

To be or not to be ... a manager: the career choices of health professionals

Carlene J Boucher

Abstract

This paper focuses on decisions made by professionals working in the health industry who have, at some stage in their career, considered taking on a management role. It describes some of the factors that appear to influence their decisions. The study, based on 60 interviews with professionals working in the health industry, identified six different categories in terms of their approach and attitudes to taking on management roles. The paper concludes with an analysis of the implications for people considering a management career in the health industry.

Aust Health Rev 2005; 29(2): 218–225

THE LITERATURE ON CAREERS in general, and management careers in particular, tends to focus on the competencies required to perform in a management role^{1–5} and how to make the transition to management.^{6–11} There is often an implicit assumption that moving into management is a positive career move. The issue of whether a person wants to become or should become a manager (and how they determine this) receives far less attention.^{12,13}

During fifteen years working as a consultant and academic in the health field, I have been struck by the lack of career planning on the part of organisations and individuals in the sector, especially in terms of individual decisions about pursuing a management versus a technical (clinical or professional) career path¹⁴ and the lack of organisational practices such as succession planning, mentoring and strategic management development.^{15–17}

Carlene J Boucher, PhD, Associate Professor of Health Services Management

School of Management, RMIT University, Melbourne, VIC.

Correspondence: Dr Carlene J Boucher, School of Management, RMIT University, GPO Box 2476V, Melbourne, VIC 3001. carlene.boucher@rmit.edu.au

What is known about the topic?

Clinical and other professional staff in health service organisations take on management roles for different reasons, often with little or no preparation.

What does this study add?

This study analyses the career choice stories of 60 professionals to identify six categories of professionals in management, from “born managers” to “stuck managers”.

What are the implications?

Health professionals contemplating a shift to management should choose their moves based on characteristics of the boss, the function and the organisation, and should prepare for the demands of the management role. The health care system should better plan for and manage this transition for its professional workforce; and should support dignified exit strategies for those who need them.

Given the nature of the work that these organisations perform and the amount of resources involved, it is vital that people who are both willing and able to do it well manage them. Getting the right people into management roles in the health sector is important, but somewhat problematic. This study sought to answer the research question:

What factors are described by senior professionals working in the health industry as being important to their decisions to take or not take promotion into management roles within an organisation, or to apply for a management position with another organisation?

The research did not aim to look at whether the people were making the right decisions (ie, that the people most suited were deciding to become managers and less suited people were deciding not to). Rather, this study focused on identifying the factors that health professionals thought influenced their decisions to become or not become managers, and why people who had taken on management roles at some stage in their career chose to continue in management roles or to take another

career path. The study included some professionals with non-clinical backgrounds because I was interested in the choices made by all professionals working in the industry.

Methods

The research was conducted in Melbourne, Australia. I recruited 60 participants who were currently or had been employed in professional roles in the health sector for at least 5 years and had made choices around taking on a management role.

The aim was not to get a representative sample of health staff. Rather, I wanted participants who exhibited the widest range of career behaviours. I was interested in the different approaches people took regarding their career choices rather than trying to identify the most common career paths. I interviewed people from a range of professional backgrounds including medicine, nursing, social work, human resources, food services, podiatry, speech pathology, occupational therapy, physiotherapy, pathology and radiology. The participants were drawn from a range of health care settings including acute services, aged care, community health, mental health and residential care. They were recruited using snowball sampling.¹⁸ Once some of the categories began to emerge I switched to theoretical sampling¹⁸ and intentionally sought out participants whose career stories appeared to have followed different paths from those already interviewed.

The aim was to use the “insider accounts”¹⁹ of the research participants to develop “thick descriptions”²⁰ of their experiences. The interviews were very unstructured and I did not ask the participants many questions. My major role was to prompt them to describe what they thought were their significant career decisions around becoming or not becoming a manager.

