PUBLICATIONS OF
THE UNIVERSITY OF EASTERN FINLAND

Dissertations in Health Sciences

TIINA TUONONEN

LEADERSHIP CAREERS OF FINNISH DENTISTS

Leadership careers of Finnish dentists

TIINA TUONONEN

Leadership careers of Finnish dentists

To be presented by permission of the Faculty of Health Sciences, University of Eastern Finland for public examination in Canthia auditorium CA101, University of Eastern Finland, Kuopio, on Friday, June 8 th 2018, at 12 noon

Publications of the University of Eastern Finland
Dissertations in Health Sciences
467

Institute of Dentistry, School of Medicine, Faculty of Health Sciences
University of Eastern Finland
Kuopio
2018

Grano Oy
Jyväskylä, 2018

Distributor:
University of Eastern Finland
Kuopio Campus Library
P.O. Box 1627
FI-70211 Kuopio, Finland
http://www.uef.fi/kirjasto

ISBN (print): 978-952-61-2803-0
ISBN (pdf): 978-952-61-2804-7
ISSN (print): 1798-5706
ISSN (pdf): 1798-5714
ISSN-L: 1798-5706

Author's address: Institute of Dentistry, School of Medicine, Faculty of Health Sciences
University of Eastern Finland
KUOPIO
FINLAND

Supervisors: Professor Anna Liisa Suominen, D.D.S., Ph.D., M.Sc.
Institute of Dentistry
School of Medicine
Faculty of Health Sciences
University of Eastern Finland
KUOPIO
FINLAND

Professor Johanna Lammintakanen, Ph.D.
Department of Health and Social Management,
Faculty of Social Sciences and Business Studies
University of Eastern Finland
KUOPIO
FINLAND

Reviewers: Professor Minna Kaila, M.D., Ph.D.
Medical Management
Department of Public Health
Faculty of Medicine
University of Helsinki
HELSINKI
FINLAND

Professor Kenneth Eaton, BDS, M.Sc., Ph.D.
MGDS RCS (Eng), FFGDP(UK), FFPH, FHEA, FICD, DHC.
Centre for Professional Practice
Chatham Maritime Campus
University of Kent
CHATHAM
UNITED KINGDOM

Opponent: Professor (emeritus) Eino Honkala, D.D.S, Ph.D., M.Sc.
Institute of Dentistry
University of Turku
TURKU
FINLAND

Tuononen, Tiina
Leadership careers of Finnish dentists
University of Eastern Finland, Faculty of Health Sciences
Publications of the University of Eastern Finland. Dissertations in Health Sciences 467. 2018. 54 p.

ISBN (print): 978-952-61-2803-0
ISBN (pdf): 978-952-61-2804-7
ISSN (print): 1798-5706
ISSN (pdf): 1798-5714
ISSN-L: 1798-5706

ABSTRACT

Health care leaders have important roles in managing everyday actions in their organizations and especially during reforms and structural changes. Oral health care is an integral part of health care, however research on leadership in oral health care is scarce. This work aimed to study factors associated with and impacting dentist leaders' careers with a special focus on retention and turnover.

Three sets of data were utilized in this study representing groups of dentists in different leadership career stages: dentists who recently or currently participated in the leadership education for dentists (Data 1, n=25, Study I), dentists who recently or currently worked as dentist leaders (Data 2, n=156, Studies II and III), and those with a dentist background who currently worked as leaders outside oral health care (Data 3, n=13, Study IV). Both qualitative and quantitative methods were used in data collection and analysis. Qualitative methods were the `empathy-based stories´ (Study I) and semi-structured interviews (Study IV); content analyses were used in both of these studies**.** Quantitative methods were the questionnaire (Studies II and III) and career orientation inventory (Studies II and IV); statistical analyses included chi square and Mann-Whitney U tests, regression and main component analyses.

The main factors supporting retention in a leadership post were enthusiasm for leadership supported by leadership education and possibilities to develop oral health care as a part of health care, work time control opportunities and intent to continue in a leadership position. The main turnover factors were loneliness in a leadership position, lack of support and appropriate remuneration combined with an excessive amount of administrative duties. Essential career anchors among dentists at different career stages seemed to differ, however the General managerial competence anchor emerged in studies I, II and IV. In studies I and IV it was important and in Study II it was the only anchor significantly supporting retention. Continuing a leadership career after dentistry seemed to be associated with the Pure challenge anchor and also the General managerial competence anchor (Study IV). The three identified career path types were Progressives, By chance group and Enthusiasts (Study IV).

Novel information about dentists in leadership careers were found by using mixed methods. This study shows that individual paths from a dentist to a leader can develop and continue in several ways, with different motives, and various factors are associated. Results of this study can be used by individuals and by organizations to improve leadership by recognizing which factors support or enervate people in leadership positions. Knowledge of-career anchors can be utilized by individuals helping them to choose the most suitable jobs and organizations for them, as well as by organizations to be able to offer their strategic workers appropriate working conditions.

National Library of Medicine Classification: W 76, W 88, WU 21
Medical Subject Headings: Oral Health/manpower; Dentistry/manpower; Dentists; Leadership; Career Choice; Career Mobility; Interviews as Topic; Surveys and Questionnaires; Finland

Tuononen, Tiina
Hammaslääkärien johtamisurat Suomessa
Itä-Suomen yliopisto, terveystieteiden tiedekunta
Publications of the University of Eastern Finland. Dissertations in Health Sciences 467. 2018. 54 s.

ISBN (nid): 978-952-61-2803-0
ISBN (pdf): 978-952-61-2804-7
ISSN (nid.): 1798-5706
ISSN (pdf): 1798-5714
ISSN-L: 1798-5706

TIIVISTELMÄ

Terveydenhuollon johtajilla on tärkeä rooli sekä arkipäivän toiminnan johtamisessa, että toiminnan ja rakenteiden uudistamisessa. Vaikka suun terveydenhuolto on tärkeä osa terveydenhuoltoa, tutkimuksia hammaslääkärijohtajista on vain vähän. Tämän väitöskirjatyön tavoitteena oli tutkia hammaslääkärijohtajien urapolkuja ja erityisesti johtamistehtävässä pysymiseen tai siitä luopumiseen liittyneitä tekijöitä.

Tutkimukseen osallistuneet hammaslääkärit olivat johtamisuransa eri vaiheissa: ensimmäinen ryhmä oli juuri suorittanut tai suorittamassa `Vastaavan hammaslääkärin erityispätevyys´-koulutusta (aineisto 1, n=25, artikkeli I), toinen ryhmä oli hammaslääkärijohtajia, joista osa oli jo luopunut johtamistyöstään (aineisto 2, n= 156, artikkelit II ja III) ja kolmas ryhmä oli hammaslääkäritaustaisia muissa johtamisasemissa olevia johtajia (aineisto 3, n=13, artikkeli IV). Tutkimusaineistot kerättiin laadullisin ja määrällisin menetelmin ja analysoitiin laadullisin sekä tilastollisin menetelmin. Laadulliset aineistot - Eläytymismenetelmällä kerätyt esseet (artikkeli I) ja teemahaastattelut (artikkeli IV) - analysoitiin käyttäen sisällönanalyysiä. Määrälliset aineistot - internet-pohjainen kysely (artikkelit II ja III) sekä ura-ankkurikysely (artikkelit II ja IV) analysoitiin seuraavilla tilastollisilla menetelmillä: khiin neliö- ja Mann–Whitney U- testit, regressio- ja pääkomponenttianalyysit.

Tärkeimmät johtamistyössä pysymistä tukevat asiat olivat kiinnostus johtamistyöhön, johtamiskoulutus ja halu kehittää suun terveydenhuoltoa osana muuta terveydenhuoltoa sekä riittävä aika johtamistyöhön. Toisaalta tärkeimmät johtajan työstä luopumiseen liittyvät tekijät olivat yksinäisyys johtamistyössä, ympäristön tuen puute sekä liian vähäinen johtamistyöaika ja palkkaus suhteessa työtehtäviin. Tärkeimmät ura-ankkurit eri kohderyhmissä vaihtelivat, kuitenkin `Johtaminen ja johtajana toimiminen´ -ankkuri oli tärkeä johtamistyötä tukeva tekijä (I ja II). Hammaslääkärijohtajilla tämän ura-ankkurin vähäinenkin esiintyminen tuki johtamistehtävässä pysymistä (II). Johtamisuralla edenneillä hammaslääkäreillä tärkeimmät ura-ankkurit olivat `Haasteellisuus´ ja `Johtaminen ja johtajana toimiminen´ (IV). Erilaisia urapolkutyyppejä löytyi kolme: tavoitesuuntautuneet etenijät, tilaisuuteen tarttujat sekä innostuneet kehittäjät

Tästä tutkimuksessa on tuotettu uutta tietoa hammaslääkäreistä johtamistehtävissä käyttäen monipuolisia aineistonkeruu- ja analysointimenetelmiä ja osoitetaan että hammaslääkäristä johtajaksi voi edetä useaa eri urapolkua ja monenlaiset tekijät voivat vaikuttaa valintoihin uran aikana. Yksilöiden ja organisaatioiden olisi tärkeää tiedostaa terveydenhuollon johtajien työtä tukevat ja siitä poistyöntävät tekijät. Lisäksi yksilöiden olisi hyvä tunnistaa tärkeimmät ura-ankkurinsa voidakseen valita itselleen sopivimmat työtehtävät ja organisaatiot. Myös organisaatioiden olisi hyvä tietää keskeisimpien työntekijöidensä ura-ankkurit voidakseen tarjota heille parhaiten työn mahdollistavat olosuhteet.

Luokitus: W 76, W 88, WU 21
Yleinen Suomalainen asiasanasto: suun terveydenhuolto; hammaslääkärit; johtajuus; johtajat; johtajakoulutus; urasuunnittelu; uranvalinta; urakehitys; haastattelututkimus; kyselytutkimus; Suomi

Acknowledgements

This thesis is a study of dentists´ careers and career paths regarding leadership. It was carried out at the Institute of Dentistry, School of Medicine, Faculty of Health Sciences in cooperation with Department of Health and Social Management, Faculty of Social Sciences and Business Studies, University of Eastern Finland (UEF), Kuopio, during the years 2012-2018.

My own background is in dentistry, at first having an almost two decades´ private dentist career and then almost a decade's work period in public dental service. The idea of starting this thesis project grew up during my specialist studies in dental public health 2010-2012 at the University of Turku and having experience in working as a dentist leader in Wiitaunioni in northern Central Finland 2005-2014.

My dentist career path started in 1980 at the University of Turku. I was graduated in the spring of 1986. Soon after graduation my course mate Riitta Sorvola and I, being bold and enthusiastic, started two dentists´ private practice in Piikkiö, a small municipal located near Turku. We began our practice just as two of us and after a few months we had courage to employ a dental nurse, Kirsti Lahti. My warm gratitude to you, Riitta and Kirsti. It was nice to work with you during those years.

In 1995, I got my first flatcoated retriever, in 1996 the second and in 1999 the third from my dear friend Tuula Rajala. My hobbies really changed from track and field athletics to dog shows, hunting tests and bird hunting. At the beginning of the 1990s, I got to know Pihtipudas as a place for nice and friendly people, with very beautiful nature and good outdoor and hunting possibilities. Many times, my Pihtipudas friends asked me to come to Pihtipudas to work as a dentist while many years Pihtipudas had a shortage of dentists. I came to work in Pihtipudas health centre for a month in August 2005 and had so good time and met so nice, friendly and accomplished health care professionals that I decided to move to Pihtipudas to work as a dentist in November 2005. I was requested to take the dentist leader post of Wiitaunioni, the cooperation area of Viitasaari and Pihtipudas municipals. To those who greatly helped me at the beginning of my work in Pihtipudas I want to express my gratitude: to my first superior, chief physician Eija Kiljala for her great support, to dental nurse Mirja Patama, who worked as a Turku-Pihtipudas dialect interpreter and to dental hygienist Tuula Kinnunen, who was a great support for me in getting to know how a public dental service unit functions. Special thanks to dental nurse Eeva Hyvönen who is the best workmate a dentist can have and dentist Juha Kokkoniemi with whom we have had many good discussions since 2006 and he gave me a great support by substituting for me while my absence during my specialist studies. I also want to thank other dental staff in Pihtipudas and Viitasaari as well as other social and health care professionals with whom I worked during my Wiitaunioni years 2005-2014.

During the Special competence in dental administration course in 2007-2008 and specialist education in dental public health in 2010-2012 at the Turku University I got to know many new colleagues who have similar interests in leadership and research than I have. At the University of Turku in 2010-2012, we had a happy and enthusiastic group called `Sossun naiset ja mies´ including dental public health specialist education students, PhD-students added by the professor Liisa Suominen and adjunct professor Kaisu Pienihäkkinen. It has been a real pleasure to get to know you all, work with you and being friends with you after those years.

This thesis project began in May 2012 when I had the first meeting with both the professors Liisa Suominen and Johanna Lammintakanen. I wish to express my deepest gratitude to you both. I am really fortunate and I feel very privileged for having you both as my supervisors. You have given me your time in your full schedules, guided me, asked me good questions and given me a great example.

At first, I used evenings, weekends and holidays for the studying and in the autumn of 2014 I got the opportunity to begin to work as a full-time university teacher at UEF. I thank all the nice people at the Institute of Dentistry. It is very pleasant to work with you all.
I thank from the bottom of my hearth all the study participants in my three data collections: dentists in the Special competence for dental leadership education in 2013, former and current dentist leaders in 2014 and dentists in higher leadership positions in 2016. I am grateful to you for your participance, your time and making this thesis happen.
I also warmly thank Riitta Myllykangas and Perttu Suhonen for their help with statistical and figure creating problems during this thesis study as well as Airi and Ewen MacDonald, Gerald Netto and Semantix Oy for the translations and the revision of the language in my thesis.
I express my warm gratitude to the official reviewers of my thesis, Professors Kenneth Eaton and Minna Kaila for their constructive comments and valuable suggestions to improve the quality of my thesis.
I express my sincere gratitude to Emeritus Professor Eino Honkala for accepting the invitation to be my official opponent in the public defence of my thesis.
In appreciation of the financial support for this work, I thank Finnish Dental Association, Apollonia. Finnish Dental Society and Finnish Consulting Group I thank for the help in contacting study participants and arranging data collection possibility.
My dear friends to whom I am grateful and whom I am happy to know, I owe you so much. I thank you from the bottom of my hearth for not forgetting me during my silent times (even years), for long phone discussions during my car driving around Finland, for giving me company for walks, taking care of my dogs, being company while training dogs and going hunting as well as helping me to live in a house among many other things. Friends and flatcoated retrievers are the best things one can have.
And finally, I am grateful to my parents, to my father who passed away in 2014 and my mother at the age of 85 years now, that they have let me to do my own choices and do all things I wanted even when I was a young girl. They trusted that I do the right things.

Many times, I have thought that the journey is important not only the goal or destination. It is important to enjoy the life just here and today and not looking forward to the future like waiting that it would offer something better.
I have enjoyed my career path, maybe I should have moved and changed by career stages more quickly, but I wonder if I would have been ready for more speedy changes. Now I am happy where I am.

Kuopio May 2018

Tiina Tuononen

List of the original publications

This dissertation is based on the following original publications:

I Tuononen T, Suominen AL, Lammintakanen J. Factors associated with staying or leaving a dentist leader's position - a qualitative study. *BMC Oral Health 16:50, 2016.*

II Tuononen T, Lammintakanen J, Suominen AL. Career anchors of dentist leaders. *Acta Odontologica Scandinavica 74: 487-493, 2016.*

III Tuononen T, Lammintakanen J, Suominen AL. Factors supporting dentist leaders´ retention in leadership. *Community Dental Health 34: 196–202, 2017.*

IV Tuononen T, Suominen AL, Lammintakanen J. Career path from a dentist to a leader. *Leadership in Health Services. EarlyCite 13th March 2018. https://doi.org/10.1108/LHS-08-2017-0051*

Additional results are included.

The publications were adapted with the permission of the copyright owners and they are referred to in the text by Study I, Study II, Study III and Study IV.

Contents

Tables and figures

1 Introduction

Several different definitions on the leadership and management, as well as on leader and manager, could be found (Bolden et al., 2011). Bolden et al. (2011) described that the purpose of leadership is to mobilize people to work together in pursuit of a shared enterprise. While describing leadership, Bolden et al. (2011) contrasted it with `management' and concluded that these two concepts are highly interdependent. Therefore, they stated that it is meaningless to separate them concerning leadership within organizations. A similar description was put forth by Vuori (2005), especially concerning health care organizations. Regarding the leader–manager distinction, Bolden et al. (2011) stated that they are not separate practices, but an integral part of the same job. Health care organizations have varied functional elements which could form a challenge to those in leadership positions (Vuori, 2005). Rissanen and Hujala (2011) referred to Luther Gulick´s (1937) POSDCORB as one early but often used definition of tasks included in leaders' work; these were planning, organizing, staffing, directing, co-ordinating, reporting and budgeting. These tasks can still be considered as core leadership tasks, though their content has varied throughout the time. Based on these aspects, which I accept and find appropriate in the health care field I am familiar with, this thesis uses the words leader and leadership mostly as general descriptions of leader/manager and leadership/management, respectively.

Health care leaders have essential roles in operating with everyday functions in their organizations, for example, tasks in human resource management (staffing by Gulick, 1937), financial (budgeting by Gulick, 1937) and development (planning and co-ordinating by Gulick, 1937) responsibilities. One important task today is cooperation with other social and health care units. Leaders´ contributions are especially important during organizational reforms and structural changes (Degeling & Carr, 2004; Lammintakanen et al., 2016). In Finland, several reforms in health care have been conducted during recent decades and this tendency seems to continue in Finland like in many other Western countries. The upcoming (2020) major `Regional government, health and social services reform´ (alueuudistus.fi) in Finland will impact the structures of social and health care. Large health care reforms impact all workers in organizations, and especially the work of leaders, while they have strong and demanding roles being in charge of reform implementation. It would be important to have motivated and capable people in leadership positions in health care, including oral health care, and give leaders appropriate opportunities to do their leadership work.

The dentist profession is at the same time both an academic and a hands-on profession in which social skills are important and it is often chosen based on these diverse characteristics. Besides clinical work, leadership could be valued as an integral part of a dentist´s everyday work while they lead patient care episodes and dental care teams, in addition to simultaneously being a member of dental teams led by their superiors. The term `dentist leader´ is used here as a general term which refers to dentists whose work could include managing and leading other dentists and other dental staff both clinically and administratively, being in charge and being responsible for the finance and development tasks of their oral health care units and in addition, the co-operating with other social and health care and education units in regard to the patient care and health promotion. The role of a dentist leader varies on different levels and in different sized oral health care units or organizations. Some dentists find leadership interesting and meaningful; some are unwilling or even forced to accept leadership posts. Those who find leadership and management interesting could continue to be dentist leaders (dentists-in-charge, chief dental officers, oral health care service managers) or even executive positions outside health care. Leadership is one potential career choice for a dentist in addition to clinical or research career choices.

Finland has about 4 400 working-age dentists (Finnish Dental Association, 2017a). About one fifth of them informed that they had dentist subordinates (Labour market survey, 2017). In 2017 about 7% of all dentists were estimated to work as dentist leaders in the highest dental officer posts in their organizations. However, the average age of the dentist leader profession is rapidly increasing; Alestalo (2015) found that the percentage of dental chief officers older than 50 years grew from 50% in 2003 to 71% in 2011. Dental leadership should gain new generations of dentist leaders. It would be important and advantageous to raise interest in leadership already during dentist degree studies (Victoroff, Schneider & Perry, 2008; Morison & McMullan, 2013) and through that find suitable and motivated new leaders for the future.

Research in health care leadership is quite extensive however, it is often approached from separate professions perspectives. Traditionally, medical leadership research has been mainly focused on subjects concerning the clinical field. Some studies concerning career development of physicians (e.g. Heikkilä, 2016) and physician leaders´careers can be found, but studies concentrating on the leadership or career development of dentists or dentist leaders in Finland (e.g. Kottonen, 2009; Alestalo & Widström, 2011b) and internationally (Marks & Mertz, 2012; Forest, Taichman & Inglehart, 2013; Morison & McMullan, 2013; Willcocks, 2016) are few. Similarly, the studies of the personal factors associated with dentists´ career decisions according to leadership are scarce (Morison & McMullan, 2013).

In this thesis, dentists were studied at different stages of their leadership careers: dentists who currently or recently took part in a dental leadership course at the early stage of their dentist leader careers, those who currently worked as dentist leaders or had recently left their dentist leader posts and those dentists who had continued their leadership careers in different organizations.

This thesis was aimed to produce information for organizations, policy-makers and to leaders themselves in order to support the work of current leaders, but also for education and career planning of current and future leaders. The areas of special focus in this thesis, approached from career development perpective, include factors supporting retention in leadership work and those causing dentists to leave their leadership work, and further, motives to leave dentistry and move on to higher leadership or executive positions.

2 Literature review

The primary interest and main focus of this thesis was on career development, within which intrinsic factors are connected, associated and impact individual decisions in dentists' leadership careers. Career development theory by Edgar H. Schein, and the career anchor concept created by him, are used here to describe important intrinsic factors associated with the personal decisions of dentists regarding leadership careers. Career anchors are commonly studied among leaders and managers in other disciplines, but less among health care leaders. Much research has been conducted looking into leadership in health care in general. However, in the field of dentistry only a few career development or leadership studies can be found.

A literature search for the four studies included in this thesis and those finally ending up in this review began in 2013 in a search for studies of dentist leaders and leadership in dentistry; the search further expanded to studies of health care leaders and leadership in health care. I used common data bases in medical and social sciences (e.g. PubMed, Google Scholar, Web of science) and the following search terms: dentist, leader, leadership, career, career choice, career anchor, turnover, retention, career development and career path. The search for references was conducted through snowballing. Due to the scarcity of previous studies on dentist leadership, a systematic literature review was not possible. The main focus was on the personal and individual aspects of working as a leader and having a leadership career and development of this career. Career development theory and career anchors by Edgar H. Schein have been an important study interest.

At the beginning of this literature review, different career development descriptions are introduced (2.1 Career development). Next, the main focus shifts to career development stage descriptions; more specifically, Edgar H. Schein´s career development theory and his concept of career anchors, which were chosen to be used in this study and are introduced in the second paragraph (2.2 Career anchors in career development). Then, the Finnish health care system (2.3 Health care in Finland) and the development and current state of oral health care (2.3.1 Oral health care in Finland) are described to provide an introduction of the environment for the studied dentist profession and its leadership careers. The planned major reform in social and health care in the near future (2020) is also described briefly (2.3.2). For the next, dentist leadership career options are viewed from the beginning stages, and descriptions of the factors associated with retention and intent to leave or even quit leadership positions are introduced (2.4 Leadership as a career for a dentist). Leadership in oral health care in Finland (2.5) is described in the last paragraph of this literature review and is introduced as the context for this study.

2.1 CAREER DEVELOPMENT

A career is often described as a chosen profession or occupation requiring special training. Super (1992) stated that a person could have only one career, but have changes in career direction or career roles. It is also described that an individual could have more than one career and could change one´s careers. This was found, for example, by Fahey and Myrtle (2001): they described a career change as a movement to another occupation with the changed demands of the work and diverse circumstances.

