**The impact that career anchors and job compatibility of professional**

**nurses has on job satisfaction – a predictor of turnover**

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**ABSTRACT**

The healthcare workforce throughout the world is experiencing a shortage of healthcare workers and various strategies, processes and programs exist today of which nursing manager's use to not only recruit nursing staff, but to retain these scarce resources. This research aims specifically to examine how career anchors and job compatibility influences the levels of job satisfaction of professional nurses.

This study measured career anchors and job satisfaction to determine whether those whose job type and career anchor matched reported higher satisfaction than those whose job type and career anchor did not match. Results suggested that significant differences exist between functional nurses and managerial nurses. Specifically, the nursing group placed importance on lifestyle and service/dedication to a cause, while the managerial group places importance on functional competence and lifestyle.

Finally, results indicated that job type and career anchor compatibility on their own might not be adequate predictors of job satisfaction.

**KEY WORDS**

Professional nurse

Registered nurse

Career anchor

Job satisfaction

Turnover

**DECLARATION**

I declare that this research project is my own work. It is submitted in partial fulfilment of the requirements for the degree of Master in Business Administration at the Gordon Institute of Business Science, University of Pretoria. It has not been submitted before for any degree or examination in any other University. I declare that I have obtained the necessary authorisation and consent to carry out this research.

_____                    _____

Garth William Willis                                       Date

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*The university of Iowa, The Centre for Nursing Classifications and Clinical Effectiveness, College of Nursing for the use of the McCloskey/Mueller Satisfaction Scale(2011) to collect data for this research project* **(Appendix C).**

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# 1. INTRODUCTION TO RESEARCH PROBLEM

## 1.1 Research Title

The impact that career anchors and job compatibility of professional nurses has on job satisfaction – a predictor of turnover

## 1.2 Research scope

The relevant terms defining the scope of this research are as follows:

- The primary data that was analysed was sought from registered nurses only. A registered nurse is defined as a professional nurse who is a person qualified and competent to independently practice comprehensive nursing in the manner and to the level prescribed and who is capable of assuming responsibility and accountability for such practice (South African Nursing Act, 2005).

  o These registered nurses included those currently working in hospitals, clinics, retirement homes and pathology laboratories, as well as the pharmaceutical and medical equipment supply industry of South Africa. Nurse registration with the South African Nursing Council was essential.

o These registered nurses were, at the time of collecting the data, working for private healthcare organisations, therefore limiting the sample of respondents to non-government entities within the Gauteng province of South Africa.

- Therefore, the scope of this research was conducted amongst registered nurses, registered with the South African Nursing Council and working within the private healthcare sector of Gauteng, South Africa.

## 1.3    Research motivation

Research into the individual's inner definitions of career success and satisfaction is needed to guide current selection, placement, development, reward and retention practices (M. Coetzee, Bergh, & Schreuder, 2010).

A person's career anchor is his or her self-concept, consisting of:

1) Self-perceived talents and abilities
2) Basic values, and, and most important
3) The evolved sense of motives and needs as they pertain to the career

It has been found that career anchors evolve only as one gains occupational and life experience. However, once the self-concept has

been formed, it functions as a stabilising force, an anchor, and can be thought of as the values and motives that the person will not give up if forced to make a choice (E. H. Schein, 1996).

In the 1970's Edgar H. Schein demonstrated that people's self-concepts revolved around five categories of basic values, motives, and needs:

- Autonomy/independence

- Security/stability

- Technical/functional competence

- General managerial competence

- Entrepreneurial creativity

Ten years later, Schein studied a broader range of occupations resulting in three additional categories being added:

- Service or dedication to a cause

- Pure challenge

- Life style.

Edgar H. Schein's work on career anchors has been refined numerous times and the result being a conceptual framework for measuring and understanding a person's career anchor. Schein's model consists of the eight career anchors presented in Table 1.

**Table 1: Career Anchors**

| Career Anchor | Description |
|---|---|
| Security/ Stability (SE) | This anchor includes both geographical security and organisational / job security. |
| Autonomy/ Independence (AU) | People with this anchor seek work that allows them to be largely free from organisational restrictions. |
| Life-Style (LS) | Individuals with this anchor want to balance their careers with their families and their own individual growth. |
| Technical/ Functional (TF) | People with this anchor focus on the technical nature of the work and normally do not wish to move into general management. |
| Managerial (GM) | This anchor is concerned with the desire to supervise, lead and manage people as well as coordinate their work. |
| Entrepreneurship (EC) | Individuals with this anchor may feel the need to create a business or develop a product or service of their own. |
| Service/ Dedication (SV) | People with this anchor want to contribute to the greater good and make the world a better place to live and work. |
| Pure Challenge (CH) | This anchor includes those with a need to overcome almost impossible obstacles and succeed in difficult situations. |

Since the 1930's, job satisfaction in nursing has been studied extensively. Early studies found that variables such as work hours, attitudes about work, relationship with managers, family/work balance, income and advancement opportunities differentiate satisfied nurses from dissatisfied nurses (Wild, Parsons, & Dietz, 2006).

The approach employed for the purpose of this study was to analyse the career anchors and job satisfaction levels of professional nurses currently in the profession, those working for pharmaceutical companies or medical equipment suppliers. In this study, respondents were asked to answer two pre-existing proprietary test instruments; these test instruments would identify the respondent's dominant career anchor and the level of job satisfaction of various aspects of their current job. An

overall mean of all the various aspects of job satisfaction were attained as a general measure of nursing job satisfaction.

The problem identified had motivated the researcher to undertake the study in trying to identify predictor variables influencing levels of job satisfaction that may predict a nurse's intention to leave the profession. The intent of the researcher is to make known the personal inherent motivators and career anchors that exist in professional nurses and that they may be used as a measurement of job satisfaction and in turn, a predictor of nursing turnover.

## 1.4 Research problem

Internationally, the supply of adequate numbers of nurses to staff the healthcare services has always been a challenge (Takase, Maude, & Manias, 2005) and the current and growing shortage of nurses is a global concern (World Health Organization, 2006). In support of these statements, nursing recruitment and retention are recognised national and international priorities (Price, 2009).

Redressing the critical nurse shortages in Africa requires not only expanding inflows through training more workers but significantly diminishing the rate of outflow through better retention, improved worker health, and reducing the wastage that is inherent in absenteeism and ghost workers (World Health Organization, 2006).

Increasingly the retention of nurses has become a major issue confronting health systems and their manager's (O'Brien-Pallas, Duffield, & Hayes, 2006). Research has indicated that the factors, which attract and retain nurses, are associated with, and not limited to, opportunities to develop professionally, autonomy in practice, participative decision-making processes, and fair reward and remuneration for work undertaken(Duffield & O'Brien-Pallas, 2003).

Without an adequate supply of registered nurses, healthcare providers with less knowledge and skill will fill the registered nurse roles (A. E. Tourangeau, Cummings, Cranley, Ferron, & Harvey, 2010). There is clear evidence of the impact of less prepared staff delivering nursing care on important patient and organisational outcomes. For example, mortality rates for hospitalised patients are statistically significantly higher when lower proportions of registered nurses provide care (A. E. Tourangeau et al., 2010). These findings have further been supported with research conducted by (Aiken, Clarke, Sloane, Sochalski, & Silber, 2002; Estabrooks, Midodzi, Cummings, Ricker, & Giovannetti, 2005; Needleman, Buerhaus, Mattke, Stewart, & Zelevinsky, 2002; A. E. Tourangeau, Giovannetti, Tu, & Wood, 2002).

The number of young woman entering the registered nurse workforce has declined, as many woman who would of entered nursing in the past, particularly those with high academic ability, are now entering managerial and professional occupations that used to be traditionally male (Aiken et al., 2002). The declining interest in nursing is driven by fundamental,

permanent shifts in the labour market that are unlikely to reverse (Aiken et al., 2002).

Internationally, it is reported on the critical labour and skills shortages in virtually all industries while at the same time it is stressed that global unemployment will not resolve the shortage of top talent (Estabrooks et al., 2005). During the timeframe of 2005 and 2010 in Gauteng, South Africa, the population has grown at a rate of 24 percent. For this same period, the total number of nurses has grown by 16 percent, the net result being the population per qualified nurse increasing from 175 to 1 in 2005, to 187 to 1 in 2010, an increase of 6.9 percent (*SANC.,* 2011). At the same time, the average unemployment rate in South Africa during this period has been reported consistently at 25 percent (*Statistics South Africa*).

This study will attempt to gain a deeper understanding into factors causing varying job satisfaction amongst professional nurses, specifically looking at career anchors, job compatibility and various demographic variables, for example age group dispersion.

In his capacity as a manager of healthcare services in a private hospital setting, the researcher observed that due to the ongoing turnover of nurses, certain practices evolved. Specifically with nursing unit managers who bare the qualification of a registered nurse, a practice existed whereby often; either the most senior nurse or the most technically or

functionally competent nurse is promoted to the role of a nursing unit manager when the current nursing unit manager either resigns or retires.

The result often being that the promoted nurse is not able to cope with management realities of modern healthcare delivery systems, while at the same time the functional delivery of healthcare is negatively affected due to the functional nursing skills of the promoted nurse having to be replaced by administrative and general management duties of the now nursing unit manager.

## 2. LITERATURE REVIEW

### 2.1 Introduction

The shortage of registered nurses is a worldwide concern (A. E. Tourangeau et al., 2010), and studies have found that even nurses believe that in the future, the shortage will cause increased stress, lower patient quality, and continued exodus of nurses from the profession will continue (Shields & Ward, 2001). Additionally, the loss of performance and efficiency on part of the leaver prior to departure is a major consequence of turnover, and high absence is seen as a critical problem in times of high turnover. This has the effect of increasing pressure on, and decreasing morale of the remaining staff, resulting in the possibility of further turnover. The implications of this 'vicious cycle' serve to focus attention on retention as a means to inhibit turnover and address the burden of shortages (Coomber & Barriball, 2007).

Major changes in the healthcare system have redefined the work life and careers of hospital based nurses. Shortened lengths of stay for patients and increased emphasis on efficiency and cost containment by institutions have dampened the demand for new nurses and forced many experienced nurses to move to ambulatory or home care settings (Davidson, Folcarelli, Crawford, Duprat, & Clifford, 1997). As a shortage ensues and difficulties in retention are highlighted, it follows that the reasons nurses leave their jobs must be clearly identified if the issue is to be successfully addressed (Coomber & Barriball, 2007).

The word "career" is used in many different ways and has many connotations (E. H. Schein, 2006). Sometimes "having a career" is used only to apply to someone who has a profession or whose occupational life is well structured and involves steady advancement (E. H. Schein, 2006). Considering this, if we think of a career as being what *any* individual would regard as the steps and phases of his or her occupation, then everyone has a career, and that career is "anchored" by the person's self-image of his or her competencies, motives, and values (E. H. Schein, 2006).

## 2.2   Job Satisfaction

As a global construct, job satisfaction can be defined as the feelings an employee has about the job in general as well as satisfaction with specific aspects such as supervision, pay, opportunity for advancement, and morale (Kangas, Kee, & McKee-Waddle, 1999; McNeese-Smith, 1997). In other words job satisfaction includes not only the degree of an individual's feeling toward and satisfaction with current job activities, achievements and responsibilities, but also the degree of an individual's satisfaction with all aspects associated with the current job, but those that are not directly related to job content (Buerhaus et al., 2005).

Whilst substantial literature exists regarding job satisfaction among employees in general and within nursing specifically, there appears to be no agreed precise definition (Cavanagh, 1992). In one instance, job

satisfaction has been described as an individual attitude to how well personal expectations at work correspond to outcomes (McKenna, 2000). Therefore, an individual's appraisal of the degree to which the job fulfils one's own job values can cause a positive emotional state of satisfaction or a contrasting negative feeling of dissatisfaction (Coomber & Barriball, 2007).

Job satisfaction remains a complex concept with a number of multiple variables having been studied in relation to it (Coomber & Barriball, 2007). Herzberg's motivator theory and Maslow's hierarchy of needs exemplify content theories, and attempt to identify needs or values to be realised in order for an individual to be satisfied at work (Coomber & Barriball, 2007). Together with definitions, two main themes run through these theories:

- That job satisfaction has an affective component: that is a feeling of satisfaction

- That job satisfaction has a perceptual component which is an evaluation of whether ones job meets ones needs (Tovey, Adams, & Adams, 1999)

A variety of personal characteristics have been found to have significant effects on reports of job satisfaction including gender, race, age, marital status, children, and education (Clark & Oswald, 1996; Sloane & Williams, 1996). Individual job satisfaction is not only effected by a worker's own absolute income level, for example, but also by their

income relative to some expected level or comparison group (Shields & Ward, 2001).

Regarding compensation, contrary to findings from some other studies, wages were not associated with job satisfaction. However, distributive justice, which pertains to the fairness of pay, has been found to be related to job satisfaction (Kovner, Brewer, Yow-Wu Wu, Cheng, & Suzuki, 2006). In addition, expectations have been found to vary by a workers age, educational level and occupation (Clark & Oswald, 1996; Sloane & Williams, 1996).

In addition to the above mentioned personal characteristics contributing to job satisfaction, factors that influence job satisfaction and that influence intent to leave and turnover has been studied extensively, and factors such as autonomy, job stress and nurse-physician collaboration are commonly identified factors of dissatisfaction (Coomber & Barriball, 2007; Kovner et al., 2006; Zangaro & Soeken, 2007).

Kovner et al. (2006) studied additional factors associated with job satisfaction, the researchers findings there were that registered nurses that were more career orientated were more satisfied. Research by Wieck, Dols, and Northam (2009) looked at  job satisfaction of different generations, those being veterans, boomers, generation X, and generation Y (millennials). The researchers findings there were that veterans claimed that satisfying work motivated them; boomers received their identity from their work; generation Xers wanted to gain marketable

skills from their work; and millennials wanted to make a difference by the work they do.

Today's nurse executives are struggling with leadership challenges of managing the multigenerational workforce, financial imperatives to deliver better care for lower costs, and competition to provide the optimal work environment to retain nurses (Wieck et al., 2009).

Originally developed to rank rewards that nurse's value and that encourage them to remain in their jobs, the McCloskey/Mueller Satisfaction Scale has been used extensively in research and practice to measure nurse job satisfaction (A. E. Tourangeau, Hall, Doran, & Petch, 2006). The measurement characteristics of the McCloskey/Mueller Satisfaction Scale include 31 items; these items in turn capture eight types of satisfaction constructs (Mueller & McCloskey, 1990). These eight subscales are presented in Table 2; an overall mean score for the global scale can be attained as a general measure of nursing job satisfaction.

**Table 2: McCloskey/Mueller Satisfaction Scale**

|   | Satisfaction Type |
|---|---|
| 1 | Satisfaction with extrinsic rewards |
| 2 | Satisfaction with scheduling |
| 3 | Satisfaction with family/work balance |
| 4 | Satisfaction with co-workers |
| 5 | Satisfaction with interaction |
| 6 | Satisfaction with professional opportunities |
| 7 | Satisfaction with praise/recognition |
| 8 | Satisfaction with control/responsibility |

Much of the literature around nurse job satisfaction is around the impact of job satisfaction on the professional nurse's intent to leave the health system, that being to leave the profession. Interestingly, some studies have shown that nurses who report overall dissatisfaction with their jobs have a 65 percent higher probability of intending to quit than those reporting to be satisfied (Shields & Ward, 2001).

It might be argued that job satisfaction amongst professional nurses is to be seen as more than just a determinant or a predictor variable of turnover or turnover intentions. Job satisfaction among professional nurses has long been recognised as an important correlate of nurse performance, quality patient care, and cost savings (Davidson et al., 1997).

Patients are generally admitted to hospitals to receive safe, quality nursing care. Nurses are leaving impatient settings to find less stressful work environments, regular work hours, and more satisfying roles. To prevent further migration from impatient settings, nurse leaders need to be more proactive in developing ways to revitalise the work environment and make it more satisfying for nurses (Zangaro & Soeken, 2007).

Although nurse job satisfaction has been linked to retention, a gap remains in identifying specific factors, which cannot be managed or changed to improve job satisfaction and reduce turnover (Wieck et al., 2009). There are two perspectives on the effect of job satisfaction of professional nurses. Findings by Price (2009) were  that the desire to

'care for others' and 'make a difference' often dominated discussions of what encouraged individuals to choose nursing as a career, from the above literature job satisfaction has an influence on caring for others. On the other hand, job satisfaction, particularly in nursing, is a critical challenge for healthcare organisations, as labour costs are high and shortages are common. As the demand for nurses increases, supply is not sufficient to meet the demand (Zangaro & Soeken, 2007), and as job dissatisfaction of nurses has been associated with high turnover among healthcare providers this may affect the quality of service that nurses deliver (Irvine & Evans, 1995).