The data were analysed using the analytic induction method.^{21,22} This approach offered a systematic way of sifting and analysing the large amounts of non-standard data generated. It also provided a means by which I could apply a rigorous data analysis technique. This was particularly useful because qualitative data are, at face value at least,

difficult to manage and assess in any systematic way.²³

Findings

The findings are presented below in the form of six categories into which the various stories have been divided, based on the participants’ descriptions of their careers. Although the categories are presented here as being quite distinct, they are not mutually exclusive. The categories described below take account of all but one of the career decision patterns that emerged from the stories.

Born managers

The term “born managers” is used to describe participants who were currently in management roles and planned to stay in such roles. All the born managers except one (who was nearing retirement) were interested in further promotion, and a number described themselves as being ambitious. The term “born manager” was actually used by three of the participants when they were asked how they came to be a manager. For example:

I think I was a born manager. When I was a kid I used to boss the other kids around and I always took care of my brothers and sisters, even though I wasn’t the oldest.

This category appeared to represent the experiences of almost a third of the research participants in some way. Those who fell into this category had become involved in management tasks early in their careers.

These participants had often actively sought out opportunities to take on management tasks early, found they enjoyed them and moved quickly into roles that had a large management component. A key influence on all of these people’s decisions to become managers was early exposure to management tasks, encouragement and opportunity to take on such tasks in small doses, and positive feedback from people they respected. The born managers were all still in management roles, planned to stay in management and said that they stayed in these roles because they liked them.

The defining characteristics of this group are fourfold. They define and describe themselves as

managers rather than by their professional expertise. In fact, some disassociate from their background. They have little or no interest in clinical work *per se*, and many said they found it boring. On the other hand, they describe management as being exciting, challenging, interesting and rewarding. More than any other group, they talked about the positive aspects of being a manager. Many of them mentioned that they liked the status, freedom and financial rewards that came with being a manager. They had little interest in exploring other career paths.

This group of born managers epitomised Schein's²⁴ description of people who exhibit a general/managerial "career anchor". Schein coined the term "career anchor" to describe a constellation of self-perceived attitudes, values, needs and talents that develops over time, and which, when developed, shapes and guides career choices and directions. He wrote that people who possess a general managerialist career anchor will be interested in, and judge their own performance by, such things such as problem analysis skills, their emotional stability under pressure and their interpersonal competence. They will like integrating the work of others, like having responsibility, and enjoy having influence. They will think of themselves as generalists and may even think of specialisation as a trap.²⁴

Ambivalent managers

This category was created to describe the experiences of participants who were undecided about their future as managers. They told me that they were not necessarily reluctant to take on the role or to stay in it. Rather, they were still to make up their minds. This category represented the stories of eight of the younger participants and seemed to occur early in their careers.

Some of the participants whose stories were included in this category said that they had only been in a management role for a short time and they still had to decide if they liked it and would stay in management. Others had been in the role for more than a year but were still weighing up the positives and negatives of being a manager and were staying in management jobs while they made a decision about their futures.

Two of the managers included in this category could be called accidental managers. Through no action of their own, they found themselves in management roles. One experience was probably the most extreme example of this.

I always vowed that I would never ever become a manager ... We came in one morning and my previous boss was packing her bags and she was going, and then in the afternoon we met with one of the clinical directors, and she basically appointed me there on the spot in front of the group.

Some of the participants whose stories fit in this category were courageous enough to admit that while they very much wanted to be managers and liked the job, they were ambivalent because they were not sure that they had the skills and/or the personal attributes to do the job, or the capacity to develop them. Some were concerned about their capacity to develop skills in finance, strategic planning and staff management. Others were more concerned about personal characteristics, such as managing conflict, managing their own stress level, being tough enough and accepting that some of their staff may not like them. The other reason for being ambivalent was the fear of losing clinical skills.

Some people whose stories fitted this category had intentionally taken on a management role with the aim of finding out if they liked it, but most had drifted into the role and only once they were in it did they begin to think about whether this was the direction they would like to take. Most had taken management roles in their own organisation, often limited-term, acting roles (eg, maternity leave) that then were extended, frequently for over a year. This latter group commonly took on the job as a favour to their boss or because their peers encouraged them to. More than any other category, this group seemed to have engaged in little or no career planning, either individually or as part of their organisation's human resources management strategy. Furthermore, as will be discussed later, they were at risk of becoming stuck managers.