Career development could be described in different ways, such as career stages, roles, phases, patterns or concepts. Super (1992) and Schein (1993) described career stages

modelling a lifetime from childhood to old age. Super (1992) divided occupational careers into five stages: growth (about 0–14 years), exploration (about 14–25 years), establishment (about 25–45 years), maintenance (about 45–65 years) and old age. Schein (1993) described 10 stages from the first stage being growth, fantasy and exploration to the final stage 10, which was retirement (Figure 1). These stages, referred to by Schein as `meaningful units´, could differ in length of time individually and depending on the profession chosen. Stages 3–8 seemed to cover the core of the work career. These are relevant in the terms of leadership career and are the focus in this thesis. Stage three described the starting at work after studies and finding out step by step one´s professional self-image. Stage four included personal learning and the length of this stage depended on responsibility of the chosen profession; it included the first real choices of staying in or leaving a profession or organization. In stage five, the meaningful professional self-image emerged including the knowledge gained of one´s talents, strengths and weaknesses. The sixth stage described the tenure decision situation by an individual and organization. Stage seven was referred to as `Midcareer crisis and reassessment´ and during this stage most people wonder if they have chosen the right careers, have they reached their targets and what the future will offer them. In the eighth stage, decisions are made about the remainder of one's career; some reach toward higher positions, some aim to balance work and family life (Figure 1).

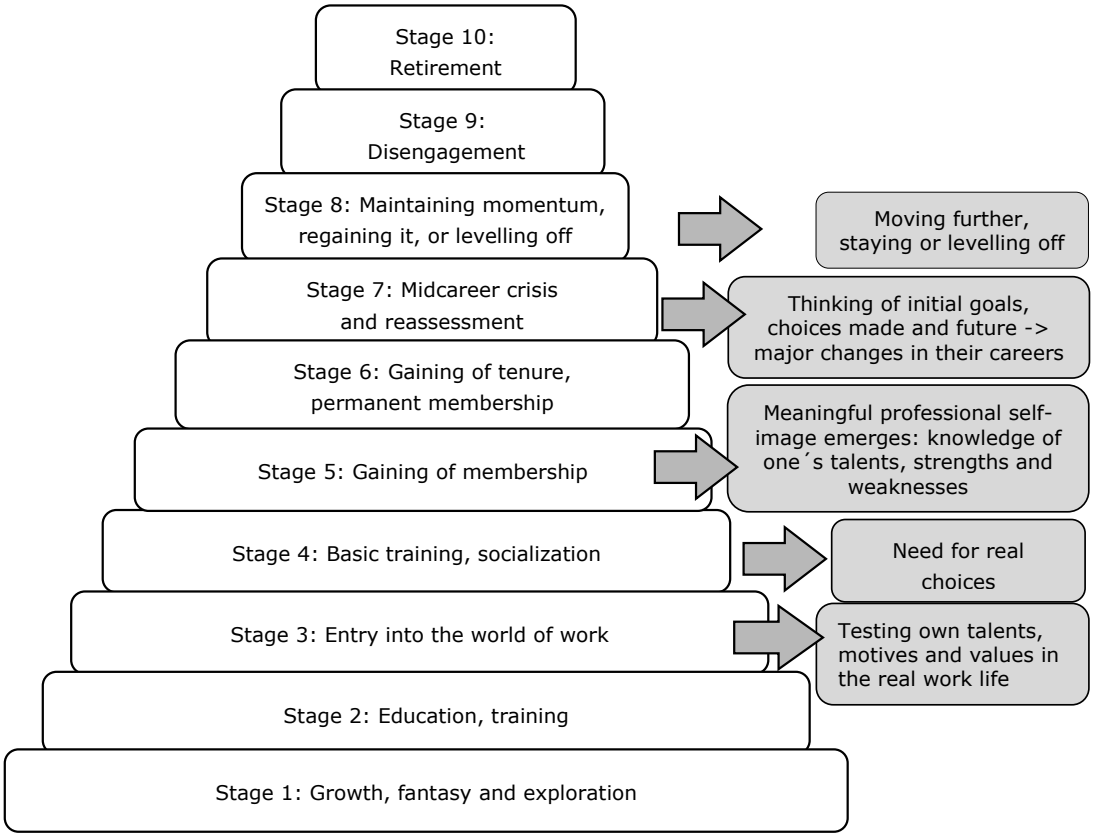

Figure 1: Major Stages of the Career (Schein, 1993: p.13). Text in the boxes on the right describe work career choices during active work as described by Schein (1993).

While the career stages of Super (1992) and Schein (1993) concern an entire life, the next descriptions of career roles, phases, patterns or concepts concern the occupational part of one´s life. Hoekstra (2010) introduced six career roles to describe the individual career development and named them as maker, expert, presenter, guide, director and inspirator. Evans (1998) studied career development management and described a career in three phases: exploration, establishment and mid-late career. Similarly, Spehar, Frich and Kjekshus (2012) described three phases in their study on the health care clinicians' managerial career development: first the development of leadership awareness, then taking on a manager role and third, the experience of entering management. Fahey and Myrtle (2001) found four career development patterns among health care leaders: 1) the traditional career without seeking a career change, 2) a career with a single career change, 3) career with multiple career changes, and 4) career with multiple changes back and forth between different health care sectors. Brousseau et al. (1996) described four career concepts: linear, expert, spiral and transitory careers; the linear career described having vertical career movements, the expert career described having commitment to one occupation or specialty throughout a career, the spiral career described having major periodic movements between different occupations or industries, and the fourth, the transitory career described having shorter episodes of movements to multiple different jobs and organizations.

A career path could be one description of career development. A career path represents a personal journey through different career stages including several choice and decision moments or situations and even career changes. Schein (1993) wrote that career paths could be described as multifaceted movements in the horizontal, lateral or vertical directions; other researchers described vertical and horizontal developments (Fahey & Myrtle, 2001; Myrtle et al., 2008; Ham et al., 2011).

Career development theory by Edgar H. Schein, and especially his career anchor concept, were chosen to have a focal role in this thesis in estimating participants´ individual career choices (Schein, 1978; 1987; 1993). At an early stage of my familiarization in leadership and career studies, I found Edgar H. Schein. I used the career orientation inventory questionnaire (description in the next paragraph and in the methods section) for myself and some of my dentist leader colleagues and we found it applies well to us. Schein's career development theory and the career anchor concept were very suitable for fulfilling my original aim and gave more views concerning individual´s aspects in leadership, while it concentrated on an individual as a leader and in connection with his or her organization, not that much on leadership in general. It is also a validated method used previously in many countries and among various people in different positions (Schein & Van Maanen, 2016).

2.2 CAREER ANCHORS IN CAREER DEVELOPMENT

Schein (1978; 1987; 1993) studied career development in leadership and management; the career anchor concept was created for people in different positions to help them to identify their professional self-image and to think about how their values relate to their career choices. Schein divided an individual career into an internal and an external career. The internal career was described as a development of one´s working life over time and how it was perceived by that person; the external career described those actual steps needed to progress through an occupation (Schein, 1993). Both internal and external aspects are studied in this thesis.

Schein described in 1975 (Schein, 1975) that individuals had `certain motivational-attitudinal value syndromes´ formed in early stages of life (Figure 1, Stage 1) that would probably have an influence on their entire careers. Schein (1993) described that when a

personal career evolved and both work and life experience increased, a person developed a professional self-image (Stage 3–5) that included multiple aspects such as the talents, motives and values of a person. Schein (1993) stated that prior to getting work experience it would be difficult to imagine what is needed in leadership work; understanding which skills and abilities are important. Before real experience, it would be difficult for a person to know if she or he is capable of that kind of work, or if that work would be likable. A person with work experience would be more aware of his or her personal talents, motives and values and would be more prepared to make choices and get knowledge about things which were really important (Schein, 1993). When people were in the situations making, or even forced to make, difficult choices, they found things in their lives which they were not willing to give up (Stage 7–8). This was how Schein (1993) described a personal career anchor developed for guiding, constraining, stabilizing and integrating individual careers.

The creation, updating and critics of career anchors

Schein´s career anchor concept was initially based on a longitudinal interview study which began in 1961 and continued until 1973. The interview format in the beginning was essentially the same as the one Schein introduced in 1993 (Schein, 1993). Schein first identified five career anchors (Schein, 1978) and later three more totalling eight altogether (Schein, 1993; Table 1). DeLong (1982) suggested three new career variables in addition to the original five anchors: Service and Variety, and then Identity, which seemed not to become a new anchor among those final eight (Table 1). DeLong (1982) divided the Security anchor into two parts: first in staying in the same organization and second remaining in the same geographical area. Eight final career anchor types described by Schein (1993) were developed during the original longitudinal study and hundreds of career history interviews which were conducted for people working on many different career stages (Schein, 1993). The number of career anchors have been equal until the present (Schein & Van Maanen, 2016). However, some other anchors have been introduced, such as the Internationalism anchor among leaders having global careers (Suutari & Taka, 2004). Danziger, Rachman-Moore and Valency (2008) described a distinction between entrepreneurship and creativity in the Entrepreneurial creativity anchor, and Baruch (2004) suggested two new anchors for the 21st century: Employability and Spiritual purpose anchors. In this current thesis, the original eight career anchors by Schein (1993) were used.

Table 1. Career anchors by Schein (rapidbi.com, 2016).

Career anchor category	**Traits**
Technical/functional competence	This kind of person likes being good at something and will work to become a guru or expert. They like to be challenged and then use their skills to meet the challenge, doing the job properly and better than almost anyone else.
General managerial competence	These people want to be managers. They like problem-solving and dealing with other people. They thrive on responsibility. To be successful, they also need emotional competence.
Autonomy/independence	These people have a primary need to work under their own rules and 'steam'. They avoid standards and prefer to work alone.
Security/stability	These people seek stability and continuity as a primary factor of their lives. They avoid risk and are generally 'lifers' in their job.
Entrepreneurial creativity	These people like to invent things, be creative and most of all to run their own businesses. They differ from those who seek autonomy in that they will share the workload. They find ownership very important. They get easily bored. Wealth, for them, is a sign of success.
Service/dedication to a cause	Service-orientated people are driven more by how they can help other people than by using their talents. They may work in public services or in areas such as human resources.
Pure challenge	People driven by challenge seek constant stimulation and difficult problems that they can tackle. Such people will change jobs when the current one gets boring, and their career can be varied.
Lifestyle	Those who are focused first on lifestyle look at their whole pattern of living. Rather than balance work and life, they are more likely to integrate the two. They may even take long periods of time off work in which to indulge in passions such as travelling.

Schein (1978; 1993) and Schein & Van Maanen (2016) stated that a person had one main career anchor and even when two anchors´ scores were similar or close to similar, the interview part would expose the most important one. The justification for eight different anchors described by Schein, and if one person could have two similarly important career anchors, are discussed by several researchers (Feltman & Bolino, 1996; Yarnall, 1998; Danzinger, Rachman-Moore & Valency, 2008; Barclay, Chapman & Brown, 2013). Feltman and Bolino (1996) stated that people could have multiple important career anchors while career anchors could be distributed into three different categories: anchors which were `talent-based´ (Technical/functional competence, General managerial competence and Entrepreneurial creativity), `needs-based´ (Security/stability, Autonomy/independence and Lifestyle) and `value-based´ (Service/dedication to a cause and Pure challenge) and a person could have one important anchor from two or even three of these categories. Danzinger, Rachman-Moore and Valency (2008) used the original career orientation inventory in their study, but suggested division of Entrepreneurial creativity anchor and need for rephrasing the statements and maybe adding some new ones. Yarnall (1998) studied career anchor scores of 374 employees (22% females) who worked at different grades within a service organization in the UK. She found that there was no significant relationship between the career anchors and participants´ age, gender or length of service. Only the grade of the worker had this: participants with higher grades were anchored to General managerial competence and lower grades to Security/stability; in the other anchors, there were no differences found between grades. She also found links between primary and secondary important anchors, for example between Technical/functional competence and Pure challenge.

Schein focused in many of his research projects on career development and career planning related to both individuals and organizations and especially their compatibility (e.g. Schein 1978; 1987; Schein & Van Maanen, 2016). Schein wrote in 1978 that the career development perspective focused on interaction of an individual and an organization and tied those together (Figure 2). Schein described in this figure the whole process of human resource planning in a chronological model and suggested that a optimally functioning matching process could be beneficial to both the individual and the organization. He emphasized the importance of organizations knowing their chief executives' motivational `drives and needs´. In addition, organizations should also help their executives to get to know their own anchors and develop different kinds of leadership paths to be able to benefit their leaders with different talents (Schein 1993).

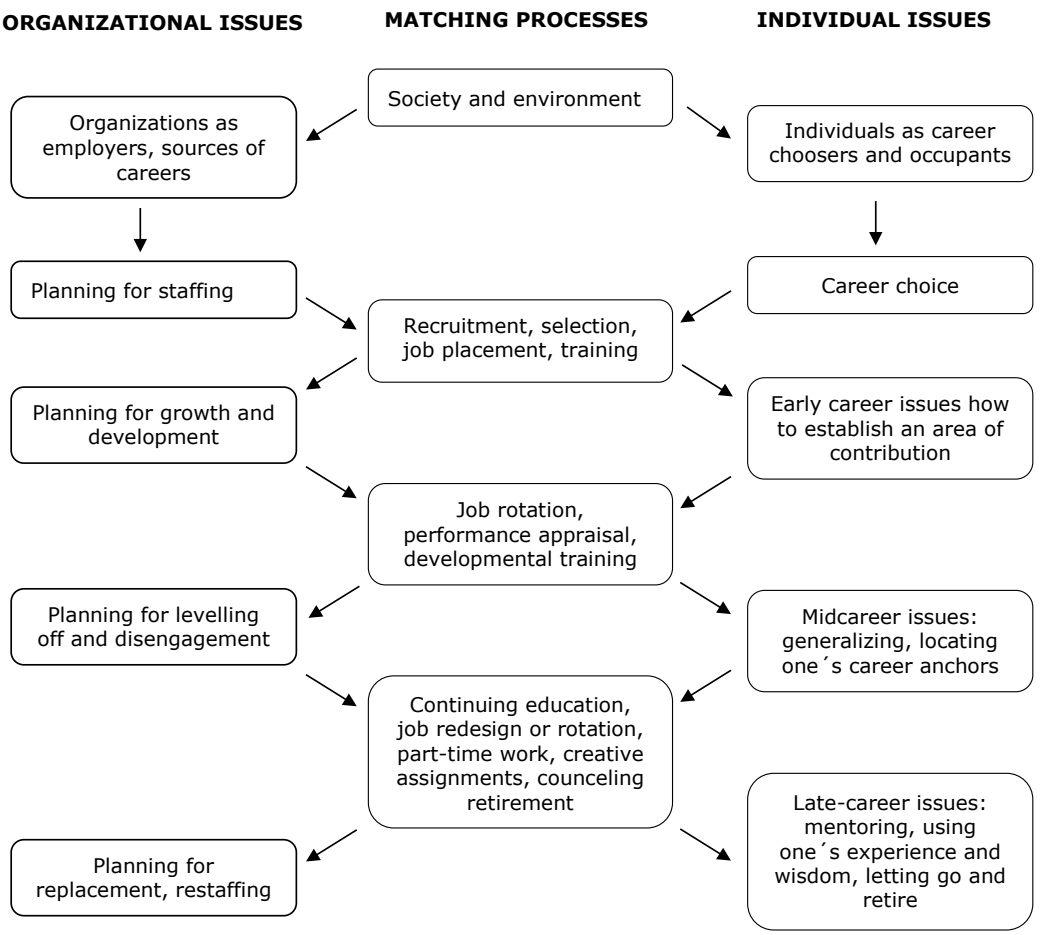

Figure 2. Human Resources Planning and Development: A temporal development model (Schein, 1978: p.4).

2.3 HEALTH CARE IN FINLAND

The Finnish welfare state is characterized by a universal right to social welfare and health care services. Primary health care is provided by local authorities, municipalities, which are responsible for organizing social welfare and health care. They can provide basic health care services alone, or with other municipalities. Health care services can also be purchased from other municipalities, organizations or private service providers. All municipalities are required by law to be a member of a joint municipal authority administering a hospital district which organizes specialized medical care. Some specialized medical care services are organized on the basis of special responsibility areas of university hospitals. (Ministry of Social Affairs and Health; Local Finland, 2018).

In practice in Finland public funding is given to three different health care systems: municipal health care, private health care and occupational health care (Figure 3).

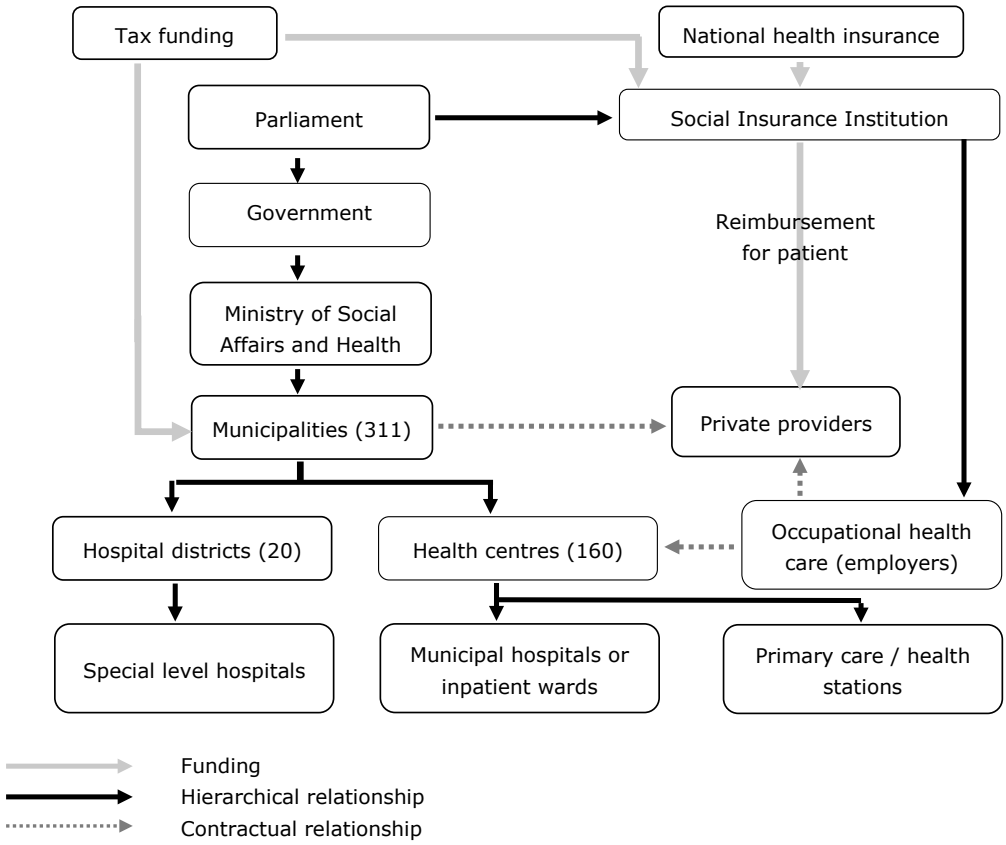

Figure 3. Overview of Finnish health care organization and funding (Heikkilä, 2016).

Public health care services are supplemented by private services. Private service providers, such as companies, associations and foundations, produce different health care services either to municipalities, joint municipal authorities or directly to clients / patients. The most common of these are physiotherapy services, doctor and dentist appointments and occupational health care. The number of private health service companies and associations has continually increased throughout the 2000s. Private service providers produce about a quarter of all social and health services in Finland (Ministry of Social Affairs and Health).

2.3.1 Oral health care in Finland

Even though oral health care is an essential part of health care it is a relatively low priority in many countries (Eaton 2012) and oral health care has developed apart from other health care. It seemed also that while oral health care has functioned apart from other health care, it has not met interest among those who plan future procedures (Eaton 2012). Eaton (2012) wondered why and gave some answers. First, he described that dental education in North America and North-West Europe has been mainly separated from that of physicians for a long time even though preclinical dental education is mostly medical studies. For the second reason, Eaton (2012) gave the isolation of dental practices from other health care. In Finland, public oral health care units have mostly been situated in municipal health care centres, but private dental practices have traditionally been small and independent, consisting of one or a few self-employed dentists´ units outside other health care. However, the tendency toward bigger oral health care practices is obvious while preparing for the future, for example for the regional government, health and social services reform (alueuudistus.fi). For a third reason, Eaton (2012) described that dental public health in Europe has a low status in comparison to public health and for example, only three countries were offering specialist education in this subject: Finland, Bulgaria and the United Kingdom.

Oral health care arrangements were found to be quite different in different parts of the extended European Union (Widström & Eaton, 2004). In Finland, the dentist work force is quite evenly divided between private and public sectors. Public services can be found in all parts of the country; private practices are mostly located in bigger municipalities and towns. Public dental services are arranged by the municipalities themselves, joint municipal authorities with other municipalities or by using outsourcing services. Public services are available for all citizens and funded by taxes and patient fees. The Social Insurance Institute provides reimbursement of patient fees for basic treatments in private dental care. The level of reimbursement has gone down during recent years.

During the last six decades in Finland, public dental care services have developed quite significantly due to legislation. At first, public dental care services were offered to primary school children (Finlex 297/1956). The Health Insurance Act was enacted in 1963 (Finlex 364/1963) and was the beginning of reimbursement for dental treatments while connected to the care of general illness. In 1972, the Primary Health Care Act (Finlex 66/1972) required municipalities to organize public health care including oral health care. Public dental care was free for inhabitants under the age of 17. In 1986 began the gradual expansion of access to public oral health care services, and at the same time began reimbursement of fees for private dental care for basic treatments from the Social Insurance Institution. In 2002, when the Dental Care Reform based on the Primary Health Care Act (Finlex 1219/2000) was enacted, the age limits were removed from public dental services and the reimbursement of private dental care became available to all citizens. The next change in public dental care came into force in 2005. It was called `Uniform criteria for access to non-emergency treatment´ and concerned the maximum times to arrange treatment in health care (Finlex 855–858/2004, Decree 1019/2004, Government Bill 77/2004). New and major regional government, health and social services reform (alueuudistus.fi) will be enacted in the future, estimated to come into force in 2020.

2.3.2 Regional government, health and social services reform

The Finnish health care sector will face a major reform in the near future called `the regional government, health and social services reform´ (alueuudistus.fi), which is in the preparation stages at the time this thesis is written. The date for implementation is planned to be in 2020 (oral health care in 2022). Regional government reform is targeting to harmonize the state regional administration with county government administration and to rationalize the organization of public-sector administration at the state, regional and municipal levels (alueuudistus.fi).

Health and social services reform will transfer the responsibility for organizing health and social services to 18 new counties. This reform will impact many issues concerning, for example, citizens (freedom of choice – the right to choose for themselves where to get health and social services) and it will change the earlier structures of organizing social and health care, for example, taxation will be reformed (alueuudistus.fi; Terveyden ja hyvinvoinnin laitos).

