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Career path from a dentist to a leader

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Career path from a dentist to a leader

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Structured Abstract:
Purpose – The purpose was to study the career paths of leaders with a career background as a dentist from basic degree to chief or executive leadership positions and individual factors that influenced their decisions.
Design – Semi-structured interview and a questionnaire were used to study 13 leaders utilizing the structure of Edgar Schein’s Career anchor interview and career orientation inventory questionnaire. Theory-driven content analysis was used to analyse the data according to themes which included career paths, factors associated with job and career changes, and thoughts about future careers.
Findings – Three different career path types were identified: A) Progressives B) By chance and C) Enthusiasts. The main motives were: the Progressives’ goal orientation to proceed to higher leadership positions, the By chance group’s job and even career changing by taking a chance on an interesting possibility that comes their way, and the Enthusiasts’ willingness to make a difference and search for possibilities to change things. The most important career anchor was Pure challenge among the Progressives and By chance groups and General managerial competence among the Enthusiasts.
Originality/value – Studies on personal factors associating with career paths in health care are scarce and similarly leaders with a dentist background are less studied, even though leadership could be an excellent career choice for a dentist. Different individuals can have varied motives and career paths towards executive positions. Due to the multi-professional functions in health care, organizations could benefit from having leaders with different expertise backgrounds.

Keywords: career, career path, career anchor, dentist, leader

Article Classification: Original Article

Abstract
Introduction

A career path could be defined as an individual’s path from a basic degree through different stages (further education, different jobs and organizations) to a current or final situation (www.hrzone.com). This could also include the hopes or goals of the future. This path could be made up of multiple choices and decision situations and even career changes.

Early career selection and early career decisions have been found to be unsure predictors of a person’s entire career and career goals (Schein and Van Maanen, 2016). An individual can have multiple careers. Fahey and Myrtle (2001) described career change as movement to a new occupation including new demands and a new working environment.

Traditionally, health care leaders’ careers have proceeded in one organization or at least within the same health care sector. Career changes can be both vertical (from lower-level to higher positions even to executive posts) and horizontal (changing to another leadership position of the same level) (Fahey and Myrtle, 2001; Myrtle et al., 2008; Ham et al., 2011). Working in the same organization could be an advantage, since the history, culture and functions of the organization are familiar. Vertical proceeding in one organization can still be a reality for many leaders, but job and career changes between different organizations and different health industry sectors has become more common in recent years, while working and living environments are in constant change. Work itself and organizations have become more complex.

Varied career paths including working in different sectors and organizations can be an advantage to leaders themselves, creating opportunities for professional growth and giving them greater job satisfaction (Myrtle et al., 2008; Chen et al., 2011; Mascia and Piconi, 2013). Similarly, organizations could benefit from versatile leaders with knowledge of and relationships between different sectors (Mascia and Piconi, 2013). It is probably nowadays also easier and more generally accepted to change jobs or even careers than during past decades. Ham et al. (2011) studied physicians with varied career paths. Some of those physicians had straightforward paths to medical chief executive positions, some were experienced in other leadership roles, including the civil service, and some of them had multiple career stages involving working abroad in different countries, as well as in private or public sectors or universities.

Different models exist for describing career development among leaders. Studies can be found focusing on, for example, career patterns (Gunz et al., 1998; Fahey and Myrtle, 2001), career stages (Myrtle et al., 2008; Spehar et al., 2012), career phases (Evans, 1988) and career streams (Gunz et al., 1998). Fahey and Myrtle (2001) introduced four different health care executive and management career patterns: the most often found pattern was multiple career changes, second was a single career change, then the traditional career without seeking a career
change, and finally the fourth was careers with multiple changes back and forth between different health care sectors. Job and career changes can be planned, unplanned or even involuntary. Some studies describe health care leaders who were dropped in or persuaded to begin a leadership position (Boucher, 2005; Spehar et al., 2012; Tuononen et al., 2016b). In Fahey and Myrtle (2001), one-third of their respondents had at least one involuntary or unplanned job change in their career.

