

## **CAREER ANCHORS AND NURSES' OCCUPATIONAL CHOICES**

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### **ABSTRACT:**

There are two components of a career: the external career consisting of actual sequences of positions that are defined within an occupation, and the internal career, which comprises the subjective meanings attached to critical career events. A major cause of career dissatisfaction is a lack of realism in the internal career. Therefore, understanding transitions in the external career in the light of the perceptions and feelings occurring in the internal career is an important research issue.

The theory of careers anchors will be reviewed with a summary of previous research. Development of a tool to measure career anchors is described, and findings of two recent studies of nurses in Canada and the USA are presented. The implications of the findings and areas for further research on nurses' career anchors will be discussed.

Research has demonstrated that altruism, autonomy and family commitments remain pivotal values affecting nursing career decisions. If career oriented nurses are to be retained, a new model for nursing practice must be designed that has a better fit for women who are practicing a craft and an art as a career over a lifetime.

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### Career Anchor Theory

The development of career anchor theory has seen an interesting search for a way to measure the complex notion of work values that affect career decisions.

The concept of career anchors was developed by Edgar Schein (1978) to describe the phenomena he identified when studying the careers of 44 Sloan School of Management alumni over a period of 5 - 10 years of work experience. He found that new employees developed an occupational self-concept as a result of gaining self-knowledge. This self-concept comprised three components:

Self-perceived talents and abilities (based on actual successes in a variety of work settings)

Self-perceived motives and needs (based on opportunities for self-tests and self-diagnosis in real situations and on feedback from others)

Self-perceived attitudes and needs (based on actual encounters between self and the norms and values of the employing organization and work setting).

Schein believed that the concept of career anchor is broader in definition than the "concept of job value or motivation to work", is based on actual work experience, occurs inside the person, and is shaped by interaction between abilities, motives and values as these form the individuals' self concept. He also maintains that career anchors can only be discovered after a number of real life experiences enable the person to identify how "ones abilities, motives and values in fact will interact and fit with career options available." Finally he contended that although the concept is concerned with identifying a stabilization process within the person, this does not imply the person is unable to change. Schein defined the career anchor as:

the pattern of self-perceived talents, motives and values that serve to guide, constrain, stabilize and integrate the person's career.

Schein identified five career anchors: security, technical/functional competence, managerial competence, creativity and autonomy.

In 1980 Derr used both interviews and a brief questionnaire to investigate the career patterns of naval officers over a three year period. As a result of his findings, Derr suggested that the interviews were more accurate than the survey questionnaires because he had been able to use the same questions as Schein. He also raised the possibility that "career anchor patterning, a process that becomes more definite over time" may have some relationship to the midlife crisis some people experience.

In 1982 DeLong used Schein's study as the basis for a questionnaire to measure and analyze career anchors in a sample of 600 male industrial administration graduates. He derived three main variables: **service, identity and security**. DeLong felt that the questionnaire he developed was inadequate for the complexity of the constructs.

The above studies were all done with male subjects and showed the anchors of managerial and technical competence and job security were the highest among men in the early studies. In later studies, autonomy, service and identity became more prominent

Using a sample of 40 professional nurses Aune (1983) asked whether nurses have identifiable career anchors and was there differences in the career anchors of nurses working in different functional areas of nursing. She used Derr's work history format and analyzed according to Schein's characteristics for each anchor. Her results showed that more than one anchor was needed to describe the career behaviour of nurses in each functional group and that nurses presented an overriding anchor which she designated "service". Aune summarized the characteristics of the service anchor as follows:

Motives; Humanitarian service to fellow human beings. Contribution to the well-being of others.

Values: Opportunities to show caring, compassion, altruism, self-sacrifice.

Talents: Interpersonal skills (as an end); empathy; nurturance; using self as a means of helping others to grow, change, evolve; dealing with affect.

Aune also found that the educational program nurses attended had an influence on their career orientation; baccalaureate degree nurses viewed nursing as a profession differently from their diploma prepared counterparts. They saw hospital practice as only part of the overall profession of nursing and they committed themselves to a career earlier. Staff nurses were most influenced by security, autonomy, technical competence and managerial orientations, however there were no differences in career anchor related to functional area of practice.

These studies suggested more questions about career anchors; Does a person have a single definable anchor? Are there developmental patterns as the career progresses? Is information gathered by questionnaire as useful as that obtained by interview.

### **Instrument Development**

Based on the work of Schein (1978), DeLong (1982) and Aune (1983) McLees (1988) developed a 47 item questionnaire to reflect the behaviours, beliefs, motives and talents a nurse might exhibit. Factor analysis techniques identified the career anchors: ambition for leadership, job security, family commitment, independence, variety/adventure, altruism and professional integrity.

### **Career Anchors Described**

**Ambition for Leadership:** Describes a need for management and leadership positions within the workplace and profession.