Former managers

This category was created to include the stories of people who had made a concerted attempt at

fulfilling a management role and had concluded that it was not for them. It includes stories told by six of the research participants. All of them had spent at least 6 months in management roles, and were now doing different things. Some were working as senior clinicians or clinical educators or had gone into private practice. Three had left the health sector completely. One was working as a human resource consultant, one an IT professional and another as a management consultant.

This category included stories of people who, initially, had been very keen to take on a management role and had actively sought these roles. In this way, some of the stories resembled the early careers of the born managers. This category also includes those who, while not so keen to be a manager, made a conscious choice to try it; and some who accidentally found themselves in management roles. Some of these former managers made the move out of management relatively early in their careers, but most had held more than one management role.

What happened to change their minds about being managers? Some found the demands on their skills and energy too great and chose to change jobs after a time. Some found the experience of being a manager traumatising to the extent that they experienced physical and emotional problems. Some participants whose stories are included in this category said that the job had a significant negative impact on their partners and children and so they chose other work.

The former managers were characterised by having tried management and being able to articulate clear reasons why they were no longer in that role. Rather than being more attracted to clinical roles (see below) many of this group were initially keen to be managers, but the experience was very negative in some way. This negative experience did not necessarily occur early in their management career, as some were managers for many years before they left. Some of these former managers had had experiences so traumatic that they had chosen to leave the health industry and/or working in organisations altogether.

Never have been, never will be a manager

Four of the people interviewed for this study had, of their own choosing, never held a management role.

They said that they had been offered management jobs at least once (or had an opportunity to apply for a management job that they were very likely to get) but had not applied. They also stated that they could not imagine any circumstances under which they would take on a management role. Three sets of reasons emerged for this decision.

Two of these participants said that they loved being a skilled clinician and they did not want to do anything else. For them, the reason for not becoming a manager was not that they disliked management, but that it would take them away from what they loved doing.

Of the two other participants whose stories fit into this category, one said he loved his clinical work, but additionally, he intensely disliked the tasks that he saw managers doing.

Another participant said that she would not become a manager

... as a matter of principle. Once you become part of management then for better or for worse you have sold out. They soon forget what it is like to have to do the work with no staff and no equipment ... I would rather keep my principles than take on that job, even if it does pay a hell of a lot more.

The stories included in this category were characterised by an unequivocal expression on the part of the participants that they would never be managers. The reasons ranged from preferences for doing other types of work through to moral considerations. Some of the stories demonstrate, in Schein's terms, a strong technical/functional career anchor.²⁴

Itinerant managers

The 16 participants in this category exhibited a range of career patterns, but were similar in that they all had moved in and out of management roles, and those who were currently in non-management roles said they would certainly consider one in the future.

One sub-set of people in this category appeared to move between management and non-management jobs based on their interest in the role. What was important was the job itself and what good the person could do in that role:

... if it was in the right area, and there was enough stimulus to go with that. If it has got some public good is the other part of it I suppose.

A number reported that they changed jobs quite frequently, with 2 years often being mentioned as the optimal time to stay in a role. These people said they became bored and needed to move frequently, no matter how initially interested they were in the job.

The job moves these people made were not necessarily promotions. Often they were sideways moves into other functions or they went to another organisation. A lot of these moves were into newly created roles or jobs that involved creating new services, that is, roles that offered novelty and challenge.

In three cases, the job changes were described by the participants as also being changes of profession. Some of them were considering their next career move and talked about the possibility of going outside of the health industry or into running their own businesses. Some of them saw being a manager in health as a way to develop skills and knowledge that would be useful in a totally different business. In particular, some of the people with a nursing background were considering the possibility of going out and managing large general practices.

