

# Understanding Career Trajectory: A Degree Alone is Not Enough

Mary David Oriol<sup>\*</sup>, Kim Brannagan, Laurie Anne Ferguson and Patricia F. Pearce

School of Nursing, Loyola University New Orleans, 6363 St Charles Ave, New Orleans, LA 70118, USA

## Abstract

In any professional practice such as nursing, a career trajectory begins at the point of entry into practice, is built upon the nurse's prior experience, education, and expertise, and is influenced by numerous external and internal components. Attainment of an advanced degree may accelerate a career trajectory but only if it is accompanied by development of unique talents, clinical competency, professional growth, and the ability to network with leaders in the profession. Understanding career trajectory as a synergy of multiple personal and external influences is critical for all nurses who want an active role in shaping their career path. Further, appreciating what trajectory entails in relation to overall professional expectations is important for appropriate professional development in nursing. The importance of understanding career trajectory is presented, including definition, related frameworks, and practical points to demonstrate the principles, process, and examples. Information will be drawn from published literature, and the experiences of the authors.

## Introduction

The use of the term *trajectory* has several definitions; the path or process of development is the meaning used for the purposes of this discussion [1]. A career trajectory (or path) can move forward, backward, or remain static, depending on the amount of effort and planning that takes place along the way [2]. Career advancement, then, results from recognition and reward of unique talents, clinical competency, and professional growth [3].

New graduate nurses often begin their career at an entry level position and believe that, by putting in their time and doing a good job, or by getting the next degree, promotion and career advancement will naturally follow. Yet, many nurses have an incomplete understanding of the necessary incremental skill development, experiential growth, and situational choices that are required before their ultimate desired position is achieved, even if it is not a prominent or top-level appointment. The fundamental question the nurse must ask at any stage of career planning is "Where do I want to be in the next three to five years". This simple question helps to guide the introspection necessary for development of a short or long term professional career plan. A successful career in nursing requires a plan for development and advancement that supports personal and professional satisfaction including pursuit of clinical excellence through adherence to evidence-based practices and professional standards [4]. Career planning combines evaluating one's skills and talents in light of opportunities available and desired goals and trajectory. A "one size trajectory fits all" is not appropriate or realistic. Similar to plotting air travel, a minor degree in deviation of the trajectory can lead to a very different destination.

## Promises and possibilities: Context for misunderstanding.

The notion of trajectory development and related expectations crosses all professions at all preparatory and experiential levels. At the beginning of any new career phase, perceptions of potential value often exceed actual experiential value [5]. Further, the award of an advanced degree frequently bolsters high expectations for professional advancement. A current and growing example is the DNP degree. These perceptions may be augmented by the implied and stated outcomes of degree attainment presented in prominent position statements of professional nursing organizations. The 2004 AACN Position Statement on the Practice Doctorate in Nursing adopted the stance that the Doctor of Nursing Practice degree (DNP) prepares graduates to perform at the highest level of nursing

practice and recommended that it be the entry level degree for nurse practitioners. The AACN DNP Taskforce [6] argued that by adding financial, leadership, systems management, and increased clinical hours to the advanced practice registered nurse (APRN) curriculum, DNP graduates would be better prepared to assume leadership or clinical administrative roles.

In 2015, AACN further elucidated their position in [The Doctor of Nursing Practice: Current Issues and Clarifying Recommendations](#) saying that the DNP is a terminal degree in nursing whose graduates are eligible to assume a faculty role given they have had additional education in curriculum and pedagogical methodologies [7]. The 2015 AACN [Fact Sheet: The Doctor of Nursing Practice](#) as well as Bednash, Breslin, Kirschling, and Rosseter [8] declare that the DNP degree is designed as an alternative to the PhD degree for nurses who are seeking a terminal degree with a focus on practice rather than research. Though the original intent of the DNP was to improve educational preparation for nurses to better equip them to address quality of care, systems management, and safety issues in the practice setting, the definition of "practice" has been expanded by AACN to include preparation for teaching and administrative positions [8,9].

