only 29.5% of the respondents did not think that child care affected their job and career choices (Table 3).

Only 51.5% of nurses disagreed and strongly disagreed that spouse equally shares house hold activities and child care. This is higher than a study by (Hiwot, 2019) where 36% of female doctors rarely get any help in from their spouses in the day to day activities. These differences may be created due to two different sample populations in the studies. Only16.8% of the respondents in this study agreed and strongly agreed that they miss family activities due to work this result is inconsistent with Hiwot where 85.5% of the respondents indicated that they feel tired and depressed at work, they missed quality time with family and they even worry about work when they are not actually at work. This may also be due to the different populations on the two studies. 41.2% of the respondents think that child care affected their job and career choices which is supported by (Maitreyi and Ieva, 2017) and (Quaye, 2011) where it entails the care of young children is an increasingly important issue in women's employment decisions. This may

be due to the time mothers must spend with their children which makes it difficult to focus on career prospects.

Table 3 Opinions of nurse professional mothers on work life balance (n=200)

Statements on Work life Balance	Level Of Agreement				
	Strongly Disagree n (%)	Disagree n (%)	Neither Agree nor Disagree n (%)	Agree n(%)	Strongly Agree n (%)
My spouse equally shares household activities and child caring responsibilities with me.	61 (30.5)	41 (20.5)	18 (9.0)	62 (31.0)	18 (9.0)
I can turn to my relatives for child care and advice about handling problems with my family.	17 (8.5)	19 (9.5)	63 (31.5)	71 (35.5)	30 (15.0)
I have to miss family activities due to the amount of time I must spend on work responsibilities	5 (2.5)	52 (26.0)	106 (53.0)	22 (11.0)	15 (7.5)
Family matters reduce the time I can devote on my job.	11 (5.5)	65 (32.5)	16 (8.0)	77 (38.5)	31 (15.5)
During the working hours I feel more pressurized due to the family responsibilities.	29 (14.5)	48 (24.0)	67 (33.5)	31 (15.5)	25 (12.5)
Considerations of child care affected my job and career choices	33 (16.5)	26 (13.0)	58 (29.0)	72 (36.0)	11 (5.5)

(Survey data, 2020)

4.2.4. Opinions of nurse professional mothers on organizational Policies and practices

More than half (n=203, 48.6%) of the respondents disagree and strongly disagreed that their organization has flexible working schedules to accommodate female employees. Only 7.5% of the respondents said that their organization has onsite child care. Very few 14.5% of nurses believed that their organization encourages women and gives opportunity for advanced education. Only 16% of the respondents believe that their organization implements impartial job promotion policies and practices (Table-4).

More than half 51.5% of the respondents disagree and strongly disagreed that their organization has flexible working schedules to accommodate female employees which is a bit lower as compared to a study by (Hiwot,2019) which is 80.5% of the respondents on her study indicated that they are not happy with the working hour requirements. This may be due to the high expectations of the source population which are Female doctors on Hiwot's study. Only 16% of the respondents believe that their organization implements impartial job promotion policies and practices.74% of the respondents believed that their organization does not provide mentorship program which is higher as compared to (Rahel, 2013) where only 56% of the respondents said that the program does not exist in their organization. The variation between the two studies may be created because of the different sectors the studies were carried out.

Table-4. Opinions of nurse professional mothers on organizational Policies and practices (n=200)

Statements on Organizational Policies and Practices	Level Of Agreement				
	Strongly Disagree n (%)	Disagree n (%)	Neither Agree nor Disagree n (%)	Agree n(%)	Strongly Agree n (%)
My Hospital has flexible working schedules to accommodate female employees.	55 (27.5)	48 (24.0)	37 (18.5)	49 (24.5)	11 (5.5)
My Hospital provides employees with onsite child care support at work.	131 (65.5)	54 (27.0)	0 (0.0)	0 (0.0)	15 (7.5)
My Hospital HRM policies and practices encourage women and gives opportunity for advanced education and training.	58 (29.0)	61 (30.5)	52 (26.0)	18 (9.0)	11 (5.5)
My Hospital policies and practices encourage women mentorship programs	89 (44.5)	59 (29.5)	19 (9.5)	10 (5.0)	23 (11.5)
My Hospital implements Impartial (fair) job promotion policy and practices.	54 (27.0)	46 (23.0)	68 (34.0)	4 (2.0)	28 (14.0)

