

Validation and Adaptation Study of the Career Indecision Scale: An Investigation in the Healthcare Sector

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ABSTRACT

Objective: The aim of this study is to adapt the Career Indecisiveness Scale developed by Callanan (1989) into Turkish and to examine the scale's validity and reliability. In this context, it also aims to gain a deeper understanding of the difficulties working adults encounter in their career decision-making processes.

Materials and Methods: Following the acquisition of all required institutional permissions, data were obtained via a structured questionnaire from 590 physicians and nurses employed under the İzmir Katip Çelebi University. To evaluate the construct validity of the instrument, an exploratory factor analysis (EFA) was initially performed, which was subsequently supported by a confirmatory factor analysis (CFA).

Results: The analyses identified a six-factor structure consisting of 29 items. When the goodness-of-fit indices were evaluated collectively, the resulting model was found to represent the best-fitting structure. Reliability analysis yielded a Cronbach's alpha coefficient of 0.854, indicating that the reliability levels were within acceptable limits and that the scale demonstrated satisfactory internal consistency. The findings further showed that the scale possessed convergent validity at levels consistent with internationally accepted methodological standards. In addition, the second-order confirmatory factor analysis (CFA) confirmed that the six-factor structure adequately represented the overarching construct of career indecision.

Conclusion: The findings indicated that the lack of information about the work environment factor exerted a stronger influence on career indecision than the other dimensions. Overall, the results derived from the analyses confirmed that the adapted Career Indecision Sources Scale demonstrates robust validity and reliability, thereby supporting its suitability for use in future empirical research.

Keywords: Career indecision, healthcare professionals, sources of career indecision

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INTRODUCTION

Human beings are constantly required to make decisions; therefore, decision-making represents one of the most fundamental human actions. However, some decisions carry greater importance and may be difficult and stressful.^[1] This stress, along with other contributing factors, may lead to indecisiveness. Indecisiveness is defined as a personality trait characterized by chronic difficulty in making decisions and, consequently, a tendency to postpone them. It is associated with a wide range of personal and

behavioral characteristics.^[2] A chronically indecisive person is likely to display indecisive behaviors at numerous decision points throughout their life.^[3]

One of the most consequential decisions individuals make throughout their lives concerns their career.^[4,5] This is because career choices shape nearly all aspects of a person's life—including economic and social status, lifestyle, personal and professional satisfaction, and overall well-being.^[1,5-7] Moreover, individuals who struggle to make career decisions often face considerable societal pressure, not only



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regarding the decision itself but also in relation to selecting a socially prestigious career path.^[4,8] For many young adults, the process of choosing a career has become a central developmental task.^[9]

Career decision-making is a complex process^[10] and, moreover, constitutes an important yet challenging life task that extends across developmental stages.^[11] While the diversity of occupations and job opportunities provides individuals with the freedom to search for alternatives that best match their preferences, interests, and abilities, the abundance of options and the unpredictability of changes in the work environment further increase the complexity of making such decisions.^[6] In short, choosing a career is difficult, and the likelihood of experiencing indecision during this process is high. It is estimated that career indecision reaches up to 50% among young people in Western societies.^[12] Therefore, it can be stated that career indecision is prevalent for various reasons. In this context, the aim of the present study is to adapt the Career Indecision Scale developed by Callanan^[13] into Turkish. In line with this primary objective, the concepts of career indecision and the sources of career indecision will first be examined, followed by a discussion of the scale adaptation process and the findings obtained.

The Concept of Career Indecision

The concept of career indecision refers to the difficulties and challenges that individuals may experience during the career decision-making process.^[10,14] Career indecision denotes a state of uncertainty regarding one's educational or occupational pathway and goals, as well as the underlying difficulties that contribute to this uncertainty.^[3,11,15-19] It is commonly defined as the inability to make an educational or vocational decision when required and as a delay in completing the career decision-making process—that is, fundamentally, a delay in making a decision.^[11,20] Career indecision may emerge when an individual struggles to select an appropriate goal when confronted with any career-related decision-making task.^[21]

Callanan^[13] and Callanan and Greenhaus^[21] extended the phenomenon of career indecision to include working adults. Initially, career indecision was conceptualized as the inability to choose a particular occupation and thus was examined almost exclusively from the perspective of students. However, the construct is equally relevant for adults in the workforce. Even if employees have already made an initial career choice, they continue to face a wide range of subsequent decisions—such as selecting a position within an organizational hierarchy, deciding whether to remain with the

organization, evaluating a potential shift to a different career field, or choosing a future career pathway.^[8,13,16,21,22] In summary, individuals are required to make occupational decisions throughout their lives.^[7]