Udis and Mancuso [10] remind us that the DNP is a degree and not a role. Yet, the language used in the AACN position statements and supporting literature has led to role confusion among DNP graduates regarding their qualifications for academic positions in institutions of higher learning and administrative positions in health care organizations. The role of the DNP graduate is evolving and there is substantial agreement regarding the need for a practice doctorate to translate evidence in order to improve outcomes of care. However, Udis and Mancuso, in their descriptive, cross-sectional study of 340 nurses of varying educational levels, reports substantial confusion regarding the role of the DNP graduate within the profession. DNP

**\*Corresponding Author:** Dr. Mary David Oriol, School of Nursing, Loyola University New Orleans, 6363 St Charles Ave, New Orleans, LA 70118, USA; E-mail: [oriol@loyno.edu](mailto:oriol@loyno.edu)

**Citation:** Oriol MD, Brannagan K, Ferguson LA, Pearce PF (2015) Understanding Career Trajectory: A Degree Alone is Not Enough. Int J Nurs Clin Pract 2: 153. doi: <http://dx.doi.org/10.15344/2394-4978/2015/153>

**Copyright:** © 2015 Oriol et al. This is an open-access article distributed under the terms of the Creative Commons Attribution License, which permits unrestricted use, distribution, and reproduction in any medium, provided the original author and source are credited.

graduates in the study believed that, upon graduation, they were well qualified to assume leadership roles in health care organizations as well as faculty positions in schools of nursing. They also believed that their educational preparation for faculty positions, tenure requirements, and academic leadership were essentially equivalent to that of their PhD graduate counterparts. While the study found agreement among those surveyed that the PhD is the terminal research degree and the DNP is the terminal practice degree, DNP graduates believed there is significantly more overlap in PhD and DNP degree preparation than did PhD graduates. There was substantial agreement among MSN and PhD prepared graduates that DNP graduates are not prepared for the scholarly and requirements for faculty in institutions of higher learning.

The findings of Udis and Mancuso [10] appear to be supported by current hiring priorities for faculty position vacancies. Oermann, Lynn, and Agger [10], in their survey of 229 BSN and higher degree programs, ascertained that schools of nursing averaged three faculty vacancies for the 2015-2016 academic year. Most schools reported that their intent was to fill two of the three vacant positions with PhD graduates and one with a DNP-prepared faculty. Deans and directors projected that the hiring ratio over the next five years will be similar but with an expected slight increase in DNP-prepared faculty because of the increasing numbers of candidates available. Udis and Mancuso also found that DNP faculty who are nurse practitioners are more likely than PhD-prepared faculty to leave a teaching position resulting from salaries that are non-competitive with the practice settings and the difficulty of faculty to balance their teaching responsibilities with practice requirements necessary for continuing certification.

AACN's *Special Survey on Vacant Faculty Positions for Academic Year 2014-2015* [11] found 1236 faculty vacancies, 704 of which required the applicant to have an earned doctorate. Only 11% were vacancies to teach at the master's and doctoral level and almost 70% of the vacancies required both didactic and clinical responsibilities. Twenty percent of school surveyed identified pinpointing faculty with the right preparatory mix was the most critical factor in their hiring decision where qualified applicants are expected to exhibit an expertise in a specific area of practice or content. Yet, 63% of the schools reported that they could not find faculty with the desired specialty mix.

Like their stance on preparation for faculty positions, the 2004 and 2015 AACN [6, 7] statements that the Doctor of Nursing Practice (DNP) prepares graduates to perform at the highest level of nursing practice and should be the entry level degree for nurse practitioners remain controversial. Cronenwett, Dracup, Grey, McCauley, Meleis, and Salmon[12] argue that the DNP is not needed for entry into APRN practice. Rather, nurse practitioners prepared at master's level have the opportunity to gain practice experience. Thus, post-master's DNP students are better able to fulfill the original intent by AACN for the DNP because they are experienced practitioners who can focus on the clinical systems knowledge and leadership skills necessary to improve care for patient populations. The national workforce perspective of Cronenwett, et al. agrees, and questions whether the DNP requirement could, in fact, slow down the number of nurse practitioner students who graduate each year. And while AACN acknowledged that an initial decline in graduates might occur, the 2004 position statement [6] proposed that the benefits of moving to the DNP outweighed the associated individual and system-wide costs.

Since the AACN's [6] position statement, there have been extensive changes in our health care environment. The US economy has been

dramatically challenged, the enactment of the Affordable Care Act has heightened the demand for primary care providers, and there has been an increased need for efficiencies and cost effectiveness in care delivery systems. This changing landscape coupled with the lack of demonstrable outcomes data supporting the DNP over the MSN-NP as the level of entry into practice could lead to health care organizations filling their primary care practitioner needs with physician assistants as a reasonable and cost-effective alternative [12].