(Survey data, 2020)

4.2.5. Opinions of nurse professional mothers on supervisor support

Only 14% of the respondents said that their supervisor supports them to acquire further training. Less than half 44.5% believed that their supervisor makes sure they get the credit when they achieve something substantial on the job. 35.5% of the respondents believed that supervisor carries out transparent performance evaluation procedure (Table-5).

Only 47.5% of the respondents believed that they have supervisory support which is lower as compared to (Hiwot, 2019) where 82.3% indicated that they have no supervisory support. This may be created by the difference in perceptions and expectations of physicians and nurses.

Table-5. Opinions of nurse professional mothers on Supervisor Support (n=200)

Statements on Supervisor support	Level Of Agreement				
	Strongly Disagree n (%)	Disagree n (%)	Neither Agree nor Disagree n (%)	Agree n(%)	Strongly Agree n (%)
Supervisor cares about whether or not you have achieved your career goals	21 (10.5)	63 (31.5)	60 (30.0)	50 (25.0)	6 (3.0)
Supervisor supports your attempts to acquire additional training/education to further your career.	42 (21.0)	91 (45.5)	39 (19.5)	17 (8.5)	11 (5.5)
Supervisor makes sure you get the credit when you accomplish something substantial on job.	27 (13.5)	35 (17.5)	49 (24.5)	83 (41.5)	6 (3.0)
Supervisor focuses on your successes rather than your failures.	27 (13.5)	46 (23.0)	67 (33.5)	54 (27.0)	6 (3.0)
Supervisor carries out fair and transparent performance evaluation procedure	31 (15.5)	19 (9.5)	79 (39.5)	65 (32.5)	6(3.0)

4.3. Regression analysis

In order to determine factors associated with career development of nurse mothers, binary logistic regression was used considering the behavior of the outcome variable which is Career development (Yes/No). Six (6) factors (Age, dependent children, Career break, Work life balance, Organizational policies and practices and supervisor support) were considered potential factors. Based on the results of binary logistic regression only one (1) of the work family factors which is work life balance was a significant predictor of career development.

4.2.1. Predictors of nurse mothers career development

Work life balance was the only significant predictor of Career development of nurse mothers (AOR=5.87, $P<.000$) (Table-6). Respondents who have no work life balance had 5x less chance of career development. Similarly a study by (Laghari, 2015) states Work-life balance has a positive impact on career development of health professionals. Perhaps the reason behind this is that having no work life balance implies having less time and space to develop new skills and demand for more opportunities at work.

Based on this study dependent child is not a significant predictor of career development of nurse professional mothers but according to (Mcintosh, 2012) for higher grade nurses, the likelihood of progression (in terms of moving up a grade) for women with dependent children is lower than.310 for women with children under five years old to 0.461 for those with children aged 12-15years and also a study by (Fourage et al., 2011) found a negative relationship between children and women's labor supply. This disparity may be created due to the strong social bond of the Ethiopian community where grandmothers, neighbors and relatives help in taking care of children.

Career break was not considered a significant predictor of Career development on this study but in contrary to this (Voni and Shoba, 2014) discovered for women who had a career break and reentered the workforce the average probability that the seniority or status of women (who had re-entered the workforce following a career break) would be affected was 26 percent when women were assumed to resume in the same type of jobs they were doing before their break and 40 percent when they were assumed to rejoin the workforce in different jobs from their previous ones. This may be caused by the less competitive nature of the sector in Ethiopia and few trainings and promotion opportunities given by health facilities.