## 2.3    Job Types

Studies by Beggs, Bantham, and Taylor (2008) found that the main factor that entices young school leavers into choosing nursing as their choice of career was the positive self-perception of nursing as a caring and helpful profession. The negative correlation between reasons why people choose nursing as a career and the reality of what poses the most level of stress on a professional nurse can be seen as studies by Van der Colff and Rothmann (2009),  found the following job stressors linked to nursing specifically, to be the most severe:

- Staff shortage

- Inadequate salaries

- Excessive administrative duties

The composition of today's nursing workforce spans four generations, each with unique work habits, beliefs and attitudes (Lavoie-Tremblay et al., 2010). As mentioned earlier the three main groups are the baby boomers, generation X and generation Y (millennial). The emerging generation entering the nursing workforce is generation Y. They desire jobs with flexibility, seeing work as only one facet of their lives: they want to be able to telecommute, work part time, and leave the work force temporarily to have children and raise a family (Lavoie-Tremblay et al., 2010).

With reference to the different demands of the various generations, the question is asked if current practices around retention of staff and job satisfaction processes that currently exist can effectively be implemented in the current healthcare environment. This question is asked bearing in mind the shortage of nursing staff and the ever increasing administrative duties of nurses changing the environment in which nursing staff operate.

## 2.4   Career Anchors

The literature on job satisfaction is substantial, yet it has been shown that career anchors may tell us more relevant information about what people want from their career than any other model (Arnold, 2004). A study has shown that career anchors are still popular and successfully used by many practitioners to provide guidance to individuals when considering what career to follow (Evans, 1996).

Career anchors are values, attitudes and motivations formed at a very early stage of an individual's career. These anchors can influence both career choices as well as affect the decisions to move from one company to another when given the choice (E. H. Schein, 1996).

In chapter one, a brief explanation of Schein's eight career anchors were tabled from the 1980's. It was found that when Schein revisited the career anchors in 1996, each of the anchor categories still attracted a set of individuals, but that the working out of a given anchor had become problematic as the world of work and organisational structure became more turbulent (E. H. Schein, 1996).

The eight career anchor categories are identified as follows:

## 2.4.1 Technical/Functional Competence

For some people the satisfaction of being an expert in a particular field is more important than anything else. By moving into other fields of work they would probably experience less satisfaction, however awareness of the importance of knowledge and skill is increasing.

At the same time, this group is worried as knowledge and skill become rapidly obsolete in a dynamically changing technological world and it is not clear if firms will guarantee continued education and retraining.

### 2.4.2 General managerial competence

The managerial-anchored individual has an inherent interest in general management. Increasingly the technical/functionally anchored person recognises that the skill set and emotional make-up that is required for such jobs is fundamentally different. As work becomes more technically complex it requires greater coordination and integration at lower levels. The skills of general management i.e. analytical, inter-personal and emotional competence will therefore be needed at lower and lower levels. General management, like leadership, may cease to be a role or a position, and will become more of a process skill that will be needed in all kinds of roles and positions.

### 2.4.3 Autonomy/Independence

An individual with this anchor avoids being subjected to people's norms. These individuals find the occupational world an easier place to navigate, as the autonomy anchor seems the most aligned with today's organisational policies of promising only employability. Members of this group who have already built autonomous careers will be well adapted for the future, but those who have depended on secure jobs may be highly vulnerable to the current restructuring of the labour market.

### 2.4.4 Security/Stability

The overriding need of an individual with a security anchor is the need to feel safe and secure within an organisation. These individuals experience the most severe problems due to the shift in organisational policies from guaranteeing "employment security" to touting "employability security". What this means internally to the career occupant is that the base of security and stability has to shift from dependence on an organisation to dependence on oneself.

### 2.4.5 Entrepreneurial creativity

This career anchor is characterised by an overriding need to create or exercise creativity. As the world becomes more dynamic and complex, the opportunities for individuals with this anchor will increase dramatically. New products and services deriving from information technology, biotechnology, and as yet, unknown new technologies will continue to increase. The dynamic complexity of industry will put a premium on creativity, and it is creativity that is at the core of this anchor.

### 2.4.6 Service/Dedication to a cause

The service-anchored individual has an overriding need to express his values in the context of his work. This type of individual has a great need to improve the world and assist people through the framework of his belief systems. A number of people with this anchor are increasing and

more and more people are expressing the importance of not only earning an adequate income, but to do something meaningful in a larger context. As the world becomes more aware of problems such as the environment and the income distribution disparity, organisations and individuals are increasingly supporting programs that use less energy, waste management programs and so on.

### 2.4.7 Pure challenge

An individual with this anchor values the challenge of his work above all else. There has always been a small group of people who defined their careers in terms of overcoming impossible odds, solving the unsolved problems, and winning out over competitors. There will not be a shortage of challenges to be met, so long as this group is willing to become active learners a well, since the nature of these challenges will itself evolve rapidly with technological change.

### 2.4.8 Lifestyle

This anchor may appear as a contradiction in terms. If an individual values lifestyle above all else, it is logical to then assume that his career may not be of value to him. This type of individual will be most comfortable in an organisation that respects personal and family concerns. These individuals are prone to become impatient with the restrictions of their organisational careers and look for ways to break out. Both the organisation and the individual are gradually adjusting to the

notion that they have to look out for themselves, meaning that organisations will become less paternalistic and individuals more self-reliant.

Current statistics of the age groups of registered nurses in South Africa is shown in Figure one. The age group distribution has changed over the past five years whereby in 2005 the registered nurse age group distribution of 50 – 59 years contributed to 24 percent of the total professional nurses in South Africa, and as of 31 December 2010, the contribution was 29 percent. The registered nurse age group distribution 30 – 39 years in 2005 contributed to 24 percent of the total professional nurses in South Africa, and as of 31 December 2010, the contribution was 19 percent.

Although these statistics do not specify which registered nurses may be in management positions, it must be noted that managers brought up with today's working practices, and those who started their working lives 20 or more years back, have had very different experiences. What is expected of managers has changed with the decline in manufacturing and shift towards service industries (Kniveton, 2004).

**Figure 1: RN's Age Distribution (SANC, 2010)**
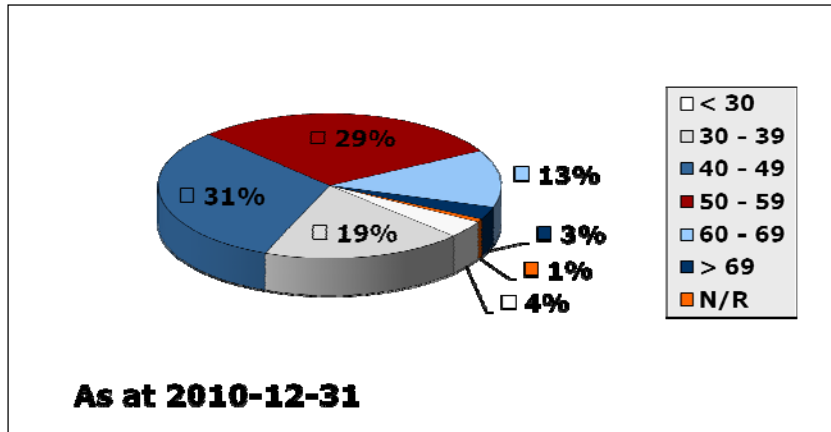


As a registered nurse moves through their career, they may naturally be faced with a number of promotional career opportunities, these are acknowledged as external career opportunities while internal careers involves a subjective sense of where one is going with one's work life (E. H. Schein, 1996). External career opportunities refer to the extent to which an organisation provides support to the internal career anchors (Jiang & Klein, 1999). As individuals start to take ownership of their careers, the focus on the subjective or inner career becomes increasingly more important than that of more objective, organisationally defined career (Gunz & Peiperl, 2007).

The internal career is a self-definition of career success as it is more subjective, long-term and stable and represents life goals as well as work goals. The external career is an organisational or professional definition of career success that is more short-term, unpredictable and fast changing (M. Coetzee et al., 2010; Gunz & Peiperl, 2007).

Studies on the decision to choose nursing as a profession have been found to relate to the individual's self-concept, specifically that the perception of self was a fit with the perception of a nurse (Price, 2009). In turn, being a nurse contributes to nurses' self-concept and is often inherent of how they identify themselves: 'I am a nurse' (Price, 2009).

Further research suggests that people's career choices and experiences of subjective career success and general satisfaction with their working lives are driven by a set of master career motives that seem to form part of the career-self concept or inner career orientation (M. Coetzee et al., 2010). It is important to understand what type of expectations workers have, and how organisations respond to these expectations (Järlström, 2000).

Various studies have been done on Schein's eight career anchors, including the construct validity of the anchors by Danziger, Dalia Rachman-Moore, and Valency (2008). Further analysis of Schein's career anchors has been where the eight career anchors have been reconceptualised by D. C. Feldman and Bolino (1996;2000), the findings of which are shown in Figure 2. Even further analysis of Schein's career anchors, was where M. Coetzee et al. (2010) constructed a five-factor career orientations model for the South African organisational context as seen in Figure 3.

The study by (Danziger et al., 2008) was to test a nine-construct measurement model of Marshall and Bonner (2003), which was their

proposal distinguishing between entrepreneurship and creativity, each as a separate construct. Their findings indicated a semantic difference between entrepreneurship and creativity. The findings of Danziger et al. (2008) showed that the proposed nine-construct model yielded a better fit than Schein's eight construct model and the nine construct model has convergent and discriminate validity and uni-dimensionality.

Nevertheless, it was found that the proposed nine-construct model only approached the acceptable level of fit, this possibly due to wording in some of the items. Their study ultimately supported Schein's career anchor theory; it further confirmed the distinction between entrepreneurship and creativity, and suggested possible rephrasing of several items and adding additional ones (Danziger et al., 2008), they also believe that the findings can be generalised only to western societies and are not population specific.

The reconceptualised career anchors by D. C. Feldman and Bolino (1996;2000) divide the career anchors into three distinct groupings along with their inherent motivations. These motivations are talent-based, need-based and value-based.

**Figure 2: Reconceptualised career anchors**

| Talent-Based | Need-Based | Value-Based |
|---|---|---|
| • Manegerial competence<br>• Technical or functional competence<br>• Entrepreneurial activity | • Security and stability<br>• Autonomy and independence<br>• Lifestyle motivations | • Pure challenge<br>• Service and dedication to a cause |

**Figure 3: Five-factor career orientations model**

| Needs-Based Career Anchors | Values-Based Career Anchors | Talents-Based Career Anchors |
|---|---|---|
| • Autonomy / Independance | • Service / Dedication to a cause<br>• Pure challenge / Competitiveness | • General managerial competence<br>• Entrepreneurial creativity |
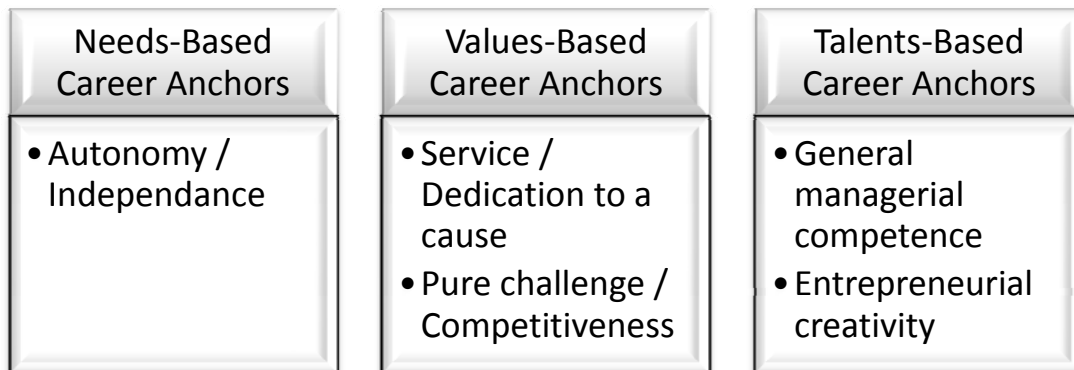
## 2.5    Compatibility

A definition given to job type / career anchor compatibility is stated as such: A job is compatible with a career orientation when it involves job duties and assignments that the employee finds interesting, when it requires abilities that the employee possesses and values, and when it provides rewards that the employee finds desirable (Igbaria & Baroudi, 1993).

Based on the above-mentioned definition and for the purposes of this study, compatibility is based on whether the following exists:

- If an individual in a technical/functional job, a nurse at the bedside in this case, has a dominant technical/functional competent career anchor

- In addition, whether an individual in a managerial position has a dominant managerial competent career anchor.

Those individuals with a match between job type and career anchor have compatibility, those without such a match have incompatibility.

The differences in job satisfaction between employees with a fit between career anchor and occupational type and those with no such fit were compared by Ellison and Schreuder (2000), and the findings were that respondents with a fit had a significantly higher level of general and intrinsic job satisfaction than those with no such fit. Previous research by Igbaria, Greenhaus, and Parasuraman (1991), reported that information systems workers with a compatible job type and career anchor had higher levels of satisfaction and lower turnover intentions than those who did not.

## 2.6 Turnover

Researchers have extensively studied precursors to employee turnover in an effort to develop an understanding of the attitudes that stimulate

employees to leave employment with a specific organisation (Niederman, Sumner, & Maertz Jr, 2006). Many researchers have theorised that job satisfaction is a key antecedent of both turnover and turnover intention (San Park & Kim, 2009). Although studies in employee turnover often use subjects from a particular field, such as attorneys or accountants, theories, which describe internal factors influencing turnover, appear to be based on the premise that all employees, regardless of field, should follow a similar pattern of influences (Niederman et al., 2006).

If the fit between the career anchors and job environment does not exit anxiety and strain, job dissatisfaction and turnover may result (Jiang & Klein, 1999). If there is no fit between employee's inner career orientations and their job environment, the result may well be anxiety, stress job and career dissatisfaction, unhappiness and high turnover (M. Coetzee et al., 2010). These two findings lean towards the fact that should a fit between the individual's career anchor and job description, or job type, not exist, then voluntary turnover is likely to occur.

## 2.7   Conclusion

It is evident from the literature that job satisfaction is a concept that is closely linked to turnover within the nursing profession, albeit intent to leave or actual turnover occurring. Not only in the nursing profession but so too amongst information systems workers and so too amongst literally any field of profession. There are multitudes of factors that have an effect

on job satisfaction of nurses, yet continuous concerns are raised around the globe regarding the shortage of nursing staff.

This study further attempts to isolate career anchors and job compatibility of registered nurses as factors that exert an effect on the levels of job satisfaction of registered nurses in a private healthcare environment within South Africa.

# 3. RESEARCH QUESTIONS, PROPOSITIONS AND HYPOTHESIS

## 3.1 Introduction

Propositions are defined as a statement about concepts that may be judged as true or false if it refers to observable phenomena (Blumberg, Cooper, & Schindler, 2008). A proposition explains the logical linkage among certain concepts by asserting a universal connection between concepts (Blumberg et al., 2008). A proposition states that every concept about an event or thing has either a certain property or stands in a certain relationship to other concepts about the event or thing (Zikmund, 2003). Given the above literature review, a case of the effect of career anchors and job profile and therefore job compatibility, has on job satisfaction of registered nurses is to be investigated.

## 3.2 Research Propositions

The researcher proposed the following propositions:

### 3.2.1 Research proposition one

The dominant career anchors of registered nurses will be that of managerial competence and technical / functional competence.

### 3.2.2 Research proposition two

Job satisfaction mean scores of registered nurses will differ significantly between age groups

## 3.3 Research question

### 3.3.1 Research question one

Is there significant difference in the mean job satisfaction scores of the two independent groups, that being nursing and managerial?

### 3.3.2 Research question two

Do managers and nursing staff differ in terms of their dominant career anchors?

## 3.4 Research hypothesis

$H_0$: Registered nurses whose job type and career anchor match will experience equal job satisfaction to those whose job type and career anchor do not match.

$H_A$: Registered nurses whose job type and career anchor match will experience higher job satisfaction than those whose job type and career anchor do not match

# 4. RESEARCH METHODOLOGY

## 4.1 Research design

The study was done through quantitative research. Descriptive studies are more formalised studies and are typically structured with clearly stated hypotheses or investigative questions (Blumberg et al., 2008). Formal studies serve a variety of research objectives:

- Descriptions of phenomena or characteristics associated with a subject population (the who, what, where and how of a topic)
- Estimates of the proportions of a population that have these characteristics
- Discovery of associations among different variables (Blumberg et al., 2008).