There are studies on dentists’ personality traits and perspectives on leadership careers (e.g. Westerman, 1991; Morison and McMullan, 2013), however, less studied are individual factors and especially intrinsic factors influencing various career decisions of leaders. Boucher (2005) studied health care professionals and found six different attitudes towards leadership (management); variation ranged from those who thought they were “born managers” to those who thought that they were “stuck” in a leadership position including also a variety of those professionals who have never been and never wanted to be a manager. Individual differences exist including several specific extrinsic and intrinsic factors affecting careers and career decisions. Extrinsic factors could involve, for example, finances, family affairs or organizational reforms. Respectively, intrinsic factors could be, for example, age, education, or one’s career anchors (Schein 1978; 1993; 2006). Career anchors are described as a professional self-concept; how a person defines oneself in relation to their work and one’s own competence, needs, motives and values. The career anchor concept is based on Edgar Schein’s career evaluation theory (1978; Schein 1993) and is widely used in many studies dealing with varied professions, but less among health care leaders (Boucher, 2005; Kaplan et al., 2005) and only a few career anchor studies include dentists (Delong, 1983; Boshoff et al., 1994, Tuononen et al., 2016a) or dentist leaders (Tuononen et al., 2016a, 2016b). For dentist leaders ‘lifestyle’ and ‘technical and functional competence’ were found to be important career anchors. However, ‘general managerial competence’ was found to be the most important anchor supporting staying in a leadership position (Tuononen et al., 2016b).

Gunz et al. (1998) stated that many managers have the background of a functional expert. This is also common in health care, where almost all leaders and managers have the background of health care professionals. Leaders in chief or executive positions in social and health care often have a physician background, which has been identified as a good foundation for leadership positions (Thomason, 1999). Being a manager was also described as being a good opportunity for a physician to combine clinical medicine and comprehension of health care management (Fairchild et al., 2004; Lazarus, 2009). Some social and health care leaders come from social and nursing sciences, but fewer leaders seemed to have a dentist background. Dentists traditionally stay working in the dental field. Only a few have chosen to continue their careers uncharacteristically further to positions of strategic management in social and health care or in other
organizations. The purpose was to study the career paths of leaders with a career background as a dentist from basic degree to chief or executive leadership positions and individual factors that influenced their decisions.

**Materials and methods**

**Study group**

The materials were collected during summer 2016 from a group of 13 leaders having a dentist background and currently working as leaders in national-, regional- or local-level organisations. The potential target group was identified in autumn 2015 including 15 participants, of which one refused to participate, and one was not reached during the data collection period. This group was purposefully sampled based on the authors’ knowledge of all potential study participants who could fulfil the following criteria: 1) a basic dentist degree, 2) working in a strategic management position, and 3) being of working age.

The background information of the study group was collected from interviews, the Internet, the Registry of Finnish Dentists 2000 and 2007 (collected and published by the Finnish Dental Association), and personal curriculum vitaea, given by some of the participants after the interviews. At the time of the study, participants were working in national, regional or local public administration or in private organizations (Table 1). The mean age of the participants was 57 (range 45–64) and 53% were male. Most of the participants had a doctoral degree or were working towards this. Two-thirds of the participants were specialists in public health, most participants had other major leadership and management studies and some participants had master’s degrees in health management or political sciences (Table 1). Participants’ mean clinical dentist career length was 21.5 years (range 1–38). Most participants started their leadership career earlier than ten years after dentist graduation. They had worked in their current position on average three years (range 1–9).

**Material collection**

The study materials were collected by semi-structured individual interviews. Themes included career paths, individual factors associated with job and career changes, and future career thoughts. The structure of the interviews was modified from the Career anchor interview from Edgar Schein (1993). Interest and consent to participate in the study were requested during the first contact via email, which also included the information about the study. The interview occasion and the location were arranged in the next contact by email or by phone. Then, in another mail, the participants got a
link to the Career anchor questionnaire and the request to answer that questionnaire before the interview. Career anchor score analysis (Schein, 2006) was completed before the interviews.

Interviews were conducted during summer 2016 (3 May–31 August 2016) by the first author. At the beginning of the interview participants 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. Approval based on research ethics was not required, but participants provided informed consent by voluntarily participating in the interviews. Interview duration was between 27–45 minutes and they were recorded. The recordings were transcribed by the first author. Results of career anchor analyses were discussed with the participants after interview recordings; these discussions were not recorded.

