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**EXAMINATION OF THE PERSONAL AND PROFESSIONAL
DEVELOPMENT OF NURSES WHO WORK IN SURGICAL
CLINICS: THE EXAMPLE OF THE TWO COUNTRIES**

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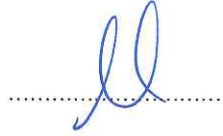
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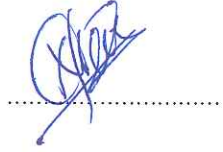
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In this thesis study, I have prepared according to the thesis writing rules of Karabük University Institute of Health Sciences;

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- I am not making any falsification of the information and data,
- I declare that I do not offer any part of this thesis as a dissertation study at this university or at a different university.


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Mohamed JAHAN

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SYMBOLS AND ABBREVIATIONS INDEX

ANA	: American Nurses Association
CPD	: Continuing Professional Development
EBP	: Evidence – Based Practice
NCSBN	: National Council State Board Nursing
NMBA	: Nursing Midwifery Board Australia
SICU	: Surgical Intensive Care Unit



ABSTRACT

Examination of the Personal and Professional Development of Nurses Who Work in Surgical Clinics: The Example of the Two Countries

This study was carried out in cross-sectional and descriptive to an examination of the personal and professional development of nurses working in surgical clinics: the example of the two countries. The study was performed between the 30th of September and the 30th of December 2016 with nurses working in surgical clinics in Karabük University Karabük Training and Research Hospital and Misurata Central Hospital. 275 nurse attendants were involved in the sampling using the proportional sampling method. SPSS 20.0 software package was used in the data analysis. The descriptive statistics of categorical variables were analyzed using percentages, numbers, and chi-square determined the correlation between variables. The majority personal development activities that the nurses in the study encountered were reading books and magazine and that accounted for 58.4% in Turkey, and 39.9% in Libya. The majority professional activities that the nurses in the study encountered were courses after graduation and that accounted for 52.8% in Turkey, and 36% in Libya. The workload was 60% in Turkey, while 67.3% in Libya. The majority reasons for non-participation in professional development activities that the study encountered where workload, 52.8% in Turkey, and 60% in Libya. In conclusion, the nurses working in Libya and Turkey in the study were found to prefer personal and professional development nursing practice in hospitals. In this context, it is recommended that more courses, seminars and nursing practice should be provided for the personal and professional development of nurses in the hospitals, and nurses should be encouraged to continue learning.

Key Words: Personal Development, Professional Development, Surgical Nurse,

ÖZET

Cerrahi Kliniklerde Çalışan Hemşirelerin Bireysel ve Mesleki Gelişimlerinin İncelenmesi: İki Ülke Örneği

Bu çalışma iki ülkenin cerrahi kliniklerinde çalışan hemşirelerin bireysel ve mesleki gelişimlerinin incelenmesi amacıyla kesitsel ve tanımlayıcı tipte yapıldı. Çalışma, 30 Eylül- 30 Aralık 2016 tarihleri arasında Karabük Üniversitesi Karabük Eğitim ve Araştırma Hastanesi ve Misurata Merkez Hastanesi'nde cerrahi kliniklerinde çalışan toplam 275 hemşire ile gerçekleştirildi. Veri analizinde SPSS 20.0 paket programı kullanıldı. Kategorik değişkenlere alt tanımlayıcı istatistikler yüzde ve sayı kullanılarak analiz edildi. Türkiye'de çalışan cerrahi hemşirelerin %58,4'ünün, Libya'da çalışan cerrahi hemşirelerin %39,9'unun bireysel gelişimleri için kitap ve dergi okuduğu belirlendi. Çalışmada Türkiye'de çalışan cerrahi hemşirelerin %52,8'inin, Libya'da çalışan hemşirelerin %36'sının mesleki gelişim için mezuniyet sonrası eğitimlere katıldığı saptandı. Türkiye'de çalışan hemşirelerin %60'ı ile Libya'da çalışan hemşirelerin %67,3'ü bireysel gelişimlerini, Türkiye'de çalışan hemşirelerin %52,8'i ile Libya'da çalışan hemşirelerin %60'ının mesleki gelişimlerini çalışma yoğunluğunun etkilediğini bildirdi. Sonuç olarak, Libya'da ve Türkiye'de çalışan cerrahi hemşirelerin bireysel ve mesleki gelişimleri için çaba gösterdikleri belirlendi. Bu bağlamda her iki ülkede çalışan hemşirelerin kişisel ve mesleki gelişimlerine yönelik kurs, seminer ile hizmetiçi eğitimlerinin sunulması, kaliteli ve kanıta dayalı hemşirelik bakımı sunmaları için bilimsel toplantılara katılımlarının sağlanması ve kurumların cerrahi hemşirelerini sürekli öğrenmeye cesaretlendirmeleri önerilmektedir.

Anahtar Kelimeler: Bireysel gelişim, Cerrahi hemşiresi, mesleki gelişim

1. INTRODUCTION and PURPOSE

1.1. The Importance of Research

In today's age, the primary goal of personal and professional development in nursing is the enhanced level of patient care. Personal and professional development for nurses have an important aspect because of rapid changes in patient care and advances in knowledge and technology in accordance to the research reports that contribute to job satisfaction, dedication and commitment to work (Cross and Papadopoulos 2001, Pool et al 2013).

Every professional nurse working at a surgical clinical should be aware of the requirements to update and expand his or her knowledge and skills. In order to do so, a nurse has to own learning needs, to search and find appropriate resources and to become self-directing in respect of his or her learning (Mackereth 1989, Price 2009).

Personal development is a process of understanding and developing one's awareness and identity. This process enhances talents and potentials, it also motivates to think positively and to prioritize. Therefore, neglecting and missing one's personal capacities, lack of self-esteem, self-confidence, lack of motivation, procrastination are the basic reasons that block the personality concerning a nurse's job (Zakia2015).

The use of information technology, telecommunications, computers and internet is very much important for nurses to deliver better services and it has been reported to nurses' better decision-making and competencies and to raise the quality of health care practice (Gürdaş and Kaya 2015, Green and Huntington 2017).

Personal and professional developments of nursing include conferences, seminars, workshops, and short courses. The character of knowledge acquired from these sources is specialized, relating to patient care. Also, the nurses who have used these sources consider them a vital source of information. However, these sources remain largely endorsed by staff nurses. Many nurses do not share the fact that they

are too busy to attend these professional events, and that is what become an obstacle for them in becoming ideal nurses (Estabrooks et al 2005).

Professional and personal development of nursing can be defined as a lifelong learning in which nurses participate to grow and keep competence, raise professional nursing practice, and support accomplishment of their career goals. (Nkosi 2011). According to American Nurses Association (ANA 2011), nursing professional development is defined as "a lifelong process of active participation by nurses in learning activities that assist in developing and maintaining their continuing competence, enhancing their professional practice, and supporting achievement of their career purposes of CPD"(ANA 2011).

The Nursing and Midwifery Board of Australia (NMBA) has defined it as a "relationship between the personal and professional development of nursing" and continuing professional development can be defined as "the means by which members of the profession maintain, improve and broaden their knowledge, expertise and competence, and develop the personal and professional qualities required throughout their professional lives". The CPD cycle involves reviewing practice, identifying educational needs, planning and participating in relevant education activities, and reflecting on the value of those activities (NMBA, 2010).

During the internship in surgical departments in Misurata Central Hospital and Karabuk University Karabuk Training and Research hospital 2016, the researcher observed that the personal and professional development in nursing is somehow slow. Professional nurses were complaining of lack of training in hospital or workplace and other reasons such as little or no training in hospital time and workload. The places where organizing scientific activities are organized fail to allocate a special budget or are not being able to get the permission and support of the nurses' work. It requires skill, knowledge, and being in relation with others in ways that foster interdependence, authorization, and development (Price 2009).

This study will focus on discovering and researching the experiences of nurses working in surgical departments with professional and personal development using evidence-based scientific research and benefit from the development of computer, internet, social networks and social work conferences. And also focus on causes of

barrier of personal and professional development by collecting data from nurses working in surgical clinics through a questionnaire.

1.2. Purpose of the Research

The research was conducted to examine the personal and professional development of nurses who work in surgical clinics in Turkey and Libya. The following questions were answered within this general purpose.

1. What are the factors that affect the personal development of nurses who work in surgical clinics in both Turkey and Libya?
2. What are the factors that affect the professional development nurses who work in surgical clinics in both Turkey and Libya?
3. How is the professional development of nurses who work in surgical clinics in Turkey?
4. How is the professional development of nurses who work in surgical clinics in Libya?
5. How is the personal development of nurses who work in surgical clinics in Turkey?
6. How is the personal development of nurses who work in surgical clinics in Libya?

2. LITERATURE REVIEW

2.1. Examination of the Personal Development of Nurses

Personal development of surgical nursing requires academic knowledge with basic skills to be better suited at the work place (Pitt et al 2014).

Personal development for surgical nurses needs to evolve and continue the recent developments of technology for years the work in surgical clinics because the development of computer and information technology in the health professions, and the entry of the internet field, and developments especially important in the nursing profession (Softa et al 2014).

2.1.1. Examination of Computer Use

The computer is an electronic device, operating under the control of instructions stored in its own memory that can accept data (input), process the data according to specified rules, produce information (output), and store the information for future use (Stewart 2016). The computer use in hospitals is very important, since it helps in registering the increased data of patients and data of medical information (Köse 2012).

The nursing record is the formal documentation associated with nursing care. In the past, the nursing record was merely a data repository that helped healthcare personnel to recall what they had done, whereas current patient records play a role as a communication tool among healthcare personnel. Computer-based patient records, which offer more accurate, accessible and timely information compared to paper-based records, have been introduced as a strategy to maximize the usefulness of medical records (Cho and Park 2003).

Traditional paper-based nursing records limit the utilization of patient data due to dispersion, inaccuracy, redundancy, disparity in the quality and frequency of records

Contribution of computers to nursing discipline is mentioned below (Köse 2012):

- ✓ The time spent in writing the care plan is reduce.
- ✓ Facilitates clinical decision-making.
- ✓ Access the problem by entering patient data.
- ✓ Develop written communication between nurses.
- ✓ Complete registration of the patient.
- ✓ Keeping patient records (regular and specific).
- ✓ Creating a database.
- ✓ Increased accuracy and speed in data monitoring patients.

There are barriers affecting personal development for nursing to computer use in surgical departments. These barriers include workload, lack of training and the use of paper forms rather than a computer (Saleem et al 2005). Also, considering the age of the nurses, older nurses were more likely to indicate that they are ‘IT knowledge’ and ‘confidence in use’ of computers and the ‘lack of technical support’ was barriers for the younger nurses (Ealy et al 2009). A lack of a broader theoretical framework to support and guide as well as lack of tools to develop and/or maintain skills is a preference for traditional teaching methods at the university (Maria 2012).

2.1.2. Examination of Internet Use

With the consistent extension of the World Wide Web (WWW), utilization of the Internet to look for or share data for all intents and purposes have turned out to be normal practice. Today, individuals freely post information on social media sites about their daily routines, personal experiences, current locations, and add photos and videos to validate the experience. Using personal computers, smart phones, or tablets, people now have the technology that permits them to communicate globally (Wolf et al 2015).

Nurses must understand how to separate their personal and professional life virtually when using the internet and social media to communicate with peers, patients, family, and friends. Identified seven categories of errors that occur when nurses have a poor understanding of refers to “the attitudes and behaviors reflecting

traditional professionalism paradigms that are manifested through social media.” and do not separate their personal life from their professional role (Nancy and Kappel 2012).

- ✓ Breach of privacy or confidentiality against patients.
- ✓ Egregious cases – cases that are subtler.
- ✓ Failure to report others’ violations of privacy against patients.
- ✓ Lateral violence against colleagues.
- ✓ Communication against employers.
- ✓ Boundary violation.
- ✓ Employer/faculty use of social media against employees/students.

Professional nursing organizations are slow in giving guidance on the use of internet and e-professionalism, currently there are two resources nurses can use to guide their level of e-professionalism. The American Nurses Association (ANA 2011) published ANA principles for social networking and the nurse which offers six guiding principles are:

- ✓ Nurses must not transmit or place online individually identifiable patient information.
- ✓ Nurses must observe ethically prescribed professional, patient-nurse boundaries.
- ✓ Nurses should understand patients, colleagues, institutions and employers may view postings.
- ✓ Nurses should take advantage of privacy settings and seek to separate personal and professional information online.
- ✓ Nurses should bring content that could harm a patient’s privacy, rights, or welfare to the attention of the appropriate authorities.
- ✓ Nurses should participate in developing institutional policies governing online conduct.

According to the National Council of State Boards of Nursing (NCSBN 2011), there are some guidelines on how to avoid problems when using social media, focusing on confidentiality and privacy myths and misconceptions.

Today, there are several surgical nursing and health organizations that successfully use the internet and social media to increase personal and professional development and extend their services virtually (Bickhoff 2014, Jean 2012). Examples of virtual:

- ✓ Services include.
- ✓ Educational programs.
- ✓ Community health networking groups.
- ✓ Health resources.
- ✓ Information regarding best practice.

Nurses need to support the use of the Internet to extend virtual services, but first they need to understand their employee's knowledge level and use of the internet for personal and professional needs, results of an exploratory study reveal that one's age, years of experience, and influence to use the internet for personal development of nurses (Wolf et al 2015).

2.1.3. Examination of Self-Knowledge and Awareness

This concept can be defined as the cerebral exercise of introspection. This attribute reflects the cognitive exploration of own thoughts, feelings, beliefs, values, behaviors, and feedback from others (Eckroth 2010). Others define it as to know about oneself as a person and the important things in life which influences us in different ways. It also includes the reflection on how our attitude and belief can influence others (Rasheed 2015).

In general, self- knowledge and awareness is important for personal development for nurses: it helps in: (Palmiere 2012).

- ✓ It helps an individual to manage self and to improve performance.
- ✓ Helps in setting appropriate and realistic goals.
- ✓ Helps in career and manage personal life stress.
- ✓ Help in making decisions and solving problems in the workplace.

- ✓ Enhances personal relationships between employees.

In the nursing literature, self-knowledge and awareness are always discussed and considered as the most important and essential aspect of a professional nurse (Eckroth 2010). Moreover, going through the process of self-knowledge and awareness and then using it in a healthy way is important. However, it is an initial move towards caring more for yourself and it additionally helps in getting to be more resilient, than recognizing the unhealthy behavior and justifying them and changing them into healthier ones (Gessler and Ferron 2012). This will prompt competency in arrangement of excellent nursing, and providing excellent health care to the patient.

2.1.4. Examination of Communication Skills

Communication skills are basic, clinical skills to nursing, must be a significant investment of time and resources in training (Fallowfield and Jenkins 1999). Communication skills have long been recognized as an import element of nursing and nursing preparing, with many arguing that effective communication is central to quality nursing practice (Mullan and Kothe 2010).

Communication skills play an important role in the enhancement of plane care patient, they encourage patients to express their fears and worries, and it helps health professionals to gain patients' trust (Babatiskou and Gerogianni 2012).

Nurses need to have the ability to communicate skills with patients in order to achieve the desirable therapeutic outcome. Apart from good care providers, nurses should be good counselors in their interaction with their patients. They also need to be honest and friendly in order to create a therapeutic relationship with patients. Finally, it is very important that nurses should be able to deal effectively with different types of patients and maintain the therapeutic environment during a role play situation .

