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A model of career success: A longitudinal study of emergency physicians ☆

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ABSTRACT

Objective and subjective career success were hypothesized to mediate the relationships between sociodemographic variables, human capital indices, individual difference variables, and organizational sponsorship as inputs and a retirement decision and intentions to leave either the specialty of emergency medicine (EM) or medicine as output variables. Objective career success operationalized as the number of leadership positions held did not mediate the relationship, but income change and career satisfaction mediated the relationship between the hours worked and years employed in emergency medicine. Work centrality was significantly related to subjective career success more so for men than women and perceptions of success or self-efficacy were positively related to subjective career success for women, but not for men. The expected pattern of women indicating more difficulties with personal time and family time did not emerge; but women did indicate less perceived support from the organization, fewer EM leadership positions, less perceived control over their work situation and less organizational support than did men.

1. Introduction

Career success has been of interest to both individuals and organizations. For individuals, a sense of career success has been related to life satisfaction as well as general mental health (Hall, 1976, 2002). For organizations, the prevailing view is that individual career success is to some extent coincident with organizational success as well (Hall, 2002; Judge, Higgins, Thoresen, & Barrick, 1999). Consequently, both the determinants and the outcomes associated with career success have been of interest to researchers. Recently, Ng, Eby, Sorensen, and Feldman (2005) have meta-analyzed the data regarding predictors of career success. They considered career success from two vantage points. Objective career success or mobility was indexed by salary level and promotional advancement. Subjective career success was measured by self-reports of career satisfaction. In this paper, we examine the same issues for individuals who are engaged in a particularly demanding career (i.e., emergency medicine) in which conflict can and does arise between family concerns, personal and leisure activities, and demands related to careers.

1.1. Overview of Ng et al. meta-analysis

Ng et al. (2005) considered both subjective and objective indices of career success. Subjective career success is a person's subjective judgment about her career attainments such as career satisfaction. On the other hand, objective career success is measured by extrinsically observable factors, and includes salary progression and promotions. According to Ng et al. (2005),

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the components of career success can be influenced by four categories of predictors: Human capital, organizational sponsorship, sociodemographic status, and stable individual differences.

Human capital is comprised of an individual's educational, personal, and professional experiences. Across different occupations, it may be comprised many different indicators including the number of hours worked, work centrality (job involvement or the psychological investment in work or centrality of work for self-identity or self-image), job tenure, organization tenure, work experience (total years in the workforce), willingness to transfer, international work experience, education level, career planning ("I have a strategy for achieving my career goals," "I have a plan for my career"), political knowledge and skills, and social capital (quantity and quality of accumulated contacts, quantity of people an employee knows of in other functions or at higher levels, and the extent to which an employee engages in networking activities).

Organizational sponsorship includes career sponsorship (the extent to which employees received sponsorship from individuals within the organization, including senior managers and mentors). This included the self-reported career-enhancing functions of being assigned challenging tasks, obtaining exposure and visibility, receiving protection, sponsorship, and coaching, supervisor support (extent to which supervisors provide emotional and work related support), training and skill development opportunities (self-reported perceptions of the extent to which their company provided opportunities for training and skill acquisition), and organizational resources (measured by organization size, number of employees in organization).

Sociodemographic predictors include demographic and social background, such as gender, race, marital status, and age. Stable individual differences factors are personality factors including the Big Five factors (i.e., neuroticism, conscientiousness, extroversion, agreeableness, and openness) as well as factors such as proactivity, locus of control, and cognitive ability. Human capital and sociodemographic predictors were found to have stronger relationships with objective success, and organizational sponsorship and stable individual differences had stronger relationships with subjective career success. Gender and time were found to be moderators of some relationships.

1.2. Medical studies of career success

In the medical literature, studies of career success have been almost totally focused on career satisfaction and often treated satisfaction not as an outcome variable, but rather as a predictor of another variable such as intention to leave medicine or intention to reduce the hours of one's practice. However, several studies of medical personnel have addressed the correlates of career success. Number of hours worked was consistently found to be related to satisfaction, such that the higher the number of hours worked, the lower the satisfaction (Frank, McMurray, Linzer, & Elon, 1999; Landon, Reschovsky, & Blumenthal, 2003; Landon, Reschovsky, Pham, & Blumenthal, 2006). However, Williams et al. (2001) found that the dissatisfaction with one's job and career were not related when individuals reported working under 60 h a week, but dissatisfaction was significantly greater when physicians reported working over 60 h a week. This raises the question of potential curvilinearity between the hours worked and satisfaction. In addition, the effect of number of hours worked could be perceived differently according to specialty; for example, Lepnurm, Danielson, Dobson, and Keegan (2006) found that the number of hours worked per week was a negative predictor of satisfaction for psychiatrists, but a positive predictor of satisfaction for surgeons.

Glisson and Durick (1988) measured variables called task identity and task significance, which were similar to Ng et al. (2005) work centrality variable. Statistically significant ($p < .01$) correlations between task identity, task significance, and career satisfaction were .44 and .47, respectively (both $ps < .001$).

Organization tenure was not found to correlate with career satisfaction (Glisson & Durick, 1988; Lepnurm, Dobson, Backman, & Keegan, 2006), and neither were work experience and educational level (Glisson & Durick, 1988). These relatively objective indicators of human capital were not related to subjective career success.

Evidence in the medical literature for the contribution of organizational resources is mixed. Glisson and Durick (1988) used a variable called workgroup budget that did not correlate with satisfaction. Lepnurm, Dobson, Backman, and Keegan (2006b) determined that access to and quality of the health system in which the physicians worked did contribute to career satisfaction. While these two variables appear to be organizational resources, their operationalization is quite different from that used in Ng et al. (2005), where organizational resources was simply defined as size of the organization.

A few medical researchers have documented the role of sociodemographic variables. Frank et al. (1999) reported that marital status was not significantly related to satisfaction; but this study only included women physicians. Age was found to be positively related to satisfaction (Frank et al., 1999; Glisson & Durick, 1988), and gender was related to satisfaction such that males generally were more satisfied than females (Glisson & Durick, 1988; Lepnurm et al., 2006b).

Locus of control was also consistently found to be related to satisfaction (Frank et al., 1999); for example, primary care physicians who became owners of their practice reported increased satisfaction (Landon et al., 2003); female physicians who perceived more control over their work situation were more satisfied (Robinson, 2004); and individuals who perceived they had a high level of influence over decisions felt more satisfied (Lepnurm et al., 2006b).

Some variables that are mentioned frequently in the medical literature were not included in the Ng et al. (2005) meta-analysis. For example, Lepnurm et al. (2006b) found that self-reported health predicted 13% of the variance in career satisfaction for psychiatrists, and 18.9% of the variance in career satisfaction for surgeons. Similarly, Williams et al. (2001) reported that physical health was correlated .26 with satisfaction, and mental health correlated .56 with satisfaction ($p < .001$).