Analysis
The transcribed interviews were read through several times to form an overall impression. The transcriptions were read over by the first and the third author separately and preliminary analysis was conducted together. Theory-driven content analysis was used to identify and list items which were mentioned by several study participants. These items represented different aspects of the participants’ careers such as motives for career choice decisions and how their careers had developed. From similar findings, three different career path types were identified. Then, participants’ background characteristics and other individual factors, for example career anchors (Table 2), were studied per each type to search for items which seemed to be type typical or common to all participants.

Career anchor evaluation
Career anchor evaluation was conducted by using the Career Orientation Questionnaire (COI) and a scoring table taken from Edgar Schein’s Career Anchors Self-Assessment (2006). COI is a 40-item survey that can be self-scored; it includes five statements for each of eight career anchors (Table 2). For each of the statements participants chose the best matching option from Likert-type answer options: never =1, seldom =2, often =3 or always =4. In addition to this, they gave five extra points to those statements with often or always options which most clearly characterized them. The sums of these scores were divided by five to obtain final scores for each of eight career anchors (theoretical range 1.0–9.0). These career anchor scores were calculated according to three career types. The most and the least important career anchors were also detected.

INSERT TABLE 2 HERE
Results

Three types of career paths were identified. They differed by participants’ motives for career choice decisions and individual factors which had been associated with these decisions in their career paths. These types were referred to as A) Progressives, B) By chance and C) Enthusiasts. Results are described in this order including career anchors. Citations 1–5 are from participants in group A, 6–9 in group B and 10–13 in group C.

Type A) Progressives

Participants in this group seemed to have developed their careers in a goal-oriented manner. They had educated themselves according to a clear plan to succeed in their current position or aiming for the future to be able to proceed to higher management positions.

- I’ve been training myself systematically and tried to think about what kind of training, background and so on would be useful to me if I wanted to change jobs. (Informant 1)
- ...so, I went to various kinds of training... I went through all the administrative courses that they had available and concerning this. (Informant 3)

Most participants in this group described that they had actively sought higher positions in their own or other organization; their careers seem to have developed vertically as straightforward paths towards higher positions even to the chief executive posts.

- I’ve been active. (Informant 2)
- The drive (motivation) was to expand my job description little by little. (Informant 1)

Participants in this group were working in local- or regional-level organizations and had stayed working in the same area or even in the same organization for the main part of their careers, albeit a few of them had worked in different organizations or areas during the early years of their career. They could be referred to as area or organization attached or organization faithful. Most of them had described themselves as having “returned to their roots”.

- Yes, the location was crucial too. I know this place, my home, and of course my present job... I’d been working in health care here for a long time... (Informant 5)
- ...so, I’m happy to stay put, and then when something comes up in our workplace community, I’d apply for it, like this health service manager job. (Informant 4)
- Actually, I’ve been here for my entire working career. (Informant 3)
Most participants in this group were planning to continue in the same organization or the same area, but possibly were proceeding to work in a higher leadership position. Those, who were close to retirement, had plans for doing consulting work in their own expertise area.

- *I suppose I’ll be transferring to the regional government reform planning, and I’ve been involved in it already, and that’s what’s happening right now.* (Informant 5)
- *I’m retiring, but I’m staying on as an expert consultant...* (Informant 3)

Participants in this group had the longest dentist clinical careers combining the years before and besides the leadership work (mean 27.4 years, range 17–38).

The highest career anchor mean scores in type A were in `pure challenge´ and `service and dedication to a cause´ and the lowest were in `security / stability´ and `entrepreneurial creativity´. Four different career anchors were found to be the most important anchor in this group. (Table 3)

**Type B) By chance**

Leadership career paths in this group seemed to have developed by chance; participants described that they have taken their chances to move on to different leadership positions when they encountered interesting opportunities. Most of them were working in national-level organizations. They describe themselves to have been courageous in their decisions.