Some took on roles with a management component because the job also included other tasks (such as clinical work, project work or research) that they were passionate about. In this sense, the management component was a necessary, if not totally desirable, role. In this way they exhibited "technical/functional" and "service to a cause" career anchors,²⁴ taking in management roles that kept them in their clinical area and/or facilitated their achievement of goals that were important to them.

This category is particularly interesting in that it probably includes people whose careers will be quite different from the traditional form. Hall²⁵ has called this new form the "protean career" and describes it as being

... a career that is driven by the person, not the organization, and that will be reinvented by the person from time to time, as the

person and the environment change ... the ultimate goal of the career is psychological success, the feeling of pride and personal accomplishment that comes from achieving one's most important life goals ... (page 8).

This category was also exclusively women, which supports Reitman and Schmeer's contention that women are more likely than men to give up traditional career paths and adopt protean career paths.²⁶ However, this research would suggest that the adoption of this approach to their career is at least partly accidental and the result of circumstances rather than deliberately planned.

Stuck managers

The stories of these 18 managers were full of diverse past career experiences, but similar in that they all now described themselves as being stuck in management roles that they did not like. (The term "stuck" was used by three of them to describe their current situation). Some would have liked clinical roles; some wanted totally different careers; some did not know what they would like to do; and some did not want to work at all. Unlike the ambivalent managers or itinerant managers, this group felt that they could not move out of management roles in general, and more than half said that they did not see how they could move from their current job. The reasons given for not being able to move included age, rural location, lack of transferable skills, the need for a particular salary, the loss of clinical skills, and what others would think.

Most of these managers mentioned salary as one cause of their becoming stuck in management roles. As discussed elsewhere,²⁷ most health care organisations do not provide clinical career paths that keep pace with the salaries paid to those who take up management roles. If clinicians want to be paid more, they have to go into management.

Drummond and Chell²⁸ have called this "entrapment" when discussing the career decisions of some lawyers. They described a process where people make decisions to take promotion for economic reasons, later regretted it, but could not find a way to get back to doing work they liked. They then rationalised their feelings and accepted their fate by saying that they did what they did for the good of their families.

Age was another factor in being stuck in a management role.

I just think nursing is a young women's game and once you get to my age, you just can't stand it physically and the shift work and everything ...

One person, who worked in a rural health service, mentioned that there were just no other jobs in her town and she would have to move house and family to change jobs. Another said that she could not change jobs because she had been in her current role for so long, and it was so specialised, that she had no skills that were transferable to any job she wanted to do. One person was very clear that she wanted to go back into a clinical role, but

... after all this time, I would be so rusty it would be an embarrassment ... I don't think I could ever get my skills back up to a level where I would feel confident to touch a patient ...

A factor mentioned by a quarter of the participants in this category was the perception that others would have if they left their management role. One described it thus:

... I have a certain reputation and I think people would think it was strange if I gave this job up ... Others would look down on me, think I can't manage it anymore ... some would think they had worn me down and I was giving up. It would be embarrassing to meet people and have to explain ...

What was evident in many of the stories told by these managers was that the job they were in now was not the job they had originally applied for. Particularly for those who had been in their current job for many years, changes to the organisational structure, downsizing and the layering of management²⁹ meant that they did more management tasks now than when they took on the role. The management tasks were also different, incorporating aspects such as finance, strategy and marketing, which a number of these managers said they disliked intensely.

When I asked these managers whether they were happy in their current role, none responded posi-

tively (unlike the born managers discussed above). All expressed frustration and discontent. What was striking about this group was their sense of hopelessness and resignation.

This category was the most concerning in that many of the managers were doing jobs they, at best, were demotivated in and, at worst, really hated. The literature overwhelmingly suggests that low motivation and low job satisfaction contribute to poor job performance.³⁰ By their own account, it was unlikely that they would move on voluntarily.