On this study Organizational policies and practices were not significant predictors of career development of nurse mothers but according to (Napasri and Yukongdi, 2015), (Sonia & Sharada, 2017) and (Josephine et al, 2016) family friendly organizational policies and practices enhance career development of women. The discrepancy with this study was perhaps created due to the lack of awareness of the staff about organizational policies and practices.

Furthermore based on this study Supervisor support was not a predictor of career development of nurse professional mothers however studies by (Choo, 2016), (Yang et al, 2018) and (Hamming, 2017) proved otherwise. Perhaps the inconsistencies are created by the nature of the supervisor and subordinate relationship in Ethiopia where the previous just wants the job done and don't really care about employees personal life and wellbeing and the later never even consider demanding support.

Table 6. Potential predictors of nurse professional mothers career development. (n=200)

Variables	Categories	AOR(95%CI)	p-Value
Age		1.11 (.99, 1.25)	.080
Dependent Children	Yes	.78 (.34, 1.76)	.545
	No	1	
Career Break	Yes	.77 (.30, 1.97)	.588
	No	1	
Work Life Balance	Yes	5.87 (3.10, 11.14)	.000*
	No	1	
Organizational Policies And Practices	Family Friendly	1.42 (.69, 2.92)	.342
	Not Family Friendly	1	
Supervisor Support	Supportive	1.19 (.47, 2.99)	.716
	Not Supportive	1	

*Significant at 5% level of significance (p-Value < 0.05) (Survey data, 2020)

CHAPTER FIVE

FINDINGS, CONCLUSION AND RECOMMENDATION

In this chapter major findings conclusion and recommendations are presented based on the analysis of survey data

5.1 SUMMARY OF MAJOR FINDINGS

Based on the results of the survey data the following findings are listed.

- Nurse professional mothers with dependent children only made up of 48.5% of the nurses.
- Mean age of the respondents were 30.77 with minimum being 26years.
- Nurses who lived in a rented house constituted majority of the respondents.
- The average Family income per month in Ethiopian birr was calculated to be 20,164 with the minimum being 2600ETB.
- Nurses with a Bsc degree was the largest group of the respondents.
- The Minimum number of families living in the same house for the respondents was 3.
- Respondents average work experience was 8.48Years.
- Very few of the nurse professional mothers held administrative positions
- Less than a third of the nurses were promoted since started working at their respective hospitals.
- More than half of the respondents took different kinds of formal trainings after giving birth to their first child.
- Majority of the nurses took a career break.
- More than half of the respondents has no work life balance
- Organizational policies and practices were perceived family friendly in less than half of the respondents.
- Almost half of the respondents did not have a supportive supervisor
- Only work life balance was found to be significant predictor of career development. Nurse mothers who have no work life balance are 5x more less likely to develop their career.

5.2. Conclusion

The aim of this paper was to find out the prevalence of career development in nurse professional mothers and determine the factors affecting career development of nurse professional mothers and explore the magnitude of effect of factors on career development of nurse professional mothers.

The results of the study discovered that more than half of the nurse professional mothers have career development. Career development of nurse mothers is crucial for health institutions effectiveness; therefore taking necessary precautions and strategies in ensuring employees career development is paramount. Furthermore the study revealed that age, dependent children, career break, organizational policies and practices and supervisor support are not significant predictors of nurse mothers' career development. Among the potential factors only work life balance was found to be a significant predictor of career development of nurse professional mothers. Women with children have a pressure to fulfill their roles as a mother and worker. This tension in nurse professional mothers leads to a denial of opportunities for career development. Nursing is a female dominated profession however it doesn't make career development easier for mothers. That is because perceptions of flexibility were centered on the requirements of the service as opposed to the needs of the individual nurse.

In conclusion, hospitals under Addis Ababa Health Bureau need to organize and avail more training and promotion opportunities for Nurse professional mothers and help employees maintain better work life balance.