In oral health care, this reform is planned to be put into action at the beginning of 2022 and it will give citizens the freedom to choose between public dental clinics, which are funded by the county, and private dental clinics. These clinics will offer basic-level treatments and client fees are planned to be similar. The specialized oral healthcare services and demanding specialized treatment will be arranged by public oral health services units and hospitals (i.e. county enterprises) or these county enterprises can also grant service vouchers to their clients. Clients can then choose which service provider they will use (alueuudistus.fi).

2.4 LEADERSHIP AS A CAREER FOR A DENTIST

2.4.1 Becoming a dentist leader

Typically, it seems that health care leaders have a professional background as, for example, physician, nurse, physiotherapist or dentist (Boucher, 2005; Virtanen, 2010; Von Knorring, De Rijk & Alexanderson, 2010; Ham et al., 2011; Spehar, Frich & Kjekshus 2012; Careau et al., 2014; Savage et al., 2017). Leadership roles in health care are described to vary among different professions, while education on different professions give professionals unique models of leadership (Pihlainen, Kivinen, & Lammintakanen, 2016).

Several intrinsic factors were found to motivate health care professionals to become leaders, as is described in this paragraph. Some health care professionals described having always been interested in taking responsibility for matters; some were seeking new challenges, wishing or enjoying controlling their working environment and having possibilities to influence decisions and outcomes (Spehar, Frich & Kjekshus, 2012). Some described that in a leader position they could promote their professional interests, or while working in a managerial position longer they found that to be as, or even more important than, their earlier professional work (Spehar, Frich & Kjekshus, 2012; Boucher, 2005; Nordstrand Berg & Byrkjeflot, 2014). Some health care professionals have described that their will to protect their own profession or to prevent the post from going to someone not wanted, were reasons to take a leadership post (Spehar, Frich & Kjekshus, 2012; Nordstrand Berg & Byrkjeflot, 2014; Savage et al., 2017). Some health care professionals had sought leadership tasks early in their careers and some of them had described not being interested in clinical work and found it boring. Likewise, some participants had intentionally started in a leader position in order to find out if they would enjoy it (Boucher, 2005). One way to find newcomers for leadership positions could be mentoring or succession planning: current leaders could supervise and mentor those professionals who are interested in taking a leader post in the future when an opportunity arises (Snell, Briscoe & Dickson, 2012; Cox, 2016). In the Snell, Briscoe and Dickson (2011) study, all physician leader respondents described that their leadership activities originated from their own choices. Loh et al. (2016) found that while some physicians had begun to work as leaders, their colleagues had described this like moving to the `dark side´ while they thought that this would change their role from a good willing professional to a harder administrative person.

On the contrary, some Finnish studies and one Swedish study have showed that often working in a physician or dentist leadership position began by drift, by request or by requirement or even by a direct order; less often planned or by their own accord (Hermanson, 1989; Tuomiranta, 2002; Virtanen, 2010; Alestalo, 2015; Savage et al., 2017). Alestalo (2015) described that only about a third of the respondents in her studies in 2003 and 2011, had

applied for dentist leader posts; the rest were requested or required to begin to work in the leadership position; for example, they were only conceivable candidates for the jobs. Similar results were found in international studies. Some health care professionals had started their leadership careers by being informally persuaded by the earlier position holder. They were required to start in a leader post while they had suitable education or there was no other conceivable person for the job (Spehar, Frich & Kjekshus, 2012). Boucher's (2005) study found that some participants had started their leadership career without their own accord or while not being very interested: they began leader positions by surprise appointment or accidentally being dropped into a leader position or as a result of circumstances.

2.4.2 Retention and turnover factors in dentist leaders' work

Factors mentioned supporting retention among dentists and dentist leaders were professional satisfaction, respect and sufficient time for professional duties (Bolin & Shulman, 2005; Gilmour et al., 2005). Adequate time for leadership seemed to be more important than salary (Bolin & Shulman, 2005). Alestalo (2015) found in her study that dentist leaders were more satisfied in their leadership posts when they had started their leadership careers on their own accord, had proper education for leadership and worked in bigger organizations. Hakanen and Seppälä (2015) showed that dentist leaders viewed their job resources more positively and job demands less negatively compared to dentists, although the number of professional tasks and fewer possibilities to integrate work and family life were viewed more negatively by dentist leaders. Alestalo (2015) described that dentist leaders found their work mentally rewarding. In a Swedish study of the structural reform of public dental services in Sweden was found that dentists in managerial positions were more involved, more satisfied with the reform process and its timing than other dentists (Gustafsson & Östberg, 2017).

Retention factors in health care leader work do not all need to be positive. Boucher (2015) described a group of health care leaders referred to as `Stuck managers´. These leaders found that they had to go on in their current leadership posts while they, for example, found that they were that aged, had grown apart from the clinical profession, their living environment gave no other opportunities or because of social pressure; in addition, many of them described the salary as one reason why they could not quit.

Important factors for supporting intent to turnover among dentists and dentist leaders have been lack of time for professional tasks, job stress and lack of the sufficient salary for the high level of responsibility associated with their work (Gilmour et al., 2005; Hopcraft et al., 2009; Hosanguan, 2012; Alestalo, 2015). Also, the lack of peer and superior support were mentioned among dentist leaders (Alestalo & Widström, 2011a). Work time available for leadership tasks seemed to differ in different health care organizations and related to the level of a leadership post (Tarvainen et al., 2005). In smaller oral health care units, many dentist leaders mostly do clinical work. In the study by Alestalo (2015), 17% of dentist leaders in Finland had no clinical duties. Wilkes and Bartley (2010) found in their study that the main reason among their respondents to leave a health care organization was lack of opportunities for career development, which was shown to be more important than the pay.

Turnover could also happen for positive reasons. Health care leaders could benefit from different leadership experiences in various organizations and similarly organizations could benefit from more experienced leaders (Myrtle et al., 2008; Chen et al., 2011; Mascia & Piconi, 2013). `Midcareer crisis and reassessment´ was the name of one of the ten major career stages identified by Schein (1993; Figure 1). This was described as being a stage where most individuals go through their careers and estimate their initial choices, their levels of attainment and thoughts about their professional future. At this stage, some decide to make major career changes which they could find to lead to something they had always wanted to do or achieve (Schein 1993).

2.5 LEADERSHIP IN ORAL HEALTH CARE IN FINLAND

The health care act (Finlex 1326/2010; 4§) stipulates that there must be multi-professional expertise to support the quality and safety of health care, the cooperation between different professionals and the development of care and treatment methods. In the same act, 57§ stipulates that every health care unit needs to have a physician-in-charge who is responsible for the leading and supervision of nursing and health care in the functioning unit. The national action programme for primary health care 2008–2011 targeted, as one of the programme goals, to strengthen leadership and increase leadership capacity (Mäntyranta et al., 2012). In order to achieve the targets and to implement the upcoming regional government, health and social services reform in Finland (alueuudistus.fi) a new kind of expertise will be required; the systematic development of skills and leadership from both those in the leadership positions and employees. This reform will require changes in the structures and practices in leadership, although the reform will not succeed only by changing the organizational structures (Lammintakanen et al., 2016).

Chief physicians or physicians-in-charge in health care organizations are mostly the superiors of the oral health care leaders. In the online database of up-to-date legislative and other judicial information of Finland, called Finlex, had no mentions of chief dentists or dentists-in-charge (finlex.fi). Certified dentists are stipulated to be in charge of and responsible for deciding dental inspections, diagnosis and related dental care (Finlex 1994/559; 24§). Every public oral health care unit has a professional-in-charge which traditionally has been a dentist and this situation mostly continues, but nowadays also other oral health care professionals, usually a dental hygienist, could be in a chief or in-charge position. The similar trend could be found, for example, in hospitals, while in addition to physician leaders also nurses or other professions have applied for leadership positions (Spehar, Frich & Kjekshus, 2012; Nordstrand Berg & Byrkjeflot, 2014). Even though private sector dental organizations have grown bigger, in many private sector organizations other professions than dentists, for example physicians or economists, have taken leadership posts.

In Finland dentist leaders are mostly found in the public sector. In smaller organizations in public dental service (PDS), there is one dentist leader (dentist-in-charge) who leads dentists and other oral health care professionals and in larger organizations dentist leader (chief dental officer) also leads dental units´ leaders in addition to other oral health care professionals. In the largest organizations, dentist leaders in the highest oral health care posts are called leading chief dental officers or health care service managers. In some organizations, oral health care leadership is divided between dentist leaders who lead dentists and dental nurses-in-charge who are responsible for other oral health care professionals. Dentist leaders' work includes management of everyday functions, personnel and financial management, development tasks and interaction with other health care units, social care and other sectors, for example, schools. Nowadays health care reforms and organizational changes form a challenge in leaders´ work. Alestalo and Widström (2011a; 2011b) described that dentist leaders could have an influence on items in their practices concerning everyday functions, but their opportunities to influence matters concerning, for example, chosen health policies on their organizations were weak. They further described (2011b) that 59% of dentist leaders in their study identified themselves primarily as leaders and the rest primarily as dentists. Alestalo (2015) found that the age of dentist leaders had risen: the portion of dentist leaders 50 years old or older was 50% in 2003 and over 70% in 2011, and they had an average of 12.5 years of experience working as a dentist leader.

According to Statistics Finland (Central Statistical Office of Finland, 2015) in 2013 there were about 4 400 dentists in Finland. Their mean age was 47.9, 71.3% were women and 6.7% were immigrants. Personnel working in the health care service in 2013 altogether totalled slightly more than 180 000 workers. These were the latest statistics from Statistics Finland, but probably they have not significantly changed in five years 2013-2018. About 20% of the

dentists described having other dentists as subordinates and about 7% worked in highest dentist leader posts in their organizations (Labour market survey, 2017).

Dentist education in Finland is organized in four universities: Helsinki, Oulu, Turku and the University of Eastern Finland (UEF) where dental education takes place in Kuopio. The basic education lasts for 5.5 years (330 European Credit Transfer System (ECTS) credits). In a document by the Association for Dental Education in Europe (ADEE) called `The Graduating European Dentist: A New Undergraduate Curriculum Framework´ (Field, Cowpe & Walmsley, 2017) management and leadership was named as one of the areas of competence under the Domain II: Safe and effective clinical practice. In different universities´ dental education curricula in 2017, these items seemed to be included under different subjects, for example: `Dentists' various roles in work life´ (Turku) and `Introduction to leadership in a multiprofessional work community´ and `Dentist as a leader´ (UEF). These courses are worth two or three ECTS credits.

In Finland, there is very little leadership education during dentist studies, even though, in international studies this education seems to have arisen interest in leadership and increased the knowledge of this subject (Victoroff, Schneider & Perry, 2008; Taichman et al., 2012). In a study by the Finnish Dental Association (2017b), 71% of the young dentist respondents experienced that their dental education did not give them enough general readiness for leadership work. A little more than half of the respondents had similar opinions about their abilities for working as a dental team leader. Opinions of more experienced dentists who had led or guided these younger dentists were similar, but were less negative regarding these abilities: 38% (lack of general readiness for leadership work) and 43% (lack of abilities for working as a dental team leader). However, close to a half of the more experienced dentists found these qualities difficult to estimate (Finnish Dental Association, 2017b).

Even though for the many dentist leader positions no formal leadership education is demanded, leadership education is found to be important in coping and succeeding as well as being satisfied in a dentist leader position (Walsh et al., 2015; Alestalo, 2015; Morison & McMullan, 2013). The proper knowledge of leadership and its importance and characteristics already in the early stages of a dentist career or during dental education, were found to be important to increase early interest in leadership in order to gain a new generation of younger leaders (Victoroff, Schneider & Perry, 2008, Kalendrian et al., 2010; Taichman et al., 2012; Skoulas & Kalendrian, 2012; Morison & McMullan, 2013). Also, several authors who have studied other health care professions, for example physicians and nurses, have stated that leadership education would be important during graduate studies or soon after graduation (Koh & Jakobson, 2010; McCallin & Frankson, 2010; Busari, 2012; Snell, Briscoe & Dickson, 2012; Careau et al., 2014; Bekas, 2014; Brown & Dewing, 2016; Maddalena, 2016; Hargett et al., 2017; Schmidt-Huber, Netzel & Kiesewetter, 2017) as well as among those professionals who have recently started to work in a leader position (Steinhilber & Estrada, 2014; Clausen, Cummings & Dionne, 2017). Llewellyn (2001) described that a new area of expertise, medical management, could be developed.

The main leadership educations targeted to dentists in Finland are the 'Special competence in dental administration' which is organized by the Finnish Dental Association together with the Finnish Consulting Group (n=80 among working-age dentists in 2017) (Finnish Dental Association 2017c), and `Specialist in dental public health' (terveydenhuollon erikoishammaslääkäri), which is post-graduate university degree in management and leadership (n=67 among working-age dentists in 2017) (Finnish Dental Association, 2017c). The specialist education in all other dentist specialties includes 10–30 ECTS of leadership education. In addition to these, plenty of other leadership education opportunities are available to dentists and other health care professionals.

3 Aims of the study

3.1 GENERAL AIM

This work aimed to study factors associated with and impacting dentist leaders' careers with special focus on retention and turnover.

3.2 SPECIFIC AIMS

More specifically, the aims were to study

- The factors associated with starting in, remaining in and turnover of a leadership position (Studies I, II, III and IV)
- Career anchors of dentists in leadership positions and their relevance in this context and in different career stages of dentists (Studies I, II and IV)
- Career path types and career anchors among leaders with a dentist background (Study IV)

4 Subjects and methods

Thesis study participants were deliberately chosen for the study of dentists in different leadership career stages. Some of them did not have leadership experience yet, while the others had worked as leaders in different positions for a long time and some had left their dentist leader posts. The studied dentists were those who recently or currently participated in the leadership education for dentists (Data 1, n=25, Study I), who recently or currently worked as dentist leaders (Data 2, n=156, Studies II and III), and those who currently worked as leaders outside oral health care (Data 3, n=13, Study IV) (Table 2).

In collecting the target groups for the first and third data, the purposive target group sampling was used to select participants. In the second data, which was quantitative, the goal was to reach all dentists who were or had been in the highest dentist leader posts in Finnish dental organizations during the study period.

Multiple methods were used in data collection: a qualitative method in the first (empathy-based stories), quantitative method in the second (questionnaire) and both qualitative and quantitative methods in the third data collection (interview and questionnaire). Also in analyses, both qualitative content analysis and quantitative statistical methods were used.

The summary of subjects and methods is shown in Table 2.

Table 2. Summary of the subjects and methods of the four studies.

Data	**Target group**	**Aim of the study**	**Data collection**	**Data analysis**
1 Spring 2013 (target group and participants n=25) (Study I)	Group of dentists in `Special competence in dental administration´ education	Factors associating with dentist leaders´ likelihood to stay in or leave a leadership position	Qualitative: `Empathy-based stories´	Qualitative: Content analysis
2 Summer 2014 (target group n=309, participants n=156, response rate 50%) (Studies II and III)	Current or former Finnish dentist leaders	II) Dentist leaders' career anchors and their association with retention or turnover	Quantitative: Electronic questionnaire	Statistical methods: Chi square tests, Mann–Whitney U test, Regression analysis
	Current or former Finnish dentist leaders	III) Dentist leaders' time usage and opportunities for leadership and their association with retention or turnover	Quantitative: Electronic questionnaire	Statistical methods: Chi square tests, Main component analysis, Regression analysis
3 Summer 2016 (target group n=15, participants n=13) (Study IV)	Leaders with dentist background working in strategic leadership positions	Leadership career paths and individual factors that influenced their decisions.	Qualitative: Semi-structured interviews Quantitative: electronic questionnaire	Qualitative: Content analysis, Descriptive methods: career anchor score means, proportions of different career anchors among career path types

4.1 SUBJECTS

4.1.1 Dental leadership education course attendees (Study I)

The first data included 25 dentists who had recently participated or were participating in a leadership course called `Special competence in dental administration´ organized by the Finnish Dental Association and the Finnish Consulting Group in April 2013. The study participants were quite experienced as dentists, but had less or no experience in leadership work at all. Most of the respondents were women (88%) and most (80%) were working in public dental services, which corresponded to the distribution of the dentist leaders in Finland. The rest of the participants were working in the private sector (8%) or in both private and public sectors (12%).

4.1.2 Dentist leaders (Studies II and III)

The second data included 156 dentists who were current or former dentist leaders during data collection in spring 2014. The original target group (309) was formed of dentist leaders from public dental service (PDS), the clinics of hospital districts, the Finnish student health service and from private clinics or companies offering outsourced oral health care services (Figure 4). PDS dentists were those who were referred to as dentists-in-charge or chief dental officers in their organizations in 2007 or 2012 in the registers of the Finnish Dental Association. Most dentist leaders work in the PDS, but in order to get a more comprehensive study group also these other organizations were included in the study. The contact information of dentist leaders in those other organizations was collected from Internet pages. Of all respondents 8% were retired and were excluded from two original studies (II, III), but their results are shown as additional results (Results: 5.5: Retiree-group of dentist leaders). Of the final respondents 80% (n=124) were from PDS and 20% (n=32) were from other organizations (Figure 4). The mean age of the study group was 54.2 years (SD 7.1) and 57% were women. Respondents´ mean experience as a dentist was 27.4 years (SD 7.9) and mean leadership experience was 12.9 years (SD 8.6).

The division into current and former dentist leaders was based on a question at the beginning of the data collection questionnaire in 2014. Those who were working as dentist leaders were referred to as current `Leaders´ (78%) and those who had left their leadership posts, but were continuing their career as a dentist, were referred to as `Leavers´ (22%). In the first study (II) based on this data, respondents were studied in two groups, first only those who were working in the PDS and then, all the respondents together. In the second study based on this data (III), all respondents were studied together (Figure 4).

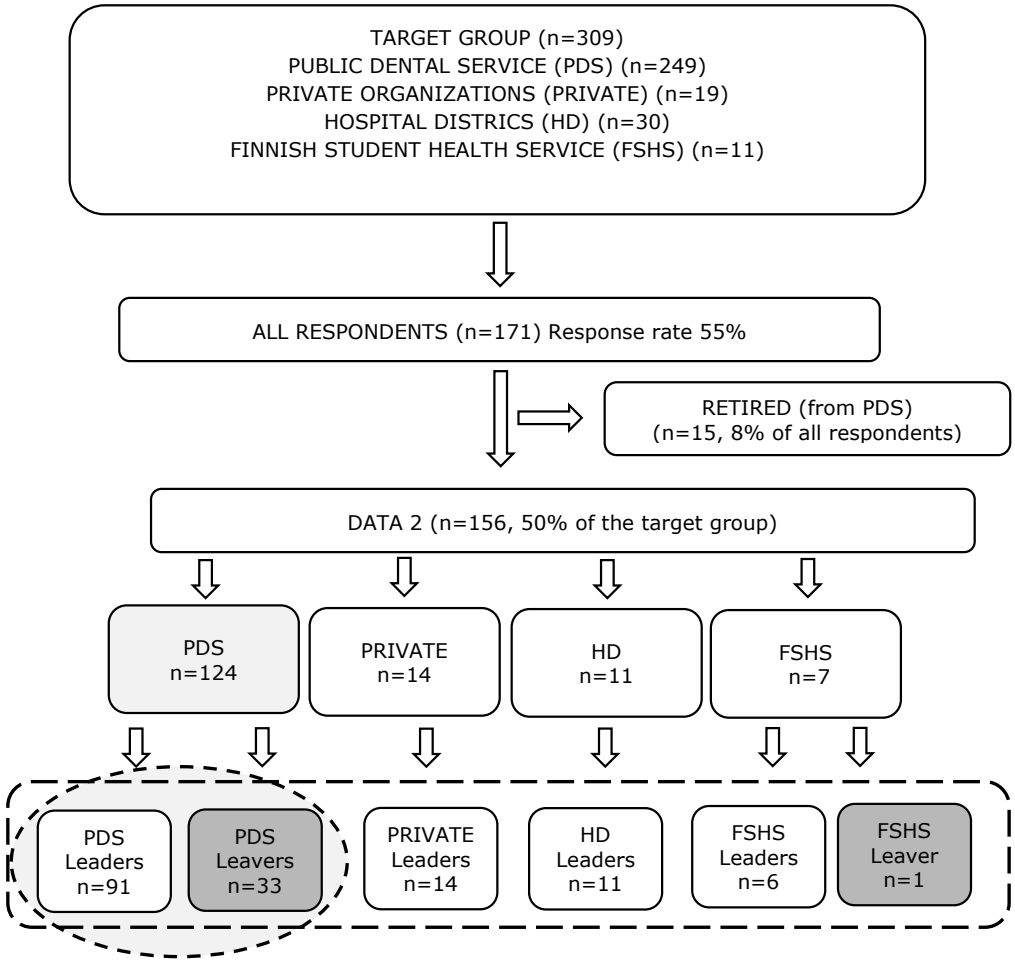

Figure 4. Target group and study participants of Data 2. Distribution of the study participants according to the working place and to Leaders (current leaders 2014) and Leavers (former leaders who have quit their leader position). PDS = public dental service, PRIVATE = private clinics or companies offering outsourcing of oral health care services, HD = clinics of hospital districts, FSHS=Finnish student health service. In Study II, participants from the PDS and all participants were studied separately. In Study III, participants were studied as one group.

4.1.3 Leaders with dentist background (Study IV)

The third data included 13 dentists who were working in strategic leadership positions in different organizations in the health care field but also outside it. Participants were purposefully chosen based on authors´ knowledge of all who would fulfil the following criteria: 1) degree as a dentist, 2) working in strategic leadership position (excluding leadership positions in oral health care), and 3) being of working age in spring 2016. The original target group included 15 participants. Their working organizations and current positions and titles are described in Table 3.

Table 3. Background information of the target group (n=15) (Study IV).

Organization	**Current position / title**
Ministries and other national-level organizations	General director Ministerial counsellor Change manager Senior medical officer
National private health care organizations	General manager Chief business officer
University (regional)	Dean Professor Director of administration
Regional state administrative agencies	Senior medical officer Health care manager
Local health care organizations	Director of (social and) health services industry Health care service manager

After one rejection and while one was not reached during the data collection period, the final study group of 13 participants was formed. The mean age of the participants was 57.3 (SD 6.3) and 47% of them were women. The mean length of participants' leadership careers was 23.2 years (SD 7.9) and dentist clinical careers was 21.0 years (SD 10.7). Most participants had started working in a leader position within 10 years after dentist graduation and at the time of the study had worked in their current posts in local, regional or national public administration or in private organizations on average three years (range 1–9).

4.2 DATA COLLECTION

4.2.1 Empathy-based stories (Study I)

The method of empathy-based stories was used in collecting materials for the first data in spring 2013. This method is also known as passive role-playing (stories) and is a variation of non-active role playing (Ginsburg, 1978; Ginsburg, 1979). This method was originally developed for studies in social psychology (Ginsburg, 1979; Eskola A., 1988; Eskola J., 1997; Eskola J., 1998)) and has been more commonly used in sociology, social psychology, and pedagogy (Eskola A., 1988; Eskola J., 1997; Halttunen & Järvelin 2005; Posti-Ahokas, 2013) but also in studying health care leadership (Hyrkäs, Appelqvist-Schmidlechner & Kivimäki, 2005; Hietamäki, 2013). Study participants write a short imaginary story or an essay after getting instructions and reading the given basis frame story. The essential characteristic in this method is that there are at least two different frame stories, which differ in just one major aspect. Participants are given one of the frame story versions and they write about their own experiences or imagine their future career events.