Discussion

Each of the categories described above indicate that a wide range of factors influence health professionals' decisions to become or not become a manager. Born managers were interested in having an impact beyond their clinical specialty and were of the view that taking on a management role was the best way to achieve this. Ambivalent managers were doing management jobs but had not decided if they wanted to be managers in the long term. It was likely that their experience of their first management role would significantly impact on their decision to continue in a management role. A small group of participants characterised as "never have been, never will be a manager" said that they did not think they would consider a management role even though they had all been offered one at some time. It appeared that they had personal views that led them to decide they did not want to be managers, and they were adamant that they would not change their minds. Itinerant managers reflected the changing nature of work and careers and the ways in which people no longer work for one organisation all their life, but move from place to place, reinventing themselves and their skill sets when the need arises. This group may represent a pool of people who would take on management roles if the position offered appealed to them. The stuck managers' stories were full of diverse career experiences, but similar in that they all now described themselves as being stuck in management roles that they did not like. They stayed because they believed they had no other options.

Clearly, for the sake of both individuals and organisations it would be better to avoid this situation.

One very significant finding from this research was that, unlike professionals working in the finance and manufacturing industries in Australia,³¹ most of the health professionals involved in this study engaged in little or no career planning. The findings also indicated the need for health professionals to actively manage their careers and to think about both the long- and short-term consequences of their actions. One advantage of the current shortage of health managers is that people often have some choice about their first management role.

Implications

The implications of these findings for people considering taking on their first management role are presented below.

Pick your organisation

Even some of the born managers reported that they had been unhappy in a management role at some time. The reasons given for this almost always related to the way the organisation functioned. Even the most enthusiastic managers became disgruntled in organisations with poor leadership, no strategic planning, conflictual relationships and dysfunctional structures. It seems important, especially early in a management career, to work in an organisation that is relatively functional.

Pick your boss and peer group

Along with picking a functional organisation in which to work, new managers would be well advised to pick an organisation that supports and mentors new managers. In particular, the new manager should consider the degree of support that they will need from their boss and, if possible, discuss this with that person before taking on the role.

Pick the function you manage

It is hard to take on a management role for the first time, and one factor that made it harder for some of the managers who took part in this study was taking on a role outside of their professional area. It seemed that learning to be a manager and having

to learn about another clinical or functional area, other funding models etc. made the transition to management even more difficult. The more change, the more difficult it seemed, with people who changed function and organisation experiencing the most stress and loss of confidence because they were on a very steep learning curve. It therefore would be sensible for people taking on a management role for the first time to think about the amount they will need to learn in the new job.

Ensure that you have a dignified escape route unless you are really sure

Some people will decide that they do not like the management role they have taken on, and perhaps do not like being a manager *per se*. It is probably worthwhile for new managers to set a review time (around 6 months) to formally think about whether they wish to stay in the role and/or in management. Fixed term contracts, secondments and opportunities to act in a role are particularly useful for those who are not sure that they want to be managers.

Get educated

This study showed that developing the technical and people skills of management early was a key to being able to do the job and to enjoying it. People considering a management role should try to develop as many of the necessary skills as possible before going into the role. Once in the role they need to engage in ongoing management education either formally or informally.

Conclusion

This paper has described some of the decision-making patterns of health professionals who have decided to take on or not take on management roles. It has also identified the factors most important in those decisions and highlighted the need for health professionals to more actively plan their careers in general. Those who want to take on a management role need to pursue opportunities to try out being a manager early in their careers and to have a dignified exit if it does not work out. Health professionals who decide they do not want to be managers need to plan their careers in such a

way that they avoid being caught in management roles they dislike.

Acknowledgements

The title of this paper is drawn from Preston & Biddle.³²

I would like to thank all of the people who agreed to be interviewed for this study. The study was funded by the Northern health Service. Payment was made to RMIT and I was granted some release from teaching activities to undertake some of the data collection.

Competing interests

None identified.