- *Chance: being in the right place at the right time... and taking up opportunities.* (Informant 6)
- *Maybe after I’d spent a few years at the health centre, I had the idea that I might have something to contribute to developing the service system. That was when I had the idea! But I haven’t been aiming for any specific position.* (Informant 9)
- *It must be about courage, I’ve always been bold in my choices.* (Informant 8)

Participants in this group have worked in several sectors and are experienced in different kinds of leadership roles in private and public social and health care organizations or in public administration organizations. Careers in this group have mostly been vertical, but a few job changes have also been horizontal. By chance participants have been asked or requested to take posts, and they mentioned that their mentors were important in their early career stages in guiding them towards leadership tasks and careers.
- I had a supervisor who had me do things like that and asked and encouraged me to do things that were useful later in supervisor duties and for management issues. And for my career. (Informant 6)

- My supervisor sort of became my tutor or mentor for my thinking, noticing that I had things to say about improving a lot of things, and then recommended me to take a management course to gain experience in management and administration. (Informant 9)

Participants in this group had plans to continue leadership work, but not necessarily at a higher level, but maybe work abroad or even in lower level but closer to action.

- But for myself, I’m still interested in international activities, a lot. I’ll have to see what’s on offer! (Informant 8)

- If there’s some interesting management position open in health and social services. How these new structures [in the forthcoming health and social services reform] will create new jobs, and maybe not one at the very top but a middle management job, like managing a unit. (Informant 6)

- My duties are changing, I’m not concerned at all about finding work. (Informant 9)

Participants in this group were the quicker starters in the leadership position after graduating with a degree in dentistry (5.3 years, range 2–8) than participants in other groups.

The highest career anchor mean score in this type was for `pure challenge´ and the lowest were for `security / stability´ and `entrepreneurial creativity´. `Pure challenge´ was the most important career anchor in this type, three out of four participants had it as the most important anchor. (Table 3)

Type C) Enthusiasts

The main motives among participants in this group were the possibility and willingness to develop and make a difference; in a leadership position, they have had good opportunities for this. They have changed their jobs according to their own interest and orientation and they were currently working in national-, regional- or local-level organizations. Participants in this group described a willingness to make the world a better place or hope to have an influence on society.

- ...I’ve sought out jobs where you can make a difference. (Informant 13)

- It must be the desire, the desire I have for development, for social issues, for pushing things forward. (Informant 11)
- The scarlet thread for me has always been to go and choose jobs where you can... where there’s heart involved. (Informant 10)

They have wanted to challenge themselves and have sought positions where this could be possible. Participants in this group have had both vertical and horizontal job changes during their careers.

- It’s made up of all sorts of choices; I’ve been very energetic about trying out different things. ...I want to have challenges all the time, and I’m not that keen on security. (Informant 10)

- I somehow like jobs with a challenge, that’s what makes the work interesting. (Informant 11)

- ...making the world a better place, that’s the thing... I wanted to do something that would have an actual impact on society. (Informant 10)

As future plans, participants in this group were looking forward to continuing leadership work or doing consultant work.

- I don’t need to be the top boss anywhere, but I’d like to have the tools, the power and the responsibility to a suitable degree. To take things forward, in the right direction of course, but with the chance to make my mark on them. (Informant 12)

- I suppose I’ll be doing consultant work, expert consultations somewhere around the world. (Informant 10)

Participants in this group have worked as leaders without dentist clinical work on average for 14 years (range 7–28) which is the longest time among all groups.

The highest career anchor mean score in this group was in `general managerial competence`. Almost as high was the mean score of `pure challenge`. The lowest mean scores were in `entrepreneurial creativity` and `security / stability`. Four different most important career anchors were found among participants in this group. This was the only group where `life style` was found to be the most important anchor for a participant. (Table 3)

INSERT TABLE 3 HERE

Common items in different types

These career path types were not entirely pure but many common items were also found. Almost all participants mentioned that they were not fully satisfied working only as a clinical dentist. They described the feeling that dentist’s clinical work was not enough and they wanted different
challenges. However, many of the participants did continue their clinical career to a smaller extent beside their leadership career. Almost all participants were experienced working as a private dentist.

- I always like the clinical side of it, but somehow it wasn’t enough. (Informant 1)
- … but I couldn’t find enough of an intellectual challenge. (Informant 10)
- My main job has always been in the public sector... the private-sector stuff is just extra. I’ve seen the whole range of jobs and duties, in both the private sector and in my public-sector job. (Informant 5)

Many of the participants in all groups worked as researchers or teachers or both already during their dentist studies; many of them continued teaching for some time after their graduate studies. Almost all participants had a PhD or were working toward it.

- I started doing research in my first year of studies. I didn’t know it would become so important; I was asked to participate in a study, and I was pleased to go. (Informant 10)

Similarly, the interest in leadership and management rose early and many participants began to work in a leadership position soon after graduation.