2.1.5 Examination of Occupational Stress in Nursing

Stress is defined as an environmental stimulus that affects individuals and can provoke physical and psychological stress reactions. Individuals perceive stress and

experience stress reactions when their coping efforts are unsuccessful. Stress in the workplace was called occupational stress (Yuwanich 2016).

Occupational stress can lead to poor physical and psychological health, job dissatisfaction, and decreased work ability. Because of the nature of the nursing profession, nurses directly confront severe illness, grief, suffering, and death (Mohite 2014). A lot of work can lead the nurses to high degree of stress, which can negatively impact their health, which in turn may lead to a poor service quality of nursing care (Chipas and Mckenna 2011, Molntosh and Sheppy 2013, Kutney et al 2009).

Although nurses cannot avoid stress, however, they can learn to deal with it efficiently, adjust and live with it, rather than letting stress overwhelm and affect their quality of life (Bost and Wallis 2006).

- ✓ Keep things in perspective, prioritize.
- ✓ Share your worries with family and friends.
- ✓ Increased knowledge helps to alleviate fears – clear up any misconceptions and give the tools yourself and resources to cope.
- ✓ Don't be too hard on yourself.
- ✓ Worry does not solve anything, try to confront your problems and make plans to solve them.
- ✓ Set realistic goals.
- ✓ Exercise regularly and eat healthily.
- ✓ Practice relaxation techniques.

2.2. Examination of the Professional Development of Nurses

Nursing Professional Development is having the knowledge and skills in adult learning principles, nursing career development, program development and management, continuing education, and leadership. The American Nurses Association (ANA) identifies this practice specialty, which is based on the sciences of nursing, technology, research and evidence-based practice, change, communication, leadership, and education as Nursing Professional Development (ANA 2010).

2.2.1. Examination of Evidence Based Practice

Evidence-based practice (EBP) is a problem-solving approach to the delivery of health care, using current best evidence in clinical decision-making about a patient's care. More specifically, it integrates the best evidence from studies and patient care outcome data with the clinician's expertise and patient preferences and values. What's more, it is centered on the belief that evidence should be used to define best practices rather than support existing, and perhaps outdated, nursing interventions (Nadelson 2014).

EBP is a way for the nursing discipline to minimize the theory to practice gap. It is also an important avenue of nursing educators to disseminate foundational knowledge to undergraduate and graduate nursing students (Mackey and Bassendowski, 2017). The definition of evidence-based practice within the nursing profession has evolved from being strictly clinically based to incorporate a more holistic approach that appropriately reflects the entirety of nursing research and practice. It is not only apparent within clinical practice adoption, but it can also be utilized within undergraduate and graduate nursing education and theory development (Stevens 2013).

EBP in nursing is important because it helps in improving the patient experience of care (including quality and satisfaction), improving the health of populations and reducing the per capita cost of health care, evidence-based practice is a problem-solving approach designed to enhance the profession of nursing and to promote quality patient care which nurses can agree upon without feeling threatened (Melnyk et al 2012, Spear 2006). The main aim of evidence-based practice is to optimize outcomes for patients and clients by selecting interventions that have the greatest chance of success (Melnyk and Fineout-Overholt, 2005).

The majority of the barriers of evidence – based practice in nursing is (Brown et al 2009).

- ✓ Insufficient time on job to implement new ideas.
- ✓ Research not readily available.
- ✓ Research not reported clearly or readable.
- ✓ Feels benefits of changing practice are minimal.

- ✓ Research not relevant for nurses' practice.
- ✓ Other staff not supportive of implementation.
- ✓ Physicians will not cooperate with implementation.
- ✓ Research hasn't published fast enough.

2.2.2. Examination of Continuing Professional Development

Continuing Professional Development (CPD) has been defined as lifelong learning that takes place in a professional career after the point of qualification and or registration. It has also been defined as learning activities for developing and maintaining the capabilities to perform competently (Vasuthevan and Viljoen 2003).

The concept CPD in nursing is used to describe the ongoing learning that professional nurses need to undertake throughout their career in order to maintain, enhance and broaden their professional competence. This concept also emphasizes the responsibility of the professional nurse learn continually (Davids 2006). Professional nurses have an ethical duty to strive constantly to possess the knowledge and skills they need to meet the needs of their patients, and such nurses also have a fundamental right to be allowed to engage in the required CPD.

CPD can be viewed as having three key roles (Lawton and Wimpenny 2003):

- ✓ The maintenance role that fosters the notion of lifelong learning.
- ✓ The survival role that requires the nurse practitioner to demonstrate his/her ongoing competence.
- ✓ The mobility role that aims to increase a professional `s employability.

The reasons given by nurses for participating in CPD activities are as follows (Eustace 2001, Kersaitis 1997, Merriam and Brockett 2011, Barriball and While 1996, Mackereth 1989).

- ✓ Developing new professional knowledge and skills.
- ✓ Keeping abreast of new developments in nursing practice and health.
- ✓ Personal development.
- ✓ Career development.
- ✓ Escape or stimulation.
- ✓ Acquisition of credentials.

The reasons provided by nurses for not participating in CPD activities are as follows (Eustace 2001, Kersaitis 1997, Merriam and Brockett 2011, Barriball and While 1996, Mackereth 1989):

- ✓ Difficulty in obtaining study leave.
- ✓ Shortage of staff.
- ✓ Family and domestic responsibilities.
- ✓ Living in rural areas.
- ✓ Lack of financial support.
- ✓ Lack of advance notification.
- ✓ Program not relevant to practice.

2.2.3. Examination of Technology

The use of mobile or tablet technologies by health and social care providers is rapidly increasing. These include, computer tables, smart phones, and other devices that can be easily transported and provide easy access to information by either direct storage on the device or internet access. There is reported use of mobile technologies among paramedics, doctors (Scheck McAlearney et al 2004) and nurses for such purposes as taking medication, supporting preference – based care planning and research (Nyonator et al 2005).

Technology offers many advantages for nursing education (Medley and Claydell 2005):

- ✓ The clinical setting can be realistically simulated.
- ✓ There is no threat to patient safety.
- ✓ Active learning can occur.
- ✓ Specific and unique patient situations can be presented.
- ✓ Errors can be corrected and discussed immediately.
- ✓ Consistent and comparable experiences can occur for all students.

2.2.4. Examination of Continuing Education

Continuing education in nursing can be defined to be a lifelong professional development process which takes place after the completion of the pre-registration nurse education programmed. It consists of planned learning experiences which are

designed to augment the knowledge, skills and attitudes of registered nurses for the enhancement of nursing practice, patient/client care, education, administration and research. Corresponds with the above definition by stating that continuing education encompasses formal educational programs designed to promote the knowledge, skills, and professional attitudes of nurses. The programs are usually short term and specific; a certificate may be awarded for completion of a course, and a number of continuing education units or contact hours may be conferred (Gallagher 2006).

For surgical nurses, continuing education is essential to safe and effective nursing care. Continuing education can improve the knowledge base and skill level, can change behaviors and attitudes, and improve clinical outcomes, continuing education has been shown to increase nurses' professional behavior and improve the knowledge of patient management and nursing practice (Gallagher 2006).

Many nurses do not participate in a continuing education activity. A number of barriers have been cited in the literature, for example, financial considerations and lack of institutional support, time constraints, and family commitments. These barriers are real and must be addressed by individuals and institutions. Institutions must make a bigger commitment to lifelong education of nurses and other health care providers (Schweitzer and Krassa 2006, Dickerson 2010).

Nursing organizations are striving to provide a variety of educational opportunities. Many nursing journals, including this one, offer continuing education for a nominal fee. Increasing the use of technology allows for the Web-based education and seminars, online educational opportunities, and interactive educational forums. These provide opportunities for education that are in addition to attending a national conference or meeting. However, the benefits of attending a national or regional meeting cannot be overstated. Opportunities for networking and career growth are important reasons for attending an organization's national meeting. That activity was lead to poster presentations of best practices and new research, preconference seminars on particular topics of interest, and networking opportunities with special interest groups. The ability to open doors to new opportunities makes attending a conference a worthwhile part of career development. A commitment to continue learning is a professional responsibility that nurses owe to themselves and to their patients if excellence in practice is to be achieved (Skees 2010).

2.3. Barriers to Personal and Professional Development

There are three major barriers to participate in professional development and personal activities for nurses, situational barriers, institutional barriers and dispositional barriers. Situational barriers are those factors in the individual's life circumstances at any given time, e.g. lack of time, money and home and job responsibilities. Institutional barriers are those practices, procedures and policies that place limits on opportunities for potential adult learners to participate, for example course scheduling, residence requirements and bureaucracy. Dispositional barriers relate to attitude and self-perceptions about oneself as a learner and these include low confidence, negative past experiences, lack of energy and fear of being too old to participate (Merriam and Brockett 2011).

There are other factors in non-participation of nursing in professional and personal development activities (Kersaitis 1997, Barriball and While 1996):

- ✓ Lack of financial assistance and lack of obtaining study leave.
- ✓ Not being able to obtain permission and practical support.
- ✓ The commitment that nurses have towards their family members.
- ✓ Time and date is not suitable.

A literature review was conducted to examine the personal and professional development of nursing who work in surgical clinics, studies, personal and professional development nurses were reviewed for more information on the topic of interest.

A literature review was conducted to define personal development in nursing and it included (examination of computer use in nursing, examination of internet use in nursing, examination of self-knowledge and awareness in nursing, examination of communication skills in nursing, examination of occupational stress in nursing). And professional development in nursing included (examination of evidence based practice in nursing, examination of continuing professional development in nursing, examination of technology in nursing, examination of continuing education in nursing).

A literature review was conducted to barrier the participation in professional development and personal activities for nurses.



3. MATERIALS AND METHODS

3.1. Research Design

Cross-sectional and descriptive research was conducted to examine the personal and professional development of nurses who work in surgical clinics: in Libya and Turkey.

3.2. Setting and Date of Research

The study was conducted at the Misurata Central Hospital in Libya and Karabük University Karabük Training and Research Hospital in Turkey. Data was collected between 30.9.2016 and 30.12.2016 with nurses working in surgical clinics.

3.3. Sampling

In this study, the participants consisted of a selected group of nurses from the Misurata Central Hospital all surgical clinics (ICU, general surgical, operating room, emergency unit, ENT, urology, ophthalmology, pediatric) working 175. And nurses from the Karabük Training and Research Hospital all surgical clinics (ICU, general surgical, operating room, plastic surgery, emergency unit, ENT, urology, ophthalmology, pediatric) working 181. The total number of nurses working in the surgical clinic in the two hospitals was 356. The nurses working in the surgical clinics of both hospitals who were selected as a sample in the study, the nurses working in the both hospitals were the selection criteria of participants included in the study to be able to answer by understanding the questions in the question form and accept voluntarily to participate in the survey and give oral and written confirmation.

- Misurata Central Hospital = 150 (85%)
- Karabük Training and Research Hospital = 125 (69%)
- Totally the nurses the participated in this study = 275 from two hospitals

3.4. Dependent and Independent Variables of the Research

Dependent Variables: The personal and professional development nurses who work in surgical clinics are dependent variables.

Independent Variables: Age, gender, marital status, education, workplace, work settings, present rank, conditions of employment, years of practicing nurses, choice of professional nursing, choice of working setting, satisfied with the profession, knowledge and sufficient experience are independently variable.

3.5. Data Collection and Survey Form

3.5.1. Data collection

Research data were collected between 30.9.2016 and 30.12.2016 with nurses working in surgical clinics of Karabük University Karabük Training and Research Hospital and the Misurata Central Hospital between 08:00-17:00 hours. The data were collected by using the face-to-face interview technique by the researcher. The survey process took approximately 20-25 minutes.

3.5.2. Survey form

The data of the study were collected using the questionnaire prepared by the researcher according to the literature (Davids 2006, Köse 2012, Skees 2010, Park 2007, Göriş et al 2014, Gül et al 2004, Yorgun 2002, Keleş 1998).

Part 1: This section included the biographical information data of the nurses required in the study. Variables of interest were age, gender, marital status, education, workplace, work settings, present rank, conditions of employment, years of practicing nurses, and choice of professional nursing, choice of working setting, satisfied with the profession, knowledge and sufficient experience

Part 2: This section included the personal development of nursing. The questions asked were: The level of computer use and have the internet at home and Means connect to the Internet and the intensity of Internet use and How long do you spend online per day? The contribution of the Internet to raise personal development and what are the reasons for using the internet? Do you have an email? Do you follow social media such as Facebook and Twitter? Which areas of personal

development you find yourself investigated enough? Have you benefited within the last year of any personal development activities? What are the reasons for not participating in personal development activities within the last year? Are you a member of any organization or social Association?

Part 3: This section included the personal development of nursing. The questions asked were: Do you have a computer at a clinic where you work? If there is a computer in the clinic you work in, which of the following options do you use?

3.6. Data Analysis

The data was collected using the face-to-face interview method and evaluated in the SPSS 0.22 Statistical package program in computer environments. The descriptive statistics of categorical variables were analyzed using percentages, numbers, and chi-square was employed to determine the correlation between variables. A statistically significant $p < 0.05$ value was accepted.

3.7. Ethics of Research

The research protocol was authorized by T.C. Bülent Ecevit University Clinical Researches Ethics Committee Presidency, (Annex-2) required permission to apply the research T.C. Ministry of Health Turkey Public Hospitals Authority Karabük Province Public Hospitals Union General Secretariat received written permission (Annex-3, 4). They were told they would be able to withdraw when they wanted without a personal investigation. The "Privacy and Privacy Protection Principle" were fulfilled by stating that the participants would be protected after sharing personal information with the investigator.

3.8. Limitations of the Research

Since the research is cross-sectional, the findings of the research were limited only to the nurses working in surgical clinics at two hospitals between 30. 09.2016-30.12.2016.