Finally, there appears to be no demonstrable demand for the DNP degree as a requirement for leadership positions in health care organizations. Magnet Status certification has the only published educational requirements for nurses in middle and upper management: the CNO must have a minimum of a master's in nursing and all other nurses in the organization designated as leaders must have a baccalaureate degree in nursing or higher [13].

## The PECAN Framework

To frame research in the area of professional development and career advancement in nursing, Adeniran, Bhattacharya & Adeniran [3] developed the PECAN Model: *Professional Development and Career Advancement*. The model includes variables thought to impact the nurse's propensity to seek out and engage in activities that lead to skill development, increase professional qualifications, and secure practice experiences that will propel their career toward a leadership role in direct care positions. Adeniran and colleagues [3] proposed that the following factors—professional preparedness, human capital factors, social capital factors, system factors, and external factors—influence a nurse's participation in activities that will lead to career advancement. Additionally, there is evidence that self-efficacy and mentorship are key determinants of career advancement [14] and are threaded throughout the PECAN model. The components of the model will be discussed as a tool to guide nurses in professional development and career advancement.

## Professional Preparedness

Professional preparedness is the foundation of the PECAN model, or path to leadership development, and refers to the sum of the nurse's clinical expertise and professional experiences [3]. Nurses prepared in any degree program (baccalaureate, master's, and doctorate) begin their career with a different aggregate of personal and professional experiences. Nurse graduates of any degree program vary in their level of readiness to practice based on their clinical experience during the education process, knowledge acquired during the education process, and previous work experience (e.g., nurse technician, another area of health care, etc.). Similarly, advanced degree graduates enter their desired position with differing content and field experiences from their educational programs, previous professional knowledge, and work experience. Benner's [15] novice to expert research reminds us that a nurse's level of proficiency (novice, advanced beginner, competent, proficient, expert) is competency and role-specific. So, for example, while a nurse may be an expert in clinical practice, they may be novice in an advanced practice or leadership role.

## Human Capital

Human capital refers to an individual's internal or personal attributes that affect the actualization and application of one's professional skills and knowledge. Adeniran, Bhattacharya and Adeniran [3] identify the following as contributing to the nurse's human capital—intrapersonal competence, skills and abilities; self-

awareness; self-confidence; self-efficacy; integrity; self-motivation; and the ability to accept and cope with change. As a component of human capital, self-awareness is a critical factor in envisioning and expanding the individual's career trajectory. Waite and colleagues [16] identified authentic leadership (self-awareness and development) as a foundational component of leadership and career planning.

Adeniran, Bhattacharya and Adeniran [3] report that ongoing professional development and education influence a nurse's ability to improve quality of patient care, making advanced education a key factor in quality care. Equally important, the individual's sense of self-efficacy has repeatedly been identified as a predictor of career advancement and performance [14, 17-20]. Bandura [20] defines self-efficacy as "belief in one's capabilities to organize and execute the courses of action required to produce given attainment" (p. 3). Self-efficacy is constructed from four sources-enactive mastery, vicarious experiences, verbal persuasion, and physiological and affective states, with enactive mastery (personal experiences) being the most significant source [20]. Strong self-efficacy requires education and knowledge coupled with job-specific competency [20]. Hinds [21], links strong self-efficacy with lower anxiety and greater confidence in decision-making. As such, people are more likely to engage in behaviors when they believe they are capable of executing those behaviors successfully. Thus, the nurse's motivation for pursuing additional education and professional development can be influenced.

Conversely, self-efficacy may be lacking in the individual who is only partly aware of the career opportunities that complement their personal and professional strengths, limitations, and values. Finally, Bandura stresses that self-efficacy and self-confidence are not identical. Self-efficacy is related to personal capability associated with a specific task; while self-esteem is related to an overall judgment of self-worth. An individual can have a high level of self-esteem but a low level of self-efficacy for an identified role, and vice versa. For example, the graduate nurse may possess strong belief that they are qualified for a particular position after attaining an advanced degree, when in fact they lack other qualifications and experiences to fulfill the role. Thus, it is critical to understand these two attributes and the differences when determining the next step in a career path.