5.3. Recommendations

Based on the findings of this study on the Effect of motherhood on career development of nurse professionals working at selected hospitals under Addis Ababa health bureau, Addis Ababa, Ethiopia the following suggestions and recommendations were made based on the fact that facilitating women fulfill their potential is not just a matter of equality rather the under-utilization of women's skills costs us a lot as a nation. Organizations can make use of unexploited potential of nurse professional mothers and nurse mothers can contribute more to the health sector which has limited number of trained professionals.

- ✓ Albeit more than half of the nurse mothers have career development in this study it is still far from sufficient hence hospitals should organize on the job trainings that could develop women individual skills and competence, thus, empowering them for career prospects.
- ✓ More than a third of nurse mothers has no work life balance this implies that Ministry of health and Addis Ababa Health bureau should adopt work family policies; leave policies, flexible working hours to help nurse professional mothers maintain work life balance and to reduce the number of nurses who take career breaks.
- ✓ Most of the nurse mothers believed that considerations of childcare affects their job and career choices thus Addis Ababa health bureau and respective hospitals need to help nurse mothers reduce the effect of child care on their career path by building facilities like, breast feeding facilities and onsite child care services and those health facilities who already have these amenities need to aware their employees on the availability of these services.
- ✓ There has been efforts made by the Ethiopian government to bring women to administrative positions but there is still a long way to go hence the government should promote gender-sensitive policies in the workplace that will enable women to maintain work-life balance.

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APPENDICES

Appendix I: Informed Consent Form

A self administered questionnaire to assess **FACTORS AFFECTING CAREER DEVELOPMENT OF NURSING PROFESSIONAL MOTHERS WORKING IN SELECTED HOSPITALS UNDER ADDIS ABABA HEALTH BUREAU**

Dear respondents.

I am conducting a survey to obtain information on **career development of nursing professional mothers working at selected hospitals under Addis Ababa health bureau**. Your genuine response will be a great help for my research. Your responses will, of course, be strictly confidential and the data requested will not be used for any other purpose a part from academic.

Thank you in advance for your time and effort!

APPENDICES

Appendix II: Questionnaire

SECTION I: A.SOCIO-DEMOGRAPHIC VARIABLES

Instructions: Tick in the box that matches your response for the multiple choice questions and write down your answers for the open ended questions.

1. Age in complete Years? _____
2. How many children do you have? _____
3. Do you have children under the age of 5 Years?

Yes No

- 3.1. If your answer is **yes** for **question number 3**, **write down** the number of children you have on each age category?

- a) Children **Under the age of 1** _____
- b) Children **between age 1-5** years _____
- c) Children between age **6-9** years _____
- d) Children between age **10-12** years _____
- e) Children above age **12** Years _____

4. Do you have a child who is mentally or physically disabled under the **age of 18**?

Yes No

5. What is the **highest** level of education your Husband attained?

Cannot read and write Read and/or primary
Secondary Above secondary

6. What is your **spouse** profession? Please specify _____

7. Family **income** per month in ETB _____

8. Number of **family members living in your house** _____

9. **Housing arrangement** Rented house Own house

Living with family other (Please specify) _____

10. What is the **highest level of education** you have attained?

Diploma Bachelor's Degree Master's Degree

Professional Course Certificate

SECTION II: CAREER DEVELOPMENT

Instructions: Tick in the box that matches your response for the multiple choice questions and write down your answers for the open ended questions.