4. RESULTS

Table 1. Comparison of Biographical Information Between Nurses

Biographical information	Turkey (n=125)		Libya (n=150)		X ²	P
	n	%	n	%		
Age (mean & St. Deviation)	31.97±7.2 (Min20 Max52)		30.62±6.8 (Min20 Max48)		0.503	0.778
Gender						
Female	93	74.4%	103	68.7%	1.095	0.295
Male	32	25.6%	47	31.3%		
Marital status						
Married	77	61.6%	74	49.3%		
Single	37	29.6%	65	43.3%	5.519	0.063
Divorced	11	8.8%	11	7.3%		
Education						
High school	15	12%	21	14%		
Diploma	33	26.4%	80	53.3%	29.697	0.000
University	66	52.8%	48	32%		
Degree (MSc/PhD)	11	8.8%	1	0.7%		
Work setting						
General surgical	23	18.4%	21	14%		
SICU	25	20%	17	11.3%		
Orthopedic	10	8%	11	7.3%		
Pediatric	7	5.6%	11	7.3%		
Urology	9	7.2%	9	6%		
Ophthalmology	4	3.2%	7	4.7%	12.131	0.276
Emergency	11	8.8%	29	19.3%		
Operation	19	15.2%	28	18.7%		
Cardiovascular ICU	4	3.2%	6	4%		
Coronary ICU	4	3.2%	5	3.3%		
Plastic surgery	9	7.2%	6	4%		
Current position						
Head nurse (chief)	8	6.4%	29	19.3%		
Service nurse	106	84.8%	102	68%		
Scrub nurse	6	4.8%	7	4.7%	13.041	0.011
Helper nurse	4	3.2%	8	5.3%		
Nurse midwifery	1	0.8%	4	2.7%		
Conditions of employment						
Full time day duty	21	16.8%	54	36%	12.672	0.000
Shift duty	104	83.2%	96	64%		
Years of practicing in nursing						
Less than 1 years	8	6.4%	29	19.3%		
1-5years	48	38.4%	69	46%		
6-10years	25	20%	28	18.7%	19.630	0.000
More than 10years	44	35.2%	24	16%		
Choice of nursing						
Yes	83	66.4%	132	88%	18.649	0.000
No	42	33.6%	18	12%		
Years of practicing in a work setting						
Less than 1years	22	17.6%	40	26.7%		
1-5years	79	63.2%	74	49%	5.736	0.125
6-10years	10	8%	17	11.3%		
More than 10 years	14	11.2%	19	12.7%		

Table 1 shows the comparison between the biographical information distribution of the nurses working in the Karabuk University Karabuk Training and Research Hospital in Turkey and Misurata Central Hospital. The total number of nurses of participants in the results was working in Turkey (N=125), The total number of nurse participants in the results was working in Libya (N=150). In the study, age (means & St. Deviation) 31.97 ± 7.2 (Min20 Max52) of the nurses was working in Turkey, while age (means & St. Deviation) 30.62 ± 6.8 (Min20 Max48) of the nurses was working in Libya . The gender of the nurses was found to be 74.4% female, and 25.6% male was working in Turkey, while 68.7% female, and 31.3% male were working in Libya.

The marital status of the nurses was found to be 61% married, 29.6% single, and 8.8% divorced working in Turkey. While 49.3% married, 43.3% single, and 7.3% divorced working in Libya .

The education of the nurses was found to be 12% high school, 26.4% diploma, 52.8% university, and 8.8% degree working in Turkey. While 14% high schools, 53.3% diploma, 32% university, and 0.7% degree working in Libya.

The work setting of the nurses was found to be 18.4% general surgical department, 20% SICU, 8% orthopedic department, 5.6% pediatric department, 7.2% urology department, 3.2% ophthalmology department, 8.8% emergency department, 15.2% (n=19) operating room, 3.2% cardiovascular care unit, 3.2% coronary care unit, and 7.2% plastic surgery working in Turkey. While 14% general surgical department, 11.3% SICU, 7.3% orthopedic department, 7.3% pediatric department, 6% urology department, 4.7% ophthalmology department, 19.3% emergency department, 18.7% operation room, 4% cardiovascular care unit, 3.3% coronary care unit, and 4% plastic surgery working in Libya.

The current position of the nurses was found to be 6.4% head nurse, 84.8% service nurse, 4.8% scrub nurse, 3.2% helper nurse, and 0.8% nurse midwifery working in Turkey. While 19.3% head nurse, 68% service nurse, 4.7% scrub nurse, 5.3% helper nurse, and 2.7% nurse midwifery working in Libya.

The conditions of employment of the nurses were found to be 16.8% full time day duty, and 83.2% shift duty working in Turkey. While 36% full time day duty and 64% shift duty working in Libya .

The years of experience in practicing the profession (nursing) of the nurses were found to be 6.4% less than 1 year, 38.4% between 1-5years, 20% between 6-10years, and 35.2% more than 10 years working in Turkey. While 19.3% less than 1 years, 46% between 1-5years, 18.7% between 6-10 years, and 16% more than 10years working in Libya.

The choosing a nursing profession (desire) of the nurses were found to be 66.4% the profession chooses nursing with its desire, 33.6% the nursing profession did not choose her desire working in Turkey. While 88% the profession chooses nursing with its desire, 12% the nursing profession did not choose her desire working in Libya.

The years of experience in practicing nursing profession in the department of the participants were found to be 17.6% less than 1 year, 63.2% between 1-5years, 8% between 6-10 years, and 11.2% more than 10years working in Turkey. While 26.7% less than 1 years, 49% between 1-5years, 11.3% between 6-10years, and 12.7% more than 10 years working in Libya.

Table 1 shows the comparison of biographical information among nurses working in surgical clinics in Turkey and Libya. According to this, found to be no significant difference was between the age of the nurses working in surgical clinics in Turkey and Libya ($X^2=0.503$; $p>0.05$).

The gender, found to be no significant difference was between the nurses working in surgical clinics in Turkey and Libya ($X^2=1.095$; $p>0.05$).

The marital status, found to be no significant difference was between the nurses working in surgical clinics in Turkey and Libya ($X^2=5.519$; $p>0.05$).

The Education (highest level), found to be significant difference was between the nurses working in surgical clinics in Turkey and Libya ($X^2=29.697$; $p<0.05$).

The work setting, found to be significant difference was between the nurses working in clinics, surgical in Turkey and Libya ($X^2=12.131$; $p>0.05$).

The current position, found to be significant difference was between the nurses working in surgical clinics in Turkey and Libya ($X^2=13.041$; $p<0.05$).

The conditions of employment, found to be significant difference was between the nurses working in surgical clinics in Turkey and Libya ($X^2=12.672$; $p<0.05$).

The years of practicing nurse, found to be significant difference was between the nurses working in surgical clinics in Turkey and Libya ($X^2=19.630$; $p<0.05$).

The choice of nursing, found to be significant difference was between the nurses working in surgical clinics in Turkey and Libya ($X^2=18.649$; $p<0.05$).

The years of practicing in a work setting, found to be no significant difference was between the nurses working in surgical clinics in Turkey and Libya ($X^2=5,736$; $p>0.05$).

Table 2. Comparison of Other Biographical Information Between Nurses

Biographical information	Turkey (n=125)		Libya (n=150)		χ^2	P
	n	%	n	%		
Choice of work setting						
Yes	69	55.2%	131	87.3%	35.494	0.000
No	56	44.8%	19	12.7%		
Satisfied with the profession						
Yes	53	42.7%	86	57.3%	6.421	0.040
No	9	7.2%	6	4%		
Rather	63	50.4%	58	38.7%		
Owning knowledge and experience						
Yes	98	78.4%	120	80%	0.106	0.744
No	27	21.6%	30	20%		

Table 2 shows the comparison between the choice of work setting (department) of desire, 55.2% have chosen the work setting with desire, 44.8% have not chosen the work setting with desire in Turkey, 87.3% have chosen the work setting with desire, 12.7% have not chosen the work setting with desire in Libya.

The satisfaction with the profession of nursing, 42.7% are satisfied with the profession of nursing, 7.2% are not satisfied with the profession of nursing and 50.4% answered (rather) in Turkey, 57.3% are satisfied with the profession of nursing, 4% are not satisfied with the profession of nursing, and 38.7% answered (rather) in Libya.

Owning knowledge and experience of nursing, 78.4% have knowledge and experience, and 21.6% do not have the knowledge and experience in Turkey, 80% have knowledge and experience, and 20% do not have the knowledge and experience in Libya.

Table 2 shows the comparison of biographical information within (Choice of work setting, satisfied with the profession, owning knowledge and experience) between nurses working in clinics, surgical in Turkey and Libya. According to the findings, the significant difference was between the choice of work setting of the nurses working in surgical clinics in Turkey and Libya ($X^2=35.494$; $p<0.05$).

The satisfaction with the profession, found to be no significant difference between the nurses working in surgical clinics in Turkey and Libya ($X^2=6.421$; $p<0.05$).

The owning knowledge and experience, found to be no significant difference between the nurses working in surgical clinics in Turkey and Libya ($X^2=0.106$; $p>0.05$).

Table 3. Comparison of Personal Development Between Nurses

Variables	Turkey (n=125)		Libya (n=150)		X ²	P
	n	%	n	%		
Level of computer use						
Good	19	15.2%	29	19.3%	6.115	0.106
Moderate	84	67.2%	86	57.3%		
Low	22	17.6%	30	20%		
I don't know	0	0.0%	5	3.3%		
Have internet						
Yes	100	80%	132	88%	3.308	0.069
No	25	20%	18	12%		
Device of internet connection						
Computer	49	39.2%	44	29.3%	11.176	0.004
Tablet	16	12.8%	7	4.7%		
Mobile (telephone)	60	48%	99	66%		
How often do you use the internet?						
Every day	98	78.4%	108	72%	6.115	0.191
Once every 3-4 days	22	17.6%	24	16%		
Once a day	4	3.2%	13	8.7%		
Once a month	1	0.8%	3	2%		
Once every few months	0	0.0%	2	1.3%		
How many hours per day do you spend on the internet?						
Less than 1 hour day	52	41.6%	33	22%	13.978	0.003
2-1hours	38	30.4%	50	33.3%		
5-3hours	24	19.2%	49	32.7%		
More than 5 hours day	11	8.8%	18	12%		
Advantage of the internet in personal development						
Yes	83	66.4%	107	71.3%	0.777	0.378
No	42	33.6%	43	28.7%		
Reasons for using the internet						
Follow social media						
Yes	72	57.6%	103	68.7%	4.508	0.105
No	52	41.6%	47	31.3%		
Follow the latest news						
Yes	55	44%	88	58.7%	1.097	0.578
No	70	56%	61	40.7%		
Listen to music and radio						
Yes	50	40%	31	20.7%	12.265	0.000
No	75	60%	119	79.3%		
Scientific research						
Yes	27	21.6%	20	13.3%	3.288	0.070
No	98	78.4%	130	86.7%		
Shopping						
Yes	57	45.6%	12	8%	51.285	0.000
No	68	54.4%	138	92%		
Chat						
Yes	28	22.4%	34	22.7%	0.003	0.958
No	97	77.6%	116	77.3%		
Games						
Yes	17	13.6%	7	4.7%	6.831	0.009
No	108	86.4%	143	95.3%		
Writing homework and study						
Yes	23	18.4%	5	3.3%	16.924	0.000
No	102	81.6%	145	96.7%		

The following Table 3 examination in the personal development of nursing were found:

The level use of computer in the nurses were found to be 15.2% the level of computer use was good in Turkey, 67.2% the level of computer use was moderate in Turkey, and 17.6% the level of computer use was low in Turkey, 19.3% the level of computer use was good in Libya, 57.3% the level of computer use was moderate in Libya, and 20% the level of computer use was low in Libya, and 3.3% the level of computer use where the participants answered with "I don't know" in Libya (Table 3)

The following Table 3 shows that 80% have internet at home in Turkey, and 25% have no internet at home in Turkey. 88% have internet at home in Libya, and 12% have no internet at home in Libya.

The following Table 3 shows that 39.2% using the computer have access to the internet in Turkey, and 12.8% using the tablet have access to the internet in Turkey, and 48% using the mobile (telephone) have access to the internet in Turkey. 29.3% using the computer have access to the internet in Libya, and 4.7% using the tablet have access to the internet in Libya, and 66% using the mobile (telephone) have access to the internet in Libya.

The following Table 3 shows that 78.4% nurses used internet every day in Turkey, and 17.6% nurses used the internet once every 3-4 days in Turkey, and 3.2% nurses used the internet once a day in Turkey, and 0.8% nurses used the internet once a month in Turkey, 72% nurses used internet every day in Libya, and 16% nurses used the internet once every 3-4 days in Libya, and 8.7% nurses used the internet once a day in Libya, and 2% nurses used the internet once a month in Libya, and 1.3% nurses used the internet once every few months in Libya.

The following Table 3 shows that 41.6% nurses used between 1-2 hours in Turkey, 30.4% nurses used the internet less than 1 hours a day in Turkey, 19.2% nurses used internet between 3-5 hours in Turkey, and 8.8% nurses used the internet more than 5 hours a day in Turkey, 22% nurses used between 1-2 hours in Libya, 33.3% nurses used the internet less than 1 hours a day in Turkey, 32.7% nurses used internet between 3-5 hours in Libya, and 8.8% nurses used the internet more than 5 hours a day in Libya.

The following Table 3 shows that 66.7% answered yes to the question that internet use did contribute to raise the level of personal development of nurses in Turkey, and 33.6% answered no. 71.3% answered yes to the same question in Libya and 28.7% answered to the same question in Libya.

The following Table 3 shows the reasons for using the internet to nurses working in Turkey, 57.6 % because of the social media, 44% because of the latest news, 40% to listen to music and radio, 40% for scientific research, 21.6% for shopping, 45.6% to chat, 22.4% for games, 13.6% for writing homework and study. And the reasons for using the internet for nurses working in Libya, 68.7% because of the social media, 58.7% because of the latest news, 20.7% to listen to music and radio, 13.3% for scientific research, 8% for shopping, 22.7% to chat, 4.7% for games, 3.3% for writing homework and study.

Table 3 shows the comparison of examination in the personal development of nursing about (level of computer use, has internet, device of internet connection, duration use internet, use internet per a day, advantage use internet), between nurses working in clinics, surgical in Turkey and Libya. According to these findings:

The level of computer use, found to be no significant difference between the nurses working in surgical clinics in Turkey and Libya ($X^2=6.115$; $p>0.05$).

Internet at home, found to be no significant difference between the nurses working in surgical clinics in Turkey and Libya ($X^2=3.308$; $p>0.05$).

The device of internet connection, found to be a significant difference between the choice of work setting of the nurses working in surgical clinics in Turkey and Libya ($X^2=11.176$; $p<0.05$).

The usage of internet, found to be no significant difference between the nurses working in surgical clinics in Turkey and Libya ($X^2=6.115$; $p>0.05$).

The daily use of the Internet, found to be a significant difference between the choice of work setting of the nurses working in surgical clinics in Turkey and Libya ($X^2=13.978$; $p<0.05$).

The advantage of the internet in personal development, found to be no significant difference between the nurses working in surgical clinics in Turkey and Libya ($X^2=0.777$; $p>0.05$).

The social media, found to be no significant difference between the nurses working in surgical clinics in Turkey and Libya ($X^2=4.508$; $p>0.05$).

The latest news, found to be no significant difference between the nurses working in surgical clinics in Turkey and Libya ($X^2=1.097$; $p>0.05$).

Listening to music and radio, found to be a significant difference between the choice of work setting of the nurses working in surgical clinics in Turkey and Libya ($X^2=12.265$; $p<0.05$).

The scientific research, found to be no significant difference between the nurses working in surgical clinics in Turkey and Libya ($X^2=3.288$; $p>0.05$).

The shopping, found to be a significant difference between the nurses working in surgical clinics in Turkey and Libya ($X^2 =51.285$; $p<0.05$).

The chatting, found to be no significant difference between the nurses working in surgical clinics in Turkey and Libya ($X^2=0.003$; $p>0.05$).

The games, found to be a significant difference between the nurses working in surgical clinics in Turkey and Libya ($X^2 =6.831$; $p<0.05$).

Writing homework and study, found to be significant difference between the nurses working in surgical clinics in Turkey and Libya ($X^2 =16.924$; $p<0.05$).