Sources of Career Indecision

Individuals at different stages of life may encounter difficulties in decision-making for a variety of reasons. Therefore, the factors that generate indecision are diverse, and it appears unlikely that a universal strategy for addressing career indecision exists.^[11] Some studies indicate that the expansion of educational and occupational options serves as a determinant of career indecision.^[9] People may experience challenges in making career-related decisions due to both internal and external factors.^[20]

As a multidimensional construct, career indecision encompasses various factors. Among the factors influencing career indecision are lack of self-knowledge, insufficient occupational information, pressure from significant others, and dysfunctional or irrational thoughts.^[23] Emotional factors such as anxiety, fear of failure, and self-doubt may also play a role. Cognitive factors—including the absence of clear goals or interests and deficiencies in decision-making or problem-solving skills—can hinder individuals from making confident career choices.^[24] Intolerance of uncertainty and anxiety, along with excessive fear and concern about future outcomes, negatively affect the career decision-making process.^[25]

For the working adult population, four primary sources of career indecision are emphasized: (a) lack of information about oneself, (b) lack of information about the work environment, (c) lack of self-confidence in making career decisions, and (d) the presence of psychological conflicts.^[21]

A lack of self-knowledge, or difficulty in clarifying one's preferences, is among the principal causes of career indecision.^[6] Lack of information refers to career indecision that arises from insufficient knowledge about oneself, occupations, or ways of obtaining additional information during the career decision-making process.^[26] The rationale for identifying this source as a distinct dimension lies in the assumption that awareness of one's abilities, interests, and values is essential for selecting an appropriate career goal.^[13]

A lack of confidence in decision-making skills may also lead to indecision.^[17] Confidence refers to an individual's belief in their ability to successfully overcome the challenges and obstacles that may arise in relation to a career.^[27] A persistent deficit in self-confidence represents an ongoing and debili-

tating condition that weakens an individual's ability to make decisions across various domains.^[13] Self-efficacy, similarly, denotes an individual's belief in their capacity to make effective decisions.^[24] When individuals have low confidence in their ability to acquire necessary information or to identify a satisfactory decision alternative, this lack of confidence contributes to career indecision.^[28]

Individuals experiencing career indecision tend to exhibit greater deficits in self-knowledge and environmental information, more pervasive psychological conflicts, and lower levels of confidence in their ability to make career decisions.^[21]

MATERIALS and METHODS

Aim and Significance

The aim of this study is to adapt the Career Indecision Scale developed by Callanan^[13] into Turkish and to examine its validity and reliability. Within this framework, the study seeks to introduce a psychometrically sound and reliable measurement instrument into the Turkish literature for assessing the sources of career indecision. Accordingly, the construct validity and internal consistency of the scale were evaluated using comprehensive statistical analyses. The findings are expected to contribute to the scientific examination of career decision-making processes among working adults and to provide methodological support for future research in this field.

This study is significant for several reasons. First, career indecision has generally been investigated among student populations.^[10,20,25] There are only a limited number of studies examining career indecision among working adults.^[8,13,21,22,24] Xu^[15] and Xu^[16] examined career indecision in both working adults and students. Considering the changing dynamics of the contemporary labor market, evolving economic conditions, and shifting socio-cultural environments, it is increasingly emphasized that working adults also experience substantial levels of career indecision.

Furthermore, as previously noted, working adults frequently encounter situations involving career transitions or the potential for such transitions. However, the literature review conducted for this study revealed no existing research in Türkiye focusing on career indecision among working adults. Therefore, investigating career indecision within this population is of particular importance. Accordingly, the present study is noteworthy in that it addresses career indecision specifically among working adults. Another important point is that the research was conducted on physicians and nurses, who are the primary actors in service de-

livery in the healthcare sector, which has undergone rapid changes in recent years. Finally, this study is significant as a scale adaptation study.