The data was gathered by using surveys. The great strength of the survey as a primary data-collecting approach is its versatility (Blumberg et al., 2008). The survey was in the form of a survey pack (Appendix A) compiled for this purpose. The survey pack consisted of three sections; including the determinant of demographic data, a career anchor questionnaire, and a job satisfaction questionnaire.

The survey questionnaires served largely to establish and identify the following categories:

- Respondent demographics
- Career anchor distribution

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- Job compatibility

- Job satisfaction level

Together with the survey package, the study also included other documents:

- A cover letter inviting subjects to participate in the study and assuring all respondents that their individual responses would remain confidential at all times.

- Directions for the completion of the questionnaires were included as well as guidelines for the scoring of both the career anchor questionnaire and the job satisfaction questionnaire.

- Respondents were given a scoring sheet for their perusal only, should they wish to have known what their dominant career anchor is. This scorecard also included a brief summary and overview of the individual career anchors for the respondents to use  and generate interest into the further study of career anchors.

## 4.2    Unit of analysis

The unit of analysis was job satisfaction of registered nurses working in private healthcare organisations and serving the Gauteng province population of South Africa.

## 4.3 Sampling design

### 4.3.1 Population

A population includes all of the entities of interest in a study, whether they be people, households, machines, or whatever (Marshall & Bonner, 2003). The population of this study included current registered nursing professionals registered with the South African Nursing Council (SANC).

Table 3 refers to the professional nurses registered with the South African Nursing Council as of 31 December 2010 (*SANC.*2011).

**Table 3: Nursing Geographical Distribution 2010**

| Province | Population 2010 | Nursing Manpower as at 2010/12/31 | | |
|---|---|---|---|---|
| | | Registered | Enrolled | Auxiliaries |
| **Gauteng** | | | | |
| - Females | 5 597 000 | 28494 | 12112 | 15571 |
| - Males | 5 594 700 | 1569 | 894 | 1096 |
| - Total | 11 191 700 | 30063 | 13006 | 16667 |

### 4.3.2 Sampling

A sample is a subset of the population, often randomly chosen and preferably representative of the population as a whole (Albright, Winston, & Zappe, 2009). The sample was drawn out of registered nurses currently registered with SANC and practicing their profession in the private healthcare system of South Africa.

The organisations where the sample was drawn from included those of private hospital groups, private medical practices, pharmaceutical and medical equipment supply companies, and pathology laboratories in the Gauteng province of South Africa only.

The members of the sample from which the data was collected were selected on a probability basis. Probability sampling is based on the concept of random selection – a controlled procedure that ensures that each population element is given a non-zero chance of selection (Blumberg et al., 2008).

As the sample was drawn out of sub-populations within the private healthcare industry of South Africa, the process used may be defined as stratified random sampling. Stratified random selection, is a controlled procedure, which will ensure that each population element is given a known non-zero chance of selection. As the sample was limited to registered nurses only, an exclusive sub-population or strata was created. The reasons why the researcher had chosen a stratified random sample was:

1. To increase the sample's statistical efficiency
2. To provide adequate data for analysing the various sub-populations
3. To enable different research methods and procedures to be used in different strata (Blumberg et al., 2008).

## 4.4    Data gathering process

Once permission was granted from the relevant private healthcare organisations, the researcher made use of various means in gathering the data, depending on the organisation. The use of e-mail notification as well as personal visits by the researcher to various private healthcare organisations and pathology laboratories was carried out in order to ensure delivery of the questionnaires.

Respondents were to either hand deliver questionnaires back to the researcher personally at an appointed time, or electronically submit the completed questionnaires to the researcher. The period from the issuing of the questionnaires and the gathering of all the respondents was four weeks.

The data was classified as cross-sectional data, data on the population at a distinct point of time (Albright et al., 2009). The costs to use the proven questionnaires were wavered by permission from the various bodies:

- publishers of the career anchor questionnaire, John Wiley & Sons (Appendix B)
- McCloskey/Mueller Satisfaction Scale, The University of Iowa (Appendix C)

## 4.5    Data analysis

Data analysis includes data description, data inference, and the search for relationships in data (Albright et al., 2009). The researcher's purpose for the data analysis carried out was a process whereby usable information was sought from the output in order for the study to be carried out. Figure 4 refers to the process of the statistical analysis carried out by the researcher on the collected data.

**Figure 4: Data analysis procedure**

**Data screening**
- A total of sixty questionnaires were received of which only fifty seven could be used due to missing responses

**Descriptive statistics**
- For most observations, the following was calculated; frequency, mean, median etc.

**Scale reliability**
- The questionnaire was devided into three sections
- Respondent demographics
- McCloskey Mueller Satisfaction Scale (eight items)
- Schein's Career Orientation Inventory Questionnaire
- In this study, the Cronbach alpha coefficient for the job satisfaction scale was  0.869

**Testing of propositions & hypothesis**
- The propositions were tested by using various techniques:
- Independent-samples t-test
- Analysis of variance (ANOVA)

### 4.5.1 Data screening and editing

Editing the data detects errors and omissions, corrects them where possible, and certifies that minimum data quality standards have been achieved (Blumberg et al., 2008).

The researcher's purpose for editing was to ensure that the data was:

- accurate

- consistent with intent of the question and other information in the survey

- uniformly entered

- complete

- arranged to simplify coding and tabulation

The gathered quantitative data was entered into a statistical software program called IBM SPSS Statistics 19 and descriptive and inferential statistics were drawn. Data from the measured responses to most constructs in the survey pack were both categorical and numerical by nature.

### 4.5.2 Descriptive statistics

Descriptive statistics are valuable and will particularly enrich any explanatory or predictive study, as they provide a thorough picture of the current state (Blumberg et al., 2008). Demographical characteristics of the survey respondents were gathered and descriptive statistics of the data in the form of appropriate summary measures, tables and graphs were constructed to make sense of the data.

### 4.5.3 Scale reliability

The reliability of a scale indicates how free the scale is from random error. Two frequently used indicators of a scale's reliability are test - retest reliability and internal consistency (Pallant, 2010). The McCloskey/Meuller satisfaction scale portion of the questionnaire was analysed for scale reliability.

### 4.5.4 Testing of research propositions and hypothesis

Both the analysis of variance and t-test were used to test whether the variance in scores were the same for the different groups and then to investigate whether the means of the various groups differ significantly from each other.

### 4.5.4.1     Analysis of variance (ANOVA)

The researcher made use of ANOVA tests; the statistical method for testing the null hypothesis, that the means of several populations are equal (Blumberg et al., 2008). For the purpose of this study, the researcher made use of a one-way between groups ANOVA test where appropriate, as one-way analysis of variance is used when you have only one independent variable (Pallant, 2010).

### 4.5.4.2    T-tests

The researcher made use of the t-test tests; the independent-sample t-test is used when comparing the mean scores of two different groups of people or conditions (Pallant, 2010).

## 4.6    Measurements

The researcher gathered job satisfaction ratings by means of the McCloskey/Mueller Satisfaction Scale, a well established tool specifically developed for measuring job satisfaction in nursing (A. E. Tourangeau et al., 2006; Wild et al., 2006).

In order to measure the individual's career anchors, the quantitative measurement of the individual's career anchors was gathered by means of Schein's Career Orientation Inventory questionnaire, which consisted of 40 statements, five for each of the eight career anchors that Schein posited (Danziger et al., 2008).

## 4.7    Research limitations

Due to the nature of this study including time constraints, various limitations existed. These included the following:

- The sample was drawn from the private healthcare sector of the Gauteng province of South Africa and therefore excluding the public health sector of South Africa.

- Only registered nurses were targeted for this study, a considerable amount of data may have been obtained, as a large number of professional nurses are either enrolled nurses or auxiliary nurses, many of whom  may have intentions of becoming registered nurses in the future, thereby indicating their intention to stay within the nursing profession.

## 5.    RESULTS

## 5.1    Introduction

Chapter five contains the results of the research conducted. The relevant descriptive statistics of the respondents are presented and the results of the t-tests and ANOVA's are discussed with sparse commentary.

### 5.1.1  Data clean up

**Figure 5: Data clean up**
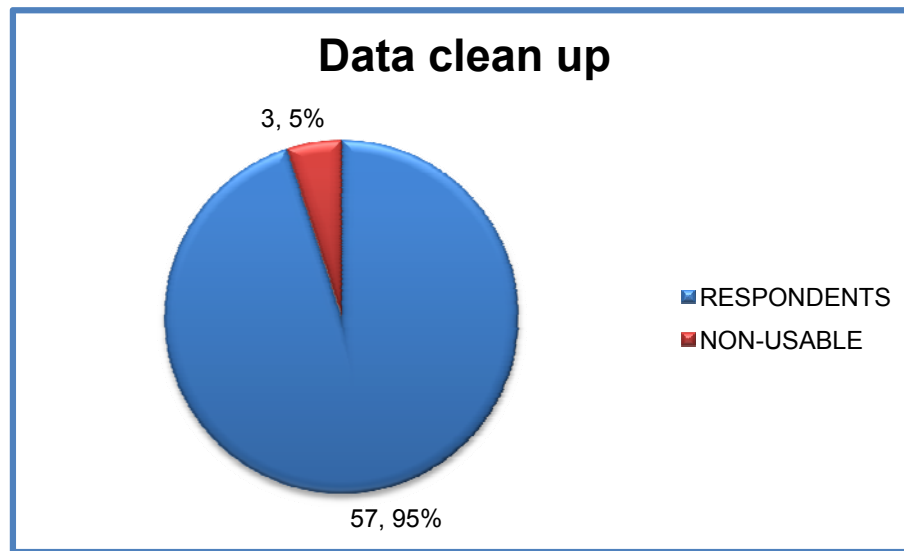


### 5.1.2  Summary of data clean up

A total of 60 questionnaires were returned to the researcher with three of the questionnaires containing missing values. Ninety five percent of the questionnaires were able to be used.

## 5.2 Descriptive statistics of respondents

### 5.2.1 Gender

**Figure 6: Respondents by gender**
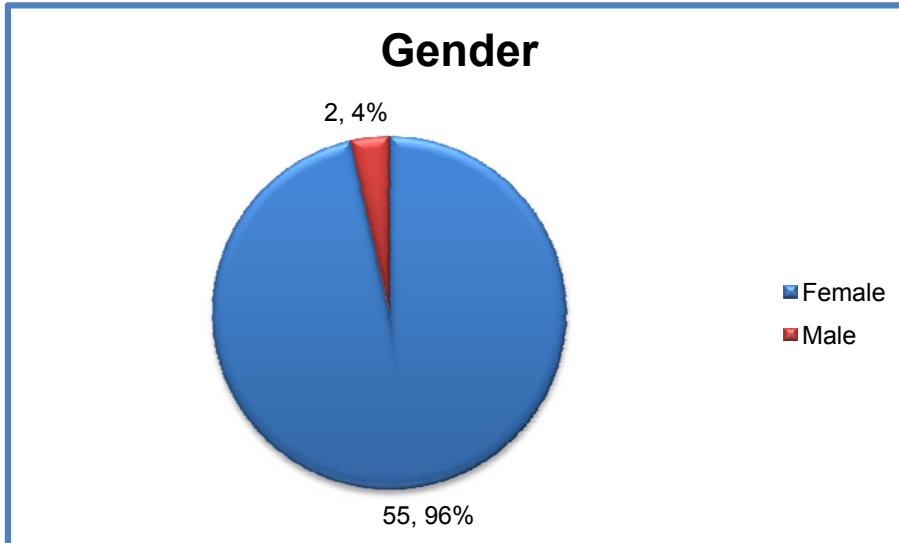


### 5.2.2 Age

**Figure 7: Respondents by age**
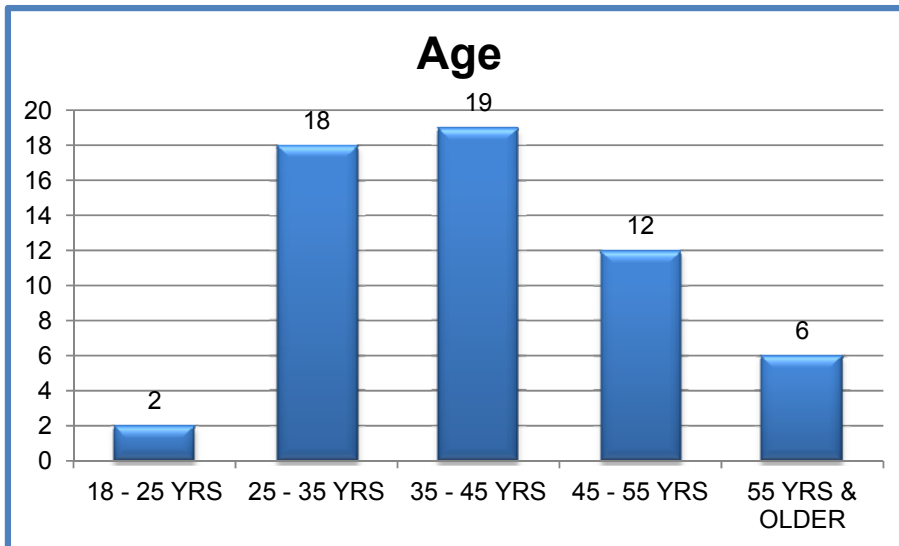
### 5.2.3  Race

**Figure 8: Respondents by race**
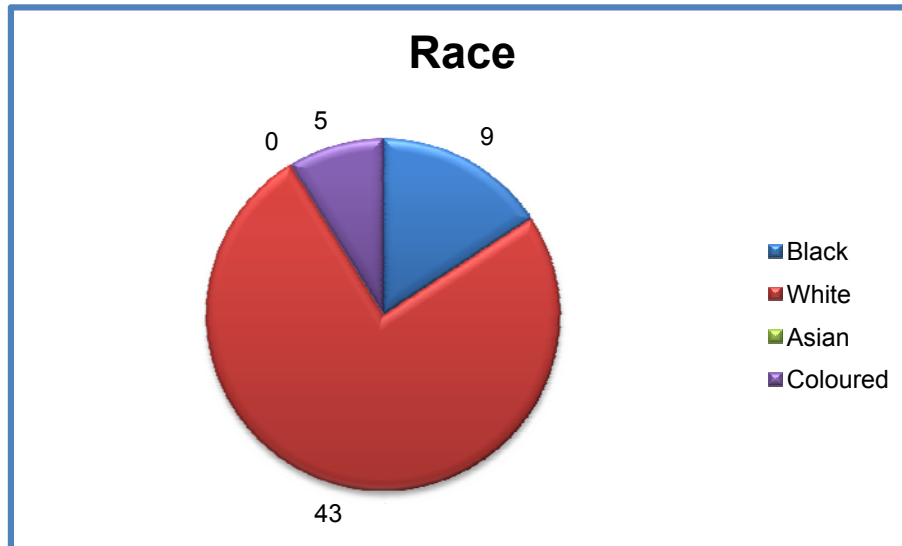


### 5.2.4  Position

**Figure 9: Respondent by job profile**
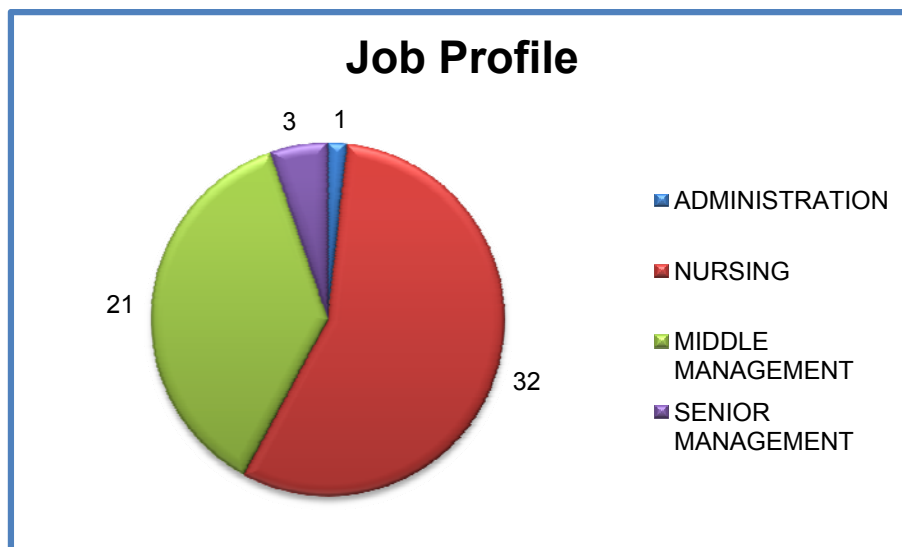
**Figure 10: Recoded description of job profile**