Table 4. Comparison of Personal Development of Nurses About Have An Email, Follow Social Media

Variables	Turkey (n=125)		Libya (n=150)		X ²	P
	n	%	n	%		
Do you have an email?						
Yes	110	88%	121	80.7%	4.521	0.104
No	14	11.2%	29	19.3%		
Do you follow social media such as Facebook and Twitter?						
Yes	103	82.4%	124	82.7%	0.003	0.954
No	22	17.6%	26	17.3%		
Which areas of personal development you find yourself investigated enough?						
Self-knowledge and awareness						
Yes	73	58.4%	35	23.3%	35.155	0.000
No	52	41.6%	115	76.7%		
Communication skills						
Yes	56	44.8%	24	16%	29.606	0.000
No	68	54.4%	125	83.3%		
Overcoming stress						
Yes	43	34.4%	41	27.3%	1.605	0.205
No	82	65.6%	109	72.7%		
Effective use of time						
Yes	46	36.8%	46	30.7%	1.152	0.283
No	79	63.2%	104	69.3%		
See personal performance and scalability						
Yes	42	33.6%	20	13.3%	16.053	0.000
No	83	66.4%	130	86.7%		
Being able to express feelings and idea						
Yes	52	41.6%	30	20%	16.768	0.000
No	72	57.6%	120	80%		
Mastery of personal development						
Yes	30	24%	63	42%	9.870	0.002
No	95	76%	87	58%		

Table 4 illustrates that the nurses from Turkey, 88% answered (Yes) that they have an email, and 11.2% answered (No) that they do not have an email. On the other hand, participants from Libya, 80.7% answered (Yes), while 19.3% answered (No).

Table 4 illustrates that the nurses from Turkey, 82.4% answered (Yes) that they follow social media, while 17.6% answered (No). While participants from Libya, 82.7% answered (Yes) and 17.3% answered (No).

Table 4 illustrates that the nurses from Turkey, 58.4% indicated that they had personal development which had achieved enough self-knowledge and awareness, 44.8% indicated that they had personal development which had achieved enough communication skills, 34.4% indicated that they had personal development which had achieved enough overcoming stress, 36.8% indicated that they had personal

development which had achieved enough effective use of time, 33.6% indicated that they had personal development which had achieved enough personal performance and scalability, 41.6% indicated that they had personal development which had achieved enough ability to express feelings and idea, 24% indicated that they had personal development which had achieved enough mastery of personal development. While participators from Libya, 23.3% indicated that they had personal development which had achieved enough self-knowledge and awareness, 16% indicated that they had personal development which had achieved enough communication skills, 27.3% indicated that they had personal development which had achieved enough overcoming stress, 30.7% indicated that they had personal development which had achieved enough effective use of time, 13.3% indicated that they had personal development which had achieved enough personal performance and scalability, 20% indicated that they had personal development which had achieved enough ability to express feelings and idea, 42% indicated that they had personal development which had achieved enough mastery of personal development.

Table 4 shows the comparison of examination in the personal development of nursing about (have an email, follow social media, areas of personal development find yourself investigated enough), between nurses working in clinics, surgical in Turkey and Libya. According to these findings; regarding the email, found to be no significant difference between the nurses working in surgical clinics in Turkey and Libya ($X^2=4.521$; $p<0.05$).

The social media such as Facebook and Twitter, found to be no significant difference between the nurses working in surgical clinics in Turkey and Libya ($X^2=0.003$; $p>0.05$).

The self-knowledge and awareness, found to be a significant difference between the nurses working in surgical clinics in Turkey and Libya ($X^2 =35.155$; $p<0.05$).

The communication skills, found to be a significant difference between the nurses working in surgical clinics in Turkey and Libya ($X^2 =29.606$; $p<0.05$).

The overcoming stress, found to be no significant difference between the nurses working in surgical clinics in Turkey and Libya ($X^2=1.605$; $p>0.05$).

The effective use of time, found to be no significant difference between the nurses working in surgical clinics in Turkey and Libya ($X^2=1.152$; $p>0.05$).

The personal performance and scalability, found to be a significant difference between the nurses working in surgical clinics in Turkey and Libya ($X^2=16.053$; $p>0.05$).

The ability to express feelings and idea, found to be a significant difference between the nurses working in surgical clinics in Turkey and Libya ($X^2=16.768$; $p>0.05$).

The mastery of personal development, found to be a significant difference between the nurses working in surgical clinics in Turkey and Libya ($X^2=9.870$; $p>0.05$).

Table 5. Comparison of Personal Development Between Nurses About Benefit And Barrier of Personal Development Activities

Variables	Turkey (n=125)		Libya (n=150)		x ²	P
	n	%	n	%		
Have you benefited within the last year of any personal development activities?						
Read books and magazines						
Yes	73	58.4%	59	39.9%	9.931	0.000
No	52	41.6%	91	60.7%		
Travel and roaming						
Yes	57	45.6%	30	20%	20.660	0.000
No	68	54.4%	120	80%		
Practice of talent						
Yes	35	28%	17	11.3%	12.352	0.000
No	90	72%	133	88.7%		
Participating in social gatherings and visits						
Yes	32	25.6%	22	14.7%	5.165	0.023
No	93	74.4%	128	85.3%		
Participate in courses and training						
Yes	37	29.6%	35	23.3%	2.147	0.342
No	88	70.4%	114	76%		
Participate in the delivery of social services						
Yes	17	13.6%	15	10%	0.859	0.354
No	108	86.4%	135	90%		
Get advice from specialists						
Yes	5	4%	14	9.3%	3.015	0.082
No	120	96%	136	90.7%		
Participate of social life						
Yes	7	5.6%	6	4%	0.388	0.534
No	118	94.4%	144	96%		
What are the reasons for not participating in personal development activities within the last year.						
Workload						
Yes	75	60%	101	67.3%	1.591	0.207
No	50	40%	49	32.7%		
Time and date is not suitable						
Yes	43	34.4%	30	20%	7.251	0.007
No	82	65.6%	120	80%		
Lack of time activities (household activities)						
Yes	41	32.8%	30	20%	7.235	0.027
No	83	66.4%	120	80%		
Because sharing is not feasible						
Yes	10	8%	8	5.3%	0.793	0.373
No	115	92%	142	94.7%		
Not allocated a budget for those activities						
Yes	13	10.4%	25	16.7%	2.248	0.134
No	112	89.6%	125	83.3%		

Tablet 5 illustrates that the nurses from Turkey, 58.4% indicated that they benefited within the last years in the personal development activity in reading books and magazines, 45.6% indicated that they benefited within the last years in the personal development activity by travelling and roaming, 28% indicated that they benefited within the last years in the personal development activity in practicing, 25.6% indicated that they benefited within the last years in the personal development activity in participating in social gatherings and visits, 29.6% indicated that they benefited within the last years in the personal development activity in participating in courses and training, 13.6% indicated that they benefited within the last years in the personal development activity in participating in the delivery of social services, 4% indicated that they benefited within the last years in the personal development activity in getting advice from specialists (professional), 5.6% indicated they that benefited within the last years in the personal development activity was participate in social organizations. While nurses from Libya, 39.9% indicated they that benefited within the last years in the personal development activity was reading books and magazines, 20% indicated they that benefited within the last years in the personal development activity was travel and roaming, 11.3% indicated they that benefited within the last years in the personal development activity was practice of talent, 14.7% indicated they that benefited within the last years in the personal development activity was participating in social gatherings and visits, 23.3% indicated they that benefited within the last years in the personal development activity was participate in courses and training, 10% indicated they that benefited within the last years in the personal development activity was participate in the delivery of social services, 90.7% indicated they that benefited within the last years in the personal development activity was get advice from specialists (professional), 4% indicated they that benefited within the last years in the personal development activity was participate in social organizations.

Tablet 5 illustrates that the nurses from Turkey, 60% indicated that the reason for not participating in personal development activities within the last year was working pressure, 34.4% indicated that the reason for not participating in personal development activities within the last year was time and date was not suitable, 32.8% indicated that the reason for not participating in personal development activities

within the last year was lack of time in the date and time regarding long outdoor activities (household activities), 8% indicated that the reason for not participating in personal development activities within the last year was because the sharing was not feasible, 10.4% indicated that the reason for not participating in personal development activities within the last year was not allocating a budget for those activities. While nurses from Libya, 67.3% indicated that the reason for not participating in personal development activities within the last year was working pressure, 20% indicated that the reason for not participating in personal development activities within the last year was time and date was not suitable, 20% indicated that the reason for not participating in personal development activities within the last year was lack of time in the date and time regarding long outdoor activities (household activities), 5.3% indicated that the reason for not participating in personal development activities within the last year was because the sharing was not feasible, 16.7% indicated that the reason for not participating in personal development activities within the last year was not allocating a budget for those activities.

Table 5 shows the comparison within the examination in the personal development of nursing (have an email, follow social media, areas of personal development find yourself investigated enough), between nurses working in surgical clinics in Turkey and Libya. According to these findings: they benefited within the last years in the personal development activity by reading books and magazines, found to be a significant difference between the nurses working in surgical clinics in Turkey and Libya ($\chi^2=9.931$; $p>0.05$).

They benefited within the last years in the personal development activity travelling and roaming, found to be a significant difference between the nurses working in surgical clinics in Turkey and Libya ($\chi^2=20.660$; $p<0.05$).

They benefited within the last years in the personal development activity while practicing, found to be a significant difference between the nurses working in surgical clinics in Turkey and Libya ($\chi^2=12.352$; $p<0.05$).

They benefited within the last years in the personal development activity participating in social gatherings and visits, found to be significant difference

between the nurses working in surgical clinics in Turkey and Libya ($X^2=5.165$; $p<0.05$). They benefited within the last years in the personal development activity by participating in courses and training, found to be no significant difference between the nurses working in surgical clinics in Turkey and Libya ($X^2=2.147$; $p<0.05$). They benefited within the last years in the personal development activity in participating in the delivery of social services, found to be no significant difference between the nurses working in surgical clinics in Turkey and Libya ($X^2=0.859$; $p<0.05$). They benefited within the last years in the personal development activity in getting advice from specialists, found to be no significant difference between the nurses working in surgical clinics in Turkey and Libya ($X^2=3.015$; $p<0.05$). They benefited within the last years in the personal development activity in participating in social activities, found to be no significant difference between the nurses working in surgical clinics in Turkey and Libya. ($X^2=0.388$; $p<0.05$). Their reason for not participating in personal development activities within the last year was working pressure, found to be no significant difference was between the nurses working in surgical clinics in Turkey and Libya ($X^2=1.591$; $p<0.05$). Their reason for not participating in personal development activities within the last year was time and date was not suitable, found to be significant difference was between the nurses working in surgical clinics in Turkey and Libya ($X^2=7.251$; $p>0.05$). Their reason for not participating in personal development activities within the last year was the lack of time activities (household activities), found to be a significant difference was between the nurses working in surgical clinics in Turkey and Libya ($X^2=7.235$; $p>0.05$). Their reason for not participating in personal development activities within the last year because the sharing was not feasible, found to be no significant difference was between the nurses working in surgical clinics in Turkey and Libya ($X^2=0.793$; $p<0.05$).

Their reason for not participating in personal development activities within the last year because of not allocating a budget for those activities, found to be no significant difference was between the nurses working in surgical clinics in Turkey and Libya ($X^2=2.248$; $p>0.05$).

Table 6. Comparison of Personal Development Between Nurses About Member of The Organization or Social Association

Variables	Turkey (n=125)		Libya(n=150)		X ²	P
	n	%	n	%		
Are you a member of any organization or social Association?						
Yes	27	21.6%	28	18.7%	0.367	0.545
No	98	78.4%	122	81.3%		

Table 6 illustrates that the nurses from Turkey, 21.6% answered (Yes) that they were a member of an organization or social association, and 78.4% answered (No). The nurses from Libya, 18.7% answered (Yes) and 81.3 % answered (No) for the same question. Table 4.6. shows the comparison within the examination in the personal development of nursing about (member of the organization or social Association), between nurses working in surgical clinics in Turkey and Libya. According to these findings, there is no significant difference between the nurses working in surgical clinics in Turkey and Libya ($X^2=0.367$; $p>0.05$).

Table 7. Comparison of Personal Development Between Nurses About Found A Computer At Workplace, Use A Computer At Work, Needs of Professional Education

Variables	Turkey (n=125)		Libya (n=150)		X ²	P
	n	%	n	%		
Do you have a computer at a clinic where you work?						
Yes	120	96%	123	82%	12.997	0.000
No	5	4%	27	18%		
If there is a computer in the clinic you work in, which of the following options do you often use						
Recording services						
Yes	85	68%	120	80%	5.174	0.023
No	40	32%	30	20%		
Recording information for nurse						
Yes	75	60%	32	21.3%	42.886	0.000
No	50	40%	118	78.7%		
Look at the laboratory results						
Yes	73	58.4%	13	8.7%	78.646	0.000
No	52	41.6%	137	91.3%		
Search for information						
Yes	42	33.6%	5	3.3%	44.079	0.000
No	83	66.4%	145	96.7%		
Do you have the potential to meet the needs of professional education at the hospital where you work?						
Yes	51	40.8%	27	18%	17.444	0.000
No	74	59.2%	123	82%		

Table 7 illustrates that the nurses from Turkey, 96% answered (Yes) about having a computer in the clinic, while 4% answered (No). The participants from Libya, 82% answered (Yes) and 18% answered (No). Table 4.7. Illustrates that the nurses from Turkey, 68% indicated that they reason for using computers in recording services, 60% indicated that the reason for using computers was in recording information for nurses, 58.4% indicated that the reason for using computers was to look at the laboratory results, 33.6% indicated that the reason for using computers was to search for information. The participators from Libya, 80% indicated that the reason for using computers was in recording services, 21.3% indicated that the reason for using computers was in recording information for nurses, 8.7% indicated that the reason for using computers was to look at the laboratory results, 3.3% indicated that the reason for using computers was to search for information.

From the previous Table 7 shows the nurses from Turkey, 40.8% nurses answered (yes) that they have requirements for professional education in the Hospital where she works, and 59.2% nurses answered (No). The nurses from Libya, 18%

nurses answered (yes) about having requirements for professional education in the hospital where he/she works, and 82% nurses answered (No). Table 4.7. shows the comparison within the examination in the personal development of nursing about (found a computer at workplace, use a computer at work, needs of professional education at the hospital), between nurses working in surgical clinics in Turkey and Libya. According to these findings in having a computer at a clinic where you work, there was a significant difference between the nurses working in surgical clinics in Turkey and Libya ($X^2 = 12.997$; $p < 0.05$). The recording services, found to be significant difference between the nurses working in surgical clinics in Turkey and Libya. ($X^2 = 5.174$; $p < 0.05$). The recording information for the nurse, found to be a significant difference between the nurses working in surgical clinics in Turkey and Libya. ($X^2 = 42.886$; $p < 0.05$). Looking at the laboratory results, found to be a significant difference between the nurses working in surgical clinics in Turkey and Libya ($X^2 = 78.646$; $p < 0.05$). Searching for information, found to be a significant difference between the nurses working in surgical clinics in Turkey and Libya ($X^2 = 44.079$; $p < 0.05$). They have the potential to meet the needs of professional education at the hospital where you work, found to be a significant difference between the nurses working in surgical clinics in Turkey and Libya ($X^2 = 17.444$; $p < 0.05$).