In this study, frame stories addressed dentist leaders´ positions for five years into the future (2018). Participants were randomly given two different frame story versions. They imagined their future as working as a dentist leader while planning to leave (Leavers) or remain (Stayers) in their current leadership post (Table 4).

Table 4. Two frame stories having different outcomes used in Study I (Translated by Ewen and Airi MacDonald).

Group 1 - Leavers:	You have attended/You are attending the education of the Special competence in dental administration for leading dentists. We would like you to imagine your situation in five years' time – in the year 2018. You are employed in a leadership position in a dental health unit but you are seriously considering resigning from your job. Can you write about the reasons why you have come to this decision? Please tell about the factors that have influenced this decision? How did you end up in this situation? What were your expectations from the position and what did not work out as expected? What do you think that the future from 2018 onwards holds for you?
Group 2 – Stayers:	You have attended/You are attending the education of the Special competence in dental administration for leading dentists. We would like you to imagine your situation in five years' time – in the year 2018. You are employed in a leadership position in a dental health unit and you are really satisfied with your situation. Can you write about the factors which have led to this satisfactory situation? How did you end up in this situation? What were your expectations from the position and what have actually come true? What do you think that the future from 2018 onwards holds for you?

4.2.2 Questionnaire (Studies II and III)

The second data were collected with an electronic questionnaire (Appendix 1) which was sent by email to the study participants in May 2014. The questionnaire was divided in two. The first part included direct, multiple-choice and open-ended questions to collect information about the backgrounds of the participants, their dentist and leadership careers and the circumstances of their leadership work. As background information, the following data were collected: participants´ age, gender, experiences as a dentist and a dentist leader, percentages of clinical and leadership work time, the size of their catchment areas, numbers of dental sub-units and dentist subordinates in their organizations, their leadership education, and the reasons for starting in a leadership position. The first part of the questionnaire was constructed specially for this study and was based on several earlier studies. The questionnaire was pretested on two dentist leaders and modified based on their comments. The second part was the career orientation inventory questionnaire (Schein, 2006); its translation was validated by Ewen and Airi MacDonald. Career anchor results were completed by using the scoring table from the career anchor self-assessment by Edgar Schein (2006). Permission to use the original material was authorized by Global Rights Operation Coordinator, Mr. Brenton R. Campbell, from Wiley, which is the publisher and copyright owner of the book.

4.2.3 Semi-structured interview and a questionnaire (Study IV)

In the third data collection, semi-structured interviews and career orientation inventory questionnaire were used. Interviews were conducted by the author (TT) by using a modified structure of the career anchor interview by Edgar Schein (1993). Interview themes were: dentist career, education, career path to the current situation, factors associated with job and career changes, significance of the dentist background, career goals, and thoughts for their future career (Table 5). Interviews took place during summer 2016, time and site were chosen as was best for the interviewees. Career anchor results were completed by using the electronic career orientation inventory questionnaire and scoring table from the career anchor self-assessment by Edgar Schein (2006) before the individual interview. These career anchor results were discussed at the end the interviews.

Table 5. Interview themes and additional questions of the semi-structured interview (Study IV).

Interview themes	**Additional questions**
Career as a dentist	Jobs, organizations and clinical career
Education/Training	Dentist degree (year), other studies / degrees
Career path to the current situation	Starting and reasons for starting a leadership career
Factors associated with job and career changes	Main factors which influenced choosing/changing jobs
	What jobs have been especially enjoyable? What jobs have you disliked?
Significance of the dentist background	How would you estimate the significance of your dentist background in your current position?
Goals in your career	Wishes, hopes, long-term goals in the beginning of your career path?
	Has your career path progressed as you planned or wished?
	Reasons for leaving dentistry?
Future career plans or wishes	How would you like or how do you think your career will move on from the current situation?

4.3 ANALYSIS

4.3.1 Qualitative methods (Studies I and IV)

Content analysis methods were used to analyse the essays of the first data (Study I) as well as the interviews with the third data participants (Study IV).

The essays of the first data were analysed in two different ways: A) inductively to observe items describing intent to stay or leave factors and B) according to the career anchor theory and the career anchor descriptions (Schein, 1993; 2006) to search for the features of career anchors. Participants were divided in two groups based on the data collecting mode: The Stayers and Leavers. While similar categories of themes (personal, working community and health care sector levels) of intent to stay or intent to leave factors were found in both groups, the study continued searching for group-specific factors and factors common to both groups (Figure 5). The most important career anchors in the groups were chosen according to the number of individual career anchor features found in the essays.

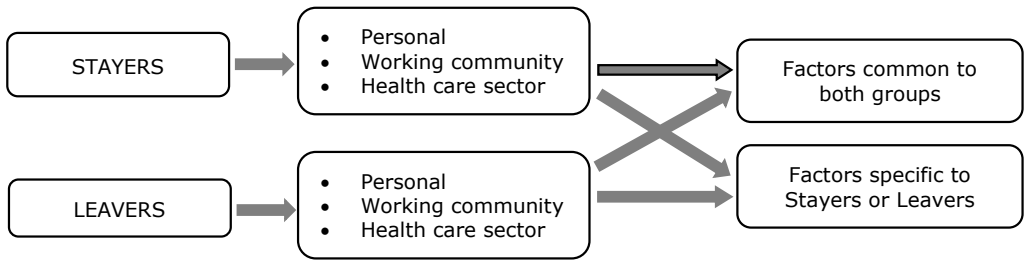

Figure 5. The procedure of the analysis of the first data (Study I).

Interviews with the participants of Study IV were conducted and transcribed by the author. Interviewees were asked to reserve one and a half hours for the interview session. The mean duration of the interview recordings was 33 minutes (range 24–49). The mean word count of the transcriptions was 3500 words (range 2200–5100). To explore the texts thoroughly, they were read through multiple times altogether. At the first stage, transcriptions were read through independently also by the other supervisor (JL) and preliminary analysis was accomplished together. The theory-driven content analysis method was used in the search for items common in several texts. The final career path typing was conducted by evaluating the motives for choosing and changing jobs and the overall development of participants´ leadership careers. Three career path types were identified and different background aspects such as earlier career choices, a career as a dentist and especially career anchors were studied according to career path types in order to study how characteristic these items were to the found career path types or if they were common to different types (Figure 6).

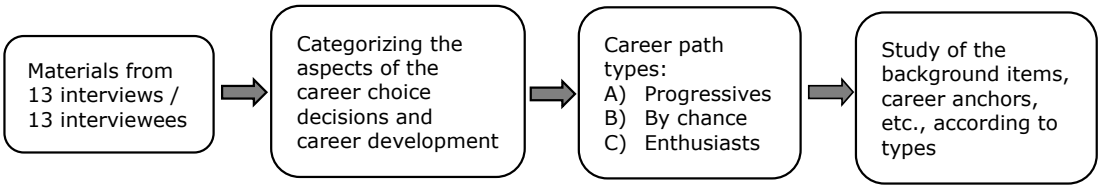

Figure 6. The procedure of the analysis of the third data (Study IV).

4.3.2 Descriptive and statistical methods (Studies II, III and IV)

The responses to the questionnaire of the second data participants were analysed with statistical methods. In both studies (II and III) the association of the background variables with staying in or leaving the leadership position were analysed. In Study II, the main study subject was the career anchors and in Study III, the main study subjects were the work time usage and opportunities for leadership work. In Study IV, means and proportions were used to describe the career anchor questionnaire results (Table 6).

Table 6. Descriptive and statistical methods used in studies II, III and IV.

Study		
II	Means	of the career anchor-scores among all participants, public dental service (PDS) participants, Leader and Leaver groups
	Proportions of occurrence	of different career anchors as being the most important or the least important among all participants, PDS participants and among Leader and Leaver groups
	Pearson Chi square-test	between Leader and Leaver groups among all participants and among PDS participants (background characteristics)
	Pearson correlations	between the potential confounding factors (background characteristics) contributing significantly to staying
	Mann–Whitney U test	to compare the means of the career anchor scores between Leader and Leaver groups
	Regression analysis	multivariate logistic regression analyses to investigate the association between career anchors scores and the likelihood of continuing as a leader
III	Pearson Chi square-test	between Leader and Leaver groups among all participants´ background characteristics
	T-test	of the mean scores of different statements between Leader and Leaver groups
	Pearson correlations	between all potential confounders (background characteristics) contributing significantly to staying
	Principal component analysis and the varimax method	to categorize the statements into five main components
	Multivariate logistic regression analyses	to investigate the association among the main components and the likelihood of staying as a leader
		odds ratios (ORs) for the likelihood for staying of 14 different statements regarding leadership work (work time usage and opportunities for leadership work)
IV	Means	of the career anchor scores among different career path types
	Proportions of occurrence	different career anchors as being the most important or the least important among different career path types

Career orientation inventory questionnaire (Studies II and IV)

The career orientation inventory questionnaire consisted of 40 statements for which respondents were first instructed to choose the following responses on a Likert-like scale: 1=never, 2=seldom, 3=often and 4=always, as the best option for them (Schein 2006). Then, respondents were instructed to choose the five best descriptive statements and give these five extra points. Career anchor scores for the individual anchors of participants were calculated using the career orientation inventory scoring table (Schein 2006) (Studies II and IV). The theoretical range of the career anchor scores was 1–9.

In the second study (Study II), proportions of the occurrence of the different career anchors were calculated among all participants and separately among PDS participants and further separately between Leader- and Leaver-groups. The most- and the least-important career anchors of the participants were selected based on the highest and the lowest career anchor scores. The Mann-Whitney U Test was used to compare the career anchor score means between Leaders and Leavers while career anchor scores were not normally distributed. Association between career anchor scores and likelihood to continue as a leader was investigated with multivariate logistic regression analyses. Participants' age, gender, their

leadership education, time used for leadership and the main reason for starting in a leadership position were used as confounders in the final regression analyses.

In the third data (Study IV), career anchor evaluation was conducted in a way similar to the second study. Then, the means of the career anchor scores were calculated according to three career path types, and further the most- and the least-important career anchors among individual participants and in the different career path types were also calculated.

Time usage and opportunities for managerial work (Study III)

In the third study, 14 statements in the questionnaire described dentist leaders´ time usage and opportunities for leadership work (Table 7). Similar Likert-type answer options were used here than in the career anchor evaluation: never=1, seldom=2, often=3 and always=4, but without adding extra points.

Table 7. The statements in their original order in the questionnaire in Study III (Appendix 2). Translated by Ewen and Airi MacDonald.

1.	I have/have had good possibilities to determine for myself how much time I can devote/would have devoted to leadership tasks
2.	I have / had adequate time to devote to leadership tasks
3.	I am / was able to find a good balance between my clinical duties and leadership tasks
4.	In my organization, it is / was possible to do my work out of the office by telecommuting
5.	I am experiencing / experienced pressure from the upper echelons of the business with respect to my leadership tasks
6.	I am experiencing / experienced pressure from the employees with respect to my leadership tasks
7.	I have / had sufficient time to devote to developing how things are /were done in my work unit
8.	I have / had sufficient opportunities to improve my skills through training and courses
9.	I have / had sufficient opportunities to improve my leadership expertise
10.	I need /needed to take unfinished work to be done when I get / got home
11.	I need /needed to do work in my free time on some occasions but this I assess/assessed as part of my working time
12.	I need /needed to do work in my free time although this is/was not assessed as part of my working time
13.	I intend/had intended to continue working in my present /previous position until the end of my working life
14.	I intend / had intended to leave my present /previous position

Mean scores of different statements of all participants were calculated and then compared between Leaders and Leavers with T-test (*p*-values). Odd ratios for the likelihood of staying in a leader position in regard to these 14 statements were calculated and resulting from this, statements were grouped as supporting retention or influencing turnover. In order to categorize these statements, the principal component analysis and the Varimax method were used and five main components were detected. Finally, the multivariate regression analyses were used to investigate the association between these main components and the likelihood of staying as a leader.

5 Results

The results chapter at first describes the factors associated with becoming a leader, factors related to retention in a leadership position and turnover of a leader position. Then, different career path types found and the career anchors of participants in different leadership career stages will be reported, ending with the results of the retiree-group of dentist leaders in the second data questionnaire.

5.1 FACTORS ASSOCIATED WITH BECOMING A LEADER

There were various career paths and reasons to continue from a dentist to a dentist leader or even further to have chief or executive positions in (social and) health care or in another organization such as universities.

Reasons for starting a leadership career among the first data (Study I) participants differed. Some participants described having not voluntarily taken a leadership post and some other described interest in positions of this kind and found working as a leader as a positive challenge and a good opportunity to supplement or compensate for clinical work. Some of them also described having enthusiasm for leadership. Even though some participants described that they had not initially wanted to be leaders, some of them had found leadership satisfying. Some did not want to be leaders and rather preferred the clinical career.

In the second data (Studies II and III) 63 (40%) of the dentist leader study participants were requested to take a leadership post, 45 (30%) were drifted into the position or they were required or pushed to accept the post. Only 46 (30%) had started their leadership career on their own accord. In the Leaver group, 16 (48%) drifted or were pushed, which was a percentage twice as high as that in the Leader group. Only 6 (18%) of those who had left their leadership position had started their leadership career on their own accord; in the Leader group, this number was 40 (33%).

In the third data (Study IV), of the dentists in the higher leadership positions, the participants described that their leadership careers had begun as requested, guided by their mentors or on their own accord. Most participants described dissatisfaction of having only a clinical dentist career. They preferred different kinds of challenges and at first chose positions as dentist leaders or chose other leadership positions after clinical dentist work. Some participants began their leadership career quite soon after earning a dentist degree. None described that they would have been required or pushed to take any of their posts. Two thirds of the participants had worked as a PDS dentist leader before continuing forward to higher leadership positions. The rest of the participants continued other postgraduate education or worked in a teacher or in researcher positions before entering leader posts.

5.2 FACTORS CONNECTED TO RETENTION AND TURNOVER OF A LEADER POSITION

5.2.1 Factors supporting retention in a leader position

Dentists in the first data (Study I) valued leadership education as a very important factor in determining the intention to take up a leadership post as they thought that leadership education would support work-related well-being. Both the Stayers and Leavers in this study described working as a leader as a positive challenge and a good opportunity to supplement or compensate for clinical work. In both groups participants were found who enjoyed being

in a leader position and wanted to develop their workplace together with other staff members. Important supporting and intent-to-stay factors described by the Stayers were the interest in leadership, having power to impact things and more possibilities to arrange one´s workday as well as a well-functioning working environment.

Among the dentist leaders in the second data (Study III), the significant supporting factors were sufficient time for leadership work and good possibilities to control work time, lower age and intention to stay. Of eight career anchors, only the General managerial competence anchor supported significantly remaining as a leader (Study II). Among dentists in the third data (Study IV) the positive working community, possibilities to have real impact things, having interesting tasks and enjoying power were mentioned as important factors in their current jobs.

5.2.2 Factors influencing turnover from a leader position

In the first data (Study I), participants described several factors to connect with the intention to leave. These were being stressed and lonely in their position without support, having too many tasks to manage during their leadership time and difficulties with the staff or reforms in their working community. Many of those who were in the Leaver group mentioned that they prefer clinical work over leadership.

The second data (Studies II and III) participants, who chose the option to leave the leadership position (Leavers), were asked to describe in open answers the factors associated with their turnover and reasons for quitting their leadership posts. These factors and reasons are shown here as additional results including some citations of the answers in the Table 8. The answers were very similar to those described by the first data participants (Study I).

Table 8. Factors influencing turnover from a leader position described by the Leaver group of Data 2 (Studies II and III) (Translations by Semantix).

Factors influencing turnover	**Quotations from open answers of the Leaver group**
Dissatisfaction with work arrangements, employer support, or the given resources.	*- My previous employer was unable to sufficiently invest in oral health care, which led to a situation where the staff, one after another, started looking for more suitable positions elsewhere.* *- I was caught between a rock and a hard place, too much responsibility with little authority.* *- I became bored and tired with the managerial duties and the role of the director.*
Difficulties with expectations of the subordinates or residents while trying to carry out leadership responsibilities.	*- I attempted to carry out necessary reforms, which were opposed by the rest of the staff and I became exhausted with the stalling of the process...* *- The statutory obligations (care guarantee, etc.) as well as meeting the expectations of the residents were in an insurmountable conflict with the existing mandate and resources that were inadequate for managing the role successfully.*
Organizational changes or reforms and municipal mergers. The public health care sector was changing so rapidly that it became difficult to work there anymore.	*- Our health centre merged with a larger health centre, resulting in changes in my job description and I lost motivation.* *- The municipal field is changing too rapidly; there are no funds to secure the plans; it is impossible to provide high-standard services without the resources.* *- The joint municipal authority (of 3 municipalities) was about to be launched. It is difficult to manage a larger organization, so I was hoping a director would be recruited from outside.*
More interest in clinical than leadership work and decision to return to a purely clinical career.	*- I am a clinician by nature, not an administrative dentist. I requested a transfer to ordinary dentistry on my own initiative.* *- I feel I am more of a clinician than an administrative manager.*
Change to the private sector or beginning to do tasks of other kinds, such as research.	*I have transferred to the private sector from the municipal employer.* *I first moved into research and after that into a different role.* *-I took another role within the social and health care sector and started doing research.*
Individually associated factors, e.g., excessive stress or the lack of proper education.	*- Too much stress: I gave up managerial tasks because of stress symptoms.* *- Without proper orientation and training, the role became too demanding and stressful. The attitude of some colleagues was particularly unpleasant. Without the training, using the necessary authority is impossible.*
The need to balance work and family life. Giving up the leadership role to a younger or more qualified colleague.	*- I was unsuccessful in combining my work and family life.* *- I gave way to younger colleagues.* *- We were able to recruit a qualified candidate for the position of Chief Dentist.*

Among the second data participants, two career anchors seemed to decrease the odds to stay in a dentist leader position: Pure challenge and Lifestyle (Study II). Among the same participants (Study III) it was found that many of those who had the intent to leave their leadership position actually left; however, interestingly only half of Leavers chose the option of having the intent to leave and almost a fifth of Leaders had chosen that.

5.3 LEADERSHIP CAREER PATH TYPES

While studying the careers of the third data, dentists having continued their careers towards higher or different kinds of leadership positions, divergent career development procedures were identified (Study IV). These were described as career paths and three different career path types were named:

A) Progressives

Study IV participants who had moved to higher leadership positions in a goal oriented manner quite vertically, even to chief executive positions, were categorized as Progressives. In addition, they had stayed in the same organizations, or in the same area even though they changed their working organization. They seemed to go on in the same mode while some of them were planning to rise to a higher position in the future.

B) By chance

For the participants in the By chance group, the career movements had happened by finding something more interesting than their previous jobs. They had not purposely or actively searched for new challenges, but were ready to try something new which came their way. By chance group participants had the most variety in their careers of all participants. They had worked in different organizations and in different industries and their career had developed both vertically and horizontally. They planned to go on in leadership positions, but not necessarily in higher posts.

C) Enthusiasts

The third career path type was the Enthusiasts, whose main driving force seemed to be ability to develop things in society and willingness to make a difference. Participants in this group chose leadership positions where they could actualize these aspirations. They worked in different level organizations and all in public organizations. Their career changes had been both vertical and horizontal.

Participants in these career path types also had common features, for example, including dissatisfaction in being just a clinical dentist; they all started having some other interests beside dentist work during their early careers like teaching, research or studying further. Many participants continued their clinical careers to some extent besides their leadership careers and some were still working as a clinical dentist during the time of the study. They all valued leadership education and had a variety of different kinds of education, and in addition most of them had a PhD degree or were working towards it. Most of the participants seemed to be very satisfied with their career decisions, which described that a satisfying and successful leadership career could develop along different career paths.

5.4 CAREER ANCHORS

Career anchors were studied in all three datastudy groups (Studies I, II and IV). Career anchor evaluation was approached in two different ways. The career anchors of the participants in the first data were analysed using theory-based content analysis, while the career anchor features were searched by comparing essays with the career anchor descriptions (Schein 1993) and statements in the career orientation inventory questionnaire (Schein 2006). The second and the third data participants answered the career orientation inventory questionnaire. In the second data (Study II), career anchors´ association with participants´ background information was studied. In the third data (Study IV), the career orientation inventory was connected with the modified career anchor interview (Schein, 1993).

Career anchors which mostly emerged as important anchors among study participants were Technical/functional competence, Lifestyle, General managerial competence, Service/dedication to a cause and Pure challenge. The least important career anchors were

Autonomy/independence, Security/stability and Entrepreneurial creativity. Important career anchors differed among these three sets of data. Careers anchor results were compared between Leavers and Leaders in the two first data and between the career path types in the third data.

5.4.1 Dentist leaders (Studies I and II)

The General managerial competence anchor was found to be important among dentist leaders. In the first data (Study I), the features of this career anchor were most often found, especially in the Leader group. In the second data (Study II) General managerial competence was found to be the only career anchor which significantly supported staying in a leadership position even though the means of career anchor scores were low (Leaders 2.7 / Leavers 2.2) and only a few participants among Leaders had it as the most important career anchor. None of the Leavers had it as the most important anchor.

Technical/functional competence features were the second most often found in the first data and more often found among Leavers (Study I). In the second study (II), Technical/functional competence was the most important anchor among the second data participants, the mean career anchor score was close to similar among Leaders and Leavers, but as the most important career anchor it was more often found among Leaders than Leavers (31.4 / 21.2%). Lifestyle was as important as Technical/functional competence but it had a significantly higher mean score among Leavers (4.3) than Leaders (3.8) and it was more often found among Leavers as the most important anchor (33.3 / 30.6%).

The features of the career anchor called Service/dedication to a cause were equally often found in the essays of Leavers and Leaders in the first data (Study I). In the second data (Study II), this anchor was more often found as the most important anchor among Leavers than Leaders (21.2 / 13.2%).

A few features of the Entrepreneurial creativity anchor were found in the essays (Data 1, Study I). In the second data (Study II), Entrepreneurial creativity was clearly the least important anchor and rated as such among two-thirds of the participants and similarly among Leavers and Leaders; a few participants had it as the most important anchor, however, even fewer among Leaders.

The anchor without any found features in the essays (Data 1, Study I) was Autonomy/independence. Similarly, this anchor had low percentages as the most important anchor in the second data (Study II); though even lower in the Leaver group (3.0%) versus Leaders (10.7%). The clear features of the Pure challenge anchor were not detected in any of the essays of the first data (Study I). Percentages of Pure challenge as the most important career anchor in the second data (Study II) were low in both groups and in addition to this, Pure challenge was found to decrease the probability to stay in the leadership position, which was similar with the result of Lifestyle.