**Recoded Job Profiles**

25, 44%   32, 56%

- NURSING
- MANAGERIAL
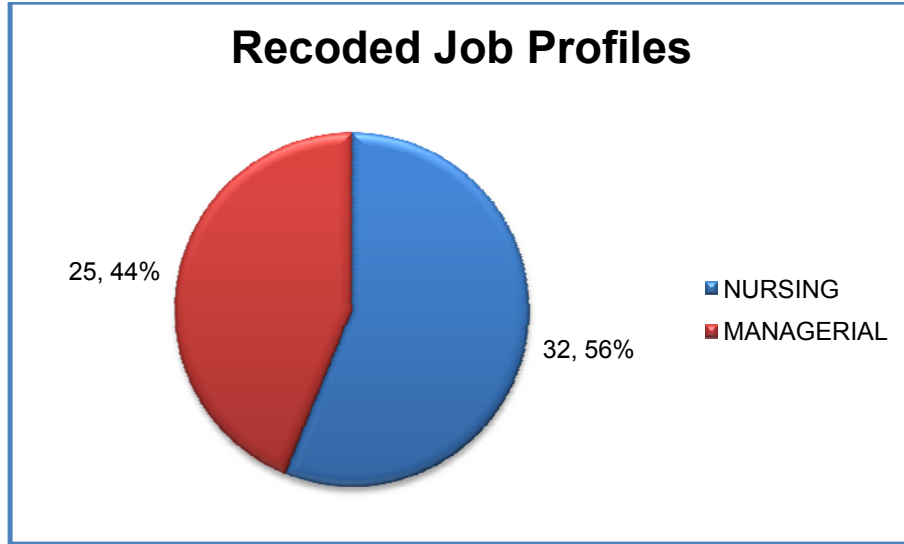
## 5.2.5  Years Qualified

**Figure 11: Respondent by years qualified**



**Years Qualified as RN**

| Category | Value |
|---|---|
| 0 - 5 YRS | 10 |
| 5 - 10 YRS | 7 |
| 10 - 15 YRS | 12 |
| 15 - 20 YRS | 10 |
| 20 YRS & OVER | 18 |
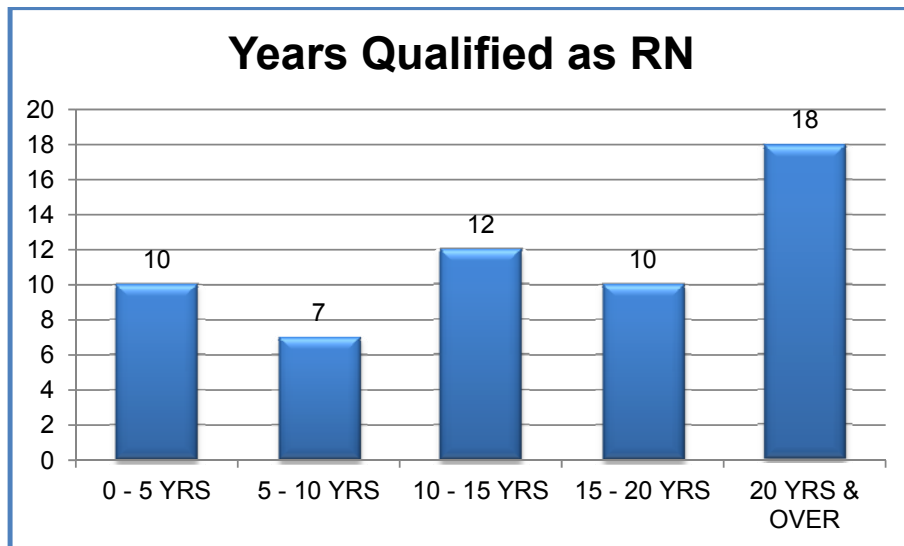
### 5.2.6 Age group distribution between groups

**Table 4: Age group and job type distribution**

**POSITION * Age Cross tabulation**

| | | | Age | | | | | |
|---|---|---|---|---|---|---|---|---|
| | | | 18-25 yrs old | 25-35 yrs old | 35-45 yrs old | 45-55 yrs old | 55 yrs and older | Total |
| POSITION | Nursing | Count | 2 | 12 | 12 | 2 | 4 | 32 |
| | | % within POSITION | 6.3% | 37.5% | 37.5% | 6.3% | 12.5% | 100.0% |
| | | % within Age | 100.0% | 66.7% | 63.2% | 16.7% | 66.7% | 56.1% |
| | Managerial | Count | 0 | 6 | 7 | 10 | 2 | 25 |
| | | % within POSITION | .0% | 24.0% | 28.0% | 40.0% | 8.0% | 100.0% |
| | | % within Age | .0% | 33.3% | 36.8% | 83.3% | 33.3% | 43.9% |
| Total | | Count | 2 | 18 | 19 | 12 | 6 | 57 |
| | | % within POSITION | 3.5% | 31.6% | 33.3% | 21.1% | 10.5% | 100.0% |
| | | % within Age | 100.0% | 100.0% | 100.0% | 100.0% | 100.0% | 100.0% |

### 5.2.7 Summary of respondent constructs

The respondents were predominantly white females with percentages of approximately 75 percent of the sample being white, and close to 97 percent being female. Concerning age group, 65 percent of the respondents fell into the age group of between 25 years old and 45 years old.

In this study, 56 percent of the respondents indicated their job profile as nursing (non-managerial), while 42 percent were in management. A further two percent made up the balance, which is administration and senior management. Due to the small percentage of the sample being

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those who fit the job profile of administration and senior management, the sample was split into two main groups, namely nursing and managerial.

The respondents with with job profiles administration and senior management were combined with middle management to form a group referred to as managerial, while the balance remained in the nursing group. The two groups made up of 25 managerial respondents and 32 nursing respondents, this equated to a percentage split of 44 percent and 56 percent respectively. Table 4 refers to the age group distribution between the two groups.

## 5.3 Descriptive statistics of job satisfaction constructs

### 5.3.1 Reliability scale

One of the most commonly used indicators of internal consistency is Cronbach's alpha coefficient. Ideally, the Cronbach alpha scale should be above 0.7 (Pallant, 2010). Table 5 refers to the eight items tested for job satisfaction with a Cronbach alpha value of 0.869, suggesting very good internal consistency reliability for the scale with this sample.

Table 6 refers to the item – total statistics of the scale and the column headed 'Cronbach alpha if item deleted', indicates the final alpha value obtained with each item removed. Comparing this to the initial final value, two items if removed, would produce a higher Cronbach alpha value. As

the overall Cronbach alpha value was higher than .7, these items were left in.

**Table 5: Reliability statistics**

| Cronbach's Alpha | Cronbach's Alpha Based on Standardized Items | N of Items |
|---|---|---|
| .869 | .870 | 8 |

**Table 6: Alpha scale if item deleted**

| | Scale Mean if Item Deleted | Scale Variance if Item Deleted | Corrected Item-Total Correlation | Squared Multiple Correlation | Cronbach's Alpha if Item Deleted |
|---|---|---|---|---|---|
| Satisfaction with scheduling | 23.4506 | 22.160 | .482 | .294 | .870 |
| Satisfaction with balance of family and work | 23.8307 | 23.447 | .480 | .439 | .867 |
| Satisfaction with interaction opportunities | 23.3365 | 21.679 | .645 | .505 | .851 |
| Satisfaction with co-workers | 23.0208 | 24.369 | .346 | .297 | .879 |
| Satisfaction with professional opportunities | 23.8760 | 21.098 | .741 | .577 | .841 |
| Satisfaction with praise and recognition | 23.2401 | 20.697 | .762 | .678 | .838 |
| Satisfaction with control and responsibility | 23.5629 | 20.017 | .860 | .870 | .827 |
| Satisfaction with extrinsic rewards | 23.9067 | 18.355 | .726 | .764 | .844 |

### 5.3.2 Job satisfaction ratings of entire sample

**Table 7: Descriptive statistics - job satisfaction**

<p align="center">Descriptive Statistics</p>

| | N | Minimum | Maximum | Mean | Std. Deviation | Skewness | | Kurtosis | |
|---|---|---|---|---|---|---|---|---|---|
| | Statistic | Statistic | Statistic | Statistic | Statistic | Statistic | Std. Error | Statistic | Std. Error |
| Job Satisfaction | 57 | 1.8692 | 4.4796 | 3.498223 | .6389380 | -.469 | .316 | -.163 | .623 |
| Valid N (listwise) | 57 | | | | | | | | |

**Figure 12: Mean distribution of job satisfaction for entire sample**
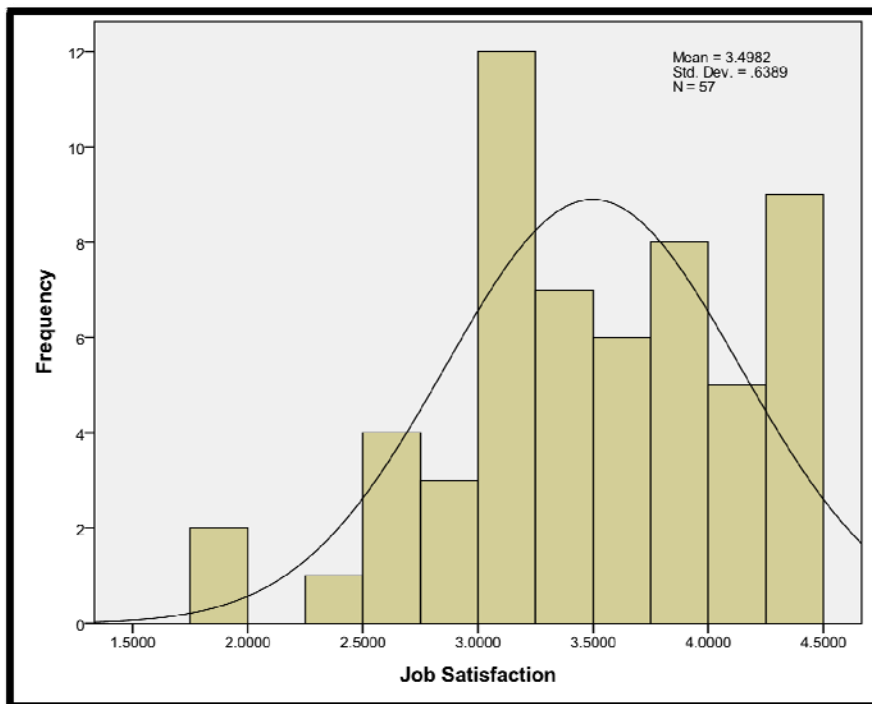


### 5.3.2.1      Summary - job satisfaction ratings of entire sample

The job satisfaction scale used incorporated each item being scored from one to five, with five indicating the highest level of

satisfaction. The overall mean for the global scale was 3.5 (rounded) with a standard deviation of 0.6389. The scores for the variable distribution are negatively skewed ever so slightly.

### 5.3.3 Job satisfaction ratings of independent groups – nursing and managerial

**Table 8: Group statistics of job satisfaction**

| | | | Group Statistics | | |
|---|---|---|---|---|---|
| | POSITION | N | Mean | Std. Deviation | Std. Error Mean |
| Job Satisfaction | Nursing | 32 | 3.319105 | .6501957 | .1149395 |
| | Managerial | 25 | 3.727495 | .5558533 | .1111707 |

**Table 9: Independent samples T-Test**

| | | Independent Samples Test | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|
| | | Levene's Test for Equality of Variances | | t-test for Equality of Means | | | | | | |
| | | F | Sig. | t | df | Sig. (2-tailed) | Mean Difference | Std. Error Difference | 95% Confidence Interval of the Difference | |
| | | | | | | | | | Lower | Upper |
| Job Satisfaction | Equal variances assumed | .123 | .727 | -2.51 | 55 | .015 | -.40839 | .16305 | -.7351 | -.0816 |
| | Equal variances not assumed | | | -2.55 | 54.51 | .013 | -.40839 | .15991 | -.7289 | -.0878 |

**Figure 13: Job satisfaction distribution histograms for individual groups**
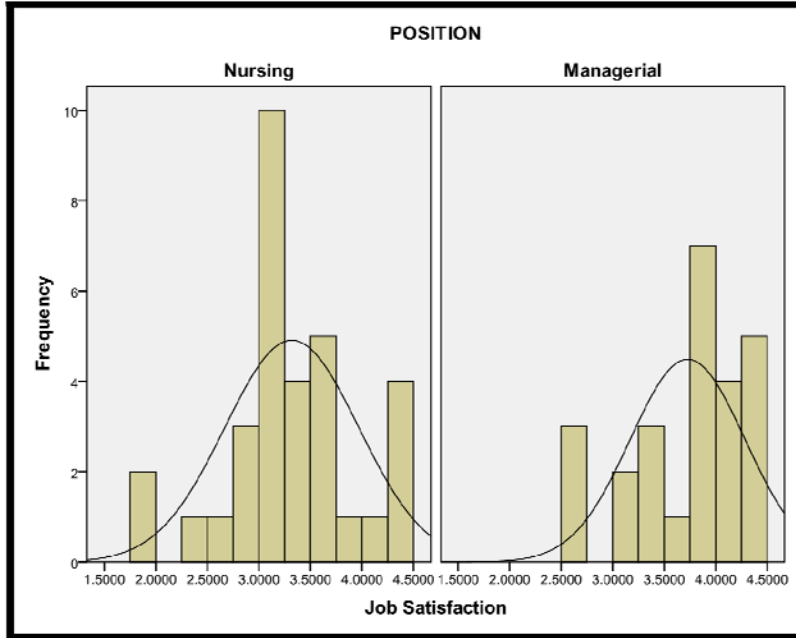


### 5.3.3.1    Summary of job satisfaction ratings - groups

An independent-samples t-test was conducted to compare the job satisfaction scores for both the nursing and managerial groups. With the assumption taken that the population of the job satisfaction variable is normally distributed, two histograms, Figure 13, are used to compare the sampling distribution of the two independent groups.

The scores for both groups appear to be reasonably normally distributed, with both groups having similar kurtosis values. To a degree, however, most scores tend to have a very slight negative skew shape to them.

## 5.4 Descriptive statistics of career anchor constructs

### 5.4.1 Career anchors of entire sample

**Table 10: Career anchor descriptive statistics**

| | | TF | GM | AU | SE | EC | SV | CH | LS |
|---|---|---|---|---|---|---|---|---|---|
| N | Valid | 57 | 57 | 57 | 57 | 57 | 57 | 57 | 57 |
| | Missing | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Mean | | 3.16 | 6.32 | 5.00 | 3.46 | 5.61 | 3.46 | 3.54 | 3.42 |
| Median | | 3.00 | 7.00 | 5.00 | 3.00 | 7.00 | 3.00 | 3.00 | 3.00 |
| Std. Deviation | | 1.509 | 1.671 | 1.964 | 2.155 | 2.282 | 1.871 | 2.045 | 2.535 |
| Variance | | 2.278 | 2.791 | 3.857 | 4.645 | 5.206 | 3.503 | 4.181 | 6.427 |
| Skewness | | .336 | -.952 | -.352 | .567 | -.803 | .435 | .441 | .637 |
| Std. Error of Skewness | | .316 | .316 | .316 | .316 | .316 | .316 | .316 | .316 |
| Kurtosis | | -.738 | .534 | -.763 | -.805 | -.563 | -.557 | -1.054 | -1.065 |
| Std. Error of Kurtosis | | .623 | .623 | .623 | .623 | .623 | .623 | .623 | .623 |
| Minimum | | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 |
| Maximum | | 6 | 8 | 8 | 8 | 8 | 8 | 7 | 8 |
| Percentiles | 25 | 2.00 | 5.00 | 3.00 | 2.00 | 4.00 | 2.00 | 2.00 | 1.00 |
| | 50 | 3.00 | 7.00 | 5.00 | 3.00 | 7.00 | 3.00 | 3.00 | 3.00 |
| | 75 | 4.00 | 8.00 | 7.00 | 5.00 | 7.00 | 4.50 | 5.00 | 5.50 |

Figures 14 through 18 are histograms of the various key career anchors to be analysed in this study and those ranked highest; namely the technical competence, managerial competence, security/stability, service/dedication to a cause and lifestyle career anchors.