Population and Sample

The population of the study consists of physicians and nurses working under the Izmir Provincial Health Directorate. Physicians and nurses were selected because these professions require a high level of personal sacrifice and often involve working long hours under excessive workload. As of 2025, a total of 15,581 physicians and nurses are employed across Izmir Provincial Health. Based on these figures, the sample size was calculated using the formula suggested by Baş^[29] yielding a required sample of 375 participants at a ± 0.05 margin of error and a 95% confidence interval. During the online data collection process, convenience sampling based on voluntary participation was employed. A total of 850 individuals were contacted, and valid responses were obtained from 590 participants. Accordingly, the achieved sample size exceeded the minimum number required for the statistical analyses.

Research Permissions

The necessary permission to use the scale was obtained via e-mail from Gerry Callanan on 26 April 2025. Ethical approval for the study was granted by the Social Research Ethics Committee of Izmir Katip Çelebi University (02/07/2025; 2025/13-01) and by the Izmir Provincial Health Directorate (24/07/2025; 2025/75). Data collection commenced only after all required permissions had been obtained. The study was conducted in accordance with the ethical principles of the Declaration of Helsinki.

Scale Adaptation Process

Following the acquisition of permission to use the scale, seven academics with the required language proficiency independently translated the scale into Turkish. After all translations were completed, the versions were reviewed collectively, and a preliminary questionnaire form was created. Subsequently, a bilingual expert back-translated this form into English, and the back-translation was compared with the original scale. After this comparison, the necessary revisions were made, and the final Turkish version of the questionnaire was produced. Thereafter, the items were reviewed by an expert who had previously conducted research on career indecision and by a specialist familiar with the healthcare field, and several modifications were made. Through this process, the linguistic validity of the scale was ensured.

The finalized questionnaire was then administered to a pilot group of 20 participants consisting of physicians and nurses. Participants were asked to complete the form, explain what they understood from each item, and provide suggestions regarding any unclear statements. Since the main study sample consisted of physicians and nurses, the pilot group was also composed entirely of individuals from these professions. The feedback provided by participants was evaluated and incorporated into the scale where necessary. Internal consistency based on the pilot data was assessed using Cronbach's Alpha, which was found to be $\alpha=0.854$, indicating a high level of reliability. Following this stage, full-scale data collection commenced. After the data collection process was completed, Exploratory Factor Analysis (EFA) and Confirmatory Factor Analysis (CFA) were conducted to determine the construct validity of the scale. While the original scale had a seven-factor structure, the present study identified a six-factor structure.

Methodology

A quantitative research design was employed in this study. Data were collected online through a questionnaire administered on a voluntary basis, following the acquisition of informed consent from all participants. The survey link was distributed via e-mail (survey link: <https://docs.google.com/forms/d/e/1FAIpQLSf1t3xy7kgpLdOwgJlgt-neg4gPibKp5HC89YsPkzvw7O3Y1WA/viewform?usp=dialog>). Considering that the study targeted all physicians and nurses working in public hospitals across İzmir—and given the very large population size—face-to-face data collection was not feasible; thus, data collection was conducted entirely online.

Statistical Analysis

Data analyses were conducted using SPSS Statistics version 27 and SPSS Amos version 24 (IBM Corp., Armonk, NY, USA). For the analysis of demographic variables, frequency distributions were used. Reliability analysis was performed using Cronbach's Alpha (α) internal consistency coefficient. To examine the construct validity of the scale, EFA was conducted using the principal components analysis method with Varimax rotation, followed by CFA. Additionally, convergent validity was assessed using average variance extracted AVE and composite reliability (CR). Convergent validity refers to the degree of correlation among multiple indicators that are theoretically expected to measure the same construct.^[30] All analyses were carried out within a 95% confidence interval, and results were evaluated based on a significance level of $p<0.05$.

Data Collection Instrument

The questionnaire used in this study consists of two sections. The first section includes nine items aimed at identifying the demographic characteristics of the participants. The second section contains 32 items designed to determine career indecision. Nineteen of these items are reverse-coded. The scale, developed by Callanan,^[13] aims to identify career indecision among working adults. It has been used in several studies examining career indecision in this population.^[21,22,30] Higher mean scores on the scale indicate higher levels of career indecision. The instrument is a 5-point Likert-type scale (1 = Strongly disagree, 5 = Strongly agree).

Callanan,^[13] through factor analysis, identified a seven-factor structure consisting of 29 items. These factors and their reliability coefficients were as follows: Lack of self-knowledge ($\alpha=0.80$); Lack of internal work environment information ($\alpha=0.76$); Lack of external work environment information ($\alpha=0.58$); Lack of self-confidence ($\alpha=0.81$); Fear and anxiety about decision-making ($\alpha=0.75$); Extra-organizational demands ($\alpha=0.51$); Situational constraints ($\alpha=0.64$). In the present study, however, a six-factor structure consisting of the same 29 items was identified.

