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ORIGINAL ARTICLE

Career anchors of dentist leaders

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ABSTRACT

Objective: The work of a health care leader is demanding; in order to cope, leaders need motivation and support. The occurrence of intrinsic factors called career anchors (combination of one's competence, motives and values) could be a contributing factor in dentist leaders' career decisions. The aim of our study was to identify dentist leaders' career anchors and their association to dentist leaders' retention or turnover of the leadership position.

Material and methods: Materials were gathered in 2014 via an electronic questionnaire from 156 current (Leaders) or former (Leavers) Finnish dentist leaders. Career anchor evaluation was conducted by the questionnaire and scoring-table taken from Edgar Schein's Career Anchors Self-Assessment. Both the most and the least important career anchors were detected by the highest and lowest scores and their occurrence reported as percentages. Associations between career anchor scores and tendency to stay were analyzed with logistic regression.

Results: 'Technical/Functional Competence' and 'Lifestyle' were most frequently reported as the most important and 'Entrepreneurial Creativity' and 'General Managerial Competence' as the least important career anchors. However, a higher level of 'General Managerial Competence' anchor was most significantly associated with staying in a leadership position. Instead, 'Pure Challenge' and 'Lifestyle' decreased the odds to stay.

Conclusions: The knowledge of the important and essential career anchors of dentist leaders' and individuals' could perform crucial part in career choices and also in planning education, work opportunities and human resource policies promoting retention of dentist leaders and probably also other health care leaders.

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Introduction

Leadership is demanding and plays a crucial role in the ongoing organizational re-structuring in social and health care sector in Finland as well in many other countries where health care sectors have been re-structured. In addition, deficits in both human and financial resources along with the ageing population have an impact on the everyday work of almost all health care leaders. Even though much leadership research has been undertaken in the nursing and medical professions [1–5] there are only a few studies focusing on dentist leaders or leadership in dentistry.[6–14] Even fewer studies deal with factors influencing on dentist leaders' career decisions.[6,10,14]

Both extrinsic and intrinsic factors have an influence on individual's career decisions. For example, individual's experiences on factors relating to job satisfaction (e.g. individual's personal features, content of work, workload, job autonomy, co-operation with colleagues and clients, management practices as well as compensation and reward) increase either the willingness to stay or leave the leadership position.[15–17] However, in this study we are especially interested in intrinsic factor called 'Career Anchor'. American organizational psychologist Edgar H. Schein created the Career development theory and a concept called 'Career Anchors'.[18,19] Schein described [20] a career anchor as a person's self-concept, which consists of self-perceived talents and abilities, basic values and the evolved sense of motives and needs. Career anchors evolve with occupational and life experience, and once the self-concept has been formed, it functions as a stabilizing force, an anchor, which the person is unwilling to give up if forced to make a choice. Therefore, the awareness of one's career anchors is important in choice situations. Although career anchors (Table 1) [21] seem to be quite permanent, in fact they can change in time with new experiences.[19]

Career anchors among dentists were found only in two earlier studies.[14,22] Boshoff et al. [22] had dentists, as 1 of the 14 professions, in their examination of the job involvement and career anchors of professionals. The most predictive anchors among dentists were 'Technical/Functional Competence' and 'Pure Challenge'. Tuononen et al. [14] studied a group of dentists and dentist leaders while or after their leadership education course. Career anchors were one of the factors which association with staying or leaving a leadership position were evaluated. Features of 'Technical/Functional Competence' and 'General Managerial Competence' anchors were most often found; the former seemed to be a turnover factor and the latter seemed to support retention.

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Table 1. Career anchor descriptions by Schein [21].

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

In today's demanding circumstances, motivated and high-quality leaders are needed. Leadership could be a relevant career choice for a dentist; therefore, it is important to study potential factors which motivate individuals to seek and stay in these positions as well as factors which have influence on their turnover decisions. The aim of our study is to identify dentist leaders' career anchors and their association to dentist leaders' retention or turnover of the leadership position.

