



What Do You Want to Be When You Grow up? Career Aspirations as a Marker for Adolescent Well-being

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ABSTRACT

OBJECTIVE: “What do you want to be when you grow up?” is a simple, commonly asked question that might provide insight into adolescent well-being. Career aspirations might reflect an adolescent’s sense of identity, hope for the future, and self-efficacy, all of which are critical to identifying at-risk youth and intervening on risky behaviors. However, there are no studies on whether career aspirations are associated with adolescent emotional and health behavior outcomes.

METHODS: We analyzed cross-sectional surveys of 929 ninth to 12th grade low-income minority adolescents in Los Angeles assessing career aspirations and its association with hopelessness, self-efficacy, substance use, violence, and risky sexual activity. We used Department of Labor statistics to categorize career aspirations according to amount of education required, income, and prestige. Generalized estimating equations accounted for sociodemographic characteristics, school type, academic performance, and clustering at the school level.

RESULTS: Grades, standardized test scores, and health behaviors varied according to career type. Adolescents with higher career aspirations, measured according to career-related education, income, and prestige reported less hopelessness and more self-efficacy. After adjusting for confounders, aspirations requiring high levels of education were associated with decreased odds of alcohol use, at-school substance use, and risky sexual activity, and higher prestige scores were associated with decreased odds of other drug use.

CONCLUSIONS: Career aspirations might be a marker for adolescent health and well-being. Adults might consider asking a teen what they want to be when they grow up to gain insight into their levels of hopelessness and self-efficacy and provide context for counseling on healthy behavior change.

KEYWORDS: adolescents; career aspirations; hopelessness; self-efficacy; substance use

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WHAT’S NEW

To our knowledge, this is the first study to explore associations between adolescent career aspirations, health behaviors, self-efficacy, and hopelessness. Results suggest how adolescents respond to “What do you want to be when you grow up?” might provide insight into their health and well-being.

“WHAT DO YOU want to be when you grow up?” is a question commonly posed to children and adolescents during everyday interactions with adults to open communication and develop rapport. The question might also provide some insight into how that child sees him/herself. Studies suggest career aspirations vary widely during childhood

but begin to match career expectations (eg, “What do you expect to do when you finish school?”) as children mature into adolescents.^{1,2} Yet, little is understood about how career aspirations relate to health and health behaviors, particularly for low-income minority adolescents. As a result, although this question is often asked, health providers have little guidance on what to make of the answer—whether it signals anything important if a teen responds that they want to be a professional basketball player, a neurosurgeon, or if they have no aspirations at all.

Career aspirations might provide quick insight into how adolescents perceive themselves and their futures, as well as their propensity to engage in risky health behaviors. Adolescence is a critical time for identity formation, during which poor self-concept,³ a lack of positive goals for the

future,⁴ and hopelessness⁵ are significant risk factors for adverse health behaviors. Career aspirations might reflect an adolescent's emerging identity or values. Theories of archetype matching and activation suggest that people might adopt the stereotypical behaviors of archetypes that most closely match our own identities.^{6,7} An adolescent who identifies with an artist might adopt different behaviors than one who identifies with a police officer.

Furthermore, adolescents who feel hopeless and foresee a negative future might be more likely to engage in risky behaviors.^{5,8} Alternatively, those who perceive a greater sense of self-efficacy might also feel better equipped to make healthier choices and avoid risky behaviors, even in the face of peer pressure.^{9,10}

In contrast, theories surrounding future expectations posit that it is the process of working toward a goal that leads teens to make choices that avoid downstream risks to their health and promote future well-being.^{11,12} In this case, perhaps it is the act of aspiring to a career goal that is most important, rather than the content of that aspiration. Finally, because of evidence that adolescents adjust their aspirations in accordance with their skills, it is also possible that career aspirations reflect one's academic orientation and achievement,¹³ which are strongly linked to health and health behaviors.¹⁴

To our knowledge, whether career aspirations, or lack thereof, indicate an adolescent's level of self-efficacy or hopelessness, or provide insight into their health behaviors has not been studied previously. We sought to determine whether career aspirations were associated with emotional well-being and risky health behaviors, among low-income, minority adolescents, after adjusting for likely confounders. Determining whether career aspirations might identify youth at increased risk for poor health could help adults better interpret a youth's response to this common conversational question.

METHODS

We conducted a secondary data analysis of the Reducing Health Inequities Through Social and Educational Change (RISE) study.¹⁵ This was a cross-sectional survey of 929 youths who participated in admissions lotteries to attend high-performing public charter schools in low-income Los Angeles communities between 2007 and 2010. Students who were admitted to the charter schools and those who were not admitted were included in the study. Students in ninth through 12th grade completed one 90-minute face-to-face computer-assisted interview during the 2010/2011 school year. An audio-enhanced, computer-assisted self-interview was used to collect information on sensitive topics related to substance use and sexual behaviors. All research activities were approved by the human subjects institutional review board of the University of California, Los Angeles.

PARTICIPANTS

Among the 1238 students recruited for the study, 308 declined to participate for a participation rate of 75.1%.

Of those enrolled in the study, 100% completed the survey. One participant only answered the demographic questions and that record was dropped, resulting in an overall analytic sample of 929 subjects.

MEASURES

CAREER ASPIRATIONS

Participants were asked, "What do you want to be when you grow up?" and their responses were recorded verbatim, including if they indicated that they did not know. Those who did not know were considered to have no specific aspiration. All other responses were categorized by searching the United States Bureau of Labor Statistics 2014-2015 Occupational Outlook Handbook (OOH).¹⁶ To assess the likely investments and rewards associated with different careers, we abstracted from the OOH the median level of education required for career entry and median income associated with each occupation named. Level of education spanned 8 levels from less than high school to doctoral or professional degree. Because of the distribution of responses, we collapsed these into: high school or less, some post-high school education (includes associates degree as well as trade certificates), Bachelor's degree, and Master's degree or higher. Median income levels reported in the OOH are derived from the national 2012 Occupational Employment Statistics Survey. Because some careers confer benefits in social standing that are not measured by education or income, and these benefits can be associated with health,¹⁷ we also mapped each career to its social prestige score according to the Nakao-Treas Prestige Scale.¹⁸ This scale is on the basis of 1989 perceptions of social standing associated with different careers from a nationally representative sample and is the most recently validated prestige scale available. Possible scores range from 0 to 100 with higher scores reflecting higher levels of prestige. A sensitivity analysis compared results using alternative prestige measures (Nam-Powers-Boyd Occupational Status Score and the Hauser-Warren Socio-economic Index). For ease of interpretation, income and prestige were standardized such that 1 unit corresponds to 1 SD.

Seven responses could not be mapped to an OOH career profile and hence their median income and prestige scores could not be determined. These included 4 participants who named military careers, for which the OOH reports only on the entry-level of education, which is a high school diploma or equivalency degree. The other 3 responses included, "a married woman," "ghost hunter," and "something requiring a college education." The first 2 were categorized as requiring a high school degree or less, and the third was categorized as requiring a Bachelor's degree.

EMOTIONAL WELL-BEING

General self-efficacy was measured using the New General Self-Efficacy Scale.¹⁹ Participants were asked how much they agreed or disagreed with 8 statements such as, "I will be able to achieve most of the goals that I have set for myself." The 5 response categories ranged from

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