RESULTS

The majority of the participants were women (78%), married (61.4%), and had children (59.5%). Of the respondents, 71.7% were nurses, and 55.9% were aged 36 years or older. Most participants did not hold a managerial position (64.2%). The majority (80.3%) had never worked in another job previously. Additionally, 61.8% had been employed for 11 years or longer, and 60% had been working in the same position for 11 years or more. Detailed descriptive statistics are presented in Table 1.

The construct validity of the scale was examined through EFA followed by CFA. In the initial EFA, Items 25 and 15 were found to exhibit cross-loadings, and these items were removed before re-running the analysis. In extracting items, the criterion that an expression has appeared in more than one factor with a difference of 0.10 or lower was taken into account.^[31] The revised analysis resulted in a six-factor structure. This six-factor structure was subsequently tested using CFA. According to CFA criteria, the minimum acceptable factor loading is 0.30; items with loadings below 0.30 indicate weak effects and should be removed as they distort the structure.^[32] In line with this, Item 22 was excluded, after which EFA and subsequently CFA were performed again, yielding the same six-factor structure. The internal consis-

Table 1. Descriptive statistics

	n	%		n	%
Gender	460	78	Marital status	362	61.4
Female			Married	228	38.6
Male	130	22	Single		
Do you have children?	351	59.5	Profession	167	28.3
Yes	239	40.5	Physician	423	71.7
No			Nurse		
Have you previously worked in another job?	116	19.7	Do you hold a managerial position?	211	35.8
Yes	474	80.3	Yes	379	64.2
No			No		
Age	37	6.3	How many years have you been working in the same position?	148	25.1
18–25	139	23.6	1–5	88	14.9
26–30	84	14.2	6–10	81	13.7
31–35	73	12.4	11–15	80	13.6
36–40	110	18.6	16–20	193	32.7
41–45	147	24.9	21+		
Years of professional experience	141	23.9			
1–5	85	14.4			
6–10	79	13.4			
11–15	77	13.1			
16–20	208	35.3			
21+					

tency of the scale and its factors was assessed using Cronbach's Alpha. Convergent validity was then evaluated using AVE and Composite Reliability (CR) values. The results of these analyses are collectively presented in Table 2.

The results of the EFA indicated that the KMO and Bartlett's Test values were significant (KMO=0.910; Bartlett's Test of Sphericity=7283.651; $p=0.000$), demonstrating that the data were suitable for factor analysis. The analysis yielded a six-factor structure consisting of 29 items. The total explained variance was 57.396%. Factor loadings ranged from .451 to .814, all of which were statistically meaningful. The item-total correlations computed for the items constituting each factor ranged from 0.325 to .713. An item-total correlation of .30 and above is expected, while values between 0.20 and .30 may also be considered acceptable.

Cronbach's Alpha analysis showed that the internal consistency coefficients for the scale and its subdimensions ranged from $\alpha=0.563$ to $\alpha=0.875$, indicating that all reliability values were within acceptable ranges.^[30] Therefore, the scale demonstrates satisfactory internal consistency.

At this stage, the items within the six-factor structure obtained from the EFA were examined, and it was determined