Table 8. Comparison of Professional Development Between Nurses About Evaluate Professional Development, Professional Development Activities, Scientific Publications, Barrier Participate

Variables	Turkey (n=125)		Libya (n=150)		χ ²	P
	n	%	n	%		
How do you evaluate your professional development?						
Good	55	44%	76	50.7%	1.836	0.399
No-good	9	7.2%	13	8.7%		
Tolerable (acceptable)	61	48.8%	61	40.7%		
Which of the following professional development activities have you done in the last year						
Research Training						
Yes	32	25.6%	14	9.3%	12.952	0.000
No	93	74.4%	136	90.7%		
Participate in conferences						
Yes	13	10.4%	14	9.3%	0.088	0.767
No	112	89.6%	136	90.7%		
Research activities						
Yes	28	22.4%	8	5.3%	17.455	0.000
No	97	77.6%	142	94.7%		
Participate in courses						
Yes	27	21.6%	16	10.7%	6.178	0,013
No	98	78.4%	134	89.3%		
Participate in seminars and conferences						
Yes	25	20%	30	20%	0.000	1.000
No	100	80%	120	80%		
Writing articles and posting						
Yes	4	3.2%	2	1.3%	1.113	0.291
No	121	96.8%	148	98.7%		
Courses after graduation						
Yes	66	52.8%	54	36%	7.824	0.005
No	59	47.2%	96	64%		
Participation in scientific activities through poster and oral presentation						
Yes	6	4.8%	15	10%	2.614	0.106
No	119	95.2%	135	90%		
Starting / continuing the graduate education						
Yes	13	10.4%	27	18%	3.168	0.075
No	112	89.6%	123	72%		
Follow scientific publications						
Yes	9	7.2%	39	26%	16.726	0.000
No	116	92.8%	111	74%		
Which of the following options to suit you with regard to scientific publications						
Learn how to access to scientific publications						
Yes	54	43.2%	39	26%	9.012	0.003
No	71	56.8%	111	74%		
Follow national publications regularly						
Yes	10	8%	18	12%	2.071	0.355
No	115	92%	131	87.3%		
Follow the international scientific publications on a regular basis						
Yes	13	10.4%	8	2%	2.482	0.115
No	112	89.6%	142	98%		

Involved in a number of magazines						
Yes	16	12.8%	68	45.3%	12.365	0.000
No	109	87.2%	82	54.7%		
Read books and journals						
Yes	20	16%	64	42.7%	26.961	0.000
No	105	84%	86	57.3%		
Use of computers and the Internet for scientific purpose						
Yes	58	46.4%	38	25.3%	0.385	0.535
No	67	53.6%	112	74.7%		
Why not participate in professional development activities within the last year						
Little or no training in hospital						
Yes	26	20.8%	76	50.7%	26.065	0.000
No	99	79.2%	74	49.3%		
Time and date is inappropriate						
Yes	49	39.2%	43	28.7%	3.398	0.065
No	76	60.8%	107	71.3%		
Not to rush to learn						
Yes	25	20%	6	4%	17.451	0.000
No	100	80%	144	96%		
Workload						
Yes	66	52.8%	90	60%	1.440	0.230
No	59	47.2%	60	40%		
Places that organize social activities too far						
Yes	105	16%	12	8%	5.000	0.082
No	20	84%	137	91.3%		
Failed to allocate a special budget or cover						
Yes	15	12%	19	12.7%	0.028	0.867
No	110	88%	131	87.3%		
Not being able to get the permission and support of my work						
Yes	9	7.2%	16	10.7%	0.991	0.319
No	116	92.8%	134	89.3%		

Table 8 illustrates that the nurses from Turkey, 44% indicated that their evaluated professional development was good, while 7.2% claimed it was no good, and 48.8% tolerable (acceptable). The nurses from Libya, 50.7% indicated good, while 8.7% no good, and 40.7% tolerable (acceptable). Table 4.8. illustrates that of the participators from Turkey, 25.6% indicated that they practiced professional development activities within the last year was research training, 10.4% indicated that they practiced professional development activities within the last year in participating in professional conferences, 22.4% indicated that they practiced professional development activities within the last year by research activities, 21.6% indicated that they practiced professional development activities within the last year in participating in professional courses, 20% indicated that they practiced professional development activities within the last year in participating in seminars and

conferences, 3.2% indicated that they practiced professional development activities within the last year in writing articles and posting, 52.8% indicated that they practiced professional development activities within the last year in participating in scientific activities through poster and oral presentation, 4.8% indicated that they practiced professional development activities within the last year in participating in scientific activities through poster and oral presentation, 10.4% indicated that they practiced professional development activities within the last year by continuing the graduate education, 7.2% indicated that they practiced professional development activities within the last year in following scientific publications. The nurses from Libya, 9.3% indicated that they practiced professional development activities within the last year in research training, 9.3% indicated that they practiced professional development activities within the last year in participating in professional conferences, 5.3% indicated that they practiced professional development activities within the last year by research activities, 10.7% indicated that they practiced professional development activities within the last year in participating in professional courses, 20% indicated that they practiced professional development activities within the last year in participating in seminars and conferences, 1.3% indicated that they practiced professional development activities within the last year in writing articles and posting, 36% indicated that they practiced professional development activities within the last year in participating in scientific activities through poster and oral presentation, 10% indicated that they practiced professional development activities within the last year in participating in scientific activities through poster and oral presentation, 18% indicated that they practiced professional development activities within the last year in starting / continuing the graduate education, 20% indicated that they practiced professional development activities within the last year in following scientific publications.

Table 8 illustrates that the nurses from Turkey, 43.2% indicated that the appropriate option concerning scientific publications was in learning how to access to scientific publications, 8% indicated that the appropriate option concerning scientific publications was in following national publications regularly, 10.4% indicated that the appropriate option concerning scientific publications was in following the international scientific publications on a regular basis, 12.8% indicated

that the appropriate option concerning scientific publications was in involving in a number of magazines, 16% indicated that the appropriate option concerning scientific publications was in reading books and journals, 46.4% indicated that the appropriate option concerning scientific publications was using computers and the internet for scientific purpose. The nurses from Libya, 39% indicated that the appropriate option concerning scientific publications was in learning how to access to scientific publications, 18% indicated that the appropriate option concerning scientific publications was in following national publications regularly, 8% indicated that the appropriate option concerning scientific publications was in following the international scientific publications on a regular basis, 68% indicated that the appropriate option concerning scientific publications was in involving in a number of magazines, 64% indicated that the appropriate option concerning scientific publications was in reading books and journals, 38% indicated that the appropriate option concerning scientific publications was using computers and the internet for scientific purpose.

Table 8 illustrates that the nurses from Turkey, 20.8% indicated that reason for not participating in professional development activities within the last year was little or no training in hospital, 39.2% indicated that reason for not participating in professional development activities within the last year was inappropriate time and date, 20% indicated that reason for not participating in professional development activities within the last year was not rushing to learn, 52.8% indicated that reason for not participating in professional development activities within the last year was workload, 16% indicated that reason for not participating in professional development activities within the last year was because the places that organize social activities were too far, 12% indicated that reason for not participating in professional development activities within the last year was failing to allocate a special budget, 7.2% indicated that the reason for not participating in professional development activities within the last year was not being able to get the permission and support of their work. The nurses from Libya, 50.7% indicated that the reason for not participating in professional development activities within the last year was little or no training in hospital, 28.7% indicated that the reason for not participating in professional development activities within the last year was inappropriate time

and date number, 4% indicated that the reason for not participating in professional development activities within the last year was not rushing to learn, 60% indicated that the reason for not participating in professional development activities within the last year was work intensity, 8% indicated that the reason for not participating in professional development activities within the last year was because the places that organize social activities too far, 12.7% indicated that the reason for not participating in professional development activities within the last year was failing to allocate a special budget, 10.7% indicated that the reason for not participating in professional development activities within the last year was not being able to get the permission and support of their work.

Table 8 shows the comparison of within examination in the professional development of nursing about (evaluate professional development, professional development activities, scientific publications, barrier participate in the professional development), between nurses working in surgical clinics in Turkey and Libya, found to be:

In evaluation of professional development, found to be a significant difference between the nurses working in surgical clinics in Turkey and Libya ($X^2 = 12.952$; $p < 0.05$). Practicing professional development activities within the last year by research training, found to be no significant difference between the nurses working in surgical clinics in Turkey and Libya ($X^2 = 0.088$; $p > 0.05$). Practicing professional development activities within the last year by participating in conferences, found to be a significant difference was between the nurses working in surgical clinics in Turkey and Libya ($X^2 = 17.455$; $p < 0.05$).

Practicing professional development activities within the last year in research activities, found to be significant difference between the nurses working in surgical clinics in Turkey and Libya. ($X^2 = 6.178$; $p < 0.05$). Practicing professional development activities within the last year by participating in courses, found to be no significant difference between the nurses working in surgical clinics in Turkey and Libya. ($X^2 = 0.000$; $p > 0.05$). Practicing professional development activities within the last year by participating in seminars and conferences, found to be no significant difference between the nurses working in surgical clinics in Turkey and Libya. ($X^2 = 1.113$; $p > 0.05$). Practicing professional development activities within the last

year by writing articles and posting, found to be a significant difference between the nurses working in surgical clinics in Turkey and Libya ($X^2=7.824$; $p>0.05$) Practicing professional development activities within the last year by courses after graduation, found to be no significant difference between the nurses working in surgical clinics in Turkey and Libya ($X^2=2.614$; $p<0.05$). Practicing professional development activities within the last year by participating in scientific activities through poster and oral presentation, found to be no significant difference between the nurses working in surgical clinics in Turkey and Libya ($X^2=3.168$; $p<0.05$). Practicing professional development activities within the last year by starting / continuing the graduate education, found to be a significant difference between the nurses working in surgical clinics in Turkey and Libya ($X^2=16.726$; $p>0.05$).

Table 9. Comparison of professional development between nurses about use evidence-based applications in your profession

Variables	Turkey (n=125)		Libya (n=150)		X ²	P
	n	%	n	%		
Do you use evidence-based applications in your profession?						
Yes	85	68%	112	74.7%	1.441	0.230
No	40	32%	38	25.3%		

Table 9 illustrates that the nurses from Turkey, 68% answered (Yes) for using evidence-based applications in nursing practice, while 32% answered (No). While nurses from Libya, 74.7% answered (Yes) for using evidence-based applications in nursing practice, while 25.3% answered (No). The comparison within the examination in the professional development of nursing about (use evidence-based applications in your profession), between nurses working in surgical clinics in Turkey and Libya, according to these findings in using evidence-based applications in their profession, there were no significant difference between the nurses working in surgical clinics in Turkey and Libya ($X^2=1.441$; $p<0.05$).

Table 10. Comparison of Professional Development Between Nurses About Improve Professional Development.

Variables	Turkey (n=125)		Libya (n=150)		X ²	P
	n	%	n	%		
Which areas do you want to improve yourself in terms of professional development (do you feel insufficient).						
Care for surgery patients						
Yes	27	21.6%	73	48.7%	21.586	0.000
No	98	78.4%	77	51.3%		
New technological products						
Yes	49	39.2%	39	26%	5.460	0.019
No	76	60.8%	111	74%		
Communicating with patient/patient's family						
Yes	18	14.4%	36	24%	3.982	0.046
No	107	85.6%	114	76%		
Information on places of surgery						
Yes	39	31.2%	20	13.3%	12.916	0.000
No	86	68.8%	130	86.7%		
Conducting research and publishing						
Yes	32	25.6%	4	2.7%	31.519	0.000
No	93	74.4%	146	97.3%		
Overcoming the pressures of work						
Yes	37	29.6%	18	12%	13.200	0.000
No	88	70.4%	132	88%		

Table 10 illustrates that the nurses from Turkey, 21.6% indicated that they preferred professional development in the field of care for surgery patients, 39.2% indicated that they preferred professional development in the field of new technological products, 14.4% indicated that they preferred professional development in the field of communicating with patient/patient's family, 31.2% indicated that they preferred professional development in the field of information on places of surgery, 25.6% indicated that they preferred professional development in the field of conducting research and publishing, 29.6% indicated that they preferred professional development in the field of overcoming the pressures of work. While participants from Libya, 73% indicated that they preferred professional development in the field of care for surgery patients, 26% indicated that they preferred professional

development in the field of new technological products, 24% indicated that they preferred professional development in the field of communicating with patient/patient's family, 86.7% indicated that they preferred professional development in the field of information on places of surgery, 2.7% indicated that they preferred professional development in the field of conducting research and publishing, 12% indicated that they preferred professional development in the field of overcoming the pressures of work.

Table 10 shows the comparison within the examination in the professional development of nursing about (which areas do you want to improve yourself in terms of professional development), between nurses who working in surgical clinics in Turkey and Libya, found to be:

They preferred professional development in the field of care for surgery patients, found to be a significant difference between the nurses working in surgical clinics in Turkey and Libya ($X^2=7.824$; $p<0.05$). They preferred professional development in the field of new technological products, found to be no significant difference between the nurses working in surgical clinics in Turkey and Libya ($X^2=5.460$; $p>0.05$). They preferred professional development in the field of communicating with patient/patient's family, found to be no significant difference between the nurses working in surgical clinics in Turkey and Libya ($X^2=3.982$; $p>0.05$). They preferred professional development in the field of information on places of surgery, found to be a significant difference between the nurses working in surgical clinics in Turkey and Libya ($X^2=12.916$; $p<0.05$). They preferred professional development in the field of conducting research and publishing, found to be a significant difference between the nurses working in surgical clinics in Turkey and Libya ($X^2=31.519$; $p<0.05$). They preferred professional development in the field of conducting research and publishing, found to be a significant difference between the nurses working in surgical clinics in Turkey and Libya ($X^2=31.519$; $p<0.05$). They preferred professional development in the field of overcoming the pressures of work, found to be a significant difference between the nurses working in surgical clinics in Turkey and Libya ($X^2=13.200$; $p<0.05$).

Table 11. Comparison of Professional Development Between Nurses About Subscribe a Magazine Related to Profession

Variables	Turkey (n=125)		Libya (n=150)		X ²	P
	n	%	n	%		
Are you involved in a magazine related to your profession?						
Yes	28	22.4%	25	16.7%	1.491	0.222
No	97	77.6%	125	83.3%		

Table 11 illustrates that the nurses from Turkey, 22.4% answered (Yes) that they were involved in magazine related to the profession, while 77.6% answered (No). While participators from Libya, 16.7% answered (Yes), while 83.3% answered (No). Table 11 shows the comparison within the examination in the professional development of nursing about (involved in a magazine related to your profession), between nurses working in surgical clinics in Turkey and Libya, according to these findings, involving in a magazine related to the profession, there was no significant difference between the nurses working in surgical clinics in Turkey and Libya ($X^2=1.491$; $p<0.05$).

Table 4.12. Comparison of Nurses Suggestions About Professional Development

Variables	Turkey (n=125)		Libya (n=150)		X ²	P
	n	%	n	%		
Provide professional development, is there any suggestions?						
No answering.	117	93.6%	146	97.3%	7.655	0.054
Provision of training courses in the workplace.	2	1.6%	4	2.7%		
Professional development and in-service training.	3	2.4%	0	0.0%		
Provide incentives for professional development.	3	2.4%	0	0.0%		

Table 12 illustrates that the nurses from Turkey, 93.6% chose not answering, 1.6% indicated that the suggested provision of training courses in the workplace, 2.4% indicated that the suggested professional development and in-service training, 2.4% indicated that the suggested provide incentives for professional development. While participators from Libya, 97.3% indicated that chose not answering, 2.7%

indicated that the suggested provision of training courses in the workplace. Table 12 shows the comparison of nurse's suggestions about professional development according this, found to significant difference was between the nurses working in surgical clinics in Turkey and Libya ($X^2=7.655$; $p>0.05$).