5.4.2 Leaders with dentist background (Study IV)

On the contrary to dentist leaders (Studies I and II), Pure challenge was a very important career anchor among this data participants. General managerial competence was found to be another important anchor. These anchors had the highest mean scores and most of the participants had them as their most important anchor. Two other important career anchors among this study participants were Technical/functional competence and Service/dedication to a cause. The lowest care anchor scores were found in Autonomy/independence, Security/stability and Entrepreneurial creativity. Among Progressives and the By Chance group participants, Pure challenge and Service/dedication to a cause had the highest career anchor scores. Among Enthusiasts Pure challenge was combined with General managerial competence with the highest mean scores.

5.4.3 Career anchor mean scores in different study groups

The highest mean career anchor scores differed between the study groups: Technical/functional competence among Leaders (Study II), Lifestyle among Leavers (Study II) and Pure challenge among dentists in higher leadership positions (Study IV). Retired dentist leaders (other results related to this group are introduced in the next paragraph) had the higher mean score in Autonomy/independence than other participant groups. General managerial competence had the lowest mean score among Leavers (Study II) and the highest among participants in Study IV. Entrepreneurial creativity had the lowest mean score among all different participant groups (Figure 7).

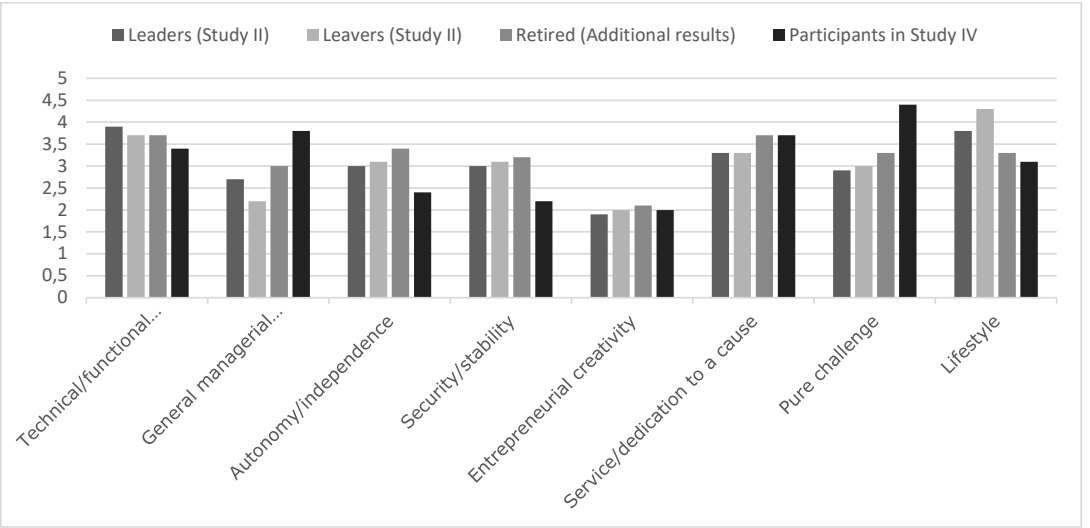

Figure 7. The career anchor mean scores of different participant groups. Leaders = currently worked as dentist leaders (Study II), Leavers = former dentist leaders, who continued their clinical career (Study II), Retired= former dentist leaders who were retired (additional results), Study IV = leaders with dentist background.

5.5 RETIREE-GROUP OF DENTIST LEADERS

As additional results are shown the results of eight percent (n=15) of dentist leaders who informed that they had already retired during the collection of the second data in 2014 (Figure 4).

Their last leadership posts were in the public dental service and seven of them were women. The mean age of this group was 67 years (range 54–75) and most of them (n=11) had more than 30 years of dentist leader experience. More than a half (n=8) of this group had started their leadership career as requested, one of them described to have drifted or pushed and six participants on their own accord. They had worked in different size organizations, although more than a half were from organizations in areas having less than 20 000 inhabitants. Two thirds had 2–4 units to lead. One third had five or less dentist subordinates, one third 6–15 and the last third had more than 15 dentist subordinates. Most participants (n=12) had used half or less than half of their working time for leadership; three of them used

75–100% for leadership tasks. Regarding leadership education, two participants had Special competence in dental administration, five participants had a specialized dentist degree (Oral health care n=4, orthodontics n=1) and nine participants had either Special competence in dental administration or specialized dentist degree or another form of substantial leadership education or administration competence (25 or more ECTS credits).

The main differences between working age dentist leaders (Study III) and the Retiree-group were that retirees described having a better balance between clinical and leadership tasks. However, they seemed to have had clearly less possibilities to determine for themselves how much time they could have devoted to leadership tasks and they described not having enough time for leadership tasks; this was on a similar level with those who had left their leadership posts, but were continuing their dentist careers (Leavers). The current dentist leader group (Leaders) more often estimated that they had adequate time for leadership tasks than Leavers and Retirees.

6 Discussion

The present study was focused on leaders who had a dentist degree and at the time of the data collection were participating or had recently participated in leadership education, were dentist leaders, had left dentist leadership but were continuing their dentist careers, or had moved forward to leadership positions outside oral health care. The main point was in studying what things were found to be important during participants´ leadership work periods and reasons for and factors associated with the decisions they made during their leadership careers. Results found in this study were supported by other oral health care and health care leader studies, but also new information was found especially concerning career paths and career anchors. These results can be generalized specially in Finland but also other countries which have similar health care organizations.

6.1 SUMMARY OF THE FINDINGS

Individual career paths from a dentist to a leader can proceed in several different ways and with different motives. Most of the dentists in the leadership positions in this thesis had strong and long professional backgrounds as a clinical dentist; only a few seemed to have started their leadership career in an early stage of their career paths.

Three different career path types were identified among those who had higher leadership positions (Data 3, Study IV): Progressives, By chance-group and Enthusiasts. This showed that there are different paths for different individuals with varied motives to develop their leadership careers.

Career anchors describing competencies, motives and values experienced by a person differed among participants in these three data. General managerial competence and Technical/functional competence were important among the first data participants, Technical/functional competence and Lifestyle in the second data and the Pure challenge and General managerial competence in the third data.

Variable factors were found to be associated with or connected with the leadership career paths of dentists. Motives for starting in a leadership position differed in three data. Enthusiasm for leadership and a good opportunity to supplement or compensate for clinical work were mentioned among the first data participants. In the second data, the main result concerning starting in a leadership position was that only about a third had started their leadership career on their own accord, others were requested, drifted, required or even pushed. In the higher leadership positions working dentists (Data 3) described that their leadership careers had begun as requested or on their own accord. They also mentioned the positive working community, possibilities to have a real impact on things, having interesting tasks and enjoying power were as important factors in their current jobs; these could also be estimated to support their retention.

In the first data, the main mentioned factors supporting retention in a leadership position were the interest in leadership, having impact power on things and more possibilities to arrange one´s workday, as well as a well-functioning working environment (Study I). In the second data, main factors included sufficient time for leadership tasks, adequate leadership education and opportunities to control their work time (determine and balance their work time usage) for leadership work (Study III) and the General managerial competence career anchor (Study II).

The main factors influencing intent to leave or turnover in the first data were stress, loneliness, lack of support, overload of administrative tasks, difficulties with the staff and reforms in their working community. In addition, many of the Leaver group participants

mentioned a preference of clinical work over leadership (Study I). In the second data, some of the participants were dissatisfied with their workplace, work arrangements, their superiors or tasks included in their work and named these factors as reasons for quitting (Table 8).

Figure 8 describes the four studies of this thesis according to Schein´s (1978) individual process stages in the `Human Resources Planning and Development: A temporal development model´ which was shown in Figure 2 earlier in this thesis.

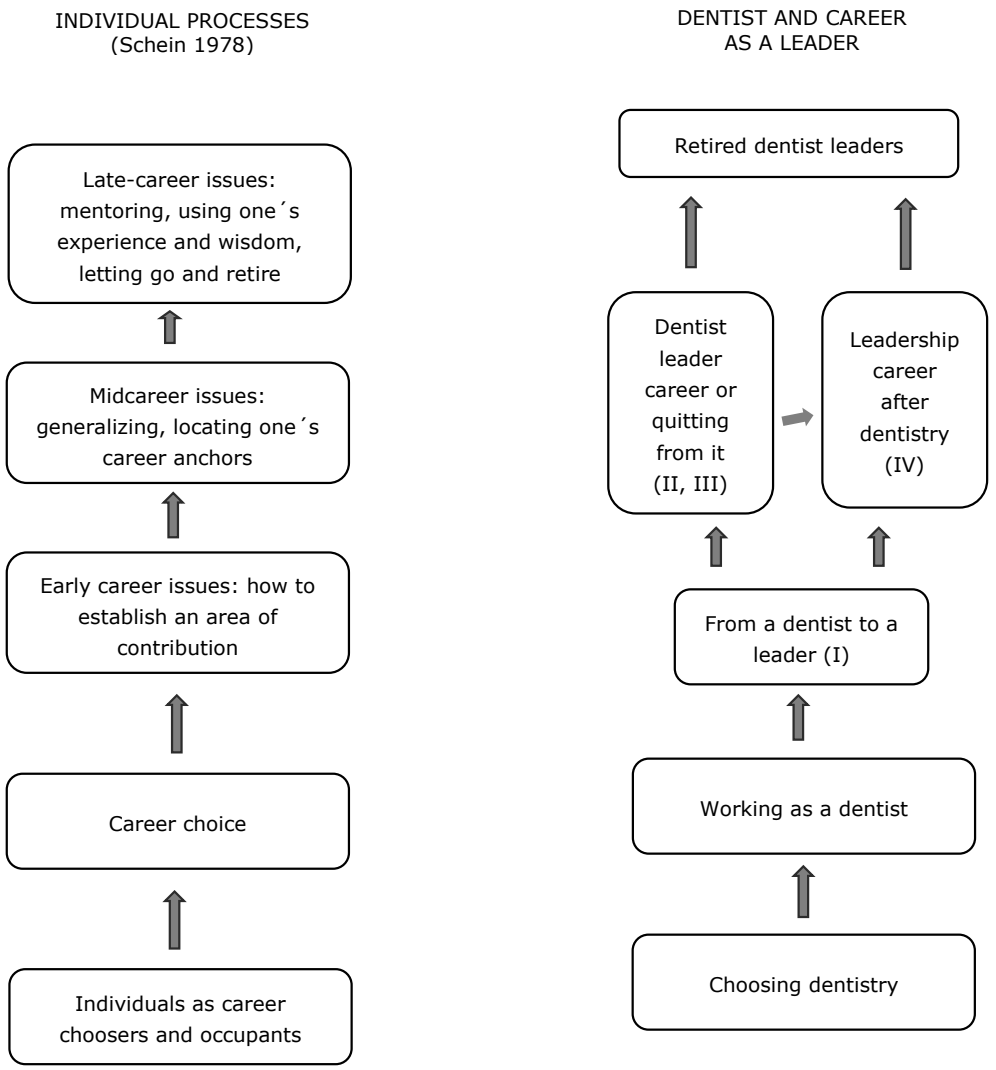

Figure 8. Individual processes adapted from `Human resource planning and Development: A temporal development model´ (Schein, 1978: p.4) and dentist´s career stages regarding leadership; the four studies of this current thesis shown and situated regarding the dentist´s (leadership) career path.

6.2 COMPARISON WITH EARLIER RESEARCH

Leadership as a career choice
Most health care leaders have worked earlier as a clinician in the different professions and moved forward to the leadership posts as a result of various reasons. Some of them had continued their clinical careers besides their whole leadership career or left clinical tasks behind after a while (Ham et al., 2011; Spehar, Frich & Kjekshus, 2012; Alestalo, 2015). Many health care leaders have a physician degree but other background professions can be found, for example dentists which were studied here. Many of the participants did not begin their leadership careers of their own accord, which was also found among participants in other studies (Spehar, Frich & Kjekshus, 2012; Alestalo, 2015). Alestalo (2015) studied Finnish dentist leaders in 2003 and 2011 and found that only about a third of the dentist leaders in her study in both years had applied for the post. The proportion was found to be similar in 2014 in my study (Data 2). Alestalo (2015) described that those dentist leaders who had sought their posts by themselves were the most satisfied with their work. It would be important to find more of those who are willing to be leaders. Loh et al. (2016) stated that health care organizations and medical education institutions should promote positive aspects of being in a leadership position while it is sometimes valued negatively.

Studies among young dentists during graduation studies or after that (Victoroff, Schneider & Perry, 2008; Victoroff, Schneider & Perry, 2009; Kalendrian et al., 2012; Skoulas & Kalendrian, 2012; Morison & McMullan, 2013) showed that it would be valuable for dentists to learn about leadership at early stages of their careers to increase interest in and positive attitude towards leadership. Savage et al. (2017) studied physician leaders and found that it would be important to have a good description of the leader´s role and the issues connected to it to facilitate finding suitable applicants for the posts. This could lead to finding more motivated leaders who would be willing to develop competencies needed in their work. They also suggested that one should begin in a leadership position for the right reasons, while those who were leaders without their own accord probably concentrate more on other tasks such as clinical or research work.

Clinical work versus leadership work
Attachment towards clinical dentistry differed among participants in three sets of data. The younger attendees in the first data and many Leavers in the second data seemed to prefer clinical work and some of them wanted to concentrate fully on clinical work and were planning to change or had already moved to clinical jobs. On the contrary, many dentists in these three sets of data found leadership a good supplement or a full alternative to clinical work. Most or all of dentist leaders in the smaller organizations divide their work time between clinical and leadership tasks. However, it can be a challenge to balance the workload between leadership and clinical work (Savage et al., 2017), which was also shown in this thesis (Study III). Ham et al. (2011) described that some physician leaders continued their clinical careers besides leadership work for several reasons for example to be better in touch with clinical aspects, even though they could have concentrated fully on leadership tasks. This was similar with most participants in the third data (Study IV) and in the study by Alestalo (2015).

Factors connected with retention and turnover are important to recognize
Education for leadership and sufficient time for leadership tasks seemed to be important supporting factors for dentist leaders for staying in a leadership position in this present study and in an earlier Finnish dentist leader study (Alestalo & Widström, 2013). Respectively, the lack of time for leadership tasks and a leadership role given without their own accord and proper training could lead to turnover (Bolin & Shulman, 2005; Morison & McMullan, 2013). In the physician study, it was stated that administration and leadership should be valued as a medical discipline that also required clinical expertise and effort, and needed to be

appreciated; physicians with proper leadership education would gain credibility among clinical peers and other professionals (Loh et al., 2016). The turnover process is described as having two stages before actual turnover. First, the antecedent stage where different factors connected to the current job develop the thoughts of dissatisfaction toward the current situation. This could be, for example, organizational reform (Giauque, 2016). Then, the intent to leave stage when the first thoughts are formed about wishing to do something else or maybe looking for the other work possibilities. A person can move back and forth between these two stages for a long time (Mobley, Horner & Hollingsworth, 1978; Tham, 2006; Kaur, Mohindru & Pankaj, 2013). Factors found to support staying in a leadership position and factors found to influence leaving (Studies I, II and III) could be described as antecedents while both the supporting and turnover influencing factors were found among those who stayed and those who left their leadership posts. What made a leader actually stay or leave would be worthy of a formal future study.

Career development: Should I stay or should I move on?

Super (1992) stated that a person could have only one career with different directions and roles; alternatively, Fahey and Myrtle (2001) described an individual could change the careers while moving to another occupation with different demands and circumstances. This could be more probable today and in the future, while younger generations have different hopes and wishes for their future in addition to their values which could impact their career choices (Brousseau et al., 1996; Hietamäki, 2013; Da Silva et al., 2016). Among study participants of this thesis, dentists' clinical careers and leadership careers differ to such an extent that they could, in my opinion, be stated to be different. There are no particular models for how the leadership career paths of the individuals should develop. Sometimes they seemed to have developed straightforwardly and in some cases, they have progressed with multiple stages and meander (Brousseau et al., 1996; Fahey & Myrtle, 2001; Ham et al., 2011; Spehar, Frich & Kjekshus, 2012).

Studies of dentist leaders´ career paths seemed to be lacking in Finland and also internationally. Three career path types were identified here among the third data participants (Study IV). In comparison with the earlier career development studies, some similarities could be found. For example, Fahey and Myrtle (2001) described four career patterns to which the career paths in this study had similarities, such as the By chance group participants changed industries like those having multiple career changes back and forth. Schein (1993) described 10 career stages (Figure 1), of which stages from five to eight could describe leadership career stages of dentists in this current study. Stage five described the `Gaining of membership´ which included having a sense of one´s talents, strengths and weaknesses, which could be the stage in this study when dentists decided to move on to leadership or when they were directed to a leadership position. Stage seven, `Midcareer crisis and reassessment´, described a stage when an individual was looking back and forward, and reassessing and pondering earlier decisions. This could describe the career stage for the first and second data participants, where their decisions to either continue or quit a leadership position were studied, or the third data participants moving on from their careers to new leadership jobs. Stage eight, `Maintaining momentum, regaining it, or levelling off´, described those decisions when an individual decided how to use and where to work for the rest of their careers. Stage nine, `Disengagement´, described the planning of retirement, slowing down and becoming less involved. These two latest stages could describe the situation of some participants in the third data. However, many of them were planning to go on working even though they were close to retirement age or had possibilities to retire; they wished to continue their most pleasurable tasks.

Research on career anchors of dentist and physician leaders is lacking

Career anchor studies in different professions can be found also in the health care in nursing sciences (Kaplan, Shmulevitz & Raviv, 2009; Kubo et al., 2017), but they are scarce among

physicians (Makino et al., 2016) and dentists: only two studies were found including dentists (DeLong, 1983; Boshoff, Bennet & Kellerman, 1994). Makino et al. (2016) studied Japanese female physician leaders and found that the three most important career anchors among their respondents were Lifestyle, Service/dedication to a cause, and Technical/functional competence. DeLong (1982) re-examined the original career anchor model and in 1983 he wrote about dentists´ career satisfaction (DeLong, 1983). In his dentist study, he found that even having the same profession, dentists valued many different aspects and suggested that the career anchor theory could explain why some dentists were very satisfied, and at the same time some were dissatisfied with their dentist careers. In this current study, career anchors were studied among dentists on different leadership career stages and differences were found between those who worked as dentist leaders and those who were planning to leave (Study I) or had left their leadership posts (Study II). Boshoff, Bennet and Kellerman (1994) found that dentists had similar career anchors as predictors for job involvement than some other studied professions, such as medical doctors, accountants and physiotherapists. These anchors were Pure challenge and Technical/functional competence. In that study, dentist participants (n=107) were from South Africa, almost all male, mean age was less than 40 years and they were self-employed. Thus, the backgrounds and working positions of that study's participants were quite different from this current study groups. However, Technical/functional competence was found important among dentist leaders in the second data (Study II) and Pure challenge among dentists in higher leadership positions (Study IV).

General managerial competence anchor – an important career anchor for dentist leaders

The General managerial competence anchor seemed to be important for leaders having a dentist degree. Features of this anchor were most often found in the first data respondents´ essays (Study I), and it was found to significantly support staying in a leadership position among second data participants, even though it was not found to be an important career anchor for individual participants (Study II). In the third data (Study IV), it was also the individually important anchor; among Enthusiasts group participants, it was the most important anchor. Yarnall (1998) found that this anchor was more often found among those who were working in higher grades in their organizations.

The three competencies which were described to be connected to the General managerial competence anchor were analytical competence, interpersonal and intergroup competence, and emotional competence (Schein 1993). These are surely important in the dentist leaders´ work. The analytical competence referred to the ability to make decisions while not having complete knowledge of things concerning that particular situation. The interpersonal and intergroup competence referred to being skilful in matters concerning human resource management according to organizational goals. The emotional competence was described as being enthusiastic by solving difficult situations, and being able to make tough decisions without becoming distressed and confused (Schein 1993). Schein (1996) estimated that in the future general management skills will be even increasingly valuable at all levels in the organizations than during earlier decades as all work becomes more complex, needing more general management.

Technical/functional competence and Lifestyle – important anchors for dentists

The Technical/functional competence anchor could be valued as an important anchor for dentists (DeLong 1983, Boshoff, Bennet & Kellerman, 1994). This was similarly found among many dentist leaders in this study, while it was the second most important anchor in the second data participants (Study II), however, individually it was relatively more often found as the most important anchor among those who had left their leadership position. Features of this anchor were found in the first data essays (Study I) and similarly more in the Leaver group. Some participants in the third data had this as the most important anchor. Technical/functional competence was described as an anchor of a person who concentrated more on the work itself than its context and who had shared the goal of the organization, but

wished to have autonomy and proper resources while doing their work (Schein 1993). This seemed to describe a dentist´s work in public dental services. Dentist leaders have to concentrate more on the context of work, especially nowadays while various reforms and organizational changes seem to be a permanent situation.

The Lifestyle anchor was most often found in the second data (Study II) as the most important career anchor. The highest career anchor mean score of all anchors was found in Lifestyle among those who had left their leadership positions. Lifestyle-anchored people are hoping to and aiming at integrating the needs of themselves, their family and their career (Schein 1993); they wanted to have flexibility concerning their careers and family life stages. Lifestyle seemed to be less important among participants in the third data. The explanation for this could be that while working in a leader position, one needs to concentrate on the issues of the leadership and functions of the organization and not being able to, for example, have a part-time job. The Lifestyle anchor was initially developing among people who had dual careers and these people, for example, appreciate a part-time job or more flexible working hours (Schein 1996). Working as a dentist could provide a very reasonable salary and the autonomous work could give more freedom to make choices.

Pure challenge anchor could be a predictor of the future career change

The fourth significant career anchor in this current study was Pure challenge and in two different ways: it seemed to decrease the probability to stay in a dentist leader position among the participants in the second data (Study II) and on the contrary, it was the most important career anchor among the third data participants. Boshoff, Bennet and Kellerman (1994) found this anchor to be connected with the job involvement of self-employed dentists. People with this anchor seek and need a higher level of challenge than most people and need to have variety in their careers (Schein, 1993). This could be seen among participants in the By chance group participants in the third data (Study IV).

Yarnall (1998) studied the connections between two different anchors and suggested that maybe some anchors could be connected as one anchor, but claimed that this needed more research. This could be worth studying among dentist leaders and other health care leaders, too.

6.3 METHODOLOGICAL AND ETHICAL CONSIDERATIONS

Both quantitative and qualitative methods were employed in this study which was useful and valuable in this thesis (Aira & Seppä, 2010). Traditionally, quantitative methods are mostly used in medical and dental research and qualitative methods seem to be underutilized in dentistry (Newsome & Wright, 2000; Bower & Scampler, 2004; Masood et al., 2011; George, Kruger & Tennant, 2011). By using versatile methods, my intention was to gain a deeper understanding of the phenomenon studied and give novel information about a less-studied topic.

The main point in this study was career development. In the first data (Study I), it was inspected at the imaginary stage where the staying or leaving decisions were made (Table 4). In the second data associations of different factors with participants´ career decisions were compared between those who were current leaders and those who had left their leadership posts (Studies II and III). In the third data participants´ leadership career development was evaluated. Career anchors were studied in all three data (Studies I, II, IV).

Value of this work comes from the study of dentists in various career stages in different data collections, the individual-based approach (the study of the leaders not that much of the leadership) and mixing qualitative and quantitative methods in data collection and analysis. The strength of this study is in the usage of Schein´s career anchor evaluation in the original

form, while it is a validated and a widely used method studying personal intrinsic factors associated with career decisions. This method is used in many countries and among many mid-career students and variety executives (Schein & Van Maanen, 2016). This seemed to be the first occasion where this method was used to study dentist leaders.