No	Questions	Your responses
1	Number of years worked as a nurse	
2	Select your job title	Staff nurse <input type="checkbox"/>
		Nurse manager <input type="checkbox"/>
		Administrative or Executive <input type="checkbox"/>
3	Have you ever been promoted (Moved into a better position) since you have started working at your current organization?	Yes <input type="checkbox"/>
		No <input type="checkbox"/>
4	What type of formal trainings have you taken to advance your career after giving birth to your first child? (<i>If you have taken more than one formal training, You can tick in more than one box</i>)	None <input type="checkbox"/>
		Academic degree(Bsc/Msc) <input type="checkbox"/>
		Professional course certificate <input type="checkbox"/>
		Short term trainings <input type="checkbox"/>

SECTION I: B CAREER BREAK

1	Have you ever resigned from your job so that you can take care of your family?	Yes <input type="checkbox"/>
		No <input type="checkbox"/>

SECTION I: C. WORK LIFE BALANCE

Instructions: Tick in the box that expresses your level of agreement/disagreement using the Likert Scale. **Strongly disagree --1,Disagree--2**

Neither agree nor disagree --3,Agree --4,strongly agree --5

No	STATEMENTS	1	2	3	4	5
1	My spouse equally shares household activities and child caring responsibilities with me.					
2	I can turn to my relatives for child care and advice about handling problems with my family.					
3	I have to miss family activities due to the amount of time I must spend on work responsibilities					
4	Family matters reduce the time I can devote on my job.					
5	During the working hours I feel more pressurized due to the family responsibilities.					
6	Considerations of child care affected my job and career choices					

SECTION I: D. ORGANIZATIONAL POLICIES AND PRACTICES

No	STATEMENTS	1	2	3	4	5
1	My organization has flexible working schedules to accommodate female employees.					
2	My organization provides employees with onsite child care support at work.					
3	My organization HRM policies and practices encourage women and gives opportunity for advanced education and training.					
4	My organization policies and practices encourage women mentorship programs					
5	My organization implements Impartial (fair) job promotion policy and practices.					

SECTION I: E. SUPERVISOR SUPPORT

Instructions: Tick in the box that expresses your level of agreement using the Likert Scale.

Strongly disagree --1,Disagree --2,

Neither agree nor disagree --3, Agree --4,Strongly agree --5

No	STATEMENTS	1	2	3	4	5
1	Supervisor cares about whether or not you have achieved your career goals					
2	Supervisor supports your attempts to acquire additional training/education to further your career.					
3	Supervisor makes sure you get the credit when you accomplish something substantial on job.					
4	Supervisor focuses on your successes rather than your failures.					
5	Supervisor carries out fair and transparent performance evaluation procedure					

The End! Thank You for your Time!!!

አባሪዎች

አባሪ 3: የስምምነት መግለጫ ቅፅ

ውድ የጥናቱ ተሳታፊዎች

ይህንን ጥናት የማድረገው አዲስ አበባ ጤና ቢሮ ስር የሚገኙ የተመረጡ ሆስፒታሎች በሚሰሩ የነርስ ባለሙያ እናቶች ላይ እናትነት በስራ እድገት ላይ ያለው ተጽእኖውን መረጃ ለማግኘት ነው። የእርስዎ ቀና ምላሽ ለጥናቴ ትልቅ እርዳታ ያደርጋል። በእርግጥ የእርስዎ ምላሽ በጥብቅ ሚስጢር የሚያዝ ሲሆን የተጠየቀው መረጃ ከትምህርት ምርመራ ውጪ ለሌላ ማንኛውም አላማ አንጠቀምበትም።

ስለ ጊዜዎ እና ጥረትዎ በቅድሚያ አመሰግናለሁ!

አባሪዎች

አባሪ 4: መጠይቅ

ክፍል 1: ሀ. የማህበረ - ስነህዝብ አሰፋፈር ሁኔታ

መመሪያዎች: ለተለያዩ ጥያቄዎች የእርስዎን ምላሽ ጋር የሚስማማውን ሰጥንው ስጥም ልክት በማድረግ እንዲሁም ለክፍት ጥያቄዎች ምላሽ እንድትሰጡን እጠይቃለሁ።