**Figure 14: Technical / functional competence histogram**
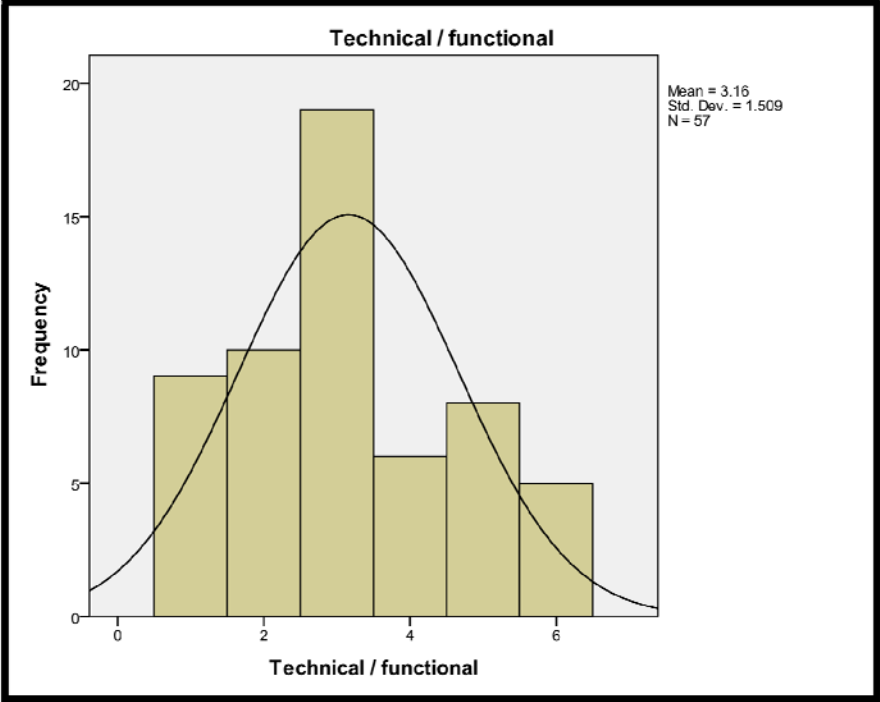


**Figure 15: General managerial competence histogram**
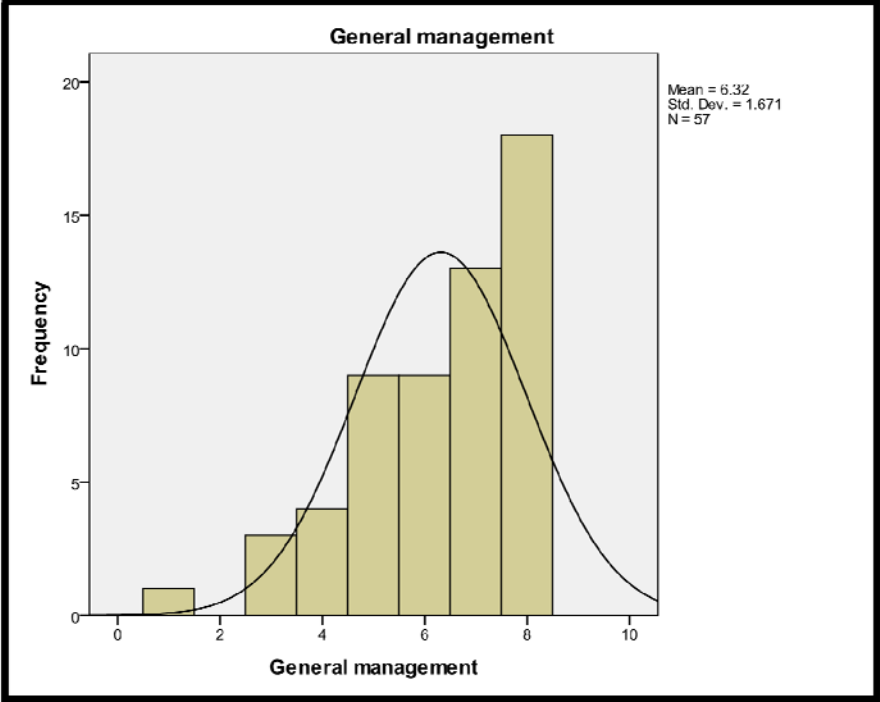
**Figure 16: Lifestyle histogram**
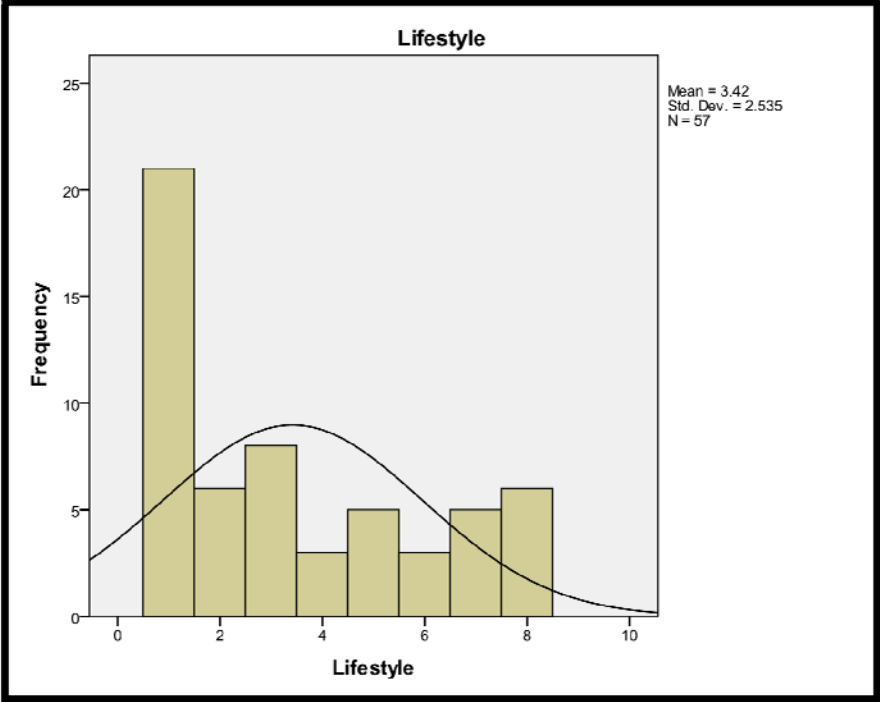


**Figure 17: Security / stability histogram**
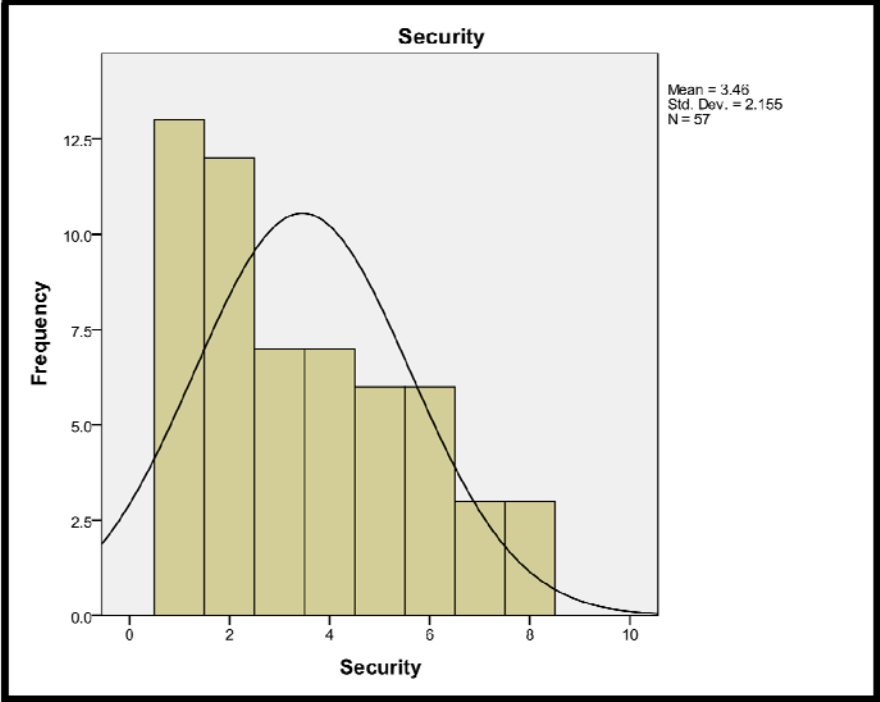
**Figure 18: Service and dedication to a cause histogram**
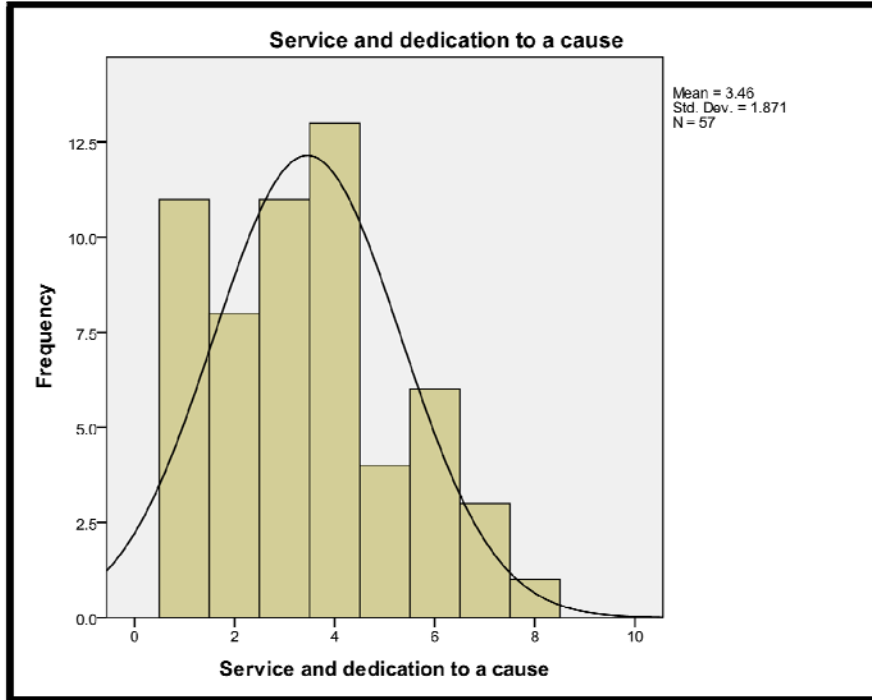


### 5.4.1.1 Summary – entire sample career anchors

The mean ranked career anchors as well as the skewness and kurtosis values are described in Table 10 with additional values such as the standard deviation also displayed. The career anchors were ranked in order one to eight, with one being the dominant career anchor; technical competence ranked highest on average with security / stability and service / dedication to a cause ranking second. The dominant career anchors are later discussed in this chapter; see Figures 20 through to 24, pages 56 to 58 for distribution curve comparisons.

### 5.4.2 Career anchors of independent groups – nursing and managerial

**Table 11: Comparative means of career anchors of independent groups**

| Career Anchor | TF | GM | AU | SE | EC | SV | CH | LS |
|---|---|---|---|---|---|---|---|---|
| Nursing | 3.44 | 6.66 | 4.94 | 3.13 | 5.69 | 3.34 | 3.94 | 2.78 |
| Managerial | 2.80 | 5.88 | 5.08 | 3.88 | 5.52 | 3.60 | 3.04 | 4.24 |

**Figure 19: Comparative career anchor means of independent groups**
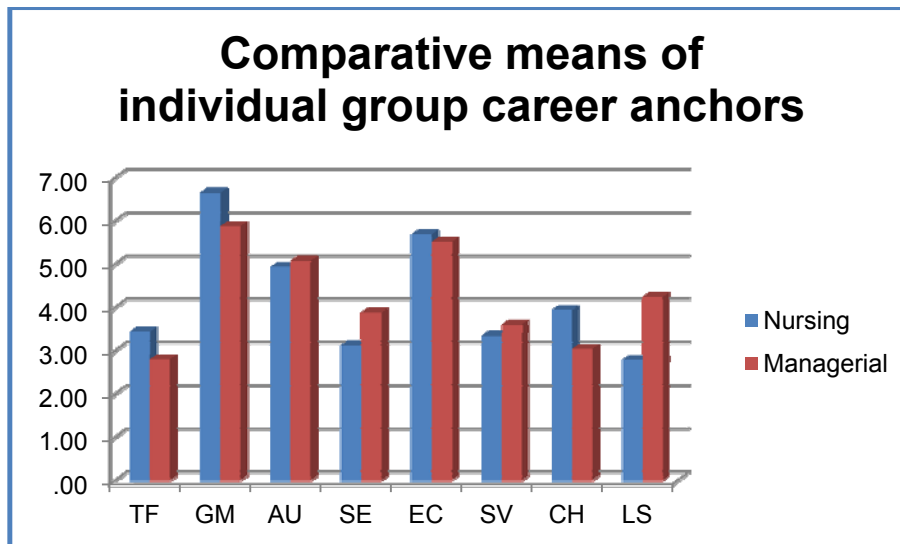
**Figure 20: Group comparative histograms for TF career anchor**
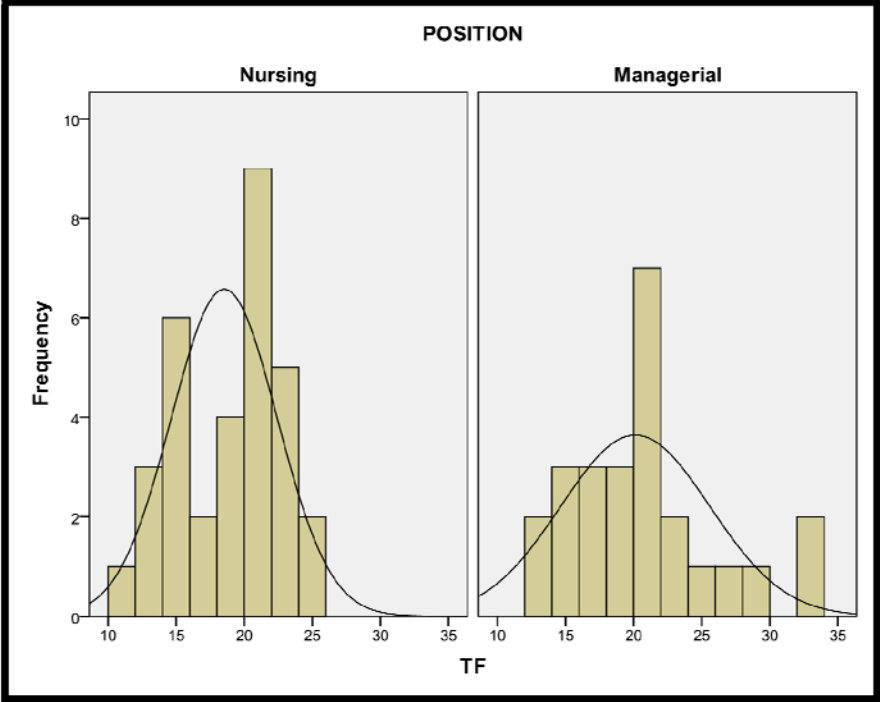