Limitations of this work could be found in the cross-sectional design, even though in the first and third data the participants described their careers in the future or their whole leadership career development (Studies I and IV). It would be interesting to repeat these study arrangements. Another limitation could be that all study participants come from Finland, while a similar health care system with wide and strong public sector could only be found in other Nordic countries. In many other countries oral health care services are produced by the private sector dentists and private companies. However, similar findings could be derived from other countries, too.

6.3.1 Methodological considerations

Empathy-based stories (Data 1, Study I)

The method of the empathy-based stories was chosen to collect the material in the first data (Study I). In general, qualitative methods are less used in dentistry (Bower & Scampler, 2004; Masood et al., 2011, George, Kruger & Tennant, 2011) and this method seemed to be used among dentists and dentist leaders for the first time ever. The theme concerning staying in or leaving a leadership position was settled as a main issue to study at the beginning of this research project. In deciding who the participants would be for the first data, purposeful sampling (Klenke, 2016) was used and a group of dentists was chosen who currently or had recently participated in the `Special competence in dental administration´ education course. They were estimated to be a good target group to imagine their leadership future in five years, while they were experienced as dentists but had less or no leadership experience at all. In addition, they were targeting a leadership career while participating in leadership education. All dentists (n=6) who were invited as the recent participants and all dentists participating in the leadership education course session in May 2013 took part in the first data collection.

The main point in the empathy-based stories method is the frame story having two or more different versions with only one major difference (Eskola A., 1988). In this study, the difference in the frame stories was the staying or leaving; participants in two groups were therefore referred to as Stayers and Leavers. Each participant got one version of the frame story to guide their essay writing. This arrangement seemed to function well and essays formed a rich and versatile study material to describe participants' personal perspectives. The found group-specific issues were the expected results, but surprisingly plenty of common issues for both the groups were also detected. Maybe some essays slightly lacked a personal view; that could have been possible to correct with more guidance in the frame stories, but on the other hand most participants described personal views. The study arrangement was first tested in the pilot group of six participants who had recently participated in that Special competence education. While the data collection arrangement functioned well and the arrangement for those who currently took part in the education was virtually similar, two material collections were combined and analysed as one data. The analysis was conducted by content analysis using it inductively while knowledge about dentists' personal views on leadership positions were scarce (Elo & Kyngäs, 2008).

Electronic questionnaire (Data 2, Studies II and III)

An electronic questionnaire was used to collect the second data. The first part of the questionnaire included questions about participants´ background and multiple other issues concerning their leadership work. In addition, participants were asked about the reasons for leaving their leadership positions if that had happened. The second part was the career

orientation inventory questionnaire which was used in the original form taken from Edgar H. Schein's Career Anchors Self-Assessment (Schein 2006). Permission to use the original material in this doctoral thesis work was authorized by Global Rights Operation Coordinator, Mr. Brenton R. Campbell, from Wiley which is the publisher and copyright owner of the book.

The target group included current leaders during the time of the study in 2014 and former dentist leaders who had left their leadership positions between 2007 and 2014. Those who were working as leaders at the time of the study were called `Leaders´ and those who told they had quit were called `Leavers´. The starting year of this period was 2007, while the Finnish Dental association´s registers of the public dental service dentists-in-charge and chief dental officers from 2007 and 2012 were used. The aim of this was to find also those dentist leaders who had quit their posts. In addition to these PDS leaders, all identified dentists in the highest dental leadership positions in other organizations were asked to participate (Figure 4). Collecting the contact information was quite challenging and needed a lot of time and tenacity. Valid contact information was found for 247 (93%) of PDS dentist leaders in the target group and altogether for 309 (95%) of all those who were in the original target group. The response rate ended up being 55% (n=171), which was a good result for an electronic questionnaire, and while dentist leaders are constantly offered to participate in a variety of different questionnaires concerning multiple issues. Response rates in the different target groups varied between 41.4% (11/30 of dentist leaders in hospital districts) and 68.0% (14/19 of dentist leaders in private organizations). All response groups had close to similar proportions, as the proportions were of the original target group. The target group was reminded several times by email to answer the questionnaire.

In the first study of this data (Study II) the career anchor evaluation was conducted based on the career orientation inventory (Schein, 2006). First, the individual career anchor scores for all participants were calculated, and further these were used to calculate the means of the career anchor scores in different participant groups. Next, the proportions of different anchors having the highest or lowest scores were used to describe the most- and least-important anchors. These analyses showed well which anchors were important to different participant groups. Regression analyses were used to study the association between different career anchors and staying in or leaving a leadership position adjusted by different background characteristics.

In the second study of the second data (Study III) 14 statements (Table 7) in the questionnaire were created and used to describe the time usage and opportunities for leadership work. Participants estimated their suitability on a Likert-like scale from 1= never to 4= always. Mean scores for all statements were calculated as well as significant differences between Leaders and Leavers and odd ratios for supporting retention. Based on these results, statements were divided into issues supporting retention or influencing turnover. Next, principal component analysis was used to categorize the statements into the main components. Five clear main components were found. These were used in regression analysis to study their association with retention in a leadership position. Used statements and the found main components seemed to describe the Finnish oral health care leadership environment well.

Semi-structured interview (Data 3, Study IV)

The idea of interviewing this target group arose during the early stage of this doctoral thesis project. Members of the possible target group were discussed multiple times with several people and the final target group included all those dentists who were identified to fulfil the set criteria: a dentist degree, leadership position outside oral health care or in the higher positions in the organizations including oral health care, and being of working age. A few possible participants who could have been in this target group were found in later discussions after the original work was completed, however the original target group was comprehensive (Table 3). The target group was willing to participate and only one person

refused, but offered another person instead. The interviews were organized during summer 2016; the time and site were chosen based on interviewees´ wishes. The conducted semi-structured interviews were based on career anchor interviews by Schein described in his book `Career anchors, discovering your real values´ (1993). The themes in the interviews seemed to function well and materials formed a rich and versatile unity.

While reading the transcriptions of the interviews multiple times, similar issues were found; these issues were categorized and three different career path types were identified. Conducting a career path study was based on the interview themes which guided and asked questions about the development of their leadership careers, and on the found similarities in the stories. The defined career path types were clear and they were easy to identify. It was more difficult to find characterizing names for the career path types. The first path career type was called Progressives; the `working name´ was `Goal oriented and a place or organization attached´. The final name was based on their career paths progressing to higher positions. The third career path type was called Enthusiasts to describe people who were highly interested in developing things which were important to them and having enthusiasm for `making the world a better place´. The career path type between these two types was called the By chance group. It was the most difficult to find a good name to characterize these participants and this one is not perfect, while they were taking chances to move on while an interesting opportunity had come their way and they had not actively searched for it.

Career anchor evaluation (Studies I, II and IV)

From the essays in the first data, career anchor features were searched by comparing texts with career anchor descriptions (Schein, 1993; 2006). The career orientation inventory as the career anchor evaluation was used in its original form in the second (Study II) and third data (Study IV). It is validated and a general instrument to study important intrinsic factors which are significant while choosing and changing jobs or even the careers. It was interesting to use this method among dentists in leadership positions or after they had quit. The career orientation inventory seemed to not be used in this original form in any health care leadership studies. DeLong (1983) studied dentists and Boshoff, Bennet and Kellerman (1994) studied the job involvement of dentists among many other professions. Boucher (2005) studied leadership career choices among health care professionals and described features of career anchors in some career choice types. The combination of the interview and the career orientation inventory used in the third data (Study IV) analysis was not found in other health care leader studies.

6.3.2 Ethical considerations

In Data 1 and Data 2, participants provided informed consent while participating voluntarily in the study and they were told that their anonymity would be guaranteed in all phases of the study. The participants of Data 3 (Study IV) were told that study materials will be treated with complete confidentiality in all phases of the study, and participants were guaranteed anonymity in the final work results. This target group was so limited that they could potentially be recognized based on the target group background description. Thus, consent was granted for using specific names in the articles, if deemed important. Ethically favourable permission was not required in Finland for a study arrangement of this kind.

The role and the background of the author as a dentist and a dentist leader (former dentist leader since 2015) have been taken into account in several stages of the analyses. This was especially considered in the first data analyses, while the author was less experienced in using qualitative methods and wondered if too much was found based on her own experiences as a dentist leader. Therefore, the preliminary content analysis was repeated at a later phase of the analysis, but similar results were found. The control of the supervisors has been valuable; they supported and discussed the issues concerning different aspects of this research project.

7 Conclusions and proposals for further research

7.1 CONCLUSIONS

Health care professionals can have various career paths which can be full of diverse choice situations. Some professionals' career paths orient towards leadership careers within their own expertise area or further to executive positions. These leaders often have diverse starting points to their leadership careers, a different background education and leadership education and different personal interests and hopes for their leadership careers. Health care organizations differ in size, number of units, the number of staff, the structure and in the assignment of functions. Organizations and leaders within them differ. In this current study, participants from three sets of data were professionals with dentist degrees, but in different career stages. They had made decisions about beginning a leadership career or at least began to study leadership and some of them had left their leadership positions. This study gave some answers associated with the factors connected with remaining dentist leaders as well as their turnover.

Many further questions could be asked. How could organizations get the best leaders for them? How could organizations keep their leaders in their positions and get new generations interested in working as leaders? What should organizations take into consideration with their current and the future leaders to make them feel comfortable in their positions and at the same time get the best out of their leaders and give them the ability to work in their positions longer? For leaders themselves, it could be valuable for them to be aware of their personal characteristics, for example career anchors, to be able to choose the best jobs for themselves and request working conditions where their best could be given to their organization. Leadership education is shown to be an important aspect in leadership. Leadership education was highly valued among participants in all three sets of data of this current thesis. A versatile education is important to be able to succeed in a leader position. Career planning, career management and knowledge of career anchors are important to individuals and organizations to succeed in matching the needs of both groups. The knowledge of the needs of individuals in order to get suitable, capable and willing leaders and knowing the roles and job descriptions of leaders in particular organizations are essential to develop successful and well-functioning organizations.

7.2 PROPOSALS FOR FURTHER RESEARCH

Conducting further research on the career anchors of general dentists and dental hygienists and also those of physicians, and especially physician leaders, would be beneficial for comparison to the results of this study. Similarly, it would be beneficial to study the content of the leadership work and other intrinsic and extrinsic factors which support or strain the work of health care leaders. This is especially important due to the challenging and demanding nature of the daily work of health care leaders and the multiple reforms and organizational changes currently happening, highlighting the need for capable and enthusiastic leaders with proper leadership opportunities.

Schein and Van Maanen (2016) wrote about job and career planning and found career anchors as a good and important tool to find better matches between individual and organizational needs. This was not exactly studied in this thesis, but it is worth consideration for future research among health care leaders and especially among younger health care

leaders, since younger generations probably have different values which could match differently with an individual and organization (Brousseau et al., 1996; Hietamäki, 2013; Da Silva et al., 2016).

Yarnall (1998) studied the connections between two different anchors and suggested that maybe some anchors could be connected as one anchor, but claimed that this needed more research. This could also be worth studying among dentist leaders and other health care leaders.

References

Aira, M. & Seppä, K. (2010) Laadullinen ja määrällinen tutkimus lääketieteessä (Qualitative and quantitative research in medicine). *Suomen Lääkärilehti* (Finnish Medical Journal). 65 (9), 805-810.

Alestalo, P. (2015) *Management and Leadership in the Public Dental Service in Finland between 2003 and 2011* (doctoral thesis). Helsinki, Unigrafia Oy. URN: ISBN:978-951-51-0519-6

Alestalo, P. & Widström, E. (2011a) Lead Public Health Service Dentists' Leadership Qualities Evaluated by their Superiors and Subordinates in Finland. *Oral Health and Dental Management in the Black Sea Countries.* 10 (1), 13-21.

Alestalo, P. & Widström, E. (2011b) Lead Public Health Service Dentists in Finland: Leaders or Dentists? *Oral Health and Dental Management.* 10 (2), 55-63.

Alestalo, P. & Widström, E. (2013) Lead Dentists in the Public Dental Service in Finland during a Major Reform. *Oral Health and Dental Management.* 12 (3), 166-173.

Alueuudistus (Regional government, health and social services reform). Available from: http://alueuudistus.fi/en/frontpage. [accessed 10 February 2018]

Barclay, W.B., Chapman, J.R. & Brown B.L. (2013) Underlying Factor Structure of Schein's Career Anchor Model. *Journal of Career Assessment.* 21 (3), 430-451.

Baruch, Y. (2004) *Managing careers: Theory and practice*. Harlow, FT Prentice Hall.

Bekas, S. (2014) Evaluating leadership development in postgraduate medical education. *Leadership in Health Services*. 27 (1), 31-40.

Bolden, R., Hawkins B., Gosling, J. & Taylor, S. (2011) Theoretical perspectives on leadership (Chapter 2) In: Exploring Leadership: Individual, Organizational and Societal Perspectives. *Human Resource Management International Digest*. 20 (7), 17-41.

Bolin, K.A. & Shulman, J.D. (2005) Nationwide survey of work environment perceptions and dentists' salaries in community health centers. *Journal of the American Dental Association* 136, 214-220.

Boshoff, A.B., Bennet, H. & Kellerman, A.M. (1994) Career orientations as predictors of the level of job involvement of professional people. *Journal of Industrial Psychology.* 2, 8-13.

Boucher, C.J. (2005) To be or not to be . . . a manager: the career choices of health professionals. *Australian Health Review: A Publication of the Australian Hospital Association*. 29 (2), 218-225.

Bower, E. & Scambler, S. (2007) The contributions of qualitative research towards dental public health practice. *Community Dentistry and Oral Epidemiology*. 35 (3), 161-169.

Brousseau, K., Driver, M., Eneroth, K. & Larsson, R. (1996) Career pandemonium: Realigning organizations and individuals. *The Academy of Management Executive*. 10 (4), 52-66.

Brown, A. & Dewing, J. (2016) The next generation of clinical leaders; future proofing preparation. *Journal of Nursing Management*, 24 (5), 569–570.

Busari, J.O. (2012) Management and leadership development in healthcare and the challenges facing physician managers in clinical practice. *The International Journal of Clinical Leadership.* 17 (4), 211–216.

Careau. E., Biba, G., Brander, R., Van Dijk, J.P., Verma, S., Paterson, M. & Tassone, M. (2014) Health leadership education programs, best practices, and impact on learners' knowledge, skills, attitudes, and behaviors and system change: A literature review. *Journal of Healthcare Leadership*. 6, 39-50.

Chen, D., Myrtle, R., Liu, C. & Fahey, D.F. (2011) Job and career influences on the career commitment of health care executives. *Journal of health organization and management*. 25 (6), 693-710.

Central Statistical Office of Finland (Tilastokeskus) (2015) available from: https://www.stat.fi http://www.julkari.fi/bitstream/handle/10024/129581/Tr26_15.pdf?sequence=4 [accessed 10 January 2018]

Clausen, C., Cummins K., & Dionne K. (2017) Educational interventions to enhance competencies for interprofessional collaboration among nurse and physician managers: An integrative review. *Journal of Interprofessional Care*. 31 (6), 685-695.

Cox, J.A. (2016) Leadership and Management Roles: Challenges and Success Strategies. *AORN Journal - Association of periOperative Registered Nurses*. 104 (2), 154-160.

Danziger, N., Rachman-Moore, D. & Valency, R. (2008) The construct validity of Schein's career anchors orientation inventory. *Career Development International*. 13 (1), 7-19.

Da Silva, R., Trevisan, L., Veloso, E. & Dutra, J. (2016) Career anchors and values from different career management perspectives. *Revista Brasileira de Gestão de Negócios*. 18 (59), 145-162.

Degeling, P. & Carr, A. (2004) Leadership for the systemization of health care: The unaddressed issue in health care reform. *Journal of Health Organization and Management*. 18 (6), 399-414.

DeLong, T.J. (1982) Reexamining the Career Anchor Model. *Personnel. 59* (3), 50-61.

DeLong, T.J. (1983) Dentists and career satisfaction: an empirical view. *Journal of Dentistry for Children*. 50 (3), 179-185.

Eaton, K.A. (2012) Global oral public health – the current situation and recent developments. *Journal of Public Health Policy*. 33 (3), 382-386. Doi:10.1057/jphp.2012.22

Elo, S. & Kyngäs, H. (2008) The qualitative content analysis process. *Journal of Advanced Nursing*. 62 (1), 107-115.

Eskola, A. (1988) Non-active role-playing: some experiences. In: Eskola, A., Kihlström, A., Kivinen, D., Weckroth, K., & Ylijoki, O. (eds.) *Blind alleys in social psychology: A search for ways out.* Advances in Psychology 48. North-Holland, Amsterdam, pp. 239-311.

Eskola, J. (1997) *Eläytymismenetelmäopas* (Manual of the method of empathy-based stories). Tampere, University of Tampere.

Eskola, J. (1998) *Eläytymismenetelmä sosiaalitutkimuksen tiedonhankintamenetelmänä* (The method of empathy based stories as a method of acquiring data in social research). Tampere, Tampere University.

Evans, P. (1988) Managing Career Development. *Journal of Management Development*. 7 (6), 5-13.

Fahey, D.F. & Myrtle, R.C. (2001) Career patterns of healthcare executives. *Health services management research*. 14 (1), 1-8.

Forest, A.E., Taichman, R.S. & Inglehart, M.R. (2013) Dentists' leadership-related perceptions, values, experiences and behavior: Results of a national survey. *The Journal of the American Dental Association*. 144 (12), 1397-1405.

Field, J.C., Cowpe, J.G. & Walmsley, A.D. (2017) The Graduating European Dentist: A New Undergraduate Curriculum Framework. *European Journal of Dental Education.* 21 (1), 2-10. https://doi.org/10.1111/eje.12307

Finlex (2017) An online database of up-to-date legislative and other judicial information of Finland. Available from: https://www.finlex.fi. [accessed 10th January 2018]

Finnish consulting group. Available from: http://www.fcg.fi/eng/ [accessed 29th January 2018]

Finnish Dental Association (2017a) *Labour market survey.* Available from: http://www.hammaslaakariliitto.fi/fi/liiton-toiminta/tutkimukset-ja-tilastot/tutkimukset/tyomarkkinatutkimukset#.WgQUiWcUnIU [accessed 10th January 2018]

Finnish Dental Association (2017b) *Young dentist 2017 survey.* Available from: http://www.hammaslaakariliitto.fi/sites/default/files/mediafiles/liiton_toiminta/nuori_hammaslaakari_2017_verkkoon.pdf [accessed 10th January 2018]

Finnish Dental Association (2017) *Dentist statistics according to the health districts.* Available from: http://www.hammaslaakariliitto.fi/fi/liiton-toiminta/tutkimukset-ja-tilastot/tilastot/hammaslaakarit-sairaanhoitopiireittain#.Wg6Z32i0NPb [accessed 10th January 2018]

George, R., Kruger, E. & Tennant, M. (2012) Qualitative research and dental public health. (Review Article). *Indian Journal of Dental Research*. 23 (1), 92-96.

Giauque, D. (2016) Stress among public middle managers dealing with reforms. *Journal of Health, Organisation and Management*. 30 (8), 1259-1283.

Ginsburg, G.P. (1978) *Role-playing and role performance in social psychological research.* In: Brenner M, Marsh P, Brenner M, eds. The social contexts of method. London, Croom Helm.

Ginsburg, G.P. (1979) *The effective use of role-playing in social psychological research*. Emerging strategies in social psychological research. New York, John Wiley & Sons.

Gulick, L. (1937) Notes on the theory of organization. In: Gulick, L., Urwick, L., Mooney, J. & Fayol, H. (1998). Papers on the Science of Administration. International Journal of Public Administration, 21 (2-4) 446-489. DOI: 10.1080/01900692.1998.11730778

Gustafsson, C.H. & Östberg, A-L. (2017) Experiences from the Merger of Clinics in the Swedish Public Dental Service - the Employee Perspective. *The Open Dentistry Journal*. 11, 503–511. http://doi.org/10.2174/1874210601711010503

Hakanen, J. & Seppälä, P. (2015) Hammaslääkäreiden työhyvinvointi Suomessa - 11 vuoden seuranta (Work-related well-being among Finnish dentists - Follow-up of 11 years). *Suomen Hammaslääkärilehti* 1, 20-31.

Halttunen, K. & Järvelin K. (2005) Assessing learning outcomes in two information retrieval learning environments. *Information Processing and Management*. 41 (4), 949-972

Ham, C., Clark, J., Spurgeon, P., Dickinson, H. & Armit, K. (2011) Doctors who become chief executives in the NHS: from keen amateurs to skilled professionals. *Journal of the Royal Society of Medicine*. 104 (3), 113-119.

Hargett, C.W., Doty, J.P., Hauck, J.N., Webb, A., Cook, S.H., Tsipis, N.E., Neumann, J.A., Andolsek, K.M. & Taylor, D.C. (2017) Developing a model for effective leadership in healthcare: a concept mapping approach. *Journal of Healthcare Leadership.* 9, 69–78.

Hietamäki, M. (2013) *Elämänvaihelähtöinen henkilöstövoimavarojen johtaminen tutkimus lääkäreiden ja sairaanhoitajien työ- ja organisaatiositoutumisesta* (Life Cycle Human Resource Management. A study of doctors' and nurses' work and organizational commitment). Joensuu, Kopijyvä Oy. http://urn.fi/URN:ISBN:978-952-61-1219-0

Heikkilä, T. (2016) *On the path of a doctor: motivations and satisfaction of medical doctors in their career-related decisions.* Kuopio. Publications of the University of Eastern Finland. http://urn.fi/URN:ISBN:978-952-61-2221-2

Hermanson, T. (1989) Lääkäri terveydenhuollon hallinnossa: English summary: The physician in health care administration. Kansanterveystieteen laitos, Helsingin yliopisto.

Hoekstra, H. A. (2011) A Career Roles Model of Career Development. *Journal of Vocational Behavior*. 78 (2), 159-173.

Hopcraft, M.S., Milford, E., Yapp, K., Lim, Y., Tan, V., Goh, L., Cheng, C.L. & Phan, T. (2010) Factors associated with the recruitment and retention of dentists in the public sector. *Journal of public health dentistry*. 70 (2), 131-139.

Hyrkäs, K., Appelqvist-Schmidlechner, K. & Kivimäki, K. (2005) First-line managers' views of the long-term effects of clinical supervision: How does clinical supervision support and develop leadership in health care? *Journal of Nursing Management*. 13 (3), 209-220.

Kaplan, R., Shmulevitz, C. & Raviv, D. (2009) Reaching the top: career anchors and professional development in nursing. *International Journal of Nursing Education Scholarship*. 6 (1), 1482.

Klenke, K. (2016) *Qualitative Research in the Study of Leadership.* 2nd. ed. Bingley, Emerald Group Publishing Limited Howard House.

Kalenderian, E., Skoulas, A., Timothe, P. & Friedland, B. (2010) Integrating leadership into a practice management curriculum for dental students. *Journal of Dental Education*. 74, 464-471.