References

- Balderson S, Knibbs J. Competence in health management qualifications. *Health Serv Manage* 1994(May): 21-3.
- Berr S, Church A, Wacławski J. The right relationship is everything: linking personality to managerial behaviors. *Human Resource Development Quarterly* 2000; 11(2): 133-57.
- Boyatzis R. The competent manager. New York: John Wiley and Sons; 1982.
- Clarke M. Can specialists be general managers: developing paradoxical thinking in middle managers. *Journal of Management Development* 1998; 17(3): 191-206.
- Gardner I, Boucher C. Reflective practice: a meta-competency for Australian allied health managers. In: Proceedings of the Seventh Annual International Conference on Advances in Management; 2000 Jul 12-15; Colorado Springs, USA. Centre for Advanced Studies in Management, 2000.
- Eubanks P. Clinicians: manage your move to manager. *Hospitals* 1991; 65(5): 60.
- Flamholtz E, Randle Y. The inner game of management: how to make the transition to a managerial role. New York: American Management Association, 1987.
- Gabarro JJ. When a new manager takes charge. *Harvard Business Review* 1985; May/June.
- Burke R, McKeen C. Facilitating the new manager transition: Part 1. *Executive Development* 1994; 7(2): 16-18.
- Burke R, McKeen C. Facilitating the new manager transition: Part II. *Executive Development* 1994; 7(4): 10-12.
- Callan V. The transition from specialist to manager. In: Karpin D, editor. Enterprising nation: report of the Industry Task Force on Management and Leadership Skills in Australia. Canberra: AGPS; 1995.
- Storey J. Management development: a literature review and implications for future research – Part II: Profiles and contexts. *Personnel Review* 1989; 19(1): 3-11.
- Wiggins C, Bowman S. Career success and life satisfaction for female and male healthcare managers. *Hospital Topics: Research and Perspectives on Healthcare* 2000; 78(3): 5-10.
- Petroni A. Strategic career development for R & D staff: a field research. *Team Performance Management* 2000; 6(3/4): 52-61.
- Price S, Simms L, Pfoutz S. Career advancement of nurse executives: planned or accidental? *Nurs Outlook* 1987; Sept/Oct: 236-9.
- Robinson-Walker C. Women and leadership in health care: a journey to authenticity and power. San Francisco: Jossey Bass; 1999.
- Duffy C, Chan C. Pressures and stress in a West Australian Hospital. *Personnel Review* 2001; 30(2): 227-39.
- Patton M. Qualitative evaluation and research methods. 2nd edition. Newbury Park: Sage; 1990.
- Hammersley M, Atkinson P. Ethnography. London: Routledge; 1995.
- Fetterman D. Ethnography. 2nd edition. Thousand Oaks: Sage; 1998.
- Blaikie N. Approaches to social enquiry. Cambridge: Polity Press, 1993.
- Minichiello V, Aroni R, Timewell E, Alexander L. In-depth interviewing. Melbourne: Longman Cheshire, 1990.
- Martin PY, Turner B. Grounded theory and organizational research. *J Appl Behav Sci* 1986; 22(2): 141-57.
- Schein E. Career anchors: discovering your real values. San Diego: Pfeiffer & Company, 1990.
- Hall D. Protean careers of the 21st century. *Academy of Management Executive* 1996; 10(4): 8-16.
- Reitman F, Schner J. The promised path: a longitudinal study of managerial careers. *J Managerial Psychology* 2003; 18(1): 60-75.
- Beyers M. About improving clinical ladders. *Nurs Manage* 1998; October: 96.
- Drummond H, Chell E. Life's chances and choices: a study of entrapment in career decisions with reference to Becker's side bets theory. *Personnel Review* 2001; 30(2): 186-202.
- McConnell C. Fattened and flattened: the expansion and contraction of the modern organization. *The Health Care Supervisor* 1998; 17(1): 72-83.
- Vecchio R, Hearn G, Southey G. Organisational behaviour. Sydney: Harcourt Brace, 1994.
- Martin B, Wajcam J. Markets, contingencies and preferences: contemporary manager's narrative identities. *Sociological review* 2004; 52(2): 240-66.
- Preston A, Biddle G. To be or not to be: making a professional career choice. *International Journal of Career Management* 1994; 6(1): 28-32.

(Received 6 Jul 2004, accepted 22 Feb 2005)

□