1. እድሜዎስንትነው? _____
2. ምን ያህል ልጅ አለዎት? _____
3. ከ 5 አመት በታች የሆኑ ልጆች አለዎት? _____

አዎ የለም

3.1 . ለጥያቄ ጥር 3 ምላሽ ያደረጉትን የልጆች ብዛት በእድሜ ቅድምተኝ ስም ልክት አድርግ

ሀ. **ከ1** አመት በታች ልጆች _____

ለ. **ከ1-4** አመት ልጆች _____

ሐ. **ከ6-9** አመት ልጆች _____

መ. **ከ10-12** አመት ልጆች _____

ሠ. **ከ12** አመት በላይ ልጆች _____

4. ከ18 አመት በታች የሆነ የአካል ወይም የአእምሮ ጉዳት ያለበት ልጅ አለዎት?

አዎ የለም

5. የባለቤት ዎከፍተኛ የትምህርት ደረጃ ምን ድነው?

ማንበብ እና መጻፍ አይችልም ማንበብ እና መጻፍ ይችላል

አንደኛ ደረጃ ሁለተኛ ደረጃ ከሁለተኛ ደረጃ በላይ

6. የባለቤት ዎሙ ያምን ድነው? እባክዎ በዝርዝር ይግለጹ _____

7. የቤተሰቡ ገቢ በወር _____

8. በቤት ዎ የሚኖሩ የቤተሰብ አባላት ብዛት _____

9. የቤት ሁኔታ

ኪራይ የግልቤት ከቤተሰብ ጋር አብረው የሚኖሩ

10. የእርስዎ ከፍተኛ የትምህርት ደረጃ ምን ድነው?

ዲፕሎማ የባችለር ድግሪ የማስተርስ ድግሪ የሙያትምህርት የምስክር ወረቀት

ክፍል II: ስራ እድገት

መመሪያዎች: ለተለያዩ ጥያቄዎች የእርስዎን ምላሽ ጋር የሚስማማውን ሳጥን ውስጥ ምልክት በማድረግ እንዲሁም ለክፍት ጥያቄዎች ምላሽ እንድትሰጡን እጠይቃለሁ።

ቁጥር	ጥያቄዎች	ምላሽዎ
1	በነርስነት የሰሩ በትኩረት ብዛት	
2	የስራ መደብዎን ይምረጡ	ስታፍነርስ <input type="checkbox"/>
		ነርስማናጀር <input type="checkbox"/>
		አስተዳደር ወይም ስራ አስፈጻሚ <input type="checkbox"/>
3	በሚሰሩበት ጤና ተቋም ስራ ከጀመሩ አንስቶ የስራ እድገት / ወደ ተሻለ የስራ መደብ / አግኝተው ያውቃሉ?	አዎ <input type="checkbox"/>
		የለም <input type="checkbox"/>
4	የመጀመሪያ ልጅዎን ከተገለገሉ በኋላ ስራውን ለማሻሻል ምን አይነት መደበኛ ስልጠና ወስደዋል? (ከአንድ በላይ መደበኛ ስልጠና ከወሰዱ ከአንድ በላይ ሳጥን ውስጥ ምልክት ማድረግ ይችላሉ)	የለም <input type="checkbox"/>
		የትምህርት ድግሪ (ቢ.ኤስ.ሲ./ኤም.ኤስ.ሲ) <input type="checkbox"/>
		የሙያ ትምህርት የምስክር ወረቀት <input type="checkbox"/>
		የአጭር ጊዜ ስልጠና <input type="checkbox"/>

ክፍል I: ስራ ማቋረጥ

1	ለቤተሰብዎ እንክብካቤ ለማድረግ ስራዎን በገዛ ፈቃድ ያለቀው ያውቃሉ?	አዎ <input type="checkbox"/>
		የለም <input type="checkbox"/>