**Figure 21: Group comparative histograms for GM career anchor**
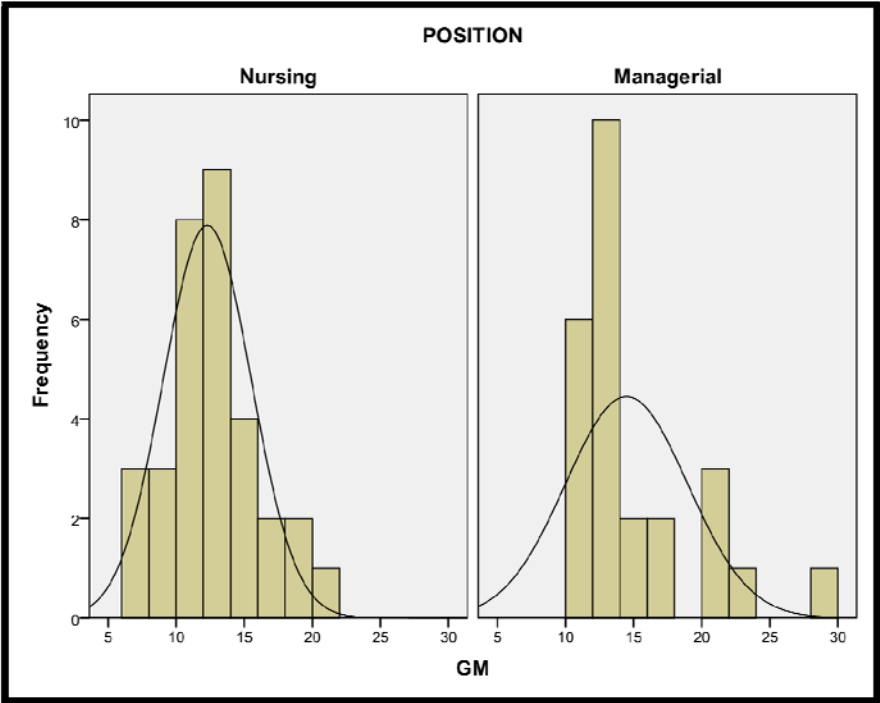
**Figure 22: Group comparative histograms for SE career anchor**
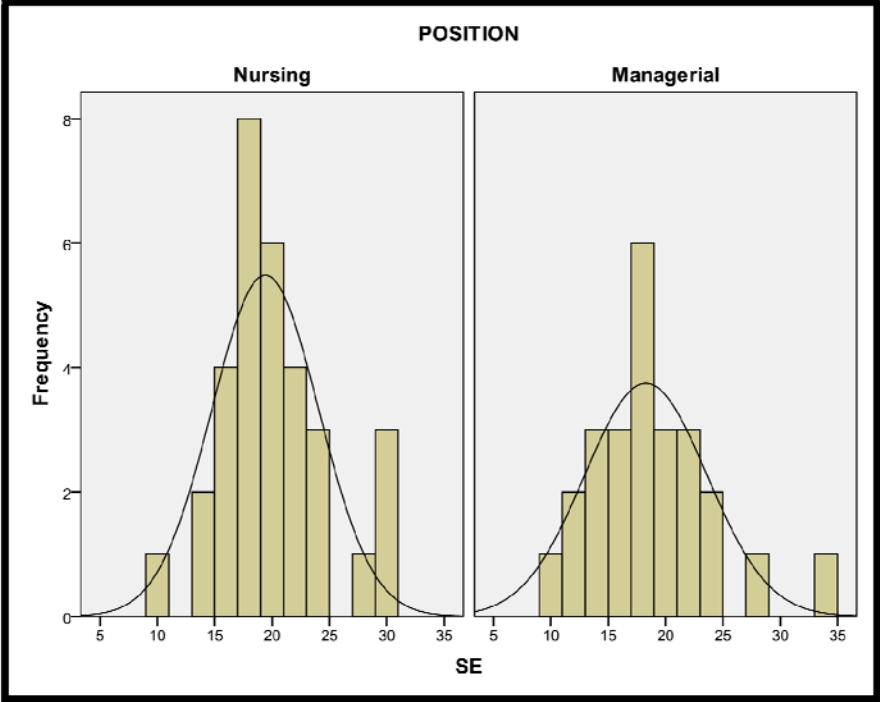


**Figure 23: Group comparative histograms for LS career anchor**
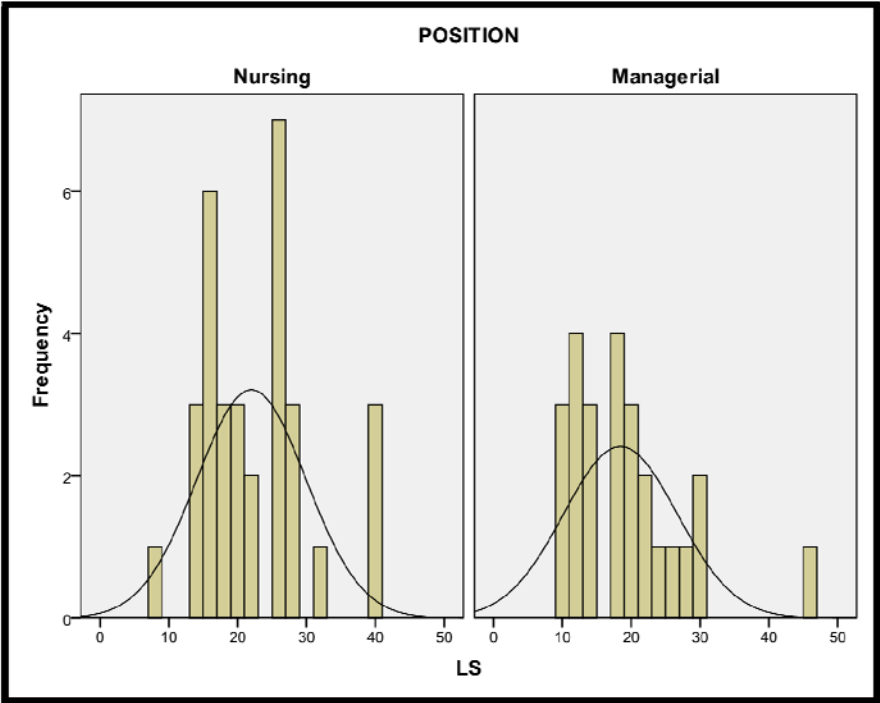
**Figure 24: Group comparative histograms for SV career anchor**
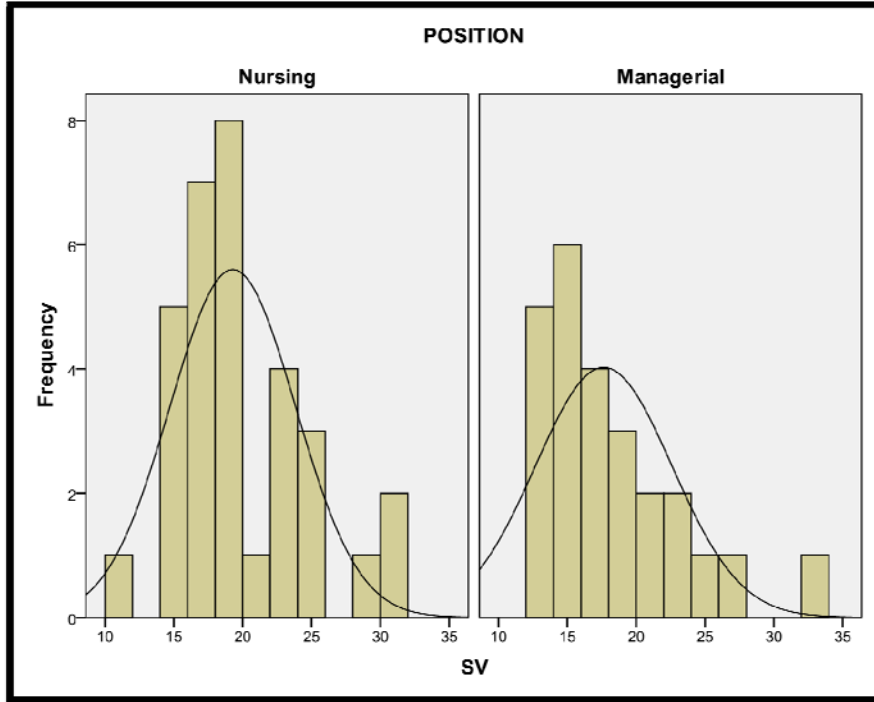


### 5.4.2.1 Summary of career anchors – groups

The data described here is descriptive by nature and merely describes the difference of mean ranked career anchors between the two independent groups in this study. Table 11 on page 55 indicates the actual difference of means while Figure 19 on page 55 graphically depicts the difference in means of the groups.

Figures 20 through to 24 display the comparative distribution of the various single variables, the variables being the career anchors that were ranked highest of the entire sample, those being technical competence, managerial competence, security /

stability, service / dedication to a cause and lifestyle career anchors.

### 5.4.3 Dominant career anchors – entire sample

**Figure 25: Dominant career anchors of entire sample**
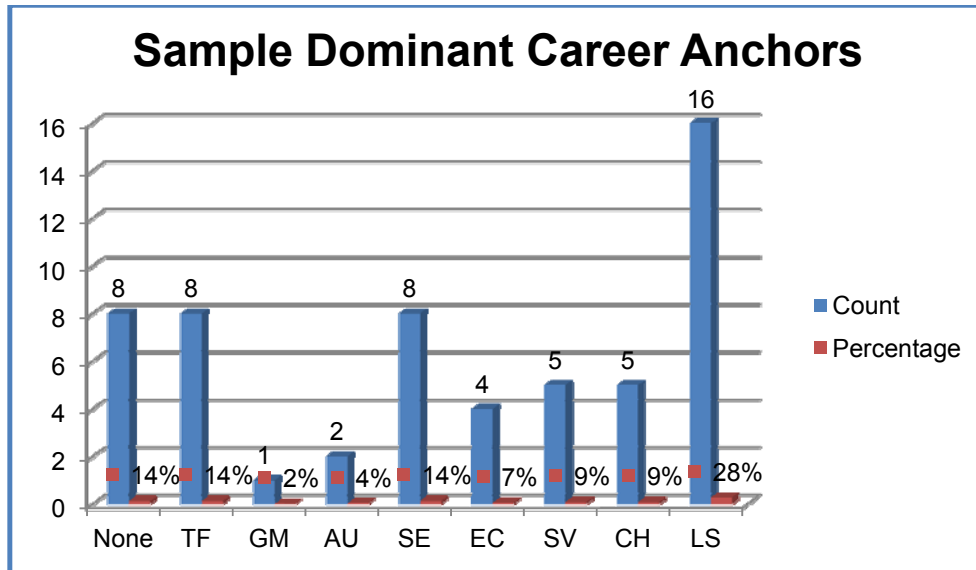


### 5.4.4 Dominant career anchors – groups

**Figure 26: Dominant career anchors of nursing group**
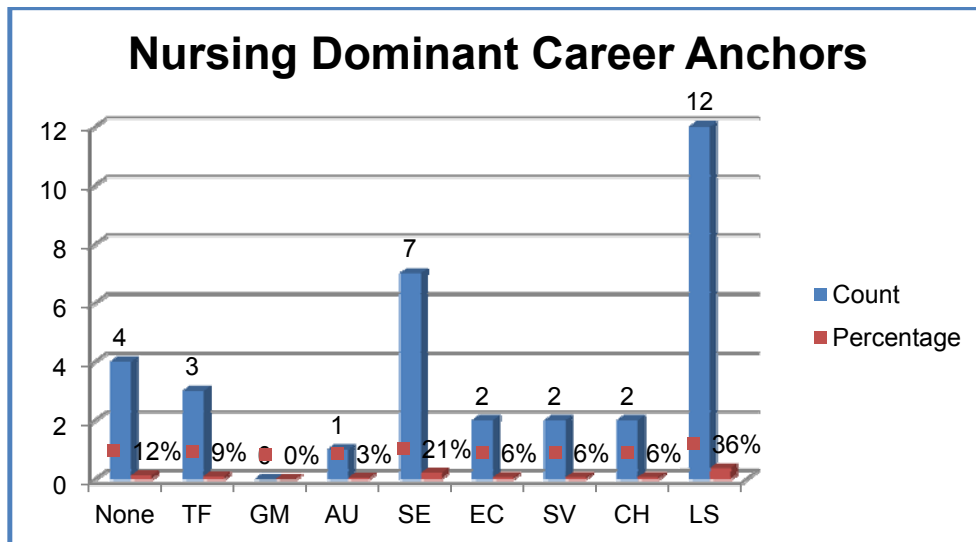
**Figure 27: Dominant career anchors of managerial group**



## Managerial Dominant Career Anchors
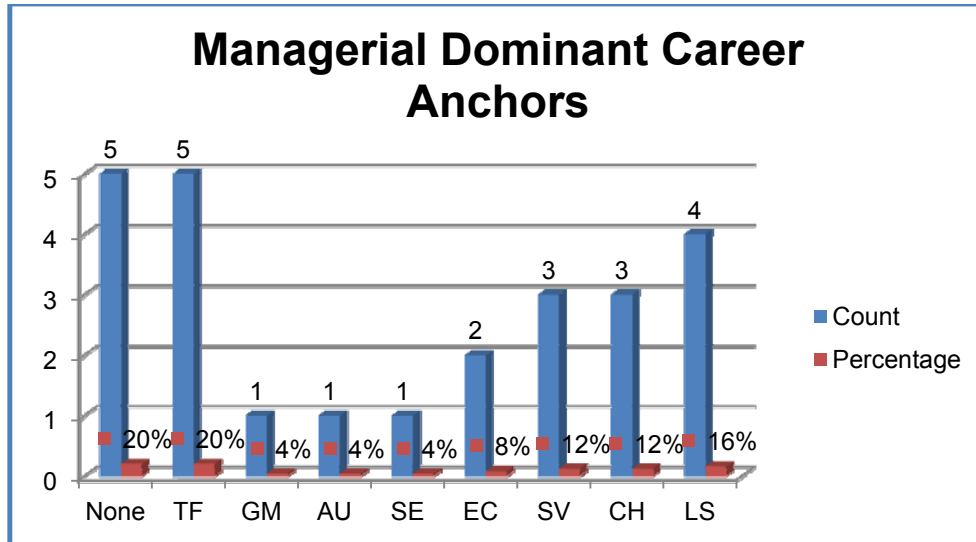
#### 5.4.4.1    Summary of dominant career anchors

The dominant career anchors were looked at from both a sample perspective as well as the two independent groups, nursing and managerial. Figures 25, 26 and 27 indicate a column labelled 'none'; these counts were made for purposes of determining whether the technical or general managerial competence career anchor was a dominant career anchor in the case of a tied dominant career anchor. In the event of a tie, and the tie did not include a technical or managerial career anchor, the 'none' column was used to gather data of this kind.

## 5.5 Results and interpretation - ANOVAS

### 5.5.1 Compatibility and job satisfaction

**Table 12: Means results for job satisfaction between job compatibility groups**

Job Satisfaction

| | N | Mean | Std. Deviation | Std. Error | 95% Confidence Interval for Mean | | Minimum | Maximum |
| | | | | | Lower Bound | Upper Bound | | |
|---|---|---|---|---|---|---|---|---|
| Match | 4 | 3.246388 | .9092218 | .4546109 | 1.799613 | 4.693163 | 2.3435 | 4.4371 |
| Mismatch | 53 | 3.517230 | .6218561 | .0854185 | 3.345825 | 3.688634 | 1.8692 | 4.4796 |
| Total | 57 | 3.498223 | .6389380 | .0846294 | 3.328690 | 3.667756 | 1.8692 | 4.4796 |

**Table 13: ANOVA result for job satisfaction between job compatibility groups**

Job Satisfaction

| | Sum of Squares | df | Mean Square | F | Sig. |
|---|---|---|---|---|---|
| Between Groups | .273 | 1 | .273 | .664 | .419 |
| Within Groups | 22.589 | 55 | .411 | | |
| Total | 22.862 | 56 | | | |

**Table 14: Result of test for homogeneity of variances between job compatibility groups**

Job Satisfaction

| Levene Statistic | df1 | df2 | Sig. |
|---|---|---|---|
| .884 | 1 | 55 | .351 |

No significant difference between the means of the two groups, those with a match and those with no match, of job description/type and career anchors were found.

### 5.5.2 Age groups and job satisfaction

**Table 15: Means results for job satisfaction between age groups**

Job Satisfaction

| | N | Mean | Std. Deviation | Std. Error | 95% Confidence Interval for Mean Lower Bound | Upper Bound | Minimum | Maximum |
|---|---|---|---|---|---|---|---|---|
| 18-25 yrs old | 2 | 3.772480 | .9999763 | .7070901 | -5.211951 | 12.756911 | 3.0654 | 4.4796 |
| 25-35 yrs old | 18 | 3.523839 | .5763564 | .1358485 | 3.237224 | 3.810454 | 1.8873 | 4.4592 |
| 35-45 yrs old | 19 | 3.110668 | .6457218 | .1481387 | 2.799440 | 3.421896 | 1.8692 | 4.2614 |
| 45-55 yrs old | 12 | 3.924266 | .4793789 | .1383848 | 3.619684 | 4.228849 | 3.0221 | 4.4371 |
| 55 yrs and older | 6 | 3.705130 | .3821796 | .1560241 | 3.304057 | 4.106203 | 3.2340 | 4.2827 |
| Total | 57 | 3.498223 | .6389380 | .0846294 | 3.328690 | 3.667756 | 1.8692 | 4.4796 |

**Table 16: ANOVA result for job satisfaction between age groups**

Job Satisfaction

| | Sum of Squares | df | Mean Square | F | Sig. |
|---|---|---|---|---|---|
| Between Groups | 5.451 | 4 | 1.363 | 4.070 | .006 |
| Within Groups | 17.410 | 52 | .335 | | |
| Total | 22.862 | 56 | | | |

**Table 17: Result of test for homogeneity of variances between age groups**

Job Satisfaction

| Levene Statistic | df1 | df2 | Sig. |
|---|---|---|---|
| .803 | 4 | 52 | .529 |

**Table 18: Post Hoc tests of multiple comparisons of age groups**

Job Satisfaction

Tukey HSD

| (I) Age | (J) Age | Mean Difference (I-J) | Std. Error | Sig. | 95% Confidence Interval | |
|---|---|---|---|---|---|---|
| | | | | | Lower Bound | Upper Bound |
| 18-25 yrs old | 25-35 yrs old | .2486410 | .4312883 | .978 | -.970090 | 1.467372 |
| | 35-45 yrs old | .6618120 | .4301518 | .543 | -.553707 | 1.877331 |
| | 45-55 yrs old | -.1517865 | .4419390 | .997 | -1.400614 | 1.097041 |
| | 55 yrs and older | .0673499 | .4724526 | 1.000 | -1.267703 | 1.402403 |
| 25-35 yrs old | 18-25 yrs old | -.2486410 | .4312883 | .978 | -1.467372 | .970090 |
| | 35-45 yrs old | .4131711 | .1903232 | .207 | -.124643 | .950985 |
| | 45-55 yrs old | -.4004275 | .2156441 | .353 | -1.009793 | .208938 |
| | 55 yrs and older | -.1812911 | .2727707 | .963 | -.952084 | .589502 |
| 35-45 yrs old | 18-25 yrs old | -.6618120 | .4301518 | .543 | -1.877331 | .553707 |
| | 25-35 yrs old | -.4131711 | .1903232 | .207 | -.950985 | .124643 |
| | 45-55 yrs old | -.8135986* | .2133621 | .003 | -1.416515 | -.210682 |
| | 55 yrs and older | -.5944621 | .2709702 | .198 | -1.360167 | .171243 |
| 45-55 yrs old | 18-25 yrs old | .1517865 | .4419390 | .997 | -1.097041 | 1.400614 |
| | 25-35 yrs old | .4004275 | .2156441 | .353 | -.208938 | 1.009793 |
| | 35-45 yrs old | .8135986* | .2133621 | .003 | .210682 | 1.416515 |
| | 55 yrs and older | .2191364 | .2893170 | .941 | -.598413 | 1.036686 |
| 55 yrs and older | 18-25 yrs old | -.0673499 | .4724526 | 1.000 | -1.402403 | 1.267703 |
| | 25-35 yrs old | .1812911 | .2727707 | .963 | -.589502 | .952084 |
| | 35-45 yrs old | .5944621 | .2709702 | .198 | -.171243 | 1.360167 |
| | 45-55 yrs old | -.2191364 | .2893170 | .941 | -1.036686 | .598413 |

*. The mean difference is significant at the 0.05 level.