5. DISCUSSION

The personal and professional development of nurse should be aware of the require improving and grow his or her knowledge and skills. Basic to this is the commitment to assess his or her own educational needs, to search and find appropriate resources and to become self-directing in respect of his or her education (Mackereth 1989). The personal and professional development of nurse should grow by continuing to acquire knowledge and skills, even after graduation, it is an essential part of the personal and professional responsibility of a nurse, because it is more important at hospital to rise demand for and complication of healthcare systems and public health challenges (Jooste 2010). In this respect, the findings of the study to examine the personal and professional development of nurses who work in surgical clinics in two different countries were discussed in the light of the literature.

Through the results of the study, it was found that 74.4% female, and 25.6% male, who were working in Turkey, while 68.7% were female, and 31.3% were male, who were working in Libya. The average age (means & St. Deviation) 31.97 ± 7.2 (Min20 Max52) of the nurses were working in Turkey, while the average age (means & St. Deviation) 30.62 ± 6.8 (Min20 Max48) of the nurses were working in Libya, 61% married, and 29.6% single were working in Turkey, while 49.3% married, and 43.3% single, were working in Libya. The most often of education found that 52.8% university, 26.4% diplomats were working in Turkey. While 53.3% diplomats, and 32% university were working in Libya. The most of the majority of the current position 84.8% service nurses were working in Turkey, while 68% service nurses were working in Libya. The majority of the condition employed was 83.2% of shift duty was working in Turkey. While 64% of shift duty were working in Libya. The most of the majority of the years' experience in nursing between 1-5 years on both 38% Turkey, and 46% Libya and 66.4% were nurses choice of nursing by desire were working in Turkey, while 88% were working in Libya. The majority of the years' experience in a surgical department was between 1-5 years on both, 63% Turkey, and 49% Libya (Table 1). Göriş' (2014) study was descriptively conducted in order to

determine nurses' professional values and affecting factors. 57% were between 30-39 of age, 85% were female, 95% were married, 56 % nurses were university, 92% nurses were service nurses, 69% nurses were working shift duty, while 58% nurses were choice of nursing by desire, 27.5% years' experience in a work setting between 1-5 years (Göriş et al 2014). Karamanoğlu et al (2009) is studies was the evaluation of surgical ward nurse professionalism in Denizli, found to be 56% age between 28-35years, 81.3% married, 18.7% single, the education was 37.7% university, 22.4% diplomats, 84.8% service nurses, while 78% choice of nursing by desire, 78% experience in nursing between 1-5 years, 48% experience in the surgical department. Our study findings were similar to the related other study findings.

Through the results of the study, it was also found that 55.2% nurses chose the work setting by desire in Turkey, 87.3% nurses chose the work setting by desire in Libya, 42.7% are satisfied with the profession of nursing in Turkey, 57.3% are satisfied with the profession of nursing in Libya, 78.4% have knowledge and experience working in Turkey, 80% have knowledge and experience working in Libya (Table2). The results of the study found that 48.4% nurses chose the work setting by desire, 53% are satisfied with the profession of nursing (Göriş et al 2014). Karamanoğlu et al (2009) the results of the study found that 44% nurses chose the work setting by desire. Our study findings were similar to the related research findings.

Through the results of the study, it was found that the majority of the level use of computer was 67.2% moderate in Turkey, 57.3% moderate in Libya. 80% of the nurses have internet in Turkey and 88% have internet in Libya. The reasons for the nurses for using the internet to nurses in Turkey were 57.6% follow social media, and 44% follow the latest news, 21% scientific research, while found to be reasons for using the internet to nurses in Libya were 68.7% follow social media, and 58.7% follow the latest news, 13.3% scientific research. The most often used internet hours per day was 41.6% less than 1 hours, and 30.4% 1-2 hours, and 19.2% 3-5 hours in Turkey, while 33% 1-2 hours, and 32.7% 3-5 hours, and 22% less than 1 hours in Libya. The largest proportion of nursing benefited from using the Internet in personal development was 66.4% in Turkey, and 71.3% in Libya. The most common reason for using the internet was follow social media in both countries (Table 3). Sofat et al

(2014) study was determine their views on the use of computers used by nurses were 49% moderate of level of using a computer (Sofat et al 2014). And Köse et al (2012) the majority was 43.7% moderate of level using a computer. When we look at studies Ersun et al.(2012) the reasons for using internet were 33% research 16% chat, 3.8% games, and it was found in this study that 43.7% depend on internet (Ersun et al 2012), Brumini et al (2005) in this study was 35% used internet less than 1 hours, 37.2% used internet between 1-5 hours, also majority of reasons for using internet were 50% for pleasure (Brumini et al 2005), Gül et al (2004). In this study, it was found that the main reason for using internet by nurses was 22.8% less than 1 hours, and reasons for using internet was 74% research, and 50% chatting, 44% listening music 53.5% follow social media, 39% games (Gül et al 2004). Note that there is a difference between our study and previous studies on the reasons for using the internet by nursing, where it had the highest percentage of reasons for using the internet was follow social media and news, and this is caused by the increased prevalence of social media programs and take away a lot of time, which leads to decrease of interest in scientific research.

Findings from our study depict that majority of the nurses them had personal development which had achieved enough for nurses were working in Turkey were 58.4% self-knowledge and awareness, and 44.8% communication skills, while nurses working in Libya were 42% Mastery of personal development, and 30.7% effective use of the time (Table4).

Through the results of the study, it was found that the majority of benefits within the last years in the personal development activity were, 58.4% reading books and magazines in Turkey, the similar for Libya 39.9%. Another activity was less in Libyan than Turkey, where in Turkey, 45.6% travel and roaming, 29% participating in courses and training, 28% practice of talent, while Libya was 23% participating in courses and training, 20% travel and roaming. The most reasons of the nurses for not participating in personal development activities within the last year were 60% working pressure in Turkey and 34% unsuitable time and date, also in Libya, 67.3% working pressure, and 20% unsuitable time and date (table 5). Atya et al (2009) the results of the study found that 54.4% unsuitable time, 16.5% workload (Atya et al 2009). According to Yorgun (2002) is study found that 20.6% unsuitable time, 23%

workload. Keleş (1998) the primary problem was 67% unsuitable time. Our study findings were like other findings. Time and workload were reason for non-participation in personal development activities, hospital management must solve this problem, for example by increasing the number of nurses working in departments.

The majority of nurses were not a member of any organization or social association in both countries (Table 6). Through the results of the study, it was found that the majority of nurse had a computer in the clinic in both countries, 96% in Turkey, and 82% in Libya. Also, the major reason for using computers in the clinic was 68% recording services in Turkey, and 80% recording services in Libya (Table 7). Gül's (2004) findings were not at the desired level, 50% used computer in the clinic, and 70.7% using computers for recording services, 75.3% recording information for nurses. Frmer et al 2003. In a study of nurse's work in the western islands of Scotland, 60% nurses did not use a computer in the clinic, it was determined that nurses routinely used computers for low patient information and care plans. Our study was good and development of computer usage in the recording service and nursing information with other findings.

Through the results of the study, it was found that evaluation professional development was 44% good in Turkey, and 50.7% good in Libya. The majority of the professional development activity nursing was taking courses after graduation in both countries 52.8% in Turkey, and 36% in Libya, while majority method for following the scientific publications were 43% know how to find scientific publications in Turkey and 46% using computer and internet, while in Libya, 45% involved in journal and 42.7% read books and journal. Also, the major reasons of the nurses for not participating in professional development activities within the last year were 52.8% working pressure in Turkey and 39.2% unsuitable time and date, also in Libya, 60% working pressure, and 28% time and date suitable (Table 8). According to Davids (2006), his study describes the continuing professional development CPD, 56% attended a workshop / conference, 14.4% follow national and international conference, also the major reasons for the nurses for not participating in professional development activities were 79% unsuitable time, 92% nurses were evaluated as professionals (Davies 2006). Tasi's (2000) study describe scientific research, 70%

nurses read journal, 45% took courses, 21% courses after graduation, 37% following national journal, 5% following international journal.

Through the results of the study, it was found that 68% nurses were using EBP in nursing practice in Turkey, while 74.4% nurses were using EBP applications in nursing practice in Libya (Table 9). Melnyk et al (2012), this study the perception of evidence-based practice (EBP) among nurses in the United States. The findings were 46% implemented EBP to improve patient outcomes, 34% implement EBP to nursing practice, 76% receive more education and skills buildings in EBP. Majid et al (2011) is findings was 64% using traditional methods more than EBP, due to workload and cannot keep up the time with new EBP.

This finding agrees with those findings, although nurses across the Turkey and Libya believe that EBP results is the best patient outcomes and have a desire to gain more skills about EBP, and this result reflexes some barriers in using EBP in nursing, due to workload and lack time for using EBP.

The overwhelming majority found that 39.2% nurses preferred professional development in the field of new technological products in Turkey, while 48.7% preferred professional development in the field of care for surgery patients in Libya (table 10). There was found to be a significant difference between the nurses working in surgical clinics in Turkey and Libya.

77.6% nurses were not involved in a magazine related to the profession in Turkey, and 83.3% in Libya (Table 11). According to Davids (2006), he describes continuing professional development CPD, 74.5% nurses were not involved in a magazine related to the profession.

The majority found no answers about providing professional development. There is no response to a lack of awareness about how professional development and lack of participation in the areas of professional development of working pressure (Table 12) There was found to be a significant difference between the nurses working in surgical clinics in Turkey and Libya.

6. CONCLUSIONS AND RECOMMENDATIONS

6.1. Conclusions

In order to examine the personal and professional development of nurses who work in surgical clinics in two different countries: Turkey and Libya, the following results were obtained in the direction of the descriptive research.

- The gender of the nurses was 74.4% female, and 25.6% male working in Turkey, while 68.7% female, and 31.3% male working in Libya. Age (means & St. Deviation) 31.97 ± 7.2 (Min20 Max52) of the nurses working in Turkey, while age (means & St. Deviation) 30.62 ± 6.8 (Min20 Max48) of the nurses working in Libya.
- The marital status of the nurses were 61.6% married, 29.6% single, and 8.8% divorced working in Turkey, while 49.3% married, 43.3% single, and 7.3% divorced working in Libya.
- The education of the nurses was 12% high school, 26.4% diploma, 52.8% university, and 8.8% degree working in Turkey, while 14% high schools, 53.3% diploma, 32% university, and 0.7% degree working in Libya.
- The work setting of the nurses were found to 18.4% general surgical department, 20% SICU, 8% orthopedic department, 5.6% pediatric department, 7.2% urology department, 3.2% ophthalmology department, 8.8% emergency department, 15.2% operating room, 3.2% cardiovascular care unit, 3.2% coronary care unit, and 7.2% plastic surgery working in Turkey, while 14% general surgical department, 11.3% SICU, 7.3% orthopedic department, 7.3% pediatric department, 6% urology department, 4.7% ophthalmology department, 19.3% emergency department, 18.7% operating room, 4% cardiovascular care unit, 3.3% coronary care unit, and 4% plastic surgery working in Libya.
- The current position of the nurses was found to be 6.4% head nurse, 84.8% service, nurse, 4.8% scrub nurse, 3.2% helper nurse, and 0.8% nurse

midwifery working in Turkey, while 19.3% head nurse, 68% service nurse, 4.7% scrub nurse, 5.3% helper nurse, and 2.7% nurse midwifery working in Libya.

- The conditions of employment of the nurses were 16.8% full time day duty, and 83.2% shift duty working in Turkey, while 36% full time day duty and 64% shift duty working in Libya .
- The years of experience in practicing the profession of the nurses was 6.4% less than 1 year, 38.4% between 1-5years, 20% between 6-10years, and 35.2% more than 10years working in Turkey, while 19.3% less than 1 years, 46% between 1-5years, 18.7% between 6-10years, and 16% more than 10years working in Libya.
- The choice of a nursing profession of the nurses were 66.4% the profession chooses nursing with its desire, 33.6% the nursing profession did not choose her desire working in Turkey, while 88% the profession chooses nursing with its desire, 12% the nursing profession did not choose her desire working in Libya.
- The years of experience in practicing nursing profession in the department of the nurses were 17.6% less than 1 year, 63.2% between 1-5years, 8% between 6-10years, and 11.2% more than 10years working in Turkey, while 26.7% less than 1 years, 49% between 1-5years, 11.3% between 6-10years, and 12.7% more than 10years working in Libya.
- The choice of the work setting (department) by desire, 55.2% have chosen the work setting with desire, 44.8% have not chosen the work setting with desire working in Turkey, while 87.3% have chosen the work setting with desire, 12.7% have not chosen the work setting with desire working in Libya.
- The satisfaction with the profession of nursing, 42.7% are satisfied with the profession of nursing, 7.2% are not satisfied with the profession of nursing and 50.4% answered (rather) working in Turkey, while 57.3% are satisfied with the profession of nursing, 4% are not satisfied with the profession of nursing, and 38.7% answered (rather) working in Libya.
- Owing knowledge and experience of nursing, 78.4% have knowledge and experience, and 21.6% do not have the knowledge and experience working in

Turkey, while 80% have knowledge and experience, and 20% have not the knowledge and experience working in Libya.

- The level use of computer of the nurses was 15.2% good, 67.2% moderate, and 17.6% low working in Turkey, while 19.3% good, 57.3% moderate, 20% lower, and 3.3% answered I don't know, working in Libya.
- 80% of nurses were having the internet at home, and 25% have no internet at home in Turkey. While 88% have the internet at home, and 12% have no internet at home in Libya.
- 39.2% using the computer access to the internet in Turkey, 12.8% using the tablet access to the internet in Turkey, 48% using the mobile (telephone) access to the internet in Turkey. While 29.3% using the computer access to the internet in Libya, 4.7% using the tablet access to the internet in Libya, and 66% using the mobile (telephone) access to the internet in Libya.
- 78.4% nurses used internet every day in Turkey, 17.6% nurses used the internet once every 3-4 days in Turkey, 3.2% nurses used the internet once a day in Turkey, and 0.8% nurses used the internet once a month in Turkey. While 72% nurses used internet every day in Libya, 16% nurses used the internet once every 3-4 days in Libya, 8.7% nurses used the internet once a day in Libya, 2% nurses used the internet once a month in Libya, and 1.3% nurses used the internet once every few months in Libya.
- The reasons for using the internet for nurses working in Turkey were 57.6 % follow social media, 44% follow the latest news, 40% listen to music and radio, 40% scientific research, 21.6% shopping, 45.6% they chat, 22.4% games, 13.6% writing homework and study. While reasons for using the internet to nurses working in Libya were 68.7% follow social media, 58.7% follow the latest news, 20.7% listen to music and radio, 13.3% scientific research, 8% shopping, 22.7% chat, 4.7% games, 3.3% writing homework and study.
- 88% nurses have an email in Turkey, 11.2% do not have an email in Turkey. While nurses from Libya, 80.7% have an email, while 19.3 % do not have an email.