## Social Capital

The American Nurses Association (ANA) [22], American Organization of Nurse Executives (AONE) [23], American Association of Nurse Practitioners (AANP) [24], and the American Academy of Colleges of Nurses (AACN) [25] consistently identify communication and relationship-building skills as essential for nurse leaders. As a predictor of professional and career development, social capital encompasses the skills, and characteristics needed to engage in professional communication, build trust, engage in mentoring, relationship building, networking, dealing with conflict, and building respect [3]. Leaders, at any level, need the ability to engage and motivate followers in order to achieve their goals [26] However, very few leaders are born with the skills needed to inspire others to follow them. Through personal experiences (enactive mastery), observation (vicarious), honest feedback from others (verbal persuasion), and positive physiological responses, an individual can build their self-efficacy for leadership when exposed to effective leaders while in the role of self-reflective follower [20]. According to

Aristotle, "He who cannot be a good follower cannot be a good leader" [27]. Aspiring nurses should also ask themselves, why would someone want me to lead them? What skills and characteristics do I

possess that make me an effective leader? Other critical characteristics of an effective leader include being empathetic, socially aware, and possess a collaborative spirit.

## System Factors

The effect of a positive work environment on new graduates, including retention of nursing staff, productivity and outcomes, has been studied extensively in healthcare [29, 30]. System factors, such as healthy work environments, influence nurses' commitment to the organization as well as their participation in organizational activities. Such work environments include administrative support, access to educational opportunities, adequate resources, and power (formal and informal) and can lead to the professional development and career advancement of nurses [3]. In a study of 280 randomly selected nurses in acute care in Ontario Canada, Wong and Laschinger [31] found that when nurses perceived a workplace with empowerment structures in place, their work satisfaction and performance were enhanced. Thus, nurses who are in a positive work environment are poised to seek opportunities for professional development and career advancement while those in a negative environment should evaluate and learn from their situation, and explore their options to affect change.

## External Support

External support involves factors outside the nurse's professional environment that affect the nurse's ability to engage in professional development and career advancement. The level of available personal support should be a consideration of all nurses who are seeking leadership roles.

In summary, the PECAN framework provides a structure to not only guide future research, but to guide the graduate nurse in the career planning process. The overarching concept of ongoing authentic self-assessment and self-reflection must be threaded throughout the process. As a significant predictor of professional engagement and career advancement, self-efficacy related to the nurse's target role/position must be developed. Self-efficacy, a factor of human capital, is impacted by the nurse's experiences, observation, and the feedback of others. Therefore, human capital has a reciprocal relationship with social capital factors, system factors, and professional preparedness.

## Planning for career advancement

Hinds et al. [21] discuss the importance of developing a "legacy map" that denotes specific steps to guide career choices and outcomes. Two concepts are important to consider in career planning discussions: achieving work goals and work meaning [21, 32]. Thus, career planning must consider the critical milestones necessary to achieve personal goals and be motivated by a professional philosophy that focuses on the over-arching improvement of patient outcomes.

Hinds et al. [21] recommend starting the map planning process with two questions. First, "what do you want to be better in nursing because of you and your efforts?" and second, "what would you like to be best known for by others" [21]. Few professionals recount career success as a result of luck or happenstance. Rather, career trajectories are built. While being in the right place at the right time is key, planning to be in the right place at the right time results in the highest degree of success. The synergy of education, time, and expertise in



a desired area of professional advancement are important starting points to provide a foundation for career planning and achievement. However, many individuals mistake educational degrees as the pinnacle of achievement rather than part of the foundation for professional expertise that meets the needs and expectations of their community of choice. For instance, an individual may be a very gifted and talented teacher in a specific specialty. But if the community does not require that specialty expertise, then that personal expertise would not be considered a value added commodity.

Price [4] explains that career planning requires a balance between “field” and “growth” decisions (p. 36). Field decisions are those that may evolve or change over time and include such things as choice of specialty, practice domain, or even where one chooses to practice. Growth decision are those choices related to acquiring or developing additional knowledge, skills, personal characteristics, and the methods for doing so. Kivland [33] adds that to make the appropriate career choices, one must also have a certain level of emotional intelligence where there is awareness and wisdom about one's innate capabilities along with an ability to successfully cope with the challenges presented by the dynamic health care environment. Development of emotional intelligence is a perpetual activity that requires one to continually stretch toward new and challenging career opportunities. Without an appropriate level of emotional intelligence, field and growth decisions are made with an unbalanced introspection that may not take into consideration all relevant factors. Effective career planning is a continual process requiring periodic reviews and plan revisions based on factors in the PECAN model [3]. As with strategic planning, one of the first steps in the process is to conduct an environmental or market scan. Hall and colleagues [34] presented a career planning model that encourages nurses to become informed of current and future career opportunities. They suggest that students and graduates utilize a variety of resources, including professional journals, to formulate an idea of potential opportunities and the expectations (educational preparation, professional experience, job role) of the positions.