Material and methods

Design of the study

Finland has about 4300 working-age dentists split nearly equally between the public and private sectors [23]; about 20% of them reported 2014 that they had dentist subordinates.[24] The data for this study were gathered in April 2014 by an electronic questionnaire. Our target group consisted of all the dentist leaders in the highest dental leadership positions (the chief dental officers) in each public dental service (PDS) unit in 2012 and 2007. The sample of the leaders in the PDS was altogether $n = 266$. To attain even more comprehensive sample of the dentist leaders, we included also all the known dentist leaders outside the PDS in 2014. They included dentist leaders in the clinics of hospital districts (HDs, $n = 30$), the Finnish student health service (FSHS, $n = 11$), private clinics or companies offering outsourcing of oral health care services (PRIVATE, $n = 19$) the initial study sample thus comprising $n = 326$. The names together with email addresses for PDS dentist leaders were obtained from PDS chief dental officer registers from the Finnish Dental Association (FDA) of which almost all (95%) of Finnish dentists are members. Original email address lists turned out not to be valid and therefore needed to be updated by the homepages of the PDS units and also with the help of FDA. Those PDS dentist leaders ($n = 249$, 93%) whose email addresses at the time of the study could be traced were involved. The contact information of other participants ($n = 60$) was collected in 2014 from Internet pages of individual institutes and units; the final sample size thus being $n = 309$. Three reminders were sent during April and May 2014.

Out of 171 respondents (response rate 55%), 15 (9%) were retirees and therefore excluded from this study resulting the number of 156 participants. Of these, 80% worked in the PDS ($n = 124$) and 20% in other organizations ($n = 32$). Based on a question posed in the beginning of the questionnaire 2014, the participants were divided into two groups. Those who reported that they had quit a leadership position but were still working as dentists were defined as 'Leavers' (22%) and others as current 'Leaders' (78%) (Figure 1). The participants provided informed consent, and they were guaranteed anonymity in all phases of the study.

Questionnaire

The first section of the questionnaire explored background details such as gender, age, dentist and dentist leader experience, the percentage of clinical and leadership working time, population in their catchment area, numbers of dental subunits and dentist subordinates in their working organizations, leadership education, and the reason for taking up a leadership post (Table 2). In addition, an open question was given to those who chose the option that they had quit the leadership position to describe their reasons for turnover.

In another section of the questionnaire, we conducted career anchor evaluation using a range of statements taken from Edgar H. Schein's Career Anchors Self-Assessment.[25] Permission to use the original material was authorized by Global Rights Operation Coordinator Mr. Brenton R. Campbell from Wiley which is the imprinter and copyright owner of the book. The assessment consisted of 40 statements with Likert-type answer options: never =1, seldom =2, often =3 or always =4; participants chose the best matching option. Finally, participants chose 5 out of these 40 statements which they found most clearly to characterize them and allocated five extra points to those statements. Each of eight career anchors was characterized by five beforehand chosen statements. The sums of these five statements were calculated and divided by five to obtain final scores for each of eight career anchors. Theoretical range of the career anchor scores was 1.0–9.0.

Statistical analysis

Initially, we used the highest and lowest scores to indicate participants' most and least important career anchors; the