- Back then (at the start of my career) I was really interested in management and supervisor work. (Informant 10)
- Maybe I had a subconscious idea at that point about going into administration in dentistry or health care. (Informant 6)
- … thinking back now, my supervisor at the time encouraged me to think about it, this management stuff. It took 4 to 5 years from graduation. (Informant 1)
- I got a permanent job when the former chief dentist said that he didn’t like his job at all. I said I thought that administrative work is fun. So he said, `why don’t you do it´. (Informant 3)

Most of the participants described that they were satisfied with career decisions, few of them mentioned that they had achieved more than they could have imagined at the beginning of their careers. Only a few described single jobs they had disliked. All participants seemed to be satisfied with their current career situations.

The career anchor `pure challenge´ was important for the most participants. In all career path types, it had the highest (Progressives and By chance) or the second-highest (Enthusiasts) career anchor mean score. The other career anchors with high mean scores were `general managerial competence´ and `service and dedication to a cause´. The most important
personal career anchors were distributed between five different career anchors, `pure challenge´ being most often found. The least important personal anchors were distributed between `security´, `entrepreneurial creativity´ and `service and dedication to a cause´, `entrepreneurial creativity´ being most often found to be least important. (Table 3)

Discussion

Three different career path types were identified in this study group. Different individual factors seemed to influence the leaders´ decisions and the choices they make while their careers develop. The main motives found to differentiate these types from each other were: goal orientation to proceed to higher leadership positions (Progressives), changing jobs and even a career change by taking a chance on some interesting possibility that comes one´s way (By chance), and the willingness to make a difference and search for possibilities to change things (Enthusiasts).

Career planning has been found to be important both for individuals and organizations (Boucher, 2005; Schein and Van Maanen, 2016), although Boucher (2005) noted that some organizations and individuals lacked career planning. In this study, career planning seemed to be simply an individual’s responsibility. Participants in the Progressives group having vertical careers seemed to have planned their education to be able to succeed better in a current position and therefore have better opportunities in the future. A few of the participants described that they had a good combination of educational opportunities prior to the leadership career, for example economics or social sciences, which were useful in their current situation, however, not purposefully planned beforehand. Career planning did not seem to have a significant role in the other participant types. Participants in the By chance group had several career changes, but they did not seem to have had strong intents to change jobs, they just had taken the opportunity when an interesting job became available. The process of changing jobs or even a career is described as first alternating between an antecedent and intent to leave before the actual turnover (Mobley et al., 1978; Tham, 2007). In the current study, the need for a wider perspective, the wish to have greater influence as well as getting bored and looking for something more interesting were described as antecedents of a change in a job, career, or even profession. The group of Enthusiasts changed their jobs to gain a better opportunity to work with things important to them and be in positions where they had the power to change things. This study focused on finding the individual factors influencing their decisions. However, personality traits surely have an effect also on careers of leaders and this would be worth future research.

Progressives stayed in the same region and most of them stayed even in the same organization during their leadership careers. Some of them could be described having a traditional
career (with a bottom up approach) or career with a single career change (from a dentist to a leader towards an executive position) (Fahey and Myrtle, 2001). The By chance group participants had made courageous changes in their careers. They had worked in various kinds of organizations and developed their careers mostly vertically, although some changes were also horizontal. Their career paths could be described as having multiple career changes or some of them also changed their careers back and forth between private and public health sectors, which were two of four career patterns identified by the questionnaire study by Fahey and Myrtle (2001). The By chance group had similar careers as some of the leaders with a physician background, as described by Ham et al. (2011). Enthusiasts described they wanted to challenge themselves and they described the wish to have a job with real possibilities to influence society. This could be a reason that they left clinical dentistry careers earlier than other groups. Fahey and Myrtle (2001) stated that career success increasingly requires broad leadership experience in different organizations. In their study, fewer leaders had a traditional career path with job changes in the same industry. This was similar among the current study participants; only a few had their entire career path in the same industry. Career path types could predict the organizational level to which leaders would proceed, while almost all participants in the By chance group had leadership positions on the national level. Enthusiast group participants were working on national, regional or local levels and Progressives worked on local and regional levels.