Similar to the strategic plan, White and Lindsey [35] suggest developing a formal Professional Development Plan (PDP). A professional development plan starts with an assessment of what gifts and skills an individual possesses along with any challenges or negative skills or traits. Reflecting on one's age, health, family and partner responsibilities is critical to carefully evaluating a person's strengths and weaknesses [36]. Each individual has a range of skills with strong and challenged areas where skills can be learned anew or expanded. What sets an individual apart from good or adequate is passion. Successful individuals demonstrate the personal and professional ability to go above and beyond to achieve the desired goal; and passion is infectious. Dream a little. What is your ideal job? What realistic steps need to be taken to achieve the ideal job? Are there geographical considerations? A comprehensive evaluation of skills possessed and comprehensive plan to achieve goals is required. Mapping one's strategic career path is an important empowerment tool that places responsibility on the individual for his or her professional advancement. Effective career mapping begins with honest self-reflection involving an assessment of personal and professional skills, individual responsibilities, and one's commitment to goals to determine whether the individual's values, experiences, knowledge, strengths and limitations are consistent with their expectations [34, 37-40]. A realistic plan, then, can be developed that maps out stepping stones toward goal achievement. New graduates must keep in mind that just as professional experience is not synonymous with knowledge acquired through an educational program, the reverse is also true.

Career trajectories do not just happen-they are built. In The PECAN Model [3] Human Capital Factors include the individual's strengths, talents and abilities. Educational attainment of an advanced practice credential does not, in of itself, provide or demonstrate competency in the role. Education and credentials must be complemented by practical experience to achieve competency in the role. Career planning needs to include seeking specific experiences to develop clinical and/or leadership competency. Hurley, Fagenson-Eland and Sonnefeld [41] found that key factors influencing career progression included having a variety of professional experiences as well as institutional loyalty or a longer employment history with the organization. In addition, relationships with upper management, emphasizing the importance of networking, is associated with promotion. A nurse executive needs financial management acumen as well as knowledge and experience leading teams and human resource development.

### Attributes of Successful Individuals

There is a reason that Stephen Covey's 7 Habits of Highly Effective People [42] is a best seller after over 25 years. The attributes described still resonate and define the characteristics of successful individuals. Time management, organization and team building skills are essential tools for any effective leader [35, 42]. The ability to manage conflict and act with civility is fundamental but often overlooked. Learning to speak and write well develops a logical flow of ideas, which serve as a foundation for fostering a team vision. Professional appearance and dressing for success cannot be understated, yet its importance often appears to be a diminishing priority for today's job applicants. A time honored pearl to ask whether one's mother would approve of the dress, post or comment.

Leadership and team building skills are rarely innate qualities. Rather, they usually require the careful tutelage of a qualified mentor. Mentors may come and go or may be career long guides through the thorny path of life and work. Although mentors may be actively sought for their wisdom, they are truly gifts and deserve requisite gratitude.

Sandberg [43] speaks of the leadership ambition gap, referring to fear, not abilities, limiting success for women in the workplace. However, every position has requisite mandatory skills. Part of career planning and success is actively pursuing knowledge and skills to be successful. A review of, as well as the motivation and desire to attain of required skills is critical for success.

Increasingly, positions in health care require a solid foundation and working knowledge of finances and managing budgets. Beyond the requisite financial acumen is the essential ability to work with and manage people. Leaders who are ever cognizant of their ultimate goal are enabled to persevere when obstacles arise. While there are some absolutes, opinions and ideas are often derived from perspective and experience. A good leader is also a good listener and facilitates success of others to achieve the desired goal. Visionary leadership focuses on system factors. Cooperation and the ability to examine the fine detail as well as the big picture are necessary. Patient and colleague satisfaction is really about generating loyalty [41, 44].

A career in teaching is often considered an easy contingency position, the perception being that anyone can teach. In reality, institutions of higher learning come with the same, and sometimes higher, expectations of competency as other non-educational mission focused organizations. Education and proficiency in a variety of teaching modalities, assessment, evaluation and curriculum design are important skills to acquire to achieve desired goals in academia.