Kaur, B., Mohindru & Pankaj. (2013) Antecedents of Turnover Intentions: A Literature Review. *Global Journal of Management and Business*. 3, 1219-1230

Koh, H.K. & Jacobson, M. (2009) Fostering public health leadership. *Journal of Public Health*. 31 (2), 199-201.

Kottonen, A. (2009) *Hammaslääkärin ura, odotukset ja kokemukset* (Career Expectations and Experiences of Dentists). Turku, Painosalama Oy.

Kubo, Y., Hatono, Y., Kubo, T., Shimamoto, S., Nakatani, J. & Burgel, B. J. (2017) Exploring career anchors among occupational health nurses in Japan: A qualitative study. *Japan Journal of Nursing Science*. 14, 61–75. Doi:10.1111/jjns.12137

Lammintakanen, J., Rissanen, S. Peronmaa-Hanska, E., Joensuu, M. & Ruottu, T. (2016) *Johtaminen ja kehittäminen sosiaali- ja terveydenhuollossa – monialaisen ja ammattiryhmäkohtaisen toiminnan käytännöt ja rakenteet*. Helsinki. Sosiaali- ja terveysministeriö. http://urn.fi/URN:ISBN:978-952-00-3851-9

Llewellyn, S. (2001). `Two-Way Windows': Clinicians as Medical Managers. *Organization Studies*, 22 (4), 593-623.

Local Finland. Local authorities. Available from: https://www.localfinland.fi/ [accessed 19th March 2018]

Loh, E., Morris, J., Thomas, L., Bismark, M.M., Phelps, G. & Dickinson, H. (2016) Shining the light on the dark side of medical leadership – a qualitative study in Australia. *Leadership in Health Services*. 29 (3), 313-330.

Maddalena, V. (2016) Leadership training for undergraduate medical students. *Leadership in Health Services*, 29 (3), 348-351.

Makino, N., Makino, S., Ishikawa, Y., Yamamoto, Y. & Matsumura, M. (2016) Relationship between career anchors, choosing specialty, and life satisfaction among female physicians. *Scholars Journal of Applied Medical Sciences*. 4 (12), 4468-4472.

Marks, A. & Mertz, E. (2012) *Leadership Development: A Critical Need in the Dental Safety Net.* San Francisco. California: University of California, Center for the Health Professions at UCSF.

Masood, M., Masood, Y. & Newton, T.J. (2010) Methods of qualitative research in dentistry: a review. *Dental update.* 37 (5), 326-8, 331-2, 334-6.

Masood, M., Thaliath, E.T., Bower, E.J. & Newton, J.T. (2011) An appraisal of the quality of published qualitative dental research. *Community dentistry and oral epidemiolog.* 39 (3), 193-203.

McCallin, A. M. & Frankson, C. (2010). The role of the charge nurse manager: A descriptive exploratory study. *Journal of Nursing Management*. 18 (3), 319-325.

Ministry of Social Affairs and Health. Available from http://stm.fi/en [accessed 3th March 2018]

Morison, S. & McMullan, C. (2013) Preparing for the future: Challenges and opportunities for management and leadership skills. *British Dental Journal*. 214, E.

Mobley, W.H., Horner, S.O. & Hollingsworth, A.T. (1978) An evaluation of precursors of hospital employee turnover. *Journal of Applied Psychology*. 63 (4), 408-414.

Myrtle, R.C., Chen, D., Liu, C. & Fahey, D. (2008) Influences on the career commitment of health-care managers. *Health services management research.* 21 (4), 262-275.

Mäntyranta, T.; Kaila, M., Mattila, J. & Risikko, P. (2011) Serving primary health care: A national action programme for primary care in Finland. *Journal of Management & Marketing in Healthcare*. 4 (1), 40-46.

Newsome, P.R.H. & Wright, G.H. (2000) Qualitative techniques to investigate how patients evaluate dentists: A pilot study. *Community Dentistry and Oral Epidemiology*. 28 (4), 257-266.

Nordstrand Berg, L. & Byrkjeflot, H. (2014) Management in hospitals – a career track and a career trap. A comparison of physicians and nurses in Norway. *International Journal of Public Sector Management*. 27 (5), 379-394.

Pihlainen, V., Kivinen, T. & Lammintakanen, J. (2016). Management and leadership competence in hospitals: A systematic literature review. *Leadership in Health Services*. 29 (1), 95-110.

Posti-Ahokas, H. (2013) Empathy-based stories capturing the voice of female secondary school students in Tanzania. *International Journal of Qualitative Studies in Education.* 26 (10), 1277-1292.

RapidBI (2015), Career Anchors – Schein. Available from: http://rapidbi.com/careeranchors. [accessed 8th January 2018]

Rissanen, S. & Lammintakanen, J. editors. (2011) *Sosiaali- ja terveysjohtaminen.* Helsinki, WSOY.

Rissanen, S & Hujala, A. (2011) Sosiaali- ja terveysjohtamisen lähtökohdat. pp. 81-104. In: Rissanen, S. & Lammintakanen, J. editors. Sosiaali- ja terveysjohtaminen. Helsinki, WSOY.

Savage, M., Mazzocato, P., Savage, C. & Brommels, M. (2017) *Physicians' role in the management and leadership of health care- A scoping review.* Stockholm, report by the Medical Management Centre, commissioned by the Swedish Medical Association Available from: http://www.mynewsdesk.com/se/sveriges_lakarforbund/documents (accessed 5th January 2018).

Schein, E.H. (1975) How career anchors hold executives to their career paths. *Personnel* 52 (3), 11-24.

Schein, E.H. (1978) *Career dynamics: matching individual and organizational needs*. Reading MA, Addison-Wesley.

Schein, E.H. (1993) *Career anchors, discovering your real values*. Revised edition. San Francisco CA, Jossey-Bass, Pfeiffer.

Schein, E.H. (1996) Career anchors revisited: implications for career development in the 21st century. *Academy of Management Perspectives*. 10 (4), 80-88.

Schein, E.H. editor. (2006) *Career anchors self-assessment*. 3rd ed. San Francisco CA, Pfeiffer.

Schein, E.H. & Van Maanen, J. (2016), Career anchors and job/role planning: Tools for career and talent management, *Organizational dynamics.* 45 (3), 165-173.

Schmidt-Huber, M., Netzel, J. & Kiesewetter, J. (2017) On the road to becoming a responsible leader: A simulation-based training approach for final year medical students. *GMS Journal for Medical Education*. 34 (3), Doc34.

Semantix. Translation and interpreting agency. Available from https://www.semantix.fi/

Skoulas, A. & Kalenderian, E. (2012) Leadership training for postdoctoral dental students. *Journal of Dental Education*. 76, 1156-1166.

Snell, A., Briscoe, D. & Dickson, G. (2011). From the Inside Out: The Engagement of Physicians as Leaders in Health Care Settings. *Qualitative Health Research*. 21(7), 952-967.

Spehar, I., Frich, J.C. & Kjekshus, L.E. (2012) Clinicians' experiences of becoming a clinical manager: a qualitative study. *BMC Health Services Research*. 12, 421-421. DOI: 10.1186/1472-6963-12-421

Steinhilber, S. & Estrada, C.A. (2015) To Lead or Not to Lead? Structure and Content of Leadership Development Programs. *Journal of General Internal Medicine*. 30 (5), 543-545.

Super, D.E. (1992) *Toward a comprehensive theory of career development.* Career development: Theory and practice. Springfield IL England, Charles C Thomas.

Suutari, V. & Taka, M. (2004) Career anchors of managers with global careers. *Journal of Management Development*. 23 (9), 833-847.

Taichman, R.S., Parkinson, J.W., Nelson, B.A., Nordquist, B., Ferguson-Young, D.C & Thompson, J.F. (2012) Leadership training for oral health professionals: A call to action. *Journal of dental education*. 76 (2), 185-191.

Tarvainen, T., Kinnunen, U., Feldt, T., Mauno, S. & Mäkikangas, A. (2005). Vaatimus- ja voimavaratekijät suomalaisten johtajien työssä. *Työ ja ihminen*. 19, 440-465.

Terveyden ja hyvinvoinnin laitos (The National Institute for Health and Welfare, THL). Available from: https://thl.fi/fi. [accessed 26th March 2018]

Tham, P. (2006) Why Are They Leaving? Factors Affecting Intention to Leave among Social Workers in Child Welfare. *British Journal of Social Work*. 37, 1225-1246.

Tuomiranta, M. (2002) *Lääkärijohtaja- lääkäri vai johtaja? Tutkimus lääkärijohtajan roolijännitteistä ja johtamisroolin omaksumisesta erikoissairaanhoidossa.* Available at: https://tampub.uta.fi/bitstream/handle/10024/67180/951-44-5291-7.pdf [accessed 26th March 2018]

Uniform criteria for access to non-emergency treatment. Available from: http://julkaisut.valtioneuvosto.fi/bitstream/handle/10024/70296/URN_ISBN_978-952-00-3520-4.pdf [accessed 6th April 2018]

Walsh, J., Taylor, N., Hough, D. & Brocklehurst, P. (2015) A qualitative evaluation of a pilot leadership programme for dentists. *Leadership in Health Services*. 28 (3), 185-199.

Victoroff, K.Z., Schneider, K. & Perry, C. (2008) Leadership development for dental students: What do students think? *Journal of Dental Education*. 72, 982-988.

Victoroff, K.Z., Schneider, K. & Perry, C. (2009) Tomorrow's leaders, starting today: A pilot leadership development program for dental students. *Journal of Dental Education.* 73, 311-318.

Widström, E. & Eaton K. (2004) Oral healthcare systems in the extended European union. *Oral Health & Preventive Dentistry.* 2 (3), 155-194.

Wilkes, R.C. & Bartley, S.J. (2010) A model for career planning in healthcare: Investing in a career development program will retain workers for growth. *Online Journal for Workforce Education and Development.* 2 (3).
Available from: http://opensiuc.lib.siu.edu/ojwed/vol2/iss3/3/ [accessed 10th January 2018]

Willcocks, S.G. (2016) Exploring leadership in the context of dentistry in the UK. *Leadership in Health Services*. 29 (2), 201-216. http://dx.doi.org/10.1108/LHS-02-2016-0009

Virtanen J. (2010) *Johtajana sairaalassa*. Turku, Uniprint.
Available from: http://urn.fi/URN:ISBN:978-952-249-070-4

Von Knorring, M., De Rijk, A. & Alexanderson, K (2010). Managers' perceptions of the manager role in relation to physicians: A qualitative interview study of the top managers in Swedish healthcare. BMC Health Services Research, 10 (1), 271. Available from http://www.biomedcentral.com/1472-6963/10/271, doi: 10.1186/1472-6963-10-271

Vuori, J. (2005) *Terveys ja johtaminen. Terveyshallintotiede terveydenhuollon työyhteisöissä*. Porvoo, WSOY.

Yarnall, J. (1998) Career anchors: Results of an organisational study in the UK. *Career Development International*. 3 (2), 56-61. http://dx.doi.org/10.1108/13620439810207536

APPENDICES

Appendix 1

SAATEKIRJE KYSELYLOMAKKEESEEN

HYVÄ KOLLEGA

Pyydän sinua osallistumaan hammaslääkärijohtajien uria ja johtamistyön arkea koskevaan tutkimukseen osana väitöskirjatyötäni. Haen kyselyyn vastaajiksi sekä nykyisin johtajana toimivia että aikaisemmin johtamistyössä olleita hammaslääkäreitä. Pääosan yhteystiedoista olen saanut Suomen Hammaslääkäriliitolta tutkimustarkoitukseen. Lisäksi pyrin tavoittamaan mukaan tutkimukseen myös yksityissektorilla johtotehtävissä olevia hammaslääkäreitä.
Kyselylomake koostuu kahdesta osasta, joista ensimmäisessä kysytään taustoihin ja johtamistyön arkeen liittyviä kysymyksiä. Toinen osa arvioi ammatillista minäkuvaa, joka perustuu paljon johtamistutkimuksissa käytettyyn kyselyyn.
Sosiaali- ja terveydenhuoltoa uudistetaan Suomessa koko ajan, mikä korostaa johtamisen merkitystä. Tämän tutkimuksen tavoitteena on saada työkaluja nykyisten hammaslääkärijohtajien työn tukemiseen ja täydennyskoulutukseen sekä uusien hammaslääkärijohtajien koulutukseen ja työurien suunnitteluun. Vastauksesi on tärkeä!

Vastaukset käsitellään täysin luottamuksellisesti. Yksittäisiä vastauksia ei lopullisessa työssä pysty erottamaan kokonaisuudesta.

Vastaathan 10.5.2014 mennessä.

Pääset vastaamaan kyselyyn tämän viestin alareunassa olevasta linkistä. Vastaamiseen kuluu aikaa noin 15 min. Kyselyn voit keskeyttää ja jatkaa myöhemmin valitsemalla lomakkeen lopussa kohdan osittainen tallennus ja antamalla sähköpostiosoitteesi. Säilytä kuitenkin alkuperäinen tunnus ja salasana.

Kiitos jo etukäteen!

Jos haluat kysyä tai kommentoida jotain kyselyyn liittyen, Tiinan tavoittaa 040 5354510 tai tiina.tuononen@uef.fi

Tiina Tuononen
Tohtorikoulutettava, Itä-Suomen Yliopisto
Johtava hammaslääkäri, Wiitaunionin terveyskeskus

Liisa Suominen
Suun terveydenhuollon professori, Itä-Suomen Yliopisto
Johanna Lammintakanen
Terveyshallintotieteen professori, Itä-Suomen Yliopisto

Appendix 2

Sähköinen kyselylomake hammaslääkärijohtajille

UNIVERSITY OF
EASTERN FINLAND

KYSELY HAMMASLÄÄKÄRIJOHTAJILLE

VASTAA KYSYMYKSIIN NYKYISEN TAI VIIMEISIMMÄN JOHTAMISTEHTÄVÄSI MUKAISESTI.
JOS ET OLE ENÄÄ JOHTAVASSA ASEMASSA VASTAA KAIKKIIN SEURAAVIIN KYSYMYKSIIN VIIMEISIMMÄN JOHTAMISTEHTÄVÄSI MUKAISESTI.
JOS TOIMIT USEAMMASSA TYÖPAIKASSA JOHTAJANA, VASTAA ENSISIJAISEN TYÖPAIKKASI TILANTEEN MUKAISESTI.

TAUSTAA

SYNTYMÄVUOTESI

SUKUPUOLESI

- [ ] NAINEN
- [ ] MIES

MINÄ VUONNA OLET VALMISTUNUT HAMMASLÄÄKÄRIKSI ?

MISTÄ YLIOPISTOSTA TAI KORKEAKOULUSTA OLET VALMISTUNUT HAMMASLÄÄKÄRIKSI

- [ ] HELSINKI
- [ ] KUOPIO
- [ ] OULU
- [ ] TURKU
- [ ] JOKU MUU. MIKÄ? (Kirjoita alla olevaan tekstikenttään)

KUINKA MONTA VUOTTA OLET YHTEENSÄ TYÖSKENNELLYT HAMMASLÄÄKÄRIN KOULUTUSTA EDELLYTTÄVISSÄ TEHTÄVISSÄ (vuoden tarkkuudella. Vähennä mahdolliset pidemmät virkavapaa yms. jaksot)?

JOHTAMASI YKSIKÖN NIMI (esim. terveyskeskuksen, kuntayhtymän, sote-alueen tai yrityksen) Kirjoita alla olevaan tekstikenttään

ALUE, JOSSA JOHTAJANA TYÖSKENTELET / TYÖSKENTELIT (valitse yksi).

- [ ] ETELÄ-SUOMI
- [ ] LOUNAIS-SUOMI
- [ ] LÄNSI- JA SISÄSUOMI
- [ ] ITÄ-SUOMI
- [ ] POHJOIS-SUOMI
- [ ] LAPPI
- [ ] AHVENANMAA

JOHTAMASI ALUEEN VÄESTÖMÄÄRÄ (Kirjoita vieressä olevaan tekstikenttään)

	KYLLÄ	EI
ONKO / OLIKO JOHTAMASI YKSIKKÖ JAKAANTUNUT USEAMPAAN MAANTIETEELLISESTI ERILLISEEN TOIMIPISTEESEEN?	○	○

JOS VASTASIT KYLLÄ, KUINKA MONEEN TOIMIPISTEESEEN? (kirjoita toimipisteiden lukumäärä vieressä olevaan teksitikenttään).

HAMMASLÄÄKÄRIJOHTAJAURASTA

KUINKA MONTA VUOTTA OLET YHTEENSÄ TYÖSKENNELLYT HAMMASLÄÄKÄRIJOHTAJANA (vuoden tarkkuudella. Vähennä mahdolliset pidemmät virkavapaa yms. jaksot)?

MITEN OLET TULLUT / TULIT JOHTAMISASEMAAN? Valitse yksi parhaiten tilannettasi kuvaava vaihtoehto.

- [ ] Minua pyydettiin tehtävään
- [ ] Olen ajautunut tehtävään
- [ ] Työnantajani tai esimieheni edellytti minun ottavan tehtävän vastaan, vaikka en ollut kovin kiinnostunut
- [ ] Olen itse hakeutunut tehtävään
- [ ] Olen tietoisesti suunnitellut johtamisuralle siirtymistä.
- [ ] Muulla tavoin. Miten? (kirjoita alla olevaan kenttään)

KUVAA LYHYESTI MITKÄ OLIVAT RATKAISEVIA TEKIJÖITÄ JOHTAJAKSI SIIRTYMISESSÄSI? (Kirjoita alla olevaan tekstikenttään).

JOLLET OLE ENÄÄ JOHTAJANA, MILLOIN OLET JÄÄNYT TEHTÄVÄSTÄ POIS (Kirjoita vuosiluku alla olevaan tekstikenttään)?

JOS ET OLE ENÄÄ JOHTAJANA, MIKSI OLET JÄÄNYT POIS TEHTÄVÄSTÄ? (Kirjoita alla olevaan tekstikenttään).

JOS ET ENÄÄ TOIMI JOHTAJANA, MITÄ NYKYISIN TEET? Valitse seuraavista.

- [ ] Työskentelen yksityishammaslääkärinä
- [ ] Työskentelen terveyskeskushammaslääkärinä
- [ ] Olen eläkkeellä.
- [ ] Joku muu tehtävä. Mikä? Kirjoita alla olevaan tekstikenttään.

OLETKO KÄYNYT JONKUN SEURAAVISTA KOULUTUKSISTA. (Voit valita useamman vaihtoehdon tilanteesi mukaan).

- [ ] VASTAAVAN HAMMASLÄÄKÄRIN ERITYISPÄTEVYYS
- [ ] HALLINNON (HML) PÄTEVYYS
- [ ] ERIKOISHAMMASLÄÄKÄRITUTKINTO (Jos valitsit tämän, niin kirjoita mikä tai mitkä alla olevaan tekstikenttään)?

- [ ] JOKU MUU PITKÄKESTOINEN JOHTAMISKOULUTUS (väh. 25 op tai 1/2 v esim. johtamisen ammattitutkinto JET, sosiaali- ja terveysjohtamisen PD-koulutus tms). MIKÄ? (Kirjoita alla olevaan tekstikenttään).

ASEMA ORGANISAATIOSSA

MIHIN ORGANISAATIOSI JOHTORYHMÄÄN KUULUT / KUULUIT JOHTAMISTEHTÄVÄSSÄSI ? (Kirjoita alla olevaan tekstikenttään)

KUULUTKO / KUULUITKO JOHONKIN MUUHUN TYÖRYHMÄÄN TMS. JOHTAMASI YKSIKÖN EDUSTAJANA ? MIHIN? (Kirjoita alla olevaan tekstikenttään)

KUINKA MONEN TYÖNTEKIJÄN JOHTAJA OLET / OLIT? (lukumäärä) Kirjaa myös ammattiryhmittäin alla oleviin tekstikenttiin.

HAMMASHOITAJIA / SUUHYGIENISTEJÄ
(lukumäärä)

HAMMASLÄÄKÄREITÄ (lukumäärä)

MUIHIN AMMATTIRYHMIIN KUULUVIA
(lukumäärä)

TYÖAJAN JAKAANTUMINEN

KOKONAISTYÖAJASTA ARVIOIN
KÄYTTÄVÄNI / KÄYTTÄNEENI
VASTAANOTTOTYÖHÖN %

KOKONAISTYÖAJASTA ARVIOIN
KÄYTTÄVÄNI / KÄYTTÄNEENI
JOHTAMISTYÖHÖN %

KOKONAISTYÖAJASTA ARVIOIN
KÄYTTÄVÄNI / KÄYTTÄNEENI MUUHUN
KUIN VASTAANOTTO- TAI
JOHTAMISTYÖHÖN (esim. tutkimus,
ohjaus, opetus tms) %

AJANKÄYTÖN HALLINTA

VALITSE SEURAAVISTA VÄITTÄMISTÄ MITEN HYVIN NE KUVAAVAT / KUVASIVAT TILANNETTASI

	EI KOSKAAN	HARVOIN	USEIN	AINA
Minulla on / oli hyvä mahdollisuus itse vaikuttaa siihen, kuinka paljon käytän / käytin aikaa johtamistyöhön	○	○	○	○
Minulla on / oli riittävästi aikaa johtamistyöhön.	○	○	○	○
Pystyn / pystyin tasapainottamaan ajankäyttöni vastaanottotyön ja johtamistyön välillä.	○	○	○	○
Organisaatiossani on / oli mahdollista tehdä etätyötä (varsinaisen työpaikan ulkopuolella).	○	○	○	○
Koen / koin painetta johtamistyössä ylempien johtajien taholta.	○	○	○	○
Koen / koin painetta johtamistyössä työntekijöiden taholta.	○	○	○	○
Minulla on / oli mahdollista riittävän usein tavata työntekijöitäni henkilökohtaisesti.	○	○	○	○
Minulla on / oli riittävästi aikaa työyksikköni kehittämistyöhön	○	○	○	○
Minulla on / oli riittävästi mahdollisuuksia omaan kouluttautumiseen.	○	○	○	○
Minulla on / oli riittävästi mahdollisuuksia kehittää johtamisosaamistani.	○	○	○	○
Työt tulevat / tulivat usein mukanani kotiin.	○	○	○	○
Teen / tein vapaa-ajakseni määritellyllä ajalla työhön liittyviä tehtäviä, jotka kirjaan / kirjasin työajaksi.	○	○	○	○
Teen / tein työajan ulkopuolella työhön liittyviä tehtäviä, joita en kirjaa / en kirjannut työajaksi.	○	○	○	○
Suunnittelen / suunnittelin jatkavani työurani loppuun nykytyöpaikassani / silloisessa työpaikassani.	○	○	○	○
Suunnittelen / suunnittelin jättäytyväni pois nykyisestä / silloisesta työtehtävästäni.	○	○	○	○

JOHTAMISASEMAN ILOT JA HAASTEET

MAINITSE KOLME TÄRKEINTÄ ILON JA TYYTYVÄISYYDEN AIHETTA JOHTAMISURALLASI.

MAINITSE KOLME HAASTEELLISINTA ASIAA JOHTAMISURALLASI.