Most participants seemed to be satisfied with their current career situations and earlier decisions. Ham et al. (2011) described that even though work in executive positions could be insecure, the freedom in these positions was satisfying. Other common items among all these groups were an early interest in something in additions to dentistry or clinical dental work, such as interest in research and or teaching. Even though they had studied to become a dentist, they seemed to realize that clinician work alone was not enough for them. Similar results were found among other health care professionals (Spehar et al., 2012) and physician leaders (Ham et al., 2011). Most participants in the current study continued working as clinicians for quite a long time in addition to their leadership career, which was similar in the physician leader study (Ham et al., 2011) where most of the interviewees wanted to combine clinical and leadership work as far it was possible in their path to becoming a chief executive.

The career anchor evaluation results of the current study participants describing professional self-image were interestingly quite different from the results of an earlier study of dentist leaders´ (Tuononen et al., 2016b). Among dentist leaders, the career anchors `pure challenge´ (seeking constant stimulation and will to tackle different problems) and `general managerial competence´ (will to be a manager) were not found to be important. Instead `lifestyle´
(will to integrate work and life outside work) and ‘technical / functional competence’ (will to be an expert on their subject) were the most important anchors. However, even the lower level of ‘general managerial competence’ was found to support staying in a leadership position (Tuononen et al., 2016b). In the current study, ‘pure challenge’ and ‘general managerial competence’ were important career anchors among all career path types. The common unpopular career anchor among participants in this current study and in the dentist leader study (Tuononen et al., 2016b) was ‘entrepreneurial creativity’ (interest in having their own business). Schein (1993) described that career anchors evolve during work and life experience, and once formed, this self-concept functions as a stabilizing force and anchors for the things of which one is not willing to give up in choice situations. While most participants in our study were in the late phase or at least in the middle of their careers, it would have been interesting to be able to compare their career anchors in their early leadership career stages. Schein and Van Maanen (2016) found career anchors as a good and an important tool to find better matches between individual and organizational needs. This was not exactly studied in this paper, but it is worth for future research among health care leaders. Suutari and Taka (2004) showed that most managers had two or even three important separate career anchors; this was also found in the current study, contrary to expectations based on the original career anchor evaluation (Schein 1993). Feldman and Bolino (1996) had a similar opinion to Suutari and Taka (2004). However, Schein and Van Maanen (2016) wrote “Most careers permit people to satisfy several of these anchors so the identification of what is the “dominant” anchor – the anchor that they would not give up if forced to make a choice – often has to be teased out in the interview by posing hypothetical future choices”. In the current study two participants had scores of two anchors close to similar, but during the interview the main anchor came out clearly.

This study followed Schein’s (1978) recommendation, while the original career anchor concept was initially based on developmental interviews. A ‘career orientation inventory’ questionnaire was created later to be used in addition to and beside the interview as a shorter and more quantitative supplement to the occupational history (Schein 1993; Schein and Van Maanen, 2016). Characteristics of the identified career path types were clear and easily recognizable. Of the identified career path types, none were found to be better than others. Instead, they show the different ways and different career development by which one can achieve a satisfying and rewarding career as a leader. In career path or career studies involving personal opinions and characterization of study participants´ decision backgrounds, qualitative methods are valuable for describing subjective experiences. The gathered materials fulfilled the purpose of the study and provided good answers to questions and themes discussed during the interviews. The results of this study could be generalized in Finland, as well as in other countries. In addition, leaders with a
dentistry background are less studied and due to the multidisciplinary nature of health care, organizations could benefit from also having leaders with this expertise background.

Conclusion
A variety of professional paths can lead from working as a clinician to an executive position. Three career path types were identified in this study: Progressives, with goal orientation to proceed to higher leadership positions; the By chance group, who were changing jobs and even careers by taking a chance on interesting opportunities; Enthusiasts, whose motives were the willingness to make a difference and search for possibilities to change things. Career anchors called `pure challenge´ (seeking constant stimulation and a willingness to tackle different problems) and `general managerial competence´ (will to be a manager) were the most important for leaders in this study. Career planning seems to occur mainly at the individual level. Therefore, personal factors affecting leaders´ career choices, such as career anchors of health care leaders, are worthy of further study in order to gain insight into leadership positions and assist organizations in filling leadership positions with candidates that match well with the needs of their organization. There is also a need for integration of both individual and organizational perspectives in career planning in order to develop career paths in health care organizations.
References


Table 1. Background information of the target group (n=15).