***Statistically significant difference found between means***

In only one case was there significant difference between the job satisfaction means of the various age groups, age group 35 to 45 years old and 45 to 55 years old.

# 6. DISCUSSION OF RESULTS

## 6.1 Research propositions

### 6.1.1 Proposition one - The dominant career anchors of registered nurses will be that of managerial competence and technical/functional competence.

As discussed in chapter two most literature on career anchors refers to the eight categories that have consistently shown up in all kinds of occupations. In studies from a wide variety of occupations, even though some occupations may be thought to be very bias to one specific anchor, Schein found that approximately 25 percent of the population was managerially anchored and another 25 percent was technically anchored. Autonomy and security anchors held approximately 10 percent each, with the remainder divided among the other anchors (E. H. Schein, 1996).

To test proposition one, the respondents were each allocated a career anchor based on the highest score for each of the groups of Schein's career anchor self-assessment questionnaire (E. H. Schein, 2006). The anchor that emerged with the highest score was allocated as the respondents dominant career anchor. However, in this study, 18 percent of the sample provided tied scores for two or more career anchors.

For this study, if a tie included a technical competence or managerial competence career anchor, the tie was then broken in favour of the technical or managerial career anchor. If the tie did not include a technical or managerial competence career anchor, the respondent was not assigned a dominant career anchor, and was represented as none, as shown in Figures 25 through 27 on pages 59 and 60. This approach was based on a similar study carried out by Wynne, Ferratt, and Biros (2002).

Contrary to proposition one, that the dominant career anchors of registered nurses would be technical and managerial, the study found that the technical competence career anchor ranked dominant a mere eight times including any ties between other career anchors and the technical anchor as the dominant anchor. The general managerial competence career anchor was found to dominate only once in this study, accounting for only two percent of the sample, there were no ties with the general managerial competence career anchor that would have changed the status of a dominant career anchor of managerial competence.

The following career anchors emerged as the dominant career anchors found in this study:

- Lifestyle – 28%

- Technical/functional Competence – 14%

- Security/stability – 14%

- None – 14%

These findings are understandable considering the studies done around multiple dominant anchors, which were not part of this study. As discussed in chapter two, there have been a number of studies questioning the dominance of one career anchor, as well in the reconceptualising of Schein's career anchors, but even with all this research, Schein's career anchors continue to be used in the revised form since 1990.

Some recent study on multiple dominant anchors by Wils, Wils, and Tremblay (2010), found that several anchors complement each other (e.g. creativity and pure challenge), while others are in conflict with each other (e.g. challenge and security).

The observation of this study, that the career anchor lifestyle featured highest, and service/dedication to a cause accounted for only nine percent of dominant career anchors were both surprising and not. Firstly the service/ dedication to a cause career anchor; the concepts and factors that influence the individual in selecting a nursing profession as a career were put forward in chapter two, whereas the positive self-perception of nursing as a caring and helpful profession largely influenced young school levers to choose nursing as a profession.

The Nightingale pledge, which was written in 1893 by a small group of nurses, physicians and lay woman described the required characteristics of nurses (McBurney & Filoromo, 1994), is shown in Figure 28. The nightingale pledge alludes to the caring for others, yet this anchor was

not dominant. Secondly, the career anchor lifestyle is, according to Schein, associated with the individual being most comfortable in an organisation that respects personal and family concerns. This is arguable no doubt, but the intangible family, caring, feeling emotional side of a person's construct may come through strongly here, and bearing in mind that the sample was 96 percent female.

**Figure 28: Nursing pledge**



**The Florence Nightingale Pledge**

*I solemnly pledge myself before God and presence of this assembly;*
*To pass my life in purity and to practice my profession faithfully.*
*I will abstain from whatever is deleterious and mischievous*
*and will not take or knowingly administer any harmful drug.*
*I will do all in my power to maintain and elevate the standard of my profession*
*and will hold in confidence all personal matters committed to my keeping*
*and family affairs coming to my knowledge in the practice of my calling.*
*With loyalty will I endeavour to aid the physician in his work,*
*and **devote myself to the welfare of those committed to my care***

## 6.1.2 Proposition two – Job satisfaction mean scores of registered nurses will differ significantly between age groups

Chapter two made reference to the changing landscape of the age group dispersion of registered nurses within the South African healthcare industry. According to the South African Nursing Council, the age group dispersion is ageing somewhat. With the age group 50 to 59 increasing by five percent to 29 percent, and the age group 30 to 39 shrinking five percent to 19 percent, thus indicating an ageing workforce.

Cross sectional data is data on a population at a distinct point in time, while time series data is data collected across time (Albright et al., 2009). The studies analysis of the data shows a slight miss-representation of the population data; this may be accounted for by the fact that the data was collected at a point in time, and not over a period. Considering the fact that the sample was drawn from the private healthcare sector only, explanation of the difference in percentages may be further explained.

The study found significant differences in age groups with a large proportion being in the age group above 35 years old, in fact 37 of the 57 respondents, 65 percent (rounded), indicated their age being older than 35 (see Figure 7: Respondents by age on page 42). As discussed in chapter two, research by Kniveton (2004), found that managers brought up with today's working practices, and those who started their working lives 20 or more years back, have had very different experiences.

What is expected of managers has changed with the decline in manufacturing and shift towards service. It is arguable that the same could be said for registered nurses, the environments have changed in the past 20 years in which nurses were brought up.

Age group job satisfaction differences were looked at in this study, as previous studies found significant differences in what the different generations tend to defines as job satisfaction. Due to the changing work environment that exists in the healthcare sector as well as the different age groups of this study, the relationship between the various variables

was looked at, those being the different age groups of the respondents and the job satisfaction scores of the different age groups.

With the ageing workforce of nurses, the researcher proposed a difference of job satisfaction mean scores between the different age groups based on the literature discussed in chapter two. Analysis of the data showed that significant difference in job satisfaction only occurred between two of the five groups, all other comparisons showed very little significant difference.

Tables 15, 16, 17 and 18 on pages 62 and 63 reflect the results of the ANOVA test conducted. A one-way between-groups analysis of variance was conducted to explore the impact of age on levels of job satisfaction, as measured by the McCloskey/Mueller satisfaction scale. The respondents were divided into five groups according to their age:

- Group one       –       18 to 25 years old
- Group two       –       25 to 35 years old
- Group three     –       35 to 45 years old
- Group four      –       45 to 55 years old
- Group five      –       55 years old and over

The significance level, $\alpha$, determines the size of the rejection region, sample results in the rejection region are called statistically significant at '$\alpha$' level (Albright et al., 2009), the value for this test was set at 0.05.

There was a statistically significant difference at the $\alpha < .05$ level in job satisfaction scores for the five age groups. The **F** ratio represents the variance between the groups divided by the variance within the groups (Pallant, 2010). The **F** ratio of this study, with degrees of freedom four and fifty-two, was 4.070 and the **α** value 0.06.

Despite reaching statistical significance, the actual difference in mean scores between the age groups was not that large. The effect size, or 'strength of association', is one way the importance of the finding can be assessed. The **eta squared** effect size indicates the proportion of variance of the dependant variable that is explained by the independent variable and is calculated by dividing the sum of the squares between groups, by the total sum of squares (Pallant, 2010).

The effect size, calculated using **eta squared**, was 0.238, a relatively large effect according to (Pallant, 2010). That is the age groups under discussion could explain 23.8 percent of the variance of job satisfaction.

Post-hoc comparisons using the Tukey HSD test indicated that the mean score for group three was significantly different from group four. The mean of group three was 3.11 with a standard deviation of 0.645; group four had a mean score of 3.92 and a standard deviation of 0.479. The difference between all other groups did not differ significantly from either of the other groups. Group one mean score was 3.77 with a standard deviation of 0.999, group two mean was 3.52 with a standard deviation of

0.576, and group five a mean score of 3.71 and a standard deviation of 0.382.

Support for proposition two, was only found between age groups of 35 to 45 and 45 to 55 year old. Although not evident why, as this was outside the scope of this study, nurses increasing age coupled with healthcare's rapidly changing environment may indicate sub groups that experience these changes differently to other sub groups.

Perhaps the difference can be explained by the two different generations that the groups fall into. Age group 35 to 45 years being classified as Generation Xers, and the age group 45 to 55 years being those of Baby boomers. According to (Wieck et al., 2009), characteristics of generation Xers and Baby Boomers are presented in Table 19.

**Table 19: Generational characteristics**

| Baby Boomers (1946 – 1964) | Generation X (1965 – 1980) |
|---|---|
| Highly optimistic | Self-reliant |
| Workaholics | Sceptical of those older than they are |
| Self-centered; demand attention to ideas and contribution | Demand balance between work and life |
| Value group cohesion, teamwork | High comfort with technology |
| Work hard and sacrifice for the group | Desire fun on the job |
| Expect involvement and immersion in work; emphasize meetings | Value informality in job relationships |
| | Focus on outcomes, hate process |
| | Loyal to self and career goals, not the job or the institution |

As mentioned in chapter two, these generations have different work aspects, and are satisfied differently, and creating an environment where

all four generations can coexist can prove a challenge to nurse executives (Wieck et al., 2009).

Adding these generational factors to the dominant career career anchor's of individuals will probably add to the complexity of the management challenge of understanding what will keep different nurses satisfied.

## 6.2    Research questions

### 6.2.1  Research question one - is there significant difference in the mean job satisfaction scores of the two independent groups, that being nursing and managerial?

An independent-samples t-test was used to compare the mean scores of the two different groups, the results of which are described in Tables 8 and 9 on page 49. The Levene's test for equality of variances tested whether the variances for the two groups (nursing and managerial) were the same. The outcome of the test was a significance value of 0.727; this value meant that the assumption of equal variances had not been violated.

With the **α** level for this study set to 0.05, the results showed that there is significant difference between the mean scores for the nursing group (mean score of 3.32 and a standard deviation of 0.65) and the managerial group (mean score 3.73 and a standard deviation of 0.56).

The t value with 55 degrees of freedom had a value of 2.505, and the two-tailed significant value of 0.015.

The strength of association (effect size), was calculated with the following formula (Pallant, 2010):

**Eta squared** = $\dfrac{t^2}{t^2 + (N1 + N2 - 2)}$

Using the formula and replacing the appropriate values, the **Eta squared** value was _0.102_ which may be considered a moderate to large effect. That is the different groups explain 10.2 percent of the variance in job satisfaction in this study. Therefore, from the above section, there is support of proposition one, that is that there is a significant difference in job satisfaction means scores of managers and nursing staff.

In chapter two, reference was made to a number of reasons why people choose nursing as a career. The reality is that the perceived job description that of caring for people is often negatively correlated by inadequate salaries, staff shortage and excessive administration duties (Van der Colff & Rothmann, 2009). In this study, the managerial group had the highest satisfaction score, although the study did not attempt to find out what possibilities for this there may have been; a number of inferences may be made, some of which may be supported by previous research carried out by Zangaro and Soeken (2007).

They found that generation Xers, (age group 35 to 45 in this study) want less bureaucratic structure and increased autonomy, and they are not impressed with authority, and an authoritarian leadership style does not satisfy them (Zangaro & Soeken, 2007). The percentage split of this age group is represented in Table 4 on page 45. Interestingly, the nursing group represented 63.2 percent of the age group 35 to 45, and 36.8 percent represented the managerial group, this is arguable that the larger group here has the least autonomy in the work environment. In total, the age group 35 to 45 represents 33 percent of the entire population, the largest of the age groups.

The Baby Boomer generation (age group 45 to 55), was represented by 83.3 percent managers and 16.7 percent nurses. This age group accounted for 21.1 percent of the entire sample of this study.

From these findings, the group (nursing) with the lower job satisfaction mean score, is represented by 68.4 percent of respondents that fall into the age group 35 to 45 years old and younger. From the literature, it was stated that these generations demand much more autonomy than what they currently may be receiving, and this may be one contributor to the scores obtained. Interesting though, and possibly in contradiction to the literature, is the fact that the career anchor of autonomy/independence only featured dominant, a mere four percent in this study; that is twice out of the sample of 57 respondents, and one for each group. (See Figure 25 on page 59).

### 6.2.2 Research question two – do managers and nursing staff differ in terms of their dominant career anchors.

In chapter two, the literature referred to a number of studies around career anchors, and career choices, specifically Edgar Schein. Perhaps the findings by Derr, Briscoe, Gunz, and Peiperl (2007), sum up the career choice mechanism best; "As individuals start to take ownership of their careers, the focus on the subjective or inner career becomes increasingly more important than that of a more objective, organisationally defined".

The preposition made by the researcher was to see if different dominant career anchors existed between nursing staff and managers. Figure 26 and 27 on page 59 and 60 indicate the dominant career anchors of nursing staff and managers. The findings of this study is that the technical/functional competence and lifestyle career anchor ranked highest among managers while that of lifestyle and service/dedication to a cause featured highest among nursing staff.

It is evident from the results of the study that the common thread running through all nursing staff, either nurses or nursing managers, is the dominant career anchor of lifestyle. Interestingly, the manager participants of this study tend to favour the more clinical aspects of the job. This pertains specifically to their technical competence, about doing the job well and not compromising quality service through creativity for example. However, the nursing participants tend to favour, what could be

referred to as, the softer skills of nursing that is the service and dedication to a cause career anchor.

Figures 2 and 3 on page 25 referred to reconceptualised career anchors by D. C. Feldman and Bolino (2000), and Coetzee, Bergh and Schreuder (2010), these models did not appear fit the data of this sample. The career anchors appeared to group very erratically compared to the models, and in fact the model proposed for South African organisational context by M. Coetzee and De Villiers (2010), could not be related on this studies dominant career anchor dominant anchor basis. Perhaps graphically, the tendency towards certain anchors, and therefore inherent job tendencies, could be depicted as in Figure 29 below.