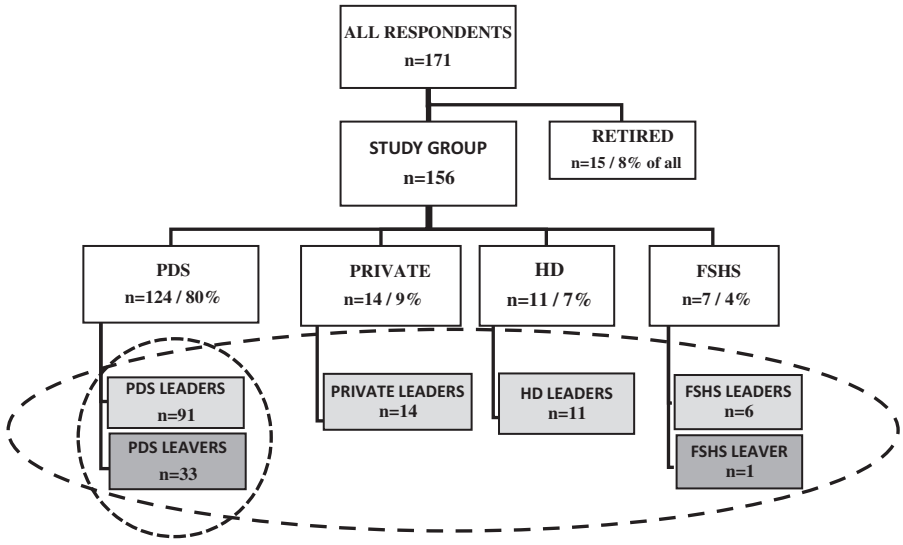

Figure 1. Distribution of the study participants according to the working place and to Leaders (current leaders 2014) and Leavers (former leaders who have quit their leader position). PDS: public dental service; PRIVATE: private clinics or companies offering outsourcing of oral health care services; HD: clinics of hospital districts; FSHS: Finnish student health service.

occurrence was reported as percentages of all participants and separately in the Leader and in the Leaver group (Table 3). Since the scores of the career anchors were not normally distributed, non-parametric tests (Mann–Whitney *U* Test) were used to compare the means of the career anchor scores between the Leader and the Leaver group.

Then, we conducted multivariate logistic regression analyses to investigate the association between career anchors scores and the likelihood of continuing as a leader (staying) (Table 4). Prior to the regression analyses, we calculated Pearson correlations between the potential confounding factors contributing significantly to staying (Table 2). Correlations were high between age and experience as a dentist ($r = 0.93$) and as a dentist leader ($r = 0.54$) as well as between leadership work time and numbers of dentist subordinates ($r = 0.82$) and dental sub-units ($r = 0.57$). Therefore, age, gender, leadership education, leadership work time, and the reasons for starting in a leadership position, were included in the final regression analyses (Table 4). As sensitivity analyses, regression models were also ran separately for each career anchor with the same confounders. Results were the same as compared to models including all the career anchors simultaneously (data not shown).

In an attempt to identify and compare career anchors in different service sectors, i.e. the PDS and non-PDS, we conducted analyses in two groups. Because we were not able to analyze staying in the non-PDS group due to study design (only one Leaver in the non-PDS group), we first analyzed the responses of all participants ($n = 156$) and compared these results to results obtained from separate analyses conducted in the PDS participants ($n = 124$). The PDS was analyzed separately also because their working environment is more homogenous than that of dentist leaders in the other organizations, and the majority of the dentist leaders in Finland work in the public sector. In addition, this way we wanted to obtain a more holistic view of dentist leaders in different organizations and to have more statistical power.

Results

Background characteristics of the participants

More than half of the participants were women. The mean age of the participants was 54.2 (SD = 7.1), lower among the Leaders (53.6, SD = 7.3) than Leavers (56.2, SD = 5.9) ($p = 0.056$). Almost the half of the participants' working time could be devoted to leadership work. About half of all came from catchment areas with less than 20,000 inhabitants. Almost every third had a specialist education, and more than two-thirds had either specialist education, special competence in dental leadership, or some other type of long leadership education, or administrative competence. However, less than a third of all participants had started their leadership career on their own accord. The Leader group used more frequently significantly less time for clinical work and had more time for leadership work, were more often employed by larger organizations, and had more dentist subordinates. They also more frequently had more leadership education or had agreed to be appointed (i.e. not compelled by circumstances) or had applied successfully for their then current position (Table 2).

Participants in the Leaver group described factors affecting their decisions to resign as follows: dissatisfaction at the working organization and tasks included in their working position, organizational changes, and their own willingness to do something different, for example clinical work. Some of them mentioned that they had left their post to a younger colleague or to a colleague who was more interested in leadership work, or they had deputized for their superior.