**Job Security:** Describes a need for employment security, benefits and prestige within the organization.

**Family Commitment:** Describes values related to raising or being part of a family.

**Independence:** Values independence and individuality in the work place.

**Variety/adventure:** Describes a need for variety, change and adventure in the career.

**Altruism:** Describes a need to help and be of service to others.

**Self-esteem:** Describes values of personal and professional self-worth.

**Professional Integrity:** Describes a sense of honesty and completeness.

Split-half reliability coefficients ranged from .83 to .62 for various factors, indicating that the items are homogeneous and measure the same characteristic. Most of the correlations between factors were significant at the .001 level indicating that the factors are independent. Factor analysis accounted for 52.6% of the variability. The questionnaire was field tested on a sample of senior nurses with similar career profiles, and demonstrated ability to identify career orientations accurately.

#### **Recent Studies of Career Anchors of Nurses**

McLees (1988) studied 202 registered nurses in Canada, all of whom had graduated 10 years previously from three year hospital diploma, two year college and four year university programs and who were actively employed as nurses. The presence of values, motives,

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talents and aspirations that are important to nurses was confirmed. The extent to which they influenced the career was not shown, however anchors appeared to act as constraints on the career along with family commitments.

Demographic and work history data gathered identified five different career patterns for these nurses: stationary place bound, mobile lateral advancing placebound, mobile reverting, and mobile advancing.

Differences between and within the career pattern groups showed that :

The mobile lateral careerists were highly oriented towards family commitment, and variety and adventure,

The advancing place-bound careerists were highly orientated toward family commitment , job security and ambition for leadership.

The mobile advancing careerists were highly oriented towards ambition for leadership, self-esteem, and variety/adventure.

Family commitment was very important to all groups but less so to the mobile advancing careerists. This group was the least likely to be married with children.

Altruism was important to all groups.

Significant relationships were demonstrated between the type of basic and post-basic education program the respondent had taken, and the career orientations identified.

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Jackle (1993) used McLees' instrument in a slightly modified format to study career decisions of nurses who are temporary or freelance employees. The components were ranked (highest to lowest); altruism, independence, family commitment, professional integrity, variety/adventure, job security and ambition for leadership. The lack of desire to direct the work of others was also demonstrated in the eternal careers of respondents. Sixty-five percent had lateral careers, in which they worked consistently at the staff nurse level.

Jackle compared the ranking of career anchors by age groups as described by Levinson and Gooden's (1985) life stages. The age groups varied significantly in the career anchor means of Family Commitment and Variety. Groups in the early Adult and Age 30 Transition, and up to 40 years of age ranked family concerns higher than the other age groups. Since this is the primary child-rearing period, this value would be expected. The Early Adult group ranked Variety higher than the other age groups.

When she compared the differences in ranking career anchors by persons with lateral and advancing careers. compared to two of McLees' Canadian groups it can be seen that the lateral career group ranked Family Commitment 2 points lower than the Canadian group.

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McLees' ranks are based on eight components, while Jackle has seven because of dropping the self-esteem component.

The advancing career group ranked Professional Integrity higher than the Canadian group.

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Jackle identified five contingent employment subgroups: Travellers, Agency, Moonlighters, Pool nurses and Contractors.

Traveller: a nurse from outside the labour market on a temporary assignment for 3-6 months.

Agency Nurse: contracts with a local agency to provide supplementary staffing to hospitals.



Pool Nurse: works on a part-time basis for a hospital's own supplementary staffing pool.

Contractor: a nurse who contracts with both agencies and hospital pool for assignments.

Moonlighter: has a regular employer and holds a second job contracting with pools and agencies.

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Pool nurses and Contractors, who were most likely to be married, rated Family Commitment of higher importance, Travellers and Agency nurses rated Variety significantly more important than the other subgroups, though all rated it of some importance. Moonlighters showed the most Ambition for Leadership and some were employed in management positions. Travellers and Contractors rated Ambition for Leadership of little importance.

### **Implications for Future Practice and Research.**

Research has demonstrated that altruism, autonomy and family commitment remain pivotal values affecting nursing career decisions. If career-oriented nurses are to be retained, employers need to meet their needs. A new model for nursing practice must be designed—a model that has a better fit for women who are practicing a craft and art as a career over a lifetime. A new model that recognises the pivotal motives, values and talents characteristic of nurses:

**Altruism:** Work reorganization projects need to ensure that there is satisfying feedback from patients and families, knowledge of results, reward for caring and kindness

**Autonomy:** Nurses value the right to make patient care decisions and to influence the caregiving environment. The Total Quality Management movement advocates decision-making by employees who interface with the customer/patient. Corporate cultures in nursing can reinforce this.

**Family commitment:** Work hours that are stable and under control of the nurse, part-time work and job sharing allows nurses to balance paid work and caring work in the home.

Career and organization structures ensure that the majority of nurses will remain in station-bound or lateral careers. Practices and policies that are supportive of career planning promote identification of strengths, interests and goals that are of benefit to all concerned. Staff turnover, dissatisfaction and stress in the workplace is costly. Nurses who work in situations that are congruent with their career aspirations are more likely to experience job satisfaction, which in turn gives rise to staffing stability, commitment to the organization and the opportunity for innovation in nursing practice and health care delivery.