**Figure 29: Dominant career anchor tendencies**



Nursing
- Softer
- Service/dedication to a cause - improving the world
- Lifestyle - careers integrated with lifestyle

Managers
- Harder, more clinical tendency
- Technical/functional competence - functional managers
- Lifestyle - balancing personal and professional life
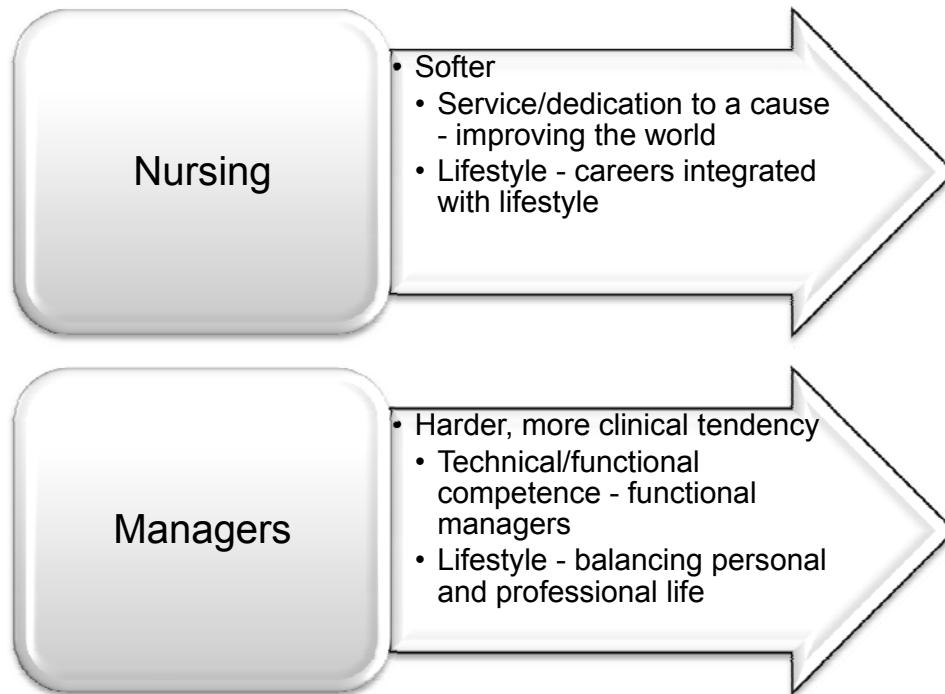
In summary, the dominant career anchors of the nursing staff and the managers do differ, with inferences been made about what determines the type of career a nurse chooses within the healthcare environment, either nursing or management.

## 6.3    Research hypothesis

The sole research hypothesis of this study was arguably what the study was about, that is do career anchors determine or influence levels of job satisfaction that could cause a nurse to remain in or leave the profession. For this study a basic means of determining job compatibility was used.

The respondents of this study whose job type and career anchor were both technical/functional, nursing in this case, were deemed compatible. The individual respondents who had managerial positions and general managerial anchors as dominant anchors were also deemed compatible. All other respondents were deemed incompatible.

The alternate hypothesis stated that; *Registered nurses whose job type and career anchor match will experience higher job satisfaction than those whose job type and career anchor do not match.*

Support for this hypothesis was lacking. The rejection region is the set of sample data that leads to the rejection of the null hypothesis (Albright et al., 2009). The significance level set for this test was 0.05. The value for

this test was 0.419 as seen in Table 13, page 61. As this result is significantly higher than the **α** value set for the test, it is safe to say that the null hypothesis cannot be rejected.  Simply stated, the respondents of this study with a job type and career anchor that match do not portray higher job satisfaction levels than those respondents who were deemed to have incompatibility of job type and career anchor.

An area of concern regarding the size of the groups from which the data was gathered needs to be mentioned for this study. The two groups, those that 'match' and 'do not match' job type and career anchor, were both small and unequal. Those that matched accounted for only seven percent (rounded) of the two groups. A larger sample is probably required to ensure that a more credible result would be obtained.

Having said that, a study by Wynne et al. (2002), which included the impact of career anchors on job satisfaction of United States Air Force Information Systems Workers, had a sample size of 2724. The percentage split for their study included a split of four percent compatibility against 96 percent incompatibility. The researchers found the following:

> *Job type and career anchor compatibility alone may not be an adequate predictor of job satisfaction.*

This area of concern leads to making mention of a **type II error** that can be made when rejecting or accepting the null hypothesis. We commit a

type II error when we incorrectly accept a null hypothesis that is false (Albright et al., 2009).

# 7. CONCLUSION

## 7.1 Introduction

A stable and productive health service is of vital importance to any country. The health service would include the nursing profession, which comprises by far the greatest component of this service sector (Van der Colff & Rothmann, 2009). As stated in earlier chapters, the shortage of professional nurses is a worldwide concern with many organisations in countries all over the world conducting research and attempting to find solutions (World Health Organization, 2006).

Earlier chapters also made mention that nursing recruitment and retention are recognised national and international priorities (Price, 2009). The research conducted in this study investigated career anchors, job compatibility and job satisfaction of registered nurses.

The purpose of the study was to investigate the effect that career anchors and job compatibility might have on job satisfaction with an attempt to improve the vast knowledge base that already exists on staff retention and job satisfaction practices. These practices referred to here could be classified as the more tangible practices that exist; these would be explained by the physical working environment, and examples being working hours, remuneration, ergonomics of work environment and industrial relations.

As the workforce ages and the rate of job changing increases, organisations are finding it more and more difficult to promote internal candidates. Many people and organisations never grasp the fact that it is not just personal performance that counts, it is also the effect of them being promoted, which includes having a way to ensure that their job will get done if they are promoted (Berchelmann, 2005).

## 7.2    Discussion of research findings

For the purposes of this research, the researcher proposed a number of prepositions, as well as asking a number of questions around the impact of career anchors on job satisfaction. What is already known in the realm of staff retention is that job satisfaction plays a large role in assisting managers to effectively manage turnover levels of human capital.

There has been considerable research carried out on factors influencing nurse job satisfaction, which has included burnout, job stress, remuneration, and even factors such as generational differences and professional development. This study attempts to explore beyond what is known and study the individual's self-image of competence, motives, and values known as career anchors and the impact the anchors have on job satisfaction.

The two groups that the study consisted of were one of a functional group and the other a managerial group. The two groups, although similar in distribution, and from the same sample, portrayed a number of

differential statistics and age group differences probably gave the most insight to the findings. Job satisfaction was looked between the various age groups, with significant difference between two of the groups only. The two main groups were further analysed and dominant career anchors were determined.

Findings of the study were that the managerial group displayed a higher job satisfaction mean score than that of the nursing group, and so too did the group that had career anchor and job type incompatibility. In the approach to job compatibility, the study found that job type and career anchor compatibility did not overly influence job satisfaction as proposed.

Further explanation for this was explored in the distribution of dominant career anchors, and the distributional split thereof between the two main groups. The split in dominant career anchor distribution did not support previous research findings; however, the overall mean ranked distribution of dominant career anchors did tend to fit the inherent samples perceived job description, those of registered nurses.

Registered nurses who were practicing nursing had strong inclination towards the 'service and dedication to a cause' anchors together with 'lifestyle' attributions and 'technical or functional competence' career anchors. These nurses had an underlying attitude and career orientation towards caring for people and making the world a better place to live in.

Registered nurses who were no longer practicing on the floor, but fulfilling a managerial role in a healthcare setting, showed dominance not in general managerial competencies, but in strong technical or functional competencies. Theses nurses had a lot less inclination towards the 'service and dedication to the cause' anchor, yet they too showed strong 'lifestyle' career anchor dominations.

The final inferences drawn in this study is the generational difference and inherent characteristics of the generations. The larger presence of generation X nurses in the nursing group may have accounted for the overall lower job satisfaction mean scores. Although the group has strong inclination to caring for people and valuing life and family, they may appear frustrated of working in an environment controlled and with less autonomy, something that generation Xers aspire to.

In summary, although the career anchor distribution seems to fit the various job descriptions of the groups, one group showed higher job satisfaction than the other, not necessarily because of the incompatibility study done, but perhaps due to the working environment and the type of organisational structure that may exist. It may be stated, then that job type and career anchor compatibility, and generational differences are on their own not enough to predict job satisfaction.

## 7.3 Recommendations to stakeholders

Healthcare organisations all over the world are experiencing turbulent nursing labour market characteristics by extreme staff shortages and high levels of turnover. Globally, job satisfaction is linked to turnover and South Africa is no different. Healthcare organisations, and specifically Nurse Managers are faced with ongoing challenges to effectively deliver a service with scarce resources, that of professional nurses, and specifically registered nurses.

As a number of retention programs are looked at and implemented in hindsight, it may be useful to look at more than functional competence, but also the 'promotability' of nurses into managerial positions. These studies results may be most useful in recruitment and selection processes, whereby career anchors can be used to understand the deeper characteristics of the individual, one that may influence job satisfaction at a later stage, and therefore possible mitigation of turnover intensions.

## 7.4 Limitations to the studies

As with most studies, certain factors usually emerge that will introduce uncertainty and limit the reliability of the results discovered. Possibly the most significant limiting factor to this study was, as mentioned earlier, the sample size. As mentioned in chapter four, the sample was drawn from the private healthcare sector and only registered nurses were selected,

therefore an opportunity exists to gather data from a much larger portion of the available population including the public healthcare sector.

Additionally the collection of the data was limited to self administered questionnaires, perhaps a more favoured on-line questionnaire may have been more accessible. As access was limited for the researcher to the public healthcare sector, information from arguably, a different group has not been gathered, this lays the way for future research.

## 7.5    Suggestions for further research

Further research is needed whereby respondents will be confronted with direct questions related to turnover intention. Aspects of job design need to be explored to determine what aspects may be considered more important than others may.

The determining of the job description could also be redefined, for example respondents could be asked to identify their current role with various job types that will be listed and considered technical by nature. Alternatively,  respondents could be asked to comment on time spent doing administration duties and those who report on spending more than forty percent of their time performing management and supervisory activities will be categorised as  managerial in nature.

The interrelationship between job satisfaction, career anchors, job types and turnover intentions can further be researched to determine the

prediction of nursing turnover. This could be done in the form of a regression model being built, whereby various independent variables are placed into the model to gain a probability score of turnover intention.

## 8. REFERENCES

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## 9. APPENDICES

## 9.1 Appendix A

**Informed consent statement**

Good Day Sister

I am doing research on turnover of professional nurses and more specifically looking at the current role and functions of a professional nurse as well as the career anchors of those professional nurses. To that end, you are asked to complete this questionnaire consisting of three sections to establish your career anchor and your current level of satisfaction as a registered nurse.

This should take no more than 20 minutes of your time. Your participation is voluntary and you can withdraw at any time without penalty. Of course, all data will be kept confidential. By completing the survey, you indicate that you voluntarily participate in this research. If you have any concerns, please contact myself or my supervisor of which our details are provided below.

| **Researcher name:** | **Research Supervisor Name:** |
|---|---|
| Garth Willis | Professor Dave Beatty |
| garth.willis@intercare.co.za | beatyd@gibs.co.za |
| 0823714505 | |

*Demographics questionnaire*

**Gender**

| Male | Female |
|---|---|
| ☐ | ☐ |

**Age**

| 18 - 25 years | 25 - 35 years | 35 - 45 years | 45 - 55 years | 55 years & over |
|---|---|---|---|---|
| ☐ | ☐ | ☐ | ☐ | ☐ |

**Race**

| Black | White | Coloured | Indian | Other |
|---|---|---|---|---|
| ☐ | ☐ | ☐ | ☐ | ☐ |

**Current position**

| Snr Management | Middle Management | Nursing Staff | Administration |
|---|---|---|---|
| ☐ | ☐ | ☐ | ☐ |

**Years qualified as Registered nurse**

| 0 – 5 years | 5 – 10 years | 10 – 15 years | 15 – 20 years | 20 years & over |
|---|---|---|---|---|
| ☐ | ☐ | ☐ | ☐ | ☐ |

*How satisfied are you with the following aspects of your current job?*

*Please circle the number that applies.*

| | | Very Satisfied | Moderately Satisfied | Neither satisfied nor Dissatisfied | Moderately dissatisfied | Very Dissatisfied |
|---|---|---|---|---|---|---|
| 1 | Salary | 5 | 4 | 3 | 2 | 1 |
| 2 | Vacation / Leave | 5 | 4 | 3 | 2 | 1 |
| 3 | Benefits package (medical aid, pension) | 5 | 4 | 3 | 2 | 1 |
| 4 | Hours that you work | 5 | 4 | 3 | 2 | 1 |
| 5 | Flexibility in scheduling your hours | 5 | 4 | 3 | 2 | 1 |
| 6 | Opportunity to work straight days | 5 | 4 | 3 | 2 | 1 |
| 7 | Opportunity for part-time work | 5 | 4 | 3 | 2 | 1 |
| 8 | Weekends off per month | 5 | 4 | 3 | 2 | 1 |
| 9 | Flexibility in scheduling your weekends off | 5 | 4 | 3 | 2 | 1 |
| 10 | Compensation for working weekends | 5 | 4 | 3 | 2 | 1 |
| 11 | Maternity leave time | 5 | 4 | 3 | 2 | 1 |
| 12 | Child care facilities | 5 | 4 | 3 | 2 | 1 |
| 13 | Your immediate supervisor | 5 | 4 | 3 | 2 | 1 |
| 14 | Your nursing peers | 5 | 4 | 3 | 2 | 1 |
| 15 | The physicians you work with | 5 | 4 | 3 | 2 | 1 |
| 16 | The delivery method of care used in your unit (e.g. Functional, team, primary) | 5 | 4 | 3 | 2 | 1 |
| 17 | Opportunities for social contact at work | 5 | 4 | 3 | 2 | 1 |

| 18 | Opportunities for social contact with your colleagues after work | 5 | 4 | 3 | 2 | 1 |
|----|-----|---|---|---|---|---|
| 19 | Opportunities to interact professionally with other disciplines | 5 | 4 | 3 | 2 | 1 |
| 20 | Opportunities to interact with faculty of the college of nursing | 5 | 4 | 3 | 2 | 1 |
| 21 | Opportunities to belong to department and institutional committees | 5 | 4 | 3 | 2 | 1 |
| 22 | Control over what goes on in your work setting | 5 | 4 | 3 | 2 | 1 |
| 23 | Opportunities for career advancement | 5 | 4 | 3 | 2 | 1 |
| 24 | Recognition for your work from superiors | 5 | 4 | 3 | 2 | 1 |
| 25 | Recognition for your work from peers | 5 | 4 | 3 | 2 | 1 |
| 26 | Amount of encouragement and positive feedback | 5 | 4 | 3 | 2 | 1 |
| 27 | Opportunities to participate in nursing research | 5 | 4 | 3 | 2 | 1 |
| 28 | Opportunities to write and publish | 5 | 4 | 3 | 2 | 1 |
| 29 | Your amount of responsibility | 5 | 4 | 3 | 2 | 1 |
| 30 | Your control over work conditions | 5 | 4 | 3 | 2 | 1 |
| 31 | Your participation in organisational decision making | 5 | 4 | 3 | 2 | 1 |

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

Rate it as 1 if it is *never* true for you
Rate it as 2 if it is *seldom* true for you
Rate it as 3 if it is *often* true for you
Rate it as 4 if it is *always* true for you

You are not being scored by someone else, and your scores are not being compared to others. Try to be as honest with yourself as possible.

| | *Never* | *Seldom* | *Often* | *Always* |
|---|---|---|---|---|
| | *1* | *2* | *3* | *4* |

_____ 1. I want to be so good at 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 of having a career that will allow me the freedom to do a 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 than 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 a career in which I will always have the 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 I 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 organisation.

_____ 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 organisations that will give me a 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 will 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 a real 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 manager in my area of expertise.

_____ 31. The chance to do a 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 accept a position that would undermine my ability to be of a 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 accept a job that would take me away from the path of general management.

_____ 37. I am most fulfilled in my work life when I feel that I have complete financial and employment security.

_____ 38. I would rather leave my organisation than accept a job that would reduce my autonomy and freedom.

_____ 39. I have always sought out work opportunities that minimise 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.

## 9.2     Appendix B

Dear Garth Willis,

This email represents official permission for you to use the Career Anchors instrument (in English) to collect data for your research. (If you wish to use the instrument in a language other than English, please let me know and we can discuss.) You will need to purchase one copy of the instrument, which you may do through Amazon, through the wiley.com website or through our sales representatives. Please let me know if you would like a sales representative to get in touch with you. You may then use the copies you buy for photocopying, and your research--however, you may not distribute them in any other way. All photocopies must keep the copyright notice that is on our publication. Our only other request is that you supply us with a copy of your final paper when it is completed.

Thank you for your interest in Career Anchors.

Debbie

--

Debbie Notkin
Contracts Manager
(415) 782-3182/fax 415 433-4611
dnotkin@wiley.com

please don't print this e-mail unless you really need to

## 9.3 Appendix C

THE UNIVERSITY OF IOWA
COLLEGE OF NURSING

Permission to use form:

This gives permission to use the McCloskey/Mueller Satisfaction Scale (MMSS) to Garth William Willis for the purpose as stated in the request dated 03 05 2011.

The instrument may be reproduced in a quantity appropriate for this project.

Signed:

*Sue Moorhead*

Sue Moorhead, Associate Professor, College of Nursing

Date: May 9, 2011

The University of Iowa
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