Career anchor scores

The highest means of career anchor scores were found for 'Lifestyle' (3.9; SD = 1.2) and 'Technical/Functional Competence' (3.8; SD = 1.0); the lowest means were for 'Entrepreneurial Creativity' (1.9; SD = 0.8) and 'General

Table 2. Proportions of leaders (%) according to background characteristics among all participants and public dental service (PDS) participants.

	% (*n*)	
Background characteristics	ALL, $n = 156$	PDS, $n = 124$
All	78 (122)	73
Gender		
Women	81 (72)	79 (61)
Men	75 (50)	64 (30)
–	$p = 0.35$	$p = 0.06$
Age (years) missing, $n = 1$		
<45	100 (14)	100 (4)
45–54	78 (43)	76 (34)
>54	76 (65)	72 (53)
–	$p = 0.12$	$p = 0.43$
Working experience (years) missing, $n = 1$		
<21	79 (15)	71 (12)
21–30	81 (62)	77 (43)
>30	75 (44)	70 (35)
–	$p = 0.71$	$p = 0.71$
Leadership experience (years)		
<11	75 (58)	69 (41)
11–20	80 (41)	77 (33)
>20	82 (33)	77 (17)
–	$p = 0.68$	$p = 0.65$
Percentage of clinical work time out of total work time missing, $n = 1$		
0–25	92 (37)	89 (33)
26–50	89 (33)	86 (18)
51–75	73 (18)	68 (23)
76–100	59 (33)	52 (16)
–	$p < 0.01$	$p < 0.01$
Percentage of leadership work time out of total work time missing, $n = 1$		
0–25	61 (37)	53 (26)
26–50	85 (33)	81 (25)
51–75	95 (18)	92 (12)
76–100	92 (33)	90 (27)
–	$p < 0.01$	$p < 0.01$
Population in the catchment area missing, $n = 8$		
<20,000	66 (47)	62 (38)
20,000–50,000	86 (37)	85 (35)
>50,000	88 (30)	81 (17)
–	$p = 0.01$	$p = 0.02$
Number of dental sub-units in organization		
1	83 (44)	76 (25)
2–4	68 (34)	64 (29)
>4	83 (44)	80 (37)
–	$p = 0.11$	$p = 0.21$
Number of dentist subordinates		
<6	67 (24)	62 (28)
6–15	76 (61)	74 (31)
>15	91 (37)	87 (32)
–	$p = 0.01$	$p = 0.05$
Leadership education		
Special Competence in dental leadership (SC)	81 (50)	79 (45)
	$p = 0.55$	$p = 0.20$
Specialist in Dental Public Health (SP)	84 (33)	85 (28)
	$p = 0.02$	$p = 0.08$
SC or SP or LE[a]	83 (93)	80 (74)
	$p = 0.02$	$p = 0.01$
Start of leadership career missing, $n = 127/32 \times 100$		
By appointment	83 (52)	81 (44)
Drifted (simply by chance)	64 (29)	58 (22)
Own motivation	87 (40)	80 (24)
–	$p = 0.02$	$p = 0.03$

[a]Some other form of substantial leadership education or administration competence (25 or more credits).
p Values refer to Pearson's chi square test between the Leaders and Leavers.

Managerial Competence' (2.6; SD = 0.8). The career anchor mean scores were similar in the PDS participants. The highest difference between Leaders and Leavers were found in 'General Managerial Competence' in favour of Leaders (means: 2.7/2.2; $p = 0.003$) and in 'Lifestyle' in favour of Leavers (means: 3.8/4.3; $p = 0.049$).

The most and the least important career anchors

'Lifestyle', 'Technical/Functional Competence' and 'Service/Dedication to a Cause' were the three career anchors which had highest percentages of all participants as the most important career anchor. 'Entrepreneurial Creativity' was undoubtedly the least important anchor and rated this way by about two-thirds of the participants. 'Technical/Functional Competence' and 'Autonomy/Independence' were clearly more frequently found as the most important anchor in the Leader group than in the Leaver group. On the contrary, 'Service/Dedication to a Cause' was found to be more important among Leavers than Leaders. None of Leavers had 'General Managerial Competence' as the most important career anchor; more than a third of them had that anchor as the least important (Table 3). The results did not change if the analysis was restricted only to those working in the PDS.