AMMATILLINEN MINÄKUVA (VALMIS KYSELYKOKONAISUUS, SCHEIN E., CAREER ANCHORS)

ARVIOI SEURAAVISTA VÄITTÄMISTÄ MITEN HYVIN NE TOTEUTUVAT SINUN KOHDALLASI.

	EI KOSKAAN	HARVOIN	USEIN	AINA
1. Haluaisin olla niin hyvä työssäni, että muut usein pyytäisivät minulta asiantuntijaneuvoja.	○	○	○	○
2. Olen tyytyväisin työssäni, kun olen kyennyt yhdistämään työyhteisön pyrkimykset ja ponnistelut yhteisen tavoitteen saavuttamiseksi.	○	○	○	○
3. Haaveilen urasta, joka antaisi minulle vapauden tehdä työtä omalla tavallani ja oman aikatauluni mukaan.	○	○	○	○
4. Etsin jatkuvasti ideoita, jotka mahdollistaisivat oman yrityksen aloittamisen.	○	○	○	○
5. Turvallisuus ja vakaus ovat minulle tärkeämpiä kuin vapaus ja itsenäisyys.	○	○	○	○
6. Jättäisin mieluummin organisaationi kuin suostuisin siirtymään työhön, joka voisi vaarantaa kykyni huolehtia henkilökohtaisista asioistani tai perheestäni.	○	○	○	○
7. Tunnen onnistuneeni urallani vain jos koen, että olen todella osallistunut yhteiskunnan hyvinvoinnin lisäämiseen.	○	○	○	○
8. Haaveilen urasta, jossa minulla olisi jatkuvasti mahdollisuus ratkoa yhä hankalampia ongelmia.	○	○	○	○
9. Tunnen onnistuneeni urallani vain, jos voin kehittää osaamistani entistä paremmaksi.	○	○	○	○
10. Haaveilen tilanteesta, jossa olisin johtajana vastuussa koko organisaatiosta.	○	○	○	○
11. Olen tyytyväisin työhöni, kun olen täysin vapaa määrittelemään omat tavoitteeni, aikatauluni ja menettelytapani.	○	○	○	○
12. En jäisi työhön organisaatioon, jossa minulle annettaisiin tehtäviä, jotka vaarantaisivat työsuhteeseeni liittyvän turvallisuudentunteeni.	○	○	○	○
13. Oman yrityksen perustaminen on minulle tärkeämpää kuin oleminen korkeassa johtoasemassa jonkun muun organisaatiossa.	○	○	○	○
14. Olen ollut tyytyväisin uraani kun olen voinut käyttää kykyjäni muiden auttamiseksi.	○	○	○	○
15. Tunnen onnistuvani urallani vain jos pystyn selviytymään yhä haasteellisemmista tehtävistä.	○	○	○	○
16. Haaveilen urasta, jossa voin yhdistää omat henkilökohtaiset ja perheeni tarpeet sekä työn vaatimukset.	○	○	○	○
17. Minusta on houkuttelevampaa kehittyä oman erityisalueeni johtajaksi kuin edetä korkeampaan johtamisasemaan.	○	○	○	○
18. Tunnen onnistuneeni urallani vain jos minulla on täydellinen autonomia ja vapaus määritellä työni.	○	○	○	○
19. Haen yleensä töitä organisaatioista, jotka voivat tarjota minulle pysyvyyden ja turvallisuuden tunteen.	○	○	○	○
20. Olen tyytyväisin silloin kun olen pystynyt rakentamaan jotain, joka ensisijaisesti on tulosta omista kyvyistäni ja ponnistelustani.	○	○	○	○
21. Tunnen onnistuneeni vain jos minusta tulee jonkin organisaation ylin johtaja.	○	○	○	○
22. Uravalintojani ohjaa halu käyttää kykyjäni maailman tekemiseksi paremmaksi paikaksi elää.	○	○	○	○
23. Olen ollut tyytyväisin urallani, kun olen pystynyt ratkaisemaan selvittämättömiä tai etukäteen mahdottomilta näyttäneitä ongelmia.	○	○	○	○

24. Tunnen onnistuneeni elämässä vain jos olen kyennyt pitämään tasapainossa henkilökohtaiset ja perheeni tarpeet sekä urani vaatimukset.	○	○	○	○
25. Haaveilen urasta, joka antaa minulle tunteen pysyvyydestä ja turvallisuudesta.	○	○	○	○
26. Lähden mieluummin organisaatiostani kuin vastaanotan työkierrossa työtehtävän oman asiantuntemusalueeni ulkopuolelta.	○	○	○	○
27. Henkilökohtaisen elämän ja työn vaatimusten tasapaino on minulle tärkeämpää kuin korkea johtamisasema.	○	○	○	○
28. Haaveilen urasta, jossa voin panostaa ihmisyyteen ja yhteiskunnallisiin asioihin.	○	○	○	○
29. Tunnen onnistuneeni urallani vain jos olen pystynyt luomaan omiin ideoihini ja taitoihini perustuneen yrityksen.	○	○	○	○
30. Yleisjohtajaksi kehittyminen on minusta houkuttelevampaa kuin oman erityisalueen toiminnasta vastaavaksi johtajaksi kehittyminen.	○	○	○	○
31. Mahdollisuus työskennellä omalla tavallani, vapaana säännöistä ja rajoitteista on minulle hyvin tärkeää.	○	○	○	○
32. Pidän enemmän työmahdollisuuksista, jotka vahvasti haastavat ongelmanratkaisukykyäni ja kunnianhimoani	○	○	○	○
33. Haaveilen oman yrityksen aloittamisesta ja kehittämisestä.	○	○	○	○
34. Lähden mieluummin organisaatiostani kuin otan vastaan tehtävän, joka heikentää mahdollisuuksiani toimia toisten hyväksi.	○	○	○	○
35. Olen tyytyväisin työhöni kun minulla on mahdollisuus käyttää erityisosaamistani ja taitojani.	○	○	○	○
36. Lähden mieluummin organisaatiostani kuin otan vastaan työn/työtehtävän, joka estää minua kehittymästä johtamisuralla.	○	○	○	○
37. Olen tyytyväisin työelämääni, kun tunnen olevani täydellisen turvattu taloudellisesti ja ammatillisesti.	○	○	○	○
38. Lähden mieluummin organisaatiostani kuin hyväksyn työtehtävän, joka vähentää autonomiaani ja vapauttani.	○	○	○	○
39. Olen aina hakeutunut työtehtäviin, jotka vähiten häiritsevät henkilökohtaista ja perhe-elämääni.	○	○	○	○
40. Hankalasti ratkaistavien ongelmien parissa työskentely on minulle tärkeämpää kuin korkean johtamisaseman saavuttaminen.	○	○	○	○

PALAA VIELÄ UUDELLEEN EDELLISEN KOHDAN "USEIN / AINA" VALINTOIHISI JA VALITSE NIISTÄ VIISI (5), JOTKA KAIKKEIN PARHAITEN KUVAAVAT SINUA.

- ☐ 1. Haluaisin olla niin hyvä työssäni...
- ☐ 2. Olen tyytyväisin työssäni...
- ☐ 3. Haaveilen urasta...
- ☐ 4. Etsin jatkuvasti ideoita...
- ☐ 5. Turvallisuus ja vakaus ovat...
- ☐ 6. Jättäisin mieluummin...
- ☐ 7. Tunnen onnistuneeni urallani...
- ☐ 8. Haaveilen urasta, jossa...
- ☐ 9. Tunnen onnistuneeni urallani...
- ☐ 10. Haaveilen tilanteesta...
- ☐ 11. Olen tyytyväisin työhöni...
- ☐ 12. En jäisi työhön...
- ☐ 13. Oman yrityksen perustaminen....
- ☐ 14. Olen ollut tyytyväisin uraani...
- ☐ 15. Tunnen onnistuvani urallani...
- ☐ 16. Haaveilen urasta...
- ☐ 17. Minusta on houkuttelevampaa...
- ☐ 18. Tunnen onnistuneeni urallani...
- ☐ 19. Haen yleensä töitä...
- ☐ 20. Olen tyytyväisin silloin...
- ☐ 21. Tunnen onnistuneeni vain...
- ☐ 22. Uravalintojani ohjaa halu...
- ☐ 23. Olen ollut tyytyväisin urallani...
- ☐ 24. Tunnen onnistuneeni elämässä...
- ☐ 25. Haaveilen urasta, joka antaa...
- ☐ 26. Lähden mieluummin...
- ☐ 27. Henkilökohtaisen elämän...
- ☐ 28. Haaveilen urasta, jossa...
- ☐ 29. Tunnen onnistuneeni urallani...
- ☐ 30. Yleisjohtajaksi kehittyminen...
- ☐ 31. Mahdollisuus työskennellä...
- ☐ 32. Pidän enemmän...
- ☐ 33. Haaveilen oman yrityksen...
- ☐ 34. Lähden mieluummin...
- ☐ 35. Olen tyytyväisin työhöni...
- ☐ 36. Lähden mieluummin...
- ☐ 37. Olen tyytyväisin työelämääni...
- ☐ 38. Lähden mieluummin...
- ☐ 39. Olen aina hakeutunut...
- ☐ 40. Hankalasti ratkaistavien...

JA VIELÄ LOPUKSI JÄLKIVIISAUDEN HETKI

ARVIOI

	KYLLÄ	EI
JOS NYT VOISIT NIIN VALITSISITKO TÄHÄN ASTISELLA URALLASI JOTAKIN TOISIN	○	○

JOS VASTASIT KYLLÄ, MITÄ MUUTTAISIT?

OSITTAINEN TALLENNUS

Tahdon tallentaa täyttämäni tiedot ja jatkaa myöhemmin linkistä, joka lähetetään antamaani osoitteeseen.

Sähköpostiosoite

TIETOJEN LÄHETYS

Tallenna | Esitäyttö URL

Appendix 3

Sähköinen kyselylomake hammaslääkärijohtajille / Questionnaire for dentist leaders (in English- translation by Semantix)

UNIVERSITY OF EASTERN FINLAND

QUESTIONNAIRE FOR DENTIST LEADERS
PLEASE ANSWER THE QUESTIONS IN ACCORDANCE WITH YOUR CURRENT OR LAST LEADERSHIP POSITION
IF YOU ARE NO LONGER IN A LEADERSHIP POSITION, PLEASE ANSWER ALL OF THE FOLLOWING QUESTIONS IN ACCORDANCE WITH YOUR LAST LEADERSHIP POSITION.
IF YOU WORK AS A LEADER IN SEVERAL POSTS, PLEASE ANSWER WITH RESPECT TO YOUR MAIN POSITION.

BACKGROUND

YOUR YEAR OF BIRTH

GENDER

- ☐ FEMALE
- ☐ MALE

IN WHICH YEAR DID YOU GRADUATE AS A DENTIST?

FROM WHICH UNIVERSITY OR HIGHER EDUCATION INSTITUTION DID YOU GRADUATE AS A DENTIST?

- ☐ HELSINKI
- ☐ KUOPIO
- ☐ OULU
- ☐ TURKU
- ☐ SOMEWHERE ELSE. PLEASE SPECIFY? (Answer in the field below)

FOR HOW MANY YEARS IN TOTAL HAVE YOU BEEN WORKING IN TASKS THAT REQUIRE A QUALIFICATION IN DENTISTRY (to the nearest year)?

Please deduct any longer periods of sabbatical leave etc.

THE NAME OF THE UNIT YOU LEAD (e.g. health centre, municipal federation, SOTE region or company). Answer in the field below

REGION IN WHICH YOU WORK/WORKED AS A LEADER (select one).

- ☐ SOUTHERN FINLAND
- ☐ SOUTH-WESTERN FINLAND
- ☐ WESTERN AND INNER FINLAND
- ☐ EASTERN FINLAND
- ☐ NORTHERN FINLAND
- ☐ LAPLAND
- ☐ ÅLAND ISLANDS

POPULATION OF REGION IN WHICH YOU ARE/WERE A LEADER (Answer in the adjacent field)

	YES	NO
IS/WAS THE UNIT YOU LED DISTRIBUTED BETWEEN SEVERAL GEOGRAPHICALLY SEPARATE OFFICES?	○	○

IF YOU RESPONDED YES, HOW MANY? (Enter the number of offices in the adjacent field)

YOUR CAREER AS A LEADING DENTIST

FOR HOW MANY YEARS IN TOTAL HAVE YOU BEEN WORKING AS A LEADING DENTIST (to the nearest year. Please deduct any longer periods of sabbatical leave etc.)?

HOW DID YOU ENTER LEADERSHIP POSITION? Select the option that best suits your situation.

- ☐ I was asked to fill the post
- ☐ I came into the position by drift
- ☐ My employer or superior required me to take the job, despite my lack of interest in it
- ☐ I applied for the position
- ☐ I consciously planned to move into a leadership career.
- ☐ In some other way. How? (Answer in the field below)

BRIEFLY DESCRIBE THE DECISIVE FACTORS IN YOUR MOVING INTO A LEADERSHIP POSITION? (Answer in the field below)

IF YOU ARE NO LONGER A LEADER, WHEN DID YOU LEAVE THE POSITION (Give the year in the field below)?

IF YOU ARE NO LONGER A LEADER, WHY DID YOU LEAVE THE POSITION? (Answer in the field below).

IF YOU NO LONGER WORK AS A LEADER, WHAT DO YOU DO NOW? Choose from the following.

- ☐ I work as a private dentist
- ☐ I work as a health centre dentist
- ☐ I have retired.
- ☐ Some other post. Please specify? Answer in the field below.

HAVE YOU COMPLETED ANY OF THE FOLLOWING COURSES? (Select one or more options, depending on your situation).

- ☐ SPECIAL COMPETENCE IN DENTAL ADMINISTRATION
- ☐ ADMINISTRATIVE (DDS) QUALIFICATION
- ☐ DEGREE AS A SPECIALIZED DENTIST (If you select this option, please state the specialist area(s) in the field below)
- ☐ SOME OTHER LONG-TERM LEADERSHIP EDUCATION (at least 25 ECTS or a half-year vocational JET degree in leadership, PD training in social and healthcare management etc). PLEASE SPECIFY. (Answer in the field below).

POSITION IN THE ORGANISATION

TO WHICH MANAGEMENT /LEADERSHIP TEAM DO/DID YOU BELONG WITHIN YOUR ORGANISATION? (Answer in the field below)

DID YOU BELONG TO ANY OTHER WORKING GROUP ETC AS A REPRESENTATIVE OF THE UNIT YOU LEAD? PLEASE SPECIFY (Answer in the field below)

HOW MANY EMPLOYEES DO/DID YOU LEAD? (number) Also state the number by professional category in the fields below

DENTAL NURSE/ORAL HYGIENIST (number)

DENTISTS (number)

MEMBERS OF OTHER PROFESSIONAL CATEGORIES (number)

DISTRIBUTION OF WORKING TIME

THE SHARE OF MY TOTAL WORKING HOURS THAT I USE/USED FOR CLINICAL TASKS %

THE SHARE OF MY TOTAL WORKING HOURS THAT I USE/USED FOR LEADERSHIPTASKS %

THE SHARE OF MY TOTAL WORKING HOURS THAT I USE/USED FOR TASKS OTHER THAN CLINICAL OR LEADERSHIP TASKS % (for example, research, guidance, teaching etc.) %

TIME MANAGEMENT

SELECT FROM THE FOLLOWING OPTIONS, BASED ON HOW WELL THEY DESCRIBE/DESCRIBED YOUR SITUATION

	NEVER	SELDOM	OFTEN	ALWAYS
I have/had a good opportunity to influence how much time I spend/spent on management tasks	○	○	○	○
I have/had enough time for management tasks.	○	○	○	○
I am/was able to balance my use of time between reception and management tasks.	○	○	○	○
Within my organisation, it is/was possible to telework (outside the actual workplace).	○	○	○	○
In my management tasks, I experience/experienced pressure from senior managers.	○	○	○	○
In my management tasks, I experience/experienced pressure from the employees.	○	○	○	○
I am/was able to meet personally with my employees sufficiently often.	○	○	○	○
I have/had enough time to engage in the development of my unit.	○	○	○	○
I have/had enough opportunities for my own training.	○	○	○	○
I have/had enough opportunities to develop my leadership competencies.	○	○	○	○
I often take/took work home.	○	○	○	○
I do/did work-related tasks in my free time, which I record/recorded as working hours.	○	○	○	○
I do/did work-related tasks outside working hours, which I do not/did not record as working hours.	○	○	○	○
I plan/planned to continue my career in my current post/in the post I held at the time.	○	○	○	○

I plan/planned to leave my current post/the post I held at the time	○	○	○	○

REWARDS AND CHALLENGES OF LEADERSHIP WORK

MENTION THE THREE MOST REWARDING AND PLEASANT ASPECTS OF YOUR LEADERSHIP CAREER.

MENTION THE THREE MOST CHALLENGING ISSUES DURING YOUR LEADERSHIP CAREER.

PROFESSIONAL SELF-IMAGE (Edgar H. Schein)
CAREER ANCHOR QUESTIONNAIRE (CAREER ORIENTATION INVENTORY)

For each of the forty items that follow, rate how true that statement is for you

	NEVER	SELDOM	OFTEN	ALWAYS
1. I want to be so good what I do that others will always seek my expert advice.	○	○	○	○
2. I am most fulfilled in my work when I have been able to integrate the efforts of others toward a common task.	○	○	○	○
3. I dream a having a career that will allow me the freedom to do the job in my own way and on my own schedule.	○	○	○	○
4. I am always on the lookout for ideas that would permit me to start my own enterprise.	○	○	○	○
5. Security and stability are more important to me than freedom and autonomy.	○	○	○	○
6. I would rather leave my organisation that be put into a job that would compromise my ability to pursue personal and family concerns.	○	○	○	○
7. I feel successful in my career only if I have a feeling of having made a real contribution to the welfare of society.	○	○	○	○
8. I dream of career in which I will always have challenge of solving ever more difficult problems.	○	○	○	○
9. I will feel successful in my career only if I can develop my skills to an ever increasing level of competence.	○	○	○	○
10. I dream of being in charge of a whole organisation	○	○	○	○
11. I am most fulfilled in my work when am completely free to define my own tasks, schedules, and procedures.	○	○	○	○
12. I would not stay in an organisation that would give me assignments that would jeopardize my job security.	○	○	○	○
13. Building a business of my own is more important to me than being a high level manager in someone else's organization.	○	○	○	○
14. I have felt most fulfilled in my career when I have been able to use my talents in the service of others.	○	○	○	○
15. I will feel successful in my career only if I have met and overcome increasingly difficult challenges.	○	○	○	○
16. I dream of a career that will permit me to integrate my personal, family, and work needs.	○	○	○	○

17. Becoming a senior functional or technical manager in my area of expertise is more attractive to me than becoming a general manager.				
18. I will feel successful in my career only if I achieve complete autonomy and freedom to define my work.				
19. I usually seek jobs in organizations that will give me the sense of stability and security.				
20. I feel most fulfilled when I have been able to build something that is primarily the result of my own skill and effort.				
21. I feel successful only if I become a high-level general manager in some organisation.				
22. Using my talents to make the world a better place to live is what drives my career decisions.				
23. I have been most fulfilled in my career when I have been able to solve seemingly unsolvable problems or won out over seemingly impossible odds.				
24. I feel successful in life only if I have been able to balance my personal, family and career requirements.				
25. I dream of a career that will allow me to feel a sense of stability and security.				
26. I would rather leave my organisation than to accept a rotational assignment that would take me out of my area of expertise.				
27. Balancing the demands of my personal and professional life is more important to me than a high-level managerial position.				
28. I dream of being in a career that makes contribution to humanity and society.				
29. I will feel successful in my career only if I have created an enterprise of my own based on my own ideas and skills.				
30. Becoming a general manager is more attractive to me than becoming a senior functional manger in my area of expertise.				
31. The chance to do the job in my own way, free of rules and constraints, is very important to me.				
32. I prefer work opportunities that strongly challenge my problem-solving and competitive skills.				
33. I dream of starting up and building my own business.				
34. I would rather leave my organisation than to accept a position that would undermine my ability to be of service to others.				
35. I am most fulfilled in my work when I have been able to use my special skills and talents.				
36. I would rather leave my organisation than to accept a job that would take me away from the path to general management.				
37. I am most fulfilled in my work life when I feel complete financial and employment security.				
38. I would rather leave my organisation than to accept a job that would reduce my autonomy and freedom.				
39. I have always sought out work opportunities that minimize interference with my personal and family concerns.				
40. Working on problems that are difficult to solve is more important to me than achieving a high-level managerial position.				

Now please go back over all of the items and locate the five that are most clearly descriptive of how you feel.

- [ ] 1. I want to be so good...
- [ ] 2. I am most fulfilled in...
- [ ] 3. I dream a having a career...
- [ ] 4. I am always on the lookout...
- [ ] 5. Security and stability are...
- [ ] 6. I would rather leave...
- [ ] 7. I feel successful in...
- [ ] 8. I dream of career in...
- [ ] 9. I will feel successful...
- [ ] 10. I dream of being...
- [ ] 11. I am most fulfilled in...
- [ ] 12. I would not stay in...
- [ ] 13. Building a business of my own....
- [ ] 14. I have felt most fulfilled...
- [ ] 15. I will feel successful...
- [ ] 16. I dream of a career that...
- [ ] 17. Becoming a senior functional...
- [ ] 18. I will feel successful...
- [ ] 19. I usually seek jobs…
- [ ] 20. I feel most fulfilled when...
- [ ] 21. I feel successful only...
- [ ] 22. Using my talents to...
- [ ] 23. I have been most fulfilled...
- [ ] 24. I feel successful in life...
- [ ] 25. I dream of a career...
- [ ] 26. I would rather leave...
- [ ] 27. Balancing the demands...
- [ ] 28. I dream of being...
- [ ] 29. I will feel successful...
- [ ] 30. Becoming a general manager...
- [ ] 31. The chance to do the job...
- [ ] 32. I prefer work...
- [ ] 33. I dream of starting...
- [ ] 34. I would rather leave...
- [ ] 35. I am most fulfilled...
- [ ] 36. I would rather leave...
- [ ] 37. I am most fulfilled...
- [ ] 38. I would rather leave...
- [ ] 39. I have always sought...
- [ ] 40. Working on problems that…

FINALLY, IN HINDSIGHT

STATE

	YES	NO
AS TO WHETHER YOU WOULD NOW CHOOSE DIFFERENTLY WITH RESPECT TO YOUR CAREER SO FAR	○	○

IF YOU ANSWERED YES, WHAT WOULD YOU CHANGE?

_____

TIINA TUONONEN

This doctoral thesis studied dentists´ leadership careers with a special focus on retention and turnover. Oral health care is an integral part of health care, however research on leadership in it is scarce.
Novel information about dentists in leadership careers was found by using mixed methods. The main factors supporting retention in a leadership post were enthusiasm for leadership supported by leadership education and work time control opportunities.

UNIVERSITY OF
EASTERN FINLAND

uef.fi

PUBLICATIONS OF
THE UNIVERSITY OF EASTERN FINLAND
Dissertations in Health Sciences

ISBN 978-952-61-2803-0
ISSN 1798-5706