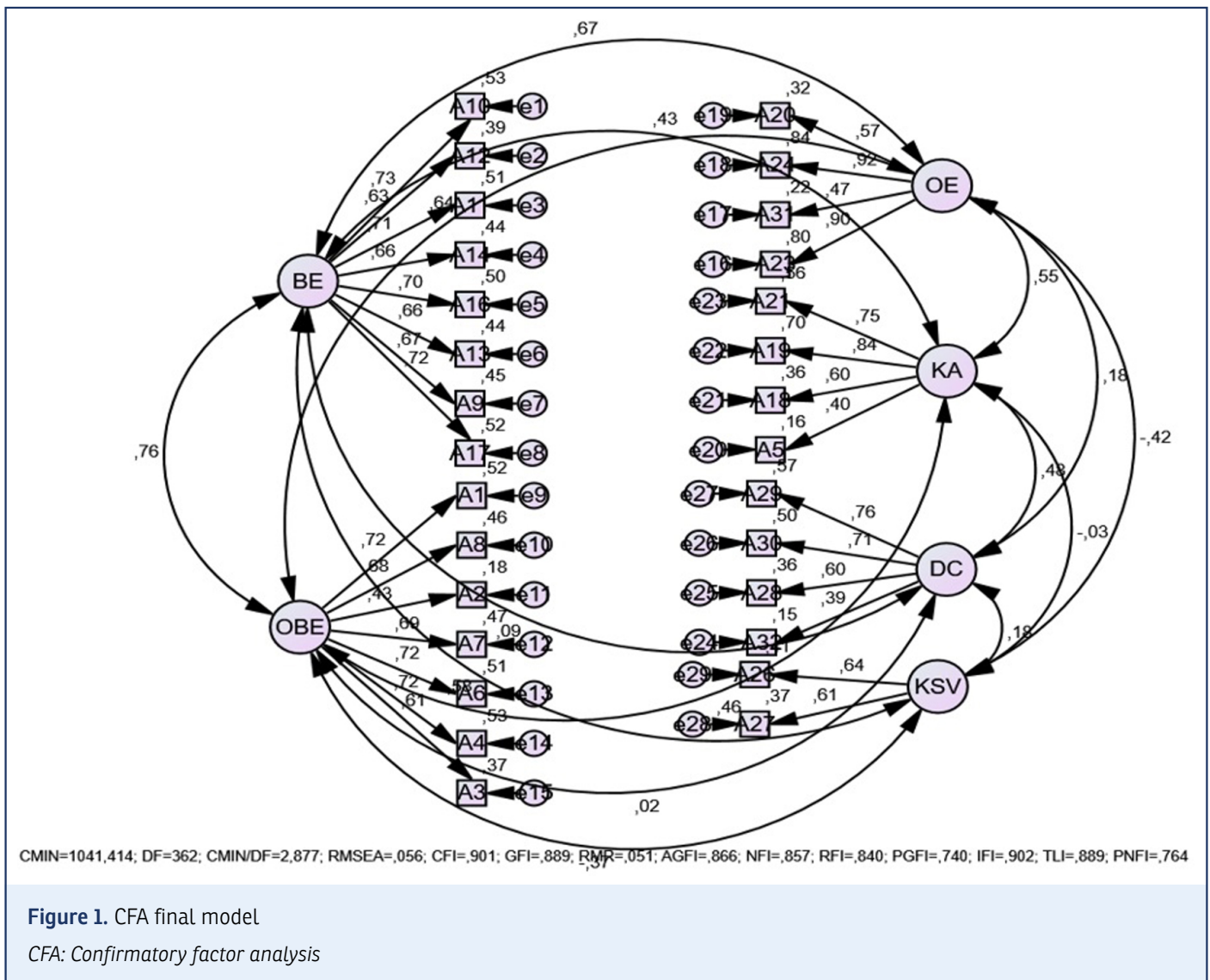
that naming the factors in a manner similar to Callanan^[13] and Callanan and Greenhaus^[21,22] would be appropriate. Accordingly, the scale demonstrated a six-factor structure with acceptable internal consistency. The first factor, Lack of Information About the Work Environment, comprised 8 items ($\alpha=0.875$), followed by Lack of Self-Knowledge with 7 items ($\alpha=0.833$). The third factor, Lack of Self-Confidence in Decision-Making, included 4 items ($\alpha=0.796$), while the fourth factor, Fear and Anxiety, also consisted of 4 items ($\alpha=0.737$). The fifth factor, Situational Conflict, comprised 4 items ($\alpha=0.695$). The sixth factor, availability of career options, included 2 items and showed lower but acceptable internal consistency ($\alpha=0.563$). The factor structure obtained through the CFA is presented in Figure 1.