Career anchors in regression analysis

Higher scores of 'General Managerial Competence' associated independently with staying among all participants and in all models; similarly among those who worked in the PDS. On the contrary, higher scores of 'Pure Challenge' decreased the probability to stay in the leadership position. That association was significant when adjusted for age, gender and leadership work time (Model 2) or for age, gender, leadership work time, leadership education and reason for starting the leadership career (Model 4) both in the whole data and the PDS participants. Higher scores of 'Lifestyle' similarly decreased the odds to stay when adjusted for age, gender, and leadership work time (Models 1 and 3) among all participants. In the PDS participants, the result was similar but did not quite achieve statistical significance. Other significant factors in the full model (Model 4) associating with staying were a higher proportion of time available for leadership work and a younger age. The age factor was not significant among the PDS participants (Table 4).

Discussion

Principal findings

The aim in this study was to identify dentist leaders' career anchors and investigate their association to staying or leaving a leadership position.

The three most important career anchors among all the study participants were 'Lifestyle', 'Technical/Functional Competence' and 'Service/Dedication to a Cause'. However, 'General Managerial Competence' was the anchor which was most significantly associated with staying in a leadership position even though it was almost the least important career anchor. Higher levels of 'Pure Challenge' and 'Lifestyle' anchors decreased the odds to stay. Other significant factors associated with staying in the leadership position were a higher proportion of work time allocated to leadership tasks, and a lower age.

Table 3. The percentages (%) of the most and the least important career anchors among study participants.

		%		
		All	Leaders	Leavers
Most important				
The most important career anchors	Lifestyle (LS)	31.2	30.6	33.3
	Technical/Functional Competence (TF)	29.2	31.4	21.2
	Service/Dedication to a Cause (SV)	14.9	13.2	21.2
	Pure Challenge (PC)	11.0	11.6	9.1
	Security/Stability (SE)	9.7	9.1	12.1
	Autonomy/Independence (AU)	9.1	10.7	3.0
	Entrepreneurial Creativity (EC)	2.6	1.7	6.1
	General Managerial Competence (GM)	1.9	2.5	0
Least important				
The least important career anchors	Entrepreneurial Creativity (EC)	67.5	68.6	63.6
	General Managerial Competence (GM)	17.5	12.4	36.4
	Security/Stability (SE)	13.6	14.9	9.1
	Pure Challenge (PC)	9.1	9.9	6.1
	Autonomy/Independence (AU)	5.8	7.4	0
	Lifestyle (LS)	4.5	5.8	0
	Service/Dedication to a Cause (SV)	3.2	3.3	3.0
	Technical/Functional Competence (TF)	0	0	0

Percentages in columns are >100, because some participants had several career anchors with the same scores.

Table 4. Adjusted odds ratios (or) with 95% confidence intervals (95% CI) of staying as leader. ORs for career anchor scores included simultaneously in the models.