- 82.4% nurses follow social media, 17.6% are not following social media. While nurses from Libya, 82.7% follow social media, while 17.3% are not following social media.
- The nurses had personal development which they achieved while working in Turkey were 58.4% self-knowledge and awareness, 44.8% communication skills, 34.4% occupational stress, 36.8% effective use of time, 33.6% see personal performance and scalability, 41.6% being able to express feelings and idea, 24% mastery of personal development. While nurses from Libya were 23.3% self-knowledge and awareness, 16% communication skills, 27.3% occupational stress, 30.7% effective use of time, 13.3% see personal performance and scalability, 20% being able to express feelings and idea, 42% mastery of personal development.
- The nurses benefited within the last years in the personal development activity from Turkey were 58.4% reading books and magazines, 45.6% travel and roaming, 28% practice of talent, 25.6% participating in social gatherings and visits, 29.6% participate in courses and training, 13.6% participate in the delivery of social services, 4% get advice from specialists (professional), 5.6% participate in social organizations. While nurses from Libya were 39.9% reading books and magazines, 20% travel & roaming, 11.3% practice of talent, 14.7% participating in social gatherings and visits, 23.3% participate in courses and training, 10% participate in the delivery of social services, 9.3% get advice from specialists (professional), 4% participate in social organizations.
- The reason for not participating of nurses in personal development activities within the last year in Turkey were 60% working pressure, 34.4% time and date was not suitable, 32.8% lack of time in the date and time spend on long outdoor activities (household activities), 8% because the sharing is not feasible, 10.4% not allocated a budget for those activities. While reason for not participating of nurses in personal development activities within the last year in Libya 67.3% working pressure, 20% time and date was not suitable, 20% lack of time in the date and time spend on long outdoor activities (household activities), 5.3% because the sharing was not feasible, 16.7% not allocating a budget for those activities.

- 21.6% the nurses were a member of an organization or social association, and 78.4% the nurses were not a member of an organization or social association. While participants from Libya, 18.7% were a member of an organization or social association, 81.3% were not a member of an organization or social association.
- 96% nurses have a computer in the clinic in Turkey, 4% did not have a computer in the clinic in Turkey. While nurses from Libya were 82% have a computer in the clinic, while 18% did not have a computer in the clinic.
- Reasons for using the computer in a hospital in Turkey was 68% recording services, 60% recording information for nurses, 58.4% look at the laboratory results, 33.6% search for information. While nurses from Libya, 80% recording services, 21.3% recording information for nurses, 8.7% look at the laboratory results, 3.3% search for information.
- 40.8% nurses were having requirements for professional education in the hospital in Turkey, while in Libya it was 18%.
- The nurse's assessment for professional development in Turkey was 44% good, while 7.2% not good, and 48.8% acceptable. While nurses from Libya were 50.7% good, while 8.7% not good, and 40.7% tolerable (acceptable).
- They practiced professional development activities within the last year for nurses working in Turkey were 25.6% research training, 10.4% participate in professional conferences, 22.4% research activities, 21.6% participate in professional courses, 20% participation in seminars and conferences, 3.2% writing articles and posting, 52.8% participation in scientific activities through poster and oral presentation, 4.8% participation in scientific activities through poster and oral presentation, 10.4% starting / continuing the graduate education, 7.2% follow scientific publications. While nurses were working in Libya were 9.3% research training, 9.3% participate in professional conferences, 5.3% research activities, 10.7% participate in professional courses, 20% participation in seminars and conferences, 1.3% writing articles and posting, 36% participation in scientific activities through poster and oral presentation, 10% participation in scientific activities through poster and oral presentation, 18% starting / continuing the graduate education, 26% follow scientific publications.

- The appropriate option concerning scientific publications in Turkey was 43.2% learn how to access to scientific publications, 8% follow national publications regularly, 10.4% follow the international scientific publications on a regular basis, 12.8% involved in a number of magazines, 16% read books and journals, 46.4% using computers and the internet for scientific purpose. While in Libya were 26% learn how to access to scientific publications, 12% follow national publications regularly, 2% follow the international scientific publications on a regular basis, 45.3% involved in a number of magazines, 42.7% read books and journals, 25.3% using computers and the internet for scientific purpose.
- The reason for not participating in professional development activities within the last year in Turkey were 20.8% little or no training in hospital, 39.2% time and date, numbers are inappropriate, 20% not to rush to learn, 52.8% work intensity, 16% places that organize social activities too far, 12% failed to allocate a special budget or cover, 7.2% not being able to get the permission and support of their work. While in Libya 50.7% little or no training in hospital, 28.7% time and date, numbers are inappropriate, 4% not to rush to learn, 60% workload, 8% places that organize social activities too far, 12.7% failed to allocate a special budget or cover, 10.7% not being able to get the permission and support of my work.
- The number of nurses who used evidence-based applications in nursing practice in Turkey was 68%. While nurses from Libya, 74.7% used evidence-based applications in nursing practice.
- The nurses preferred professional development in the field in Turkey, the number was 21.6% care for surgery patients, 39.2% new technological products, 14.4% communicating with patient/patient's family, 31.2% information on places of surgery, 25.6% conducting research and publishing, 29.6% overcoming the pressures of work. While nurses from Libya, 48.7% care for surgery patients, 26% new technological products, 24% communicating with patient/patient's family, 86.7% information on places of surgery, 2.7% conducting research and publishing, 12% overcoming the pressures of work.

- The nurses were involved in magazine related profession in Turkey, the number was 22.4%. While nurses from Libya, 16.7% were involved in magazine related to the profession.
- Concerning the education, there was a significant difference between the nurses working in surgical clinics in Turkey and Libya ($X^2=29.697$; $p=0.0011$, $p<0.05$).
- The current position, found to be significant difference between the nurses working in surgical clinics in Turkey and Libya ($X^2=13.041$; $p=0.276$, $p<0.05$).
- The conditions of employment, found to be significant difference between the nurses working in surgical clinics in Turkey and Libya ($X^2=12.672$; $p=0.011$, $p<0.05$).
- The years of practicing nurse, found to be no significant difference between the nurses working in surgical clinics in Turkey and Libya ($X^2=19.630$; $p=0.000$, $p<0.05$).
- The choice of nursing, found to be significant difference between the nurses working in surgical clinics in Turkey and Libya ($X^2=18.649$; $p=0.000$, $p<0.05$).
- The years of practicing in a work setting, found to be no significant difference between the nurses working in surgical clinics in Turkey and Libya ($X^2=5,736$; $p=0.000$, $p<0.05$).
- The level of computer use, found to be no significant difference between the nurses working in surgical clinics in Turkey and Libya ($X^2=6.115$; $p=0.106$, $p<0.05$).
- They have internet at home, found to be no significant difference between the nurses working in surgical clinics in Turkey and Libya ($X^2=3.308$; $p=0.069$, $p>0.05$).
- The device of internet connection, found to be significant difference between the choice of work setting of the nurses working in surgical clinics in Turkey and Libya ($X^2=11.176$; $p=0.004$, $p>0.05$).
- The use the internet, found to be no significant difference between the nurses working in surgical clinics in Turkey and Libya ($X^2=6.115$; $p=0.191$, $p<0.05$).

- The advantage of the internet in personal development, found to be no significant difference between the nurses working in surgical clinics in Turkey and Libya ($X^2=0.777$; $p=0.378$, $p>0.05$).
- The following the latest news, found to be no significant difference between the nurses working in surgical clinics in Turkey and Libya ($X^2=1.097$; $p=0.578$, $p>0.05$).
- The scientific research, found to be no significant difference between the nurses working in surgical clinics in Turkey and Libya ($X^2=3.288$; $p=0.070$, $p>0.05$).
- The shopping, found to be significant difference between the nurses working in surgical clinics in Turkey and Libya ($X^2=51.285$; $p=0.000$, $p<0.05$).
- The chatting, found to be no significant difference between the nurses working in surgical clinics in Turkey and Libya ($X^2=0.003$; $p=0.958$, $p>0.05$).
- The games, found to be significant difference between the nurses working in surgical clinics in Turkey and Libya ($X^2=6.831$; $p=0.009$, $p>0.05$).
- The writing homework and study, found to be significant difference between the nurses working in surgical clinics in Turkey and Libya ($X^2=16.924$; $p=0.000$, $p<0.05$).
- They have an email, found to be no significant difference between the nurses working in surgical clinics in Turkey and Libya ($X^2=4.521$; $p=0.104$, $p>0.05$).
- The following social media such as Facebook and Twitter, found to be no significant difference between the nurses working in surgical clinics in Turkey and Libya ($X^2=0.003$; $p=0.954$, $p>0.05$).
- The self-knowledge and awareness, found to be significant difference between the nurses working in surgical clinics in Turkey and Libya ($X^2=35.155$; $p=0.000$, $p<0.05$).
- The communication skills, found to be significant difference between the nurses working in surgical clinics in Turkey and Libya ($X^2=29.606$; $p=0.000$, $p<0.05$).

- The overcoming stress, found to be no significant difference between the nurses working in surgical clinics in Turkey and Libya ($X^2=1.605$; $p=0.205$, $p>0.05$).
- Being the ability to express feelings and idea, found to be significant difference between the nurses working in surgical clinics in Turkey and Libya ($X^2=16.768$; $p=0.000$, $p<0.05$).
- The mastery of personal development, found to be significant difference between the nurses working in surgical clinics in Turkey and Libya ($X^2=9.870$; $p=0.002$, $p<0.05$).
- They benefited within the last years in the personal development activity in reading books and magazines, found to be significant difference between the nurses working in surgical clinics in Turkey and Libya ($X^2=9.931$; $p=0.000$, $p<0.05$).
- They benefited within the last years in the personal development activity via travel and roaming, found to be significant difference between the nurses working in surgical clinics in Turkey and Libya ($X^2=20.660$; $p=0.000$, $p<0.05$.)
- They benefited within the last years in the personal development activity in participating in social gatherings and visits, found to be significant difference between the nurses working in surgical clinics in Turkey and Libya ($X^2=5.165$; $p=0.023$, $p<0.05$).
- They benefited within the last years in the personal development activity in participating in courses and training, found to be no significant difference between the nurses working in surgical clinics in Turkey and Libya ($X^2=2.147$; $p=0.342$, $p>0.05$).
- They benefited within the last years in the personal development activity in getting advice from specialists, found to be no significant difference between the nurses working in surgical clinics in Turkey and Libya ($X^2=3.015$; $p=0.082$, $p>0.05$).
- They benefited within the last years in the personal development activity in participating in social, found to be no significant difference between the nurses working in surgical clinics in Turkey and Libya ($X^2=0.388$; $p=0.534$, $p>0.05$.)

- Comparison within the examination in the personal development of nursing about (member of the organization or social Association), between nurses working in clinics, surgical in Turkey and Libya. According to these findings, found to be no significant difference between the nurses working in surgical clinics in Turkey and Libya ($X^2=0.367$; $p=0.454$, $p>0.05$).
- They have a computer at a clinic where they work, found to be significant difference between the nurses working in surgical clinics in Turkey and Libya ($X^2=12.997$; $p=0.000$, $p<0.05$).
- The recording services, found to be significant difference between the nurses working in surgical clinics in Turkey and Libya ($X^2=5.174$; $p=0.023$, $p<0.05$).
- The recording information for the nurse, found to be significant difference between the nurses working in surgical clinics in Turkey and Libya ($X^2=42.886$; $p=0.000$, $p<0.05$).
- The search for information, found to be significant difference between the nurses working in surgical clinics in Turkey and Libya ($X^2=44.079$; $p=0.000$, $p<0.05$).
- They have the potential to meet the needs of professional education at the hospital where you work, found to be significant difference between the nurses working in surgical clinics in Turkey and Libya ($X^2=17.444$; $p=0.000$, $p<0.05$).
- They practiced professional development activities within the last year was research training, found to be no significant difference between the nurses working in surgical clinics in Turkey and Libya ($X^2=0.088$; $p=0.767$, $p>0.05$).
- They practiced professional development activities within the last year in research activities, found to be significant difference between the nurses working in surgical clinics in Turkey and Libya ($X^2=6.178$; $p=0.013$ $p<0.05$).
- They practiced professional development activities within the last year in participating in courses, found to be no significant difference between the nurses working in surgical clinics in Turkey and Libya ($X^2=0.000$; $p=1.000$, $p>0.05$).

- They practiced professional development activities within the last year in participating in seminars and conferences, found to be no significant difference between the nurses working in surgical clinics in Turkey and Libya ($X^2=1.113$; $p=0.291$, $p<0.05$).
- They practiced professional development activities within the last year in writing articles and posting, found to be significant difference between the nurses working in surgical clinics in Turkey and Libya ($X^2=7.824$; $p=0.005$, $p<0.05$).
- They practiced professional development activities within the last year in courses after graduation, found to be no significant difference between the nurses working in surgical clinics in Turkey and Libya ($X^2=2.614$; $p=0.106$, $p>0.05$).
- They practiced professional development activities within the last year in participating in scientific activities through poster and oral presentation, found to be no significant difference between the nurses working in surgical clinics in Turkey and Libya ($X^2=3.168$; $p=0.075$, $p>0.05$).
- They preferred professional development in the field of new technological products, found to be significant difference between the nurses working in surgical clinics in Turkey and Libya ($X^2=5.460$; $p=0.019$., $p<0.05$).
- They preferred professional development in the field of communicating with patient/patient's family, found to be significant difference between the nurses working in surgical clinics in Turkey and Libya ($X^2=3.982$; $p=0.046$, $p<0.05$).
- They preferred professional development in the field of information on places of surgery, found to be significant difference between the nurses working in surgical clinics in Turkey and Libya ($X^2=12.916$; $p=0.000$, $p<0.05$).
- They preferred professional development in the field of conducting research and publishing, found to be significant difference between the nurses working in surgical clinics in Turkey and Libya ($X^2=31.519$; $p=0.000$, $p<0.05$).
- They preferred professional development in the field of overcoming the pressures of work, found to be significant difference between the nurses working in surgical clinics in Turkey and Libya ($X^2=13.200$; $p=0.000$, $p<0.05$).

- Nurses were involved in a magazine related to the profession, where no significant difference between the nurses working in surgical clinics in Turkey and Libya ($X^2=1.491$; $p=0.222$, $p<0.05$).

6.2. Recommendations

Based on the findings of the study, the researcher has made the following recommendations:

- Providing courses, seminars and nursing practice for the personal and professional development of nurses in the workplace in Libya.
- Provide courses to learn computer skills and internet for the personal and professional development of nurses in both countries.
- The employer supports nurses financially to enable them to attend a formal course, workshop or a nursing conference in both countries.
- The nurses should be notified a month in advance of the in-service education program agenda, and two months in advance of any workshops. Advance notification of personal and professional development activity offerings will help the nurse to request permission well in advance to attend.
- Majority of the nurses should be members of an organization or social association in both countries.
- Increase the number of nursing surgical departments to reduce the workload on both countries.

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ANNEXURE

ANNEXURE1. The volunteer's consent form

№ 05805

 T.C. Sağlık Bakanlığı Bakanlık Binası Etiler, Beşiktaş/İstanbul	ASGARİ BİLGİLENDİRİLMİŞ GÖNÜLLÜ OLUR FORMU (ANKET ARAŞTIRMALARI İÇİN)	Doküman Adı: KADB-F.23-R.00
		Yayın Tarihi: 18.04.2013
		Sayfa No: 1/3
		Onaylayan: Daire Başkanı

Sizi Yrd. Doç. Dr. Işıl IŞIK ANDSOY yürütülen "Cerrahi kliniklerde çalışan hemşirelerin bireysel ve mesleki gelişimlerinin incelenmesi: İki ülke örneği" başlıklı ankete dayalı bir araştırmaya davet ediyoruz. Bu araştırmaya katılıp katılmama kararını vermeden önce, araştırmanın neden ve nasıl yapılacağını bilmeniz gerekmektedir. Bu nedenle bu formun okunup anlaşılması büyük önem taşımaktadır. Aşağıdaki bilgileri dikkatlice okumak için zaman ayırınız. İsterseniz bu bilgileri aileniz ve/veya yakınlarınız ile tartışınız. Eğer anlayamadığınız ve sizin için açık olmayan şeyler varsa, ya da daha fazla bilgi isterseniz bize sorunuz.