Based on the overall evaluation of the goodness-of-fit indices obtained from the DFA ($\chi^2=1041.414$; $df=362$; $p=0.000$; $\chi^2/df=2.877$; GFI=0.889; CFI=0.901; RMR=0.051; AGFI=0.866; PGFI=0.740; NFI=0.857; RFI=0.840; IFI=0.902; TLI=0.889; PNFI=0.764; RMSEA=0.056), the model was deemed to represent the most appropriate factorial structure. The factor loadings ranged from 0.387 to 0.918, indicating generally strong loadings across the scale. Examination of the t-values showed a range from 8.577 to 27.948, all significant at the

Table 2. Findings from the EFA, CFA, internal consistency and convergent validity analyses

	1		2		3		4		5		6		t and R ² values	
	EFA	CFA	EFA	CFA	EFA	CFA	EFA	CFA	EFA	CFA	EFA	CFA	t	R ²
A10	0.717	0.731											19.849*	0.534
A12	0.704	0.628											16.256*	0.394
A11	0.704	0.714											19.244*	0.510
A14	0.698	0.662											17.402*	0.439
A16	0.694	0.705											18.891*	0.497
A13	0.638	0.664											17.471*	0.441
A9	0.586	0.669											17.640*	0.448
A17	0.543	0.719											19.410*	0.517
A1			0.706	0.720									19.208*	0.519
A8			0.657	0.680									17.795*	0.463
A2			0.652	0.425									10.172*	0.181
A7			0.625	0.685									17.972*	0.470
A6			0.616	0.716									19.070*	0.513
A4			0.591	0.725									19.372*	0.525
A3			0.451	0.612									15.551*	0.375
A20					0.715	0.567							14.481*	0.322
A24					0.694	0.918							27.948*	0.843
A31					0.685	0.470							11.643*	0.221
A23					0.680	0.897							26.924*	0.804
A21							0.718	0.747					19.328*	0.558
A19							0.691	0.837					22.345*	0.700
A18							0.680	0.597					14.646*	0.356
A5							0.567	0.405					9.397*	0.164
A29									0.814	0.756			18.037*	0.572
A30									0.751	0.709			16.819*	0.503
A28									0.680	0.600			13.964*	0.359
A32									0.535	0.387			8.577*	0.150
A26											0.702	0.643	11.987*	0.413
A27											0.636	0.609	12.416*	0.371
α	0.875		0.833		0.796		0.737		0.695		0.563			
Total α							0.880							
\bar{x}	2.34		2.04		2.57		2.77		3.03		3.19			
Explained variance	14.945		12.033		10.032		7.992		7.348		5.046			
AVE	0.472		0.435		0.548		0.484		0.412		0.449			
CR	0.877		0.840		0.818		0.785		0.725		0.618			
	KMO=0.910; Bartlett's test of Sph.=7283.651; Sig.=0.000													
	Total explained variance =57.396.													
CFA Goodness-of-Fit Indices	$\chi^2=1041.414$; $sd=362$; $p=0.000$; $\chi^2/sd=2.877$ GFI=0.889; CFI=0.901; RMR=0.051; AGFI=0.866; PGFI=0.740; NFI=0.857; RFI=0.840; IFI=0.902; TLI=0.889; PNFI=0.764; RMSEA=0.056													

*: p<0.01. EFA: Exploratory factor analysis; CFA: Confirmatory factor analysis; AVE: Average variance extracted CR; Composite reliability; CFA: Confirmatory factor analysis; GFI: Goodness of fit index; CFI: Comparative fit index; AGFI: Adjusted Goodness of fit index; PGFI: Parsimony goodness-of-fit index; RMR: Resting metabolic rate; NFI: Normed fit index; RFI: Relative fit index; IFI: Incremental fit index; TLI: Total lymphoid irradiation; PNFI: Pediatric NAFLD fibrosis index; RMSEA: Root mean square error of approximation