There is a need, by both the individual and the organization to recognise the relationship of the person's internal career and the organization's responsibilities and expectations—the external career.

Jackle notes that there is a sweeping change in organizations world-wide as they move from employing mostly permanent full-time workers to hiring more temporary and contract workers. Studies of the temporary workforce show that it is growing faster than the economy in general, contains a majority of women, extends from clerical and blue collar to professional and technical occupations, and is expected to compose 50% of the workforce by the year 2000.

Although temporary work has had the image of marginalized unskilled labour, 17% of temporary workers are now filling professional and managerial positions such as accountants, architects, chemists, pharmacists, physicians and lawyers (Belous, 1989). Pfeffer and Baron (1988) also note the growing respectability associated with working at temporary agencies, even among high status occupations. The supply and types of people and jobs suited to working on a free-lance basis has increased, while loyalty and dedication to a single organization is probably no greater (and possibly lower) than it used to be. Thus there is an enhanced supply of externalized workers produced not only by demographics (more women and older workers) but also by changes in the normative orientation toward work and employing agencies.

Pfeffer and Baron align the trends toward diminished attachment between employees and their work along three dimensions: externalization of place (working off premises); externalization through diminishing the duration of employment or by hiring workers for continuous but part-time employment; and externalization of administrative control, as is the case of temporary service workers who are responsible to and paid by another organization.

The shift from core to contingent workers benefits employers because of flexibility of scheduling that creates a "just-in-time workforce", cost-savings in benefits and expensive training programs, and lower expenditures for personnel administration. Some employers hire temps to get around workplace law, such as equal employment. They can avoid employment freezes by using temps, and increase their productivity rates by not counting them. But it also creates problems such as motivation and work quality issues, different compensation and benefit systems within the organization, negative reactions from remaining care workers, and public relations concerns (Pfeffer and Baron, 1988).

### **Temporary Work From the Viewpoint of the Employee**

Factors that influence the viability of temporary employment found by Negry (1993) are: a regular and predictable works schedule, steady placements, and consist hours that are under the control of the worker. The temp must be able to maximize income with high wages or have alternative sources of support. Belous (1989) notes that the relative rigidity of the social welfare system in the United States and government-mandated benefits for full-time workers contributes to the lack of security for contingent workers. A similar situation but with less rigidity in the social welfare system is present in Canada and Australia.

Jackle's 1993 study of Registered Nurses, who had freely chosen temporary employment over permanent, full-time work demonstrates how women use contingent employment to balance their professional and family lives.

Many participants were experiencing "The Double Day." The average paid hours worked was 36 hours/week and average unpaid hours at home for parents was 46 hour/week. many married nurses worked for hospital pools and reported an average of 20 paid hours/week. Sixty-four percent of the participants were satisfied with the balance between work and home. However, moonlighters were significantly more dissatisfied with the balance and tended to work for pay 50-72 hours/week.

The participants did not fit the stereotype of uncommitted, casual, unstable temporary workers. Sixty-four percent reported stable, continuous careers and more than 75% worked full-time most of their careers. Another 23% combined nursing and homemaking with short absences from the workforce. Only 3% had a history of sporadic employment. The nurses averaged 8.5 years experience with a regular employer and 3-4 years in temporary employment.

McLees (1988), while not specifically investigating the degree to which nurses worked part-time versus full-time found that the lateral group who were mobile, that is, they stayed at the staff nurse level and moved from hospital to hospital, demonstrated similar characteristics to Jackle's lateral careerists. They appeared to prefer a stable career position, however, they moved about because of family commitments or perhaps a need for change.

### **Are Temporary Workers Thriving or Struggling to Survive**

In the Time (1993) article "The Temping of America" the writer pointed out that the "mercenary workers" at the top of the skills ladder thrive, while the rest struggle to survive.

At the time of Jackle's study, most of the group was thriving. Only 15% had no benefits. The average individual and household incomes were above the State average as well as the average for nurses, even though 43% were sole wage earners and 13% contributed more than half of the household income. Their debt and savings were the same as for the rest of the U S population. A majority were satisfied with the number of hours they were working and only 6% would have liked to work more.

This change affects career planning, career development and training for today's workers. Will the option to become a contingent employee allow nurses, teachers, consultants and human resource developers to make the transition into new contractual, autonomous practice models which may be more relevant to the "Temporary Society" of the future? Enterprise agreements and provider contracts are precursors of such options.

McLees (1988) postulated that organizations have the responsibility to recognise and implement working conditions that are conducive to retaining and/or promoting the career plans of the individual, accept the notion of the dual-career as a realistic career option for women, and assist nurses to recognise and manage their career potential. Organizations should also cooperate with nurse employees, educators and experts to develop and use nursing-oriented instruments and packages for human resource development and career counselling purposes. In light of competition for students to enter nursing programs, nursing education and nursing service must find ways to promote the excitement, challenge and adventure of nursing as a career.

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