	All participants OR (95% CI)				PDS participants OR (95% CI)			
Career anchors	Model 1	Model 2	Model 3	Model 4	Model 1	Model 2	Model 3	Model 4
Technical/Functional Competence (TF)	0.9 (0.6–1.5)	0.9 (0.6–1.6)	0.9 (0.6–1.5)	1.0 (0.6–1.6)	1.0 (0.6–1.6)	1.0 (0.6–1.8)	1.0 (0.6–1.7)	1.0 (0.6–1.8)
General Managerial Competence (GM)	2.7 (1.3–5.2)	2.8 (1.3–6.0)	2.5 (1.3–4.9)	2.8 (1.3–6.0)	2.7 (1.4–5.5)	3.6 (1.5–8.7)	2.5 (1.2–5.1)	3.8 (1.5–9.8)
Autonomy/Independence (AU)	0.8 (0.5–1.2)	0.8 (0.5–1.3)	0.8 (05–1.3)	0.8 (0.5–1.3)	0.7 (0.5–1.2)	0.9 (0.5–1.5)	0.8 (0.5–1.3)	0.9 (0.5–1.5)
Security/Stability (SE)	0.8 (0.5–1.2)	0.9 (0.5–1.5)	0.8 (0.5–1.3)	0.9 (0.6–1.6)	0.9 (0.6–1.5)	1.1 (0.6–1.9)	0.9 (0.6–1.6)	1.1 (0.6–1.9)
Entrepreneurial Creativity (EC)	0.8 (0.4–1.5)	0.8 (0.4–1.6)	0.7 (0.4–1.5)	0.9 (0.4–2.0)	0.8 (0.4–1.6)	0.7 (0.3–1.7)	0.7 (0.3–1.5)	0.8 (0.3–2.1)
Service/Dedication (SV)	0.7 (0.5–1.1)	0.7 (0.4–1.2)	0.7 (0.5–1.2)	0.8 (0.4–1.3)	0.8 (0.5–1.3)	0.9 (0.5–1.6)	0.8 (0.5–1.3)	0.8 (0.4–1.6)
Pure Challenge (PC)	0.7 (0.4–1.2)	0.5 (0.3–0.9)	0.6 (0.4–1.1)	0.6 (0.3–1.0)	0.6 (0.4–1.2)	0.4 (0.2–0.8)	0.6 (0.3–1.1)	0.4 (0.2–0.8)
Lifestyle (LS)	0.6 (0.4–0.9)	0.7 (0.4–1.1)	0.6 (0.4–0.9)	0.7 (0.4–1.1)	0.7 (0.4–1.0)	0.8 (0.5–1.3)	0.6 (0.4–1.0)	0.8 (0.5–1.4)

Model 1: age and gender.
Model 2: age, gender and proportion of leadership work time out of total work time.
Model 3: age, gender and leadership education.
Model 4: age, gender, leadership education, proportion of leadership work time out of total work time and the reasons for starting in a leadership position.

The most important career anchors

Despite the service sector, i.e. the PDS or other organizations, 'Lifestyle' was a very important career anchor among all participants; this could result from the fact that the dental profession guarantees a very reasonable income and rather autonomous work. In addition, a shortage of dentists in Finland in recent decades has increased the dentists' opportunities to choose different kinds of work options. Career anchors develop during the work career [18,19] but one could imagine that dental profession is initially attractive to individuals who have 'Technical/Functional Competence' kinds of skills and interests. Individuals with the 'Technical/Functional Competence' as the most important anchor are probably willing to manage others operating in their own technical and functional area, but are not so interested in management for its own sake or in general management of larger organizations.[19] Today's dentist leaders need general management skills because of the cutbacks in resources and both financial and output pressures. Schein [25] wrote: 'Sometimes people with ''Technical and Functional Competence'' anchor tend to be pulled into general managerial jobs where they fail and they will hate it'. In the study of Tuononen et al.,[14] occurrence of the features of this anchor was higher in the Leaver group.

The third most important career anchor was 'Service and Dedication to a Cause'. This anchor could be an inherent factor in many helping professions, such as medicine, nursing, social work and teaching.[19] In our study, it was clearly more pronounced in the Leaver group. One can speculate that Leavers with this anchor as their most important career anchor became frustrated when they could not lead their dental units as they wanted, for example because of a shortage time free to the leadership work. They could also be frustrated at coping with limited financial and staff resources or perhaps they wanted to concentrate more on clinical work. Leavers had significantly higher career anchor scores in 'Lifestyle' and significantly lower in 'General Managerial Competence' than Leaders; this could mean that Leavers probably did not feel very comfortable in a leadership position and preferred to move on and tackle other career challenges.