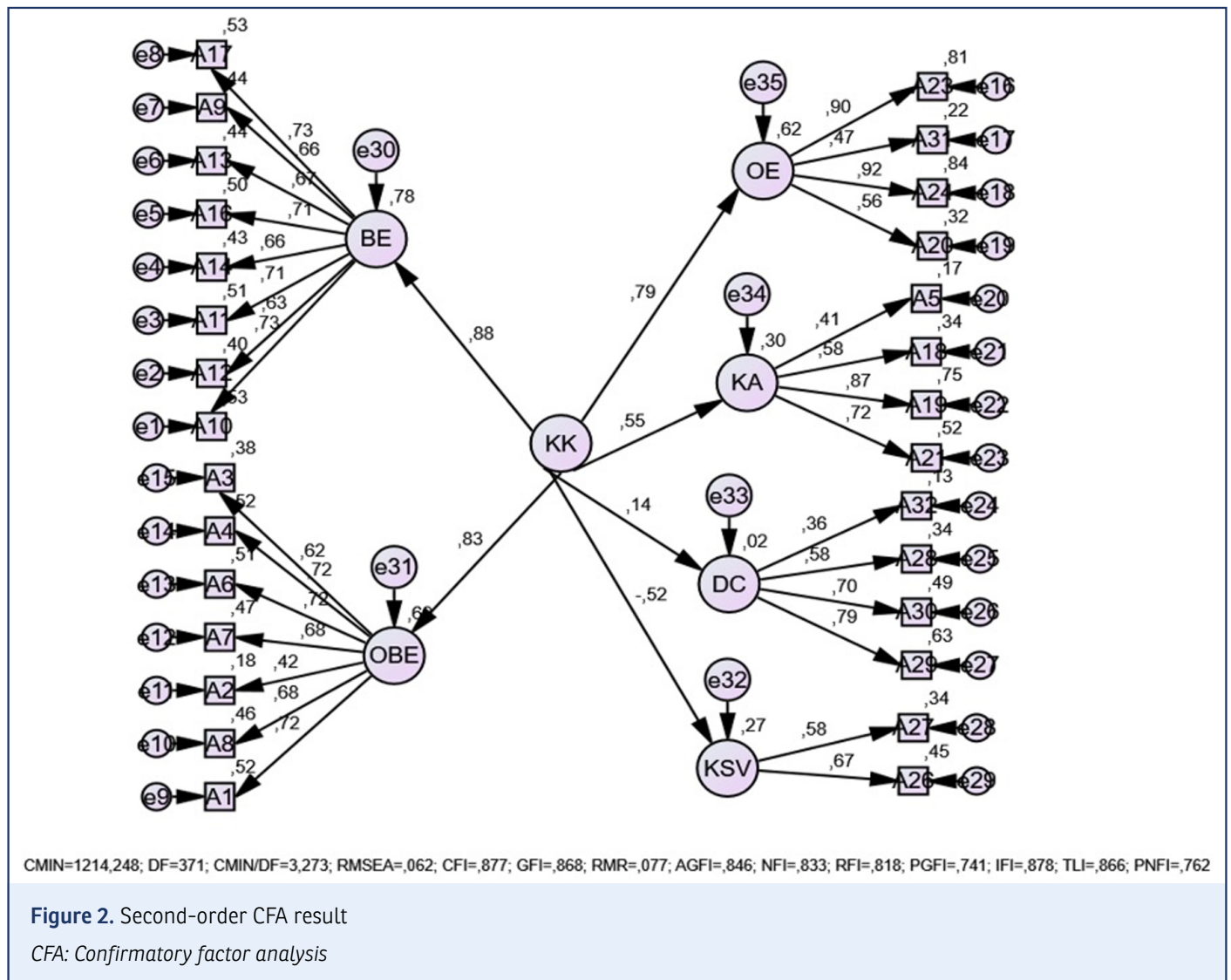


$p < 0.01$ level. Accordingly, all factor loadings were statistically significant, and no items required removal from the model. The R^2 values ranged from 0.164 to 0.843, suggesting that the items explained between 16% and 84% of the variance in their respective latent constructs.

For the assessment of convergent validity, AVE and CR values were calculated, and the results indicated that convergent validity was achieved. Convergent validity is considered adequate when AVE exceeds 0.50 and CR is greater than AVE. However, if AVE is below 0.50 but the composite reliability exceeds 0.60, the construct may still demonstrate sufficient convergent validity.

Given that multidimensional scales should be evaluated using second-order CFA, and to determine whether the identified structure represents a single overarching construct,

a second-order CFA was conducted. This approach allows the examination of whether first-order latent factors can be meaningfully explained by a higher-order latent variable. Examination of the goodness-of-fit indices obtained from the second-order model ($\chi^2=1214.248$; $df=371$; $\chi^2/df=3.273$; $GFI=0.868$; $CFI=0.877$; $RMR=0.077$; $AGFI=0.846$; $PGFI=0.741$; $NFI=0.833$; $RFI=0.818$; $IFI=0.878$; $TLI=0.866$; $PNFI=0.762$; $RMSEA=0.062$) showed that the model reached acceptable fit levels. Compared to the first-order model, the slightly lower fit indices observed in the second-order CFA are considered an expected outcome, as higher-order models impose additional structural constraints by explaining first-order factors through a single higher-order construct. This increased model parsimony reduces flexibility and may result in relatively lower fit values without indicating model misspecification. Similar patterns have been widely reported in the



structural equation modeling literature and are regarded as a natural consequence of testing a more restrictive and theoretically integrative model. Based on these indices, it was concluded that the six-factor structure represents the components underlying career indecision. The structure obtained from the second-order CFA is presented in Figure 2.