Many experts list the ability to think critically as a fundamental skill but often fail to define what is really meant by the concept. [The Critical Thinking Community](#) [45] defines critical thinking as “the intellectually disciplined process of actively and skillfully conceptualizing, applying, analyzing, synthesizing, and/or evaluating information gathered from, or generated by, observation, experience, reflection, reasoning, or communication, as a guide to belief and action”. Attention to the root or cause of a problem and planning an appropriate course of action is necessary to maintain focus on the desired end goal. The ability to pick and choose one’s battles and to negotiate the politics of the organization are essential skills.

## Conclusion

While the noise of everyday work life can be a distraction from effective career mapping, a successful career requires a deliberate strategy for advancement that will support personal and professional satisfaction as well as clinical excellence. All careers have a trajectory each one has the potential to move forward, backward, or remain static. A trajectory can be swift or it can be slow. Notwithstanding, it is important to recognize that a successful trajectory requires a synergy of personal, educational, and experiential encounters necessary to propel one along a desired career path. The PECAN Framework was utilized to initiate the discussion regarding the interaction of how professional preparedness, human capital, social capital, and external factors serve to increase professional qualifications and secure practice experiences that advance careers. Self-efficacy and mentorship, as key determinants of career advancement threaded throughout the PECAN Framework, were presented. Clearly the relationship between the components of the PECAN Framework is not linear or unidirectional. In order to guide nurses to proactively assess and plan a career trajectory, further research and discussion are needed related to the inter-dependent relationships between and among underlying components that influence trajectory. A good start lies in understanding that formal education is an influencing factor in trajectory, but alone, will not necessarily result in the attainment of a desired position. However, when education is combined with clear navigational career planning that includes rich personal and professional experiences, desired goals become achievable.

## Competing Interests

The authors have no competing interests with the work presented in this manuscript.

## Author Contributions

All authors participated in drafting editing, and approving of the manuscript.