Association between career anchors and retention or turnover

'General Managerial Competence' strongly supported staying in a leadership position even when occurred in lower levels. This result is in line with results from a qualitative study

among Finnish dentists and dentist leaders attending a course 'the Special Competence in dental administration for leading dentists'.[14] In that study 'General Managerial Competence' emerged as the strongest anchor, especially in the Stayer group. Lower levels of this anchor in our study probably result from the fact that the dentist leaders of this study had long clinical careers before entering their leadership position, in fact many of them had not planned to take on such a role. In general, dentists do not seem to be very eager to embark on a career involving leadership. Less than a third of all participants had started their leadership career on their own accord. Similar figures were found in 2003 and 2011 by Alestalo & Widstrom.[10] We found that the proportion of those who started their leadership career on their own accord was clearly lower in the Leavers' group (18% Leavers vs. 33% Leaders).

Boshoff et al. [22] found that the most predictive career anchors in job involvement among the general dentists were 'Technical/Functional Competence' and 'Pure Challenge'. Authors defined the job involvement as psychological involvement with one's work; it was measured by a questionnaire including 10-item job involvement scale.[26] We found 'Technical/Functional Competence' to be the second most important career anchor among all dentist leaders; it was found more frequently as the most important career anchor in the Leader group, however, it was not found to support staying in the leadership position. Our study showed that 'Pure Challenge' decreased the probability to stay which seems to contradict the conclusion of Boshoff et al. [22] This discrepancy may be due to the differences between the study groups, i.e. dentists in leadership positions (our study) and general dentists (Boshoff et al.), but also other cultural and background aspects between the study populations. For example, in the study of Boshoff et al., the mean age of dentist participants was 37 whereas in our study it was 54. In addition, the percentage of male participants was 99% whereas in our study it was 43% and the main working sector was different; 80% of South African participants were self-employed and in our study similar portion of participants was from public sector.

Lower age and the possibility to allocate a higher proportion of work time to leadership tasks was also found to support staying. These need to be studied in more detail in the future.

Validity of the study

The strength of our study was that Schein's career development theory and career anchor evaluation is a validated and general instrument for assessing intrinsic factors of career decisions. It has been widely applied in the leadership studies in many professions, however as far as we are aware, this is the first time it has been used in this form to assess dentist leaders. Tuononen et al. [14] used a qualitative method in the search for career anchor features in the group of participants in dentist leader education. We utilized here the career anchor questionnaire with the range of statements taken from Edgar H. Schein's Career Anchors Self-Assessment.[25] Schein [19] instructed to combine the questionnaire with an interview. He emphasized that it is relevant in career anchor categorizing to know the past history and future aspirations of those assessed. We included background questions such as work experience and education in the questionnaire. An interview study would have not been practicable to conduct in the large study group like ours, however, it would be interesting to conduct in the future.

The response rate to the questionnaire was 55%, which can be considered as good in an electronic questionnaire. The target sample was comprehensive sample of dentist leaders in the highest dentist positions in the PDS-organizations as well as in non-PDS organizations. In Finland, the majority of dentist leader posts are in the PDS. Almost all Finnish dentists (95%) are members of the FDA where from we received their contact information. Valid email addresses were found for 93% of the initial study sample. In addition, our participants were from different organizations. Therefore, we suggest that these results can be generalized to dentist leaders working in Finland and probably also in the other Nordic countries which all have similar health care systems.

This study was focused on the career anchors among dentist leaders; further research would be beneficial to conduct on career anchors of general dentists in order to be able to compare them to the results of this study. Similarly it would be beneficial to study other intrinsic and extrinsic factors which support or strain the work of dentist leaders and also other health care leaders. In future studies, it would also be interesting to replicate this study arrangement in leaders of other health care sectors.

Conclusion

'Technical/Functional Competence' and 'Lifestyle' were the most important career anchors of the studied current of former dentist leaders. However, 'General Managerial Competence' seemed to be the only career anchor which was significantly associated with staying in a leadership position. The knowledge of the important and essential career anchors of dentist leaders' and individuals' could perform crucial part in career choices and also in planning education, work opportunities and human resource policies promoting retention of dentist leaders and probably also other health care leaders.

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Disclosure statement

The authors report no conflicts of interest. The authors alone are responsible for the content and writing of this article.

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