ክፍል 1: ለ.የስራህይወትሚዛን

መመሪያዎች: የእርስዎን የመስማማት/ያለመስማማት ደረጃ የሚገልጹ ሰነድ ላይ ምልክት ያድርጉ። በጣም አልስማማም

--- 1 አልስማማም ---- 2

እስማማለሁ ወይም አልስማማም ---3 እስማማለሁ ---4 በጣም እስማማለሁ ---- 5

ቁጥር	ዝርዝር	1	2	3	4	5
1	ባለቤቱ ከእኔ ጋር የቤትውስጥ ጉዳዮችን እና የልጅ እንክብካቤ ኃላፊነቶችን እኩል ይጋራል።					
2	ዘመዶቹ ልጆቼን እንዲንከባከቡ እና ከቤተሰብ ጋር ያለውን ጉዳይ እንዴት ማስተናገድ እንደምትችል ምክር እንዲሰጡኝ አደርጋለሁ					
3	በስራ ኃላፊነቶችዎ ላይ ጊዜ ማሰራጨት ለሌሎች የቤተሰብ ጉዳዮችን ሳላከናውን እቅራለሁ					
4	የቤተሰብ ጉዳይ በስራ ላይ የማደርገውን ትጋት ይቀንስብኛል					
5	በስራ ሰዓት በቤተሰብ ኃላፊነት ምክንያት የበለጠ ጭና ይሰማኛል					
6	የልጅ እንክብካቤ በስራ ላይ እና በስራ አማራጮቼ ላይ ተጽእኖ ያደርጋል					

ክፍል 1: ሐ. የድርጅታዊ ፖሊሲዎች እና ትግበራዎች

ቁጥር	ዝርዝር	1	2	3	4	5
1	የምስራቅ ቤተሰብና ተቋም ለሴት ሰራተኞች ምቹ የስራ እቅድ አለው					
2	የምስራቅ ቤተሰብና ተቋም ለሰራተኞቹ የስራ ቦታ የልጅ ክብካቤ ድጋፍ ያደርጋል					
3	የምስራቅ ቤተሰብና ተቋም የሰው ሀብት ፖሊሲዎች እና አሰራር ሴቶች ትምህርት እንዲማሩ እና ስልጠና እንዲያገኙ እድል ይሰጣል።					
4	የምስራቅ ቤተሰብና ተቋም ፖሊሲዎች እና አሰራሮች ሴቶች በአስተባባሪነት መርህ ግብዥ እንዲሳተፉ ያበረታታል					
5	የምስራቅ ቤተሰብና ተቋም ያለ አድልዎ (ተገቢ) የስራ እድገት ፖሊሲ እና አሰራሮች ተግባራዊ ያደርጋል።					

ክፍል 1: መ.የቅርብአለቃድጋፍ

መመሪያዎች: የእርስዎን የመስማማት ደረጃ የሚገልጹ ሰነድ ላይ ምልክት ያድርጉ። በጣም አልስማማም --- 1
 አልስማማም ---- 2
 እስማማለሁ ወይም አልስማማም --- 3 እስማማለሁ --- 4 በጣም እስማማለሁ ---- 5

ቁጥር	ዝርዝር	1	2	3	4	5
1	የቅርብ አለቃ የስራ ግብዓት ማሳካት እና አለማሳካት ያይቆጣጠራል					
2	የቅርብ አለቃ እርስዎ ለተጨማሪ የስራ የሚያስፈልግ ዎትን ተጨማሪ ስልጠና/ትምህርት እንድታገኙ ድጋፍ ያደርጋል					
3	የቅርብ አለቃ ወስኖ ላይ አጥጋቢ ውጤት በምታስመዘግቡ ጊዜ ተፈላጊውን ማግኘት ያረጋግጣል					
4	የቅርብ አለቃ ወደ እርስዎ ድቀት ይልቅ ስኬት ያለዎት ኩረት ያደርጋል					
5	የቅርብ አለቃ ወተገቢ እና የግልጽ ግንኙነት አፈፃፀም ምዘና አሰራር ተግባራዊ ያደርጋል					

መጨረሻ: ስለ ጊዜዎ አመሰግናለሁ!