Anket formunda 38 adet soru yer almaktadır. Sorulara yanıt verme süreniz 20 dakikadır. Araştırmaya katılmak tamamen gönüllülük esasına dayalıdır. Araştırma sürerken herhangi bir zamanda istememiz durumunda sorumlu araştırmacıyı bilgilendirmek koşulu ile araştırmadan ayrılabilirsiniz. Anketi yanıtlamanız, araştırmaya katılım için onam verdiğiniz biçiminde yorumlanacaktır. Araştırma sırasında sizden alınan bilgiler araştırmacıda saklı kalacak ve toplanan veriler yalnızca bilimsel amaçla kullanılacaktır.

Ankette bulunan sorulara vereceğiniz yanıtların doğruluğu, araştırmanın niteliği açısından oldukça önemlidir. Bu nedenle, ankette bulunan sorulara doğru yanıt vermenizi rica eder, işbirliğiniz için teşekkür ederiz.

Araştırma Sorumlusu
(Adı,Soyadı-Ünvanı-İmzası)
Yrd. Doç. Dr. Işıl IŞIK ANDSOY

Araştırmanın Amacı: Bu çalışma, Ülkemizde ve Libya'daki bir hastanenin cerrahi kliniklerinde çalışan hemşirelerin bireysel ve mesleki gelişimlerinin incelenmesi amacıyla tanımlayıcı olarak planlanmıştır. Her iki ülkedeki farklılıkları ve benzerlikleri ortaya koymak amacıyla gerçekleştirilecektir.

Araştırmanın Süresi: Kurum izni alındıktan sonra 8 ay

Araştırmanın Yapılacağı Yer(ler): Türkiye'de Karabük ilinde bulunan Karabük Üniversitesi Eğitim Araştırma Hastanesi ile Libya'da Misurata ilinde bulunan Misurata Hastanesi'nin tüm Cerrahi Klinikleri oluşturacaktır.

Araştırmaya Katılan Araştırmacılar:
Yrd. Doç. Dr. Işıl IŞIK ANDSOY
Mohammed JAHAN

ANKARA 24 NİSAN 2018
Başkanlık
Atakan KAYA

04 Nisan 2018

ANNEXURE1. The volunteer's consent form

№ 05805

 <p>T.C. Sağlık Bakanlığı Yatırım, Araştırma ve Tıbbi Eğitim Kurumları</p>	ASGARİ BİLGİLENDİRİLMİŞ GÖNÜLLÜ OLUR FORMU (ANKET ARAŞTIRMALARI İÇİN)	Doküman Adı: KADB-F.23-R.00
		Yayın Tarihi: 18.04.2013
		Sayfa No: 2/3
		Onaylayan: Daire Başkanı

04 Nisan 2013

Ben,.....[gönüllünün adı, soyadı (kendi el yazısı ile)]

Bilgilendirilmiş Gönüllü Olur Formundaki tüm açıklamaları okudum. Bana, yukarıda konusu ve amacı belirtilen araştırma ile ilgili yazılı ve sözlü açıklama aşağıda adı belirtilen hekim tarafından yapıldı. Katılmam istenen çalışmanın kapsamını ve amacını, gönüllü olarak üzerime düşen sorumlulukları tamamen anladım. Çalışma hakkında soru sorma ve tartışma imkanı buldum ve tatmin edici yanıtlar aldım. Bana, çalışmanın muhtemel riskleri ve faydaları sözlü olarak da anlatıldı. Araştırmaya gönüllü olarak katıldığımı, istediğim zaman gerekçeli veya gerekçesiz olarak araştırmadan ayrılabileceğimi ve kendi isteğime bakılmaksızın araştırmacı tarafından araştırma dışı bırakılabileceğimi ve araştırmadan ayrıldığım zaman mevcut tedavimin olumsuz yönde etkilenmeyeceğini biliyorum.

Bu koşullarda;

- Söz konusu Klinik Araştırmaya hiçbir baskı ve zorlama olmaksızın kendi rızamla katılmayı (çocuğumun/vasımın bu çalışmaya katılmasını) kabul ediyorum.
- Gerek duyulursa kişisel bilgilerime mevzuatta belirtilen kişi, kurum ve kuruluşların erişebilmesine,
- Çalışmada elde edilen bilgilerin (kimlik bilgilerim gizli kalmak koşulu ile) yayın için kullanılma, arşivleme ve eğer gerek duyulursa bilimsel katkı amacı ile ülkemiz ve/veya ülkemiz dışına aktarılmasına olur veriyorum.

Gönüllünün (Kendi el yazısı ile)

Adı-Soyadı:

İmzası:

Adresi:

(varsa Telefon No, Faks No):

Tarih (gün/ay/yıl):/...../.....

Velayet veya Vesayet Altında Bulunanlar İçin

Veli veya Vasisinin (kendi el yazısı ile)

Adı Soyadı:

İmzası:

Adresi:

Varsa Telefon No, Faks No:

Tarih (gün/ay/yıl):/...../.....

Onay Alma İşlemine Başından Sonuna Kadar Tanıklık Eden Kuruluş Görevlisinin

Adı-Soyadı:

İmzası:


Görevi:

Tarih (gün/ay/yıl):/...../.....




ANNEXURE1. The volunteer's consent form


№05805

 T.C. Sağlık Bakanlığı Türkiye Sağlık Bakanlığı Yeni Çarşı Kurumu	ASGARİ BİLGİLENDİRİLMİŞ GÖNÜLLÜ OLUR FORMU (ANKET ARAŞTIRMALARI İÇİN)	Doküman Adı: KADB-F.23-R.00
		Yayın Tarihi: 18.04.2013
		Sayfa No: 3/3
		Onaylayan: Daire Başkanı

Açıklamaları Yapan Kişinin
Adı-Soyadı:
İmzası:
Tarih (gün/ay/yıl):.../.../.....

NOT: Bu formun bir kopyası gönüllüde kalacak, diğer kopyası ise hasta dosyasına yerleştirilecektir. Hasta dosyası veya protokol numarası olmayan sağlıklı gönüllülerden alınacak onam formunun bir kopyası mutlaka sorumlu araştırmacı tarafından saklanacaktır.





ANKARA 20 NÖFERİ
Başhekim
Atakan KAYA

04 Nisan 2016

ANNEXURE 2. Questionnaire

QUESTIONNAIRE

Dear participant;

Below are questions to examination of personal and professional development of nurses who work in surgical clinics in two countries: example Turkey and Libya. The sincere and accurate answer of all the questions is important for the reliability of the study. Thank you very much for your contribution to the research, we wish you convenience.

Section 1 _ BIOGRAPHIC INFORMATION

1. Age:

2. Gender: 1 Female 2 Male

3. Marital status: 1 Married 2 Single 3 Divorce

4. Education (highest level): 1 High school 2 Diploma 3 university 4 Degree

5. Workplace (Hospital):.....

6. Work settings (department):.....

7. Current position: 1 Chief nurse 2 Service nurse
3 Other (please specify).....

8. Conditions of employment: 1 Full time day duty 2 Shift duty

9. Years of practicing nursing:

1 Less than 1 2 1-5 year 3 6-10 year 4 More than 10 year

10. Choice of professional nursing (your desire): 1 Yes 2 No

11. Years of practicing in a work setting (department):

1 Less than 1 2 1-5 year 3 6-10 year 4 More than 10 year

12. Choice of work setting (department) (your desire): 1 Yes 2 No

13. Are you satisfied with your job? 1 Yes 2 No

14. Do you think you have enough knowledge and experience about your profession? 1 Yes 2 No

Section2_ Personal development of nursing

Please read each question carefully and tick the option that is right for you.

1. The Level of Computer Use

- 1() Good 2 () Moderato 3() Low 4() I don't know

2. Do you have internet at your home?

- 1() Yes 2() No

3. What device do you use for internet connection?

- 1() Computer 2 () Tablet 3() Mobile (telephone)

4. How often do you use the internet?

- 1() Every day 2() Once every 3-4 days 3() Once a day 4() Once a month
5() Once every few months

5. How many hours per day do you spend on the internet?

- 1() Less than 1 hours 2() 1-2 hours 3() 3-5 hours 4() More than 5
hours day

6. Do you think that the Internet has helped to raise the level of your personal development?

- 1 () Yes 2 () No

7. What are the reasons for using the internet?

- 1 () Follow social media 2() Follow the latest news
3() Listen to music and radio 4() Scientific research
5() Shopping 6() Chat
7() Games 8() Writing homework and study
9() Other (please specify)

8. Do you have an email?

- 1() Yes 2() No

9. Do you follow social media such as Facebook and Twitter?

1. () Yes 2() No

10. Which areas of personal development you find yourself investigated enough?

- 1) Self-knowledge and awareness
- 2) Communication skills
- 3) Overcoming stress
- 4) Effective use of time
- 5) See personal performance and scalability
- 6) Being able to express feelings and idea
- 7) Mastery of personal development
- 8) Other.....

11. Have you benefited within the last year of any personal development activities?

- 1) Read books and magazines
- 2) Travel & roaming
- 3) Practice of talent
- 4) Participating in social gatherings, visits
- 5) Participate in courses and training
- 6) Participate in delivery of social services
- 7) Getting advice from a professional
- 8) Participate in social organizations.
- 9) Other.....

12. What are the reasons for not participating in personal development activities within the last years?

- 1) Workload
- 2) Time and date and time is not suitable
- 3) Lack of time in the date and time spend on long outdoor activities (household activities)
- 4) Because sharing is not feasible
- 5) Not allocated a budget for those activities
- 6) Other

.....

13. Are you a member of any organization or social Association?

- 1) Yes
- 2) No

Section 3 _Professional development of nursing

1. Do you have a computer at a clinic where you work?

- 1() Yes 2() No

2. If there is a computer in the clinic, which of the following options do you often use?

- 1() Recording services
2() Recording information for nurse
3() Look at the laboratory results
4() Search for information
5() Other

3. Do you have the potential to meet the needs of professional education at the Hospital where you work? For example (Books or scientific journals, access to electronic library, etc...)

- 1() Yes 2() No

4. How do you evaluate your professional development?

- 1() Good 2() No-good 3() Tolerable (acceptable)

5. Which of the following professional development activities have you done in the last year?

- 1() Research Training 2() Participate in professional conferences
3() Research activities 4() Participate in professional courses
5() Participation in seminars and conferences 6() Writing articles and posting
7() Courses after graduation
8() Participation in scientific activities through poster and oral presentation
9() Starting / continuing the graduate education
10() Follow scientific publications
11() Other.....

6. Which of the following options to suit you with regard to scientific publications?

- 1) Learn how to access to scientific publications
- 2) Follow national publications regularly
- 3) Follow the international scientific publications on a regular basis
- 4) Involved in a number of magazines
- 5) Read books and journals
- 6) Use of computers and the Internet for scientific
- 7) Other.....

7. Do you use evidence-based applications in your profession?

- 1) Yes
- 2) No

8. Which areas do you want to improve yourself in terms of professional development (do you feel insufficient)?

- 1) Care for surgery patients
- 2) New technological products
- 3) Communicating with patient/patient's family
- 4) Information on places of surgery
- 5) Conducting research and publishing
- 6) Overcoming the pressures of work
- 7) Other

9. Are you involved in your career-related magazine?

- 1) Yes
- 2) No

10. Why not participate in professional development activities within the last year?

- 1) Little or no training in hospital
- 2) Time and date number is inappropriate
- 3) Not to rush to learn
- 4) Workload
- 5) So far the places where organizing scientific activities
- 6) Failed to allocate a special budget or cover
- 7) Not being able to get the permission and support of my work
- 8) Other

12. Do you have a proposal for professional development?

.....

ANNEXURE-3. Ethics Committee Permission



T.C.
BÜLENT ECEVİT ÜNİVERSİTESİ
Klinik Araştırmalar Etik Kurul Başkanlığı

TOPLANTI TARİHİ : 29/06/2016
TOPLANTI NO : 2016/08

KARARLAR :

- 2- Karabük Üniversitesi Sağlık Meslek Yüksekokulu Cerrahi Hemşireliği Anabilim Dalı Başkanlığı'nın 2016-60-23/03 Protokol no'lu "Cerrahi Kliniklerde Çalışan Hemşirelerin Bireysel ve Mesleki Gelişimlerinin İncelenmesi: İki Ülke Örneği" konulu çalışmasının Etik Kurul İlkelerine uygun olduğuna,

Oy birliği ile karar verilmiştir.

A S L I G İ B İ D İ R

Doç. Dr. Günnur ÖZBAKIŞ DENGİZ
B.E.Ü. Klinik Araştırmalar Etik Kurul Başkanı

ANNEXURE-4. Institution Permit



T.C.
KARABÜK ÜNİVERSİTESİ REKTÖRLÜĞÜ
Genel Sekreterlik

Sayı : 32469041-044 / 300250
Konu : Araştırma İzni hk.

13.07.2016

Misurata Central Hospital

Üniversitemiz Sağlık Bilimleri Enstitüsü Hemşirelik Bilimi Anabilim Dalı Öğretim Üyesi Yrd. Doç. Dr. Işıl Işık ANDSOY'un danışmanlığında Hemşirelik Bilimi Anabilim Dalı Yüksek Lisans Programı öğrencisi 2014728302001 numaralı Libya uyruklu Mohamed Ibrahim JAHAN'ın "Cerrahi Kliniklerde Çalışan Hemşirelerin Bireysel ve Mesleki Gelişimlerinin İncelenmesi: İki Ülke Örneği" konulu tez çalışmasını Misurata Central Hospital'da uygulayabilmesi için gerekli izinlerin verilmesi hususunda;

Bilgilerinizi rica ederim.

E-İmzalıdır
Prof. Dr. Refik POLAT
Rektör

Ek:
1 - Etik Kurulu Kararı ve Anket Çalışması (15 sayfa)

Bu .
imzalıdır .
13.07.2016

Ayşe Nur SÖZÜNDÜŞ

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Ayrıntılı bilgi için lütfen: Bilg. İlg. Ruveyda KILIÇBAY
Web: <http://gensek.karabuk.edu.tr>

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E-Posta: genelsekreterlik@karabuk.edu.tr

Terazi'de, Gözel Ahkından Daha Ağır Geleceği Bir Şey Yoktur.

1/1

ANNEXURE-4. Institution Permit

التاريخ : / /
الموافق : / /
الرقم الإشاري :

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وزارة الصحة
مستشفى مصراتة المركزي
MISRATA CENTRAL HOSPITAL

السادة // مشرفي الأقسام (التمريض)

بمعا التلبية ،،،

الموضوع (تعاون)

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مدير إدارة شؤون التمريض



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CV

Mohamed Jahan, Libyan, born in Misurata on 1986; completed primary and secondary education in the same city. Was full time student in our faculty in General Nursing Department under registration No. 18 and has completed the requirements of the Bachelor degree in general nursing 2010/2011. After started working in Misurata Central Hospital in ICU unit.

ADDRESSING INFORMATION

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