As shown in Figure 2, the factor Lack of Information About the Work Environment—which has the highest factor loading—affects career indecision more strongly than the other dimensions.

DISCUSSION

Data were collected from a total of 590 physicians and nurses, after which the analysis phase was initiated. To examine construct validity, EFA was first conducted, followed by CFA. Although Callanan^[13] originally identified a seven-fac-

tor structure, the present study revealed a six-factor structure consisting of 29 items. The emergence of a six-factor structure, unlike the original scale, may stem from cultural differences. On the other hand, this study was conducted on physicians and nurses working in public hospitals. This difference may also stem from the characteristics of the sector under examination. Unlike the study in which the original scale was implemented, everyone included in this study is a professional, which may also explain this difference. All indices obtained from EFA and CFA were found to fall within statistically acceptable ranges, and the resulting structure was deemed the most adequate. The internal consistency coefficients for each dimension were also within acceptable limits. Moreover, convergent validity was achieved. Therefore, the Turkish version of the scale, in its final form, is suitable for use in future research.

The second-order CFA results demonstrated that the model achieved acceptable goodness-of-fit values and that the overall model was statistically meaningful. In other words, the six-factor structure was shown to represent the components of a broader, overarching construct. Consequently, career indecision was found to consist of six dimensions: lack of information about the work environment, lack of self-knowledge, lack of confidence in decision-making, fear and anxiety, situational conflict, and the presence of career alternatives. These labels were assigned based on the content of the items and the relevant literature.

The mean score for the lack of information about the work environment dimension is low. Accordingly, physicians and nurses possess a high level of knowledge regarding both their employing institutions and the broader external work environment. This finding indicates that lack of information about the work environment is not a source of career indecision for these professionals. Therefore, it can be stated that, in this regard, they do not experience career indecision.

The mean score for the lack of self-knowledge dimension is also low, suggesting that physicians and nurses have a high level of self-understanding. Thus, lack of self-knowledge does not constitute a source of career indecision for them, and it can be inferred that they do not experience indecision due to this factor. Callanan^[13] identified lack of self-knowledge as the primary source of career indecision among working adults.

The low mean score for the lack of confidence in decision-making dimension indicates that physicians and nurses have strong self-confidence in making career-related decisions. This result demonstrates that lack of confidence in decision-making is not a source of career indecision for these professionals. Accordingly, it can be concluded that physicians and nurses do not experience career indecision stemming from insufficient decision-making confidence.

The mean score for the fear and anxiety dimension is at a moderate level, implying that physicians and nurses experience a moderate degree of fear and anxiety when making career decisions. It can, therefore, be stated that they partially experience career indecision due to this source. This finding is consistent with previous research showing that career indecision is positively associated with anxiety and particularly with fear of failure.^[25]

The mean score for the situational conflict dimension is moderate, indicating that physicians and nurses experience a moderate level of situational conflict. Accordingly, it can be stated that they exhibit a moderate level of career indeci-

sion arising from this source. Callanan^[13] and Callanan and Greenhaus^[21,22] likewise found a positive relationship between situational conflict and career indecision.

CONCLUSION

Overall, the findings indicate that physicians and nurses do not experience a high level of career indecision and that some sources of indecision have virtually no impact on them. This outcome may be attributable to the fact that, despite recent challenges in the healthcare sector, the participants in this study were employed in the public sector, where organizational stability and job security are comparatively stronger.

This study demonstrated that the Turkish adaptation of the Career Indecision Sources Scale is both valid and reliable. It also showed that physicians and nurses display generally low levels of career indecision; however, moderate levels of indecision persist due to fear, anxiety, situational conflict, and the availability of multiple career options. The findings confirm that career indecision among working adults is shaped by the interaction of cognitive, emotional, and environmental factors. Furthermore, the relative organizational stability of the public sector appears to have a mitigating effect on indecision.

Disclosures

Ethics Committee Approval: The study was approved by the Izmir Katip Çelebi University Social Research Ethics Committee (No: 2025/13-01, Date: 02/07/2025).

Informed Consent: Data were collected online through a questionnaire administered on a voluntary basis, following the acquisition of informed consent from all participants.

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