<table>
<thead>
<tr>
<th>Organization</th>
<th>n</th>
<th>Current position / title</th>
<th>Previous positions (e.g.)</th>
<th>Additional degrees (e.g.)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ministries and other national-level organizations</td>
<td>4</td>
<td>general director, ministerial counsellor, change manager, senior medical officer</td>
<td>assistant city manager, professor, health care service manager, chief dental officer</td>
<td>PhD, MSc (political science), Specialist in Dental Public Health</td>
</tr>
<tr>
<td>National private health care organisations</td>
<td>2</td>
<td>general manager, chief business officer</td>
<td>assistant city manager, director of (social and) health services industry, chief dental officer</td>
<td>PhD, MSc (Health management), MSc (political sciences)</td>
</tr>
<tr>
<td>University (regional)</td>
<td>3</td>
<td>dean, professor, director of administration</td>
<td>director of (social and) health services industry, health care service manager, chief dental officer</td>
<td>PhD, MSc (health management), Specialist in Dental Public Health</td>
</tr>
<tr>
<td>Regional state administrative agencies</td>
<td>2</td>
<td>senior medical officer, health care manager</td>
<td>health care manager, senior medical officer</td>
<td>PhD, Specialist in Dental Public Health</td>
</tr>
<tr>
<td>Local health care organizations</td>
<td>4</td>
<td>director of (social and) health services industry, health care service manager</td>
<td>chief dental officer</td>
<td>PhD, Specialist in Dental Public Health</td>
</tr>
</tbody>
</table>
Table 2. Descriptions of the eight career anchors. (https://rapidbi.com/careeranchors/ 24.4.2017)

<table>
<thead>
<tr>
<th>Career anchor category</th>
<th>Traits</th>
</tr>
</thead>
<tbody>
<tr>
<td>Technical/functional competence</td>
<td>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.</td>
</tr>
<tr>
<td>Managerial competence</td>
<td>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.</td>
</tr>
<tr>
<td>Autonomy/independence</td>
<td>These people have a primary need to work under their own rules and ‘steam’. They avoid standards and prefer to work alone.</td>
</tr>
<tr>
<td>Security/stability</td>
<td>These people seek stability and continuity as a primary factor of their lives. They avoid risk and are generally ‘lifers’ in their job.</td>
</tr>
<tr>
<td>Entrepreneurial creativity</td>
<td>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.</td>
</tr>
<tr>
<td>Service/dedication to a cause</td>
<td>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.</td>
</tr>
<tr>
<td>Pure challenge</td>
<td>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.</td>
</tr>
<tr>
<td>Lifestyle</td>
<td>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.</td>
</tr>
</tbody>
</table>
Table 3. The most- and the least-important career anchors (highest and lowest individual scores) and career anchor score means according to career path types.

<table>
<thead>
<tr>
<th></th>
<th>Technical/functional competence</th>
<th>General managerial competence</th>
<th>Autonomy/independence</th>
<th>Security</th>
<th>Entrepreneurial creativity</th>
<th>Service/dedication to a cause</th>
<th>Pure challenge</th>
<th>Lifestyle</th>
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<tbody>
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<td>Progressives</td>
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<tr>
<td>most important</td>
<td>TF 1</td>
<td>GM 1</td>
<td>AU 3</td>
<td>SE 2.1</td>
<td>EC 2.3</td>
<td>SV 3.7</td>
<td>PC 4.2</td>
<td>LS 2.7</td>
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<tr>
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<td>2.5</td>
<td>2.1</td>
<td>2.3</td>
<td>3.7</td>
<td>4.2</td>
<td>2.7</td>
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<td>By chance</td>
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<td>GM 1</td>
<td>AU 3</td>
<td>SE 1.9</td>
<td>EC 2.1</td>
<td>SV 4.0</td>
<td>PC 5.1</td>
<td>LS 3.1</td>
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<tr>
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<td>2.6</td>
<td>1.9</td>
<td>2.1</td>
<td>4.0</td>
<td>5.1</td>
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<td>1.6</td>
<td>3.3</td>
<td>4.2</td>
<td>3.5</td>
</tr>
</tbody>
</table>

1 One participant had two anchors with the same score.