## References

- Merriam-Webster (2015) The Merriam-Webster Dictionary. 11th edn. Springfield, MA: Merriam-Webster Inc.
- Ashe-Edmunds S: What is a career trajectory? In: The Houston Chronicle. Houston, TX: The Houston Chronicle.
- Adeniran RK, Bhattacharya A, Adeniran AA (2012) Professional excellence and career advancement in nursing: a conceptual framework for clinical leadership development. *Nurs Adm Q* 36: 41-51.
- Price JL (1998) A reflective approach to career trajectory in advanced practice nursing. *Adv Pract Nurs Q* 3: 35-39.
- Shirey MR (2009) Building an extraordinary career in nursing: promise, momentum, and harvest. *J Contin Educ Nurs* 40: 394-400.
- DeMarco RF, Pulcini J, Haggerty LA, Tang T (2009) Doctorate in nursing practice: a survey of massachusetts nurses. *J Prof Nurs* 25: 75-80.
- American Association of Colleges of Nursing (2015) The Doctor of Nursing Practice: Current issues and clarifying recommendations. Washington, DC: American Association of Colleges of Nursing 1-23.
- Bednash G, Breslin ET, Kirschling JM, Rosseter RJ (2014) PhD or DNP: planning for doctoral nursing education. *Nurs Sci Q* 27: 296-301.
- Oermann MH, Lynn MR, Agger CA (2015) Hiring intentions of directors of nursing programs related to the DNP and PhD-prepared faculty and roles of faculty. *J Prof Nurs* 0: 1-7.
- Udlis KA, Mancuso JM (2015) Perceptions of the Role of the Doctor of Nursing Practice-Prepared Nurse: Clarity or Confusion. *J Prof Nurs* 31: 274-283.
- American Association of Colleges of Nursing (2014) Special survey on vacant faculty positions for academic year 2014-2015. Washington, DC: American Association of Colleges of Nursing.
- Cronenwett L, Dracup K, Grey M, McCauley L, Meleis A, et al. (2011) The Doctor of Nursing Practice: a national workforce perspective. *Nurs Outlook* 59: 9-17.
- American Nurses Credentialing Center (2015) Organization eligibility requirements. Washington, DC: American Nurses Association, American Nurses Credentialing Center.
- Trus M, Razbadauskas A, Doran D, Suominen T (2012) Work-related empowerment of nurse managers: a systematic review. *Nurs Health Sci* 14: 412-420.
- Benner P (1982) From novice to expert. *Am J Nurs* 82: 402-407.
- Waite R, McKinney N, Smith-Glasgow ME, Meloy FA (2014) The embodiment of authentic leadership. *J Prof Nurs* 30: 282-291.
- Samuel P, Griffin MTQ, White M, Fitzpatrick JJ (2015) Crisis leadership efficacy of nurse practitioners. *J Nurse Pra*:1-6.
- Gregersen S, Vincent-Höper S, Nienhaus A (2014) The relation between leadership and perceived well-being: What role does occupational self-efficacy play? *J Leadership Stud* 8: 6-18.
- Hirschi A, Jaensch VK (2015) Narcissism and career success: Occupational self-efficacy and career engagement as mediators. *Pers Individ Dif* 77: 205-208.
- Nouwen A, Urquhart Law G, Hussain S, McGovern S, Napier H (2009) Comparison of the role of self-efficacy and illness representations in relation to dietary self-care and diabetes distress in adolescents with type 1 diabetes. *Psychol Health* 24: 1071-1084.
- Hinds PS, Britton DR, Coleman L, Engh E, Humbel TK, et al. (2015) Creating a career legacy map to help assure meaningful work in nursing. *Nurs Outlook* 63: 211-218.
- American Nurses Association Home Page.
- American Organization of Nurse Executives Home Page.
- American Association of Nurse Practitioners Home Page.
- American Association of Colleges of Nursing Home Page.
- Sherman RO (2012) What followers want in their nurse leaders. *Ame Nurse Today* 7: 1-11.
- 38 provoking quotes by Aristotle.
- Adeniran RK, Smith-Glasgow ME, Bhattacharya A, Xu Y (2013) Career advancement and professional development in nursing. *Nurs Outlook* 61: 437-446.
- Blosky MA, Spegman A (2015) Let's talk about it: Communication and a healthy work environment. *Nurs Manage* 46: 32-38.
- Duffield C, Roche M, Diers D, Catling-Paull C, Blay N (2010) Staffing, skill mix and the model of care. *J Clin Nurs* 19: 2242-2251.
- Wong CA, Laschinger HK (2013) Authentic leadership, performance, and job satisfaction: the mediating role of empowerment. *J Adv Nurs* 69: 947-959.
- London M (1993) Relationships between career motivation empowerment and support for career development. *J Occup Organ Psychol* 66:55-69.

- 
33. Kivland C (2014) Your future gets brighter with emotional intelligence. A high EQ is essential to keeping your career on an upward path. *Healthc Exec* 29: 72, 74-75.
  34. Hall LM, Waddell J, Donner G, Wheeler MM (2004) Outcomes of a career planning and development program for registered nurses. *Nurs Econ* 22: 231-238, 227.
  35. White KR, Lindsey JS, Association of University Programs in Health Administration (2015) Take charge of your healthcare management career: 50 lessons that drive success. Chicago, IL: Health Administration Press; Association of University Programs in Health Administration 291.
  36. Moran P, Duffield CM, Donoghue J, Stasa H, Blay N (2011) Factors impacting on career progression for nurse executives. *Contemp Nurse* 38: 45-55.
  37. Cooper J (2015) Nurses as leaders - creating nurses with drive and passion. *Aust Nurs Midwifery J* 22: 38.
  38. Hader R (2009) Is being a chief nursing officer in your future? *Imprint* 56: 33-35.
  39. O'Connor M (2004) Strategic planning for career development. *J Nurs Adm* 34: 1-3.
  40. Shermont H, Krepcio D, Murphy JM (2009) Career mapping: developing nurse leaders, reinvigorating careers. *J Nurs Adm* 39: 432-437.
  41. Hurley AE, Fagenson-Eland EA, Sonnenfeld JA (1997) Does cream always rise to the top? An investigation of career attainment determinants. *Organ Dyn* 26: 64-71.
  42. Covey SR (1989) The seven habits of highly effective people: Restoring the character ethic. New York NY: Simon and Schuster 340.
  43. Sandberg S (2013) Lean in: Women, work, and the will to lead. 1st edn. New York 228.
  44. Lee F (2004) If Disney ran your hospital: 9 1/2 things you would do differently. Bozeman, MT: Second River Healthcare Press 203.
  45. Defining critical thinking.