Managerial identity, career progression and job satisfaction

among middle managers in the health care sector

Ellen Meissner

School of Social Work and Human Services, The University of Queensland, Brisbane, Australia

Email: e.meissner@uq.edu.au

Professor Victor Callan

School of Business, The University of Queensland, Brisbane, Australia

Email: v.callan@business.uq.edu.au

Professor Jill Wilson

School of Social Work and Human Services, The University of Queensland, Brisbane, Australia

Email: wilsonj@uq.edu.au

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Abstract

The cost of turnover within the health care sector puts enormous pressure on a sector struggling to provide quality of care for every client. This mixed method study examined the challenges and predictors of intentions to leave of middle managers. In order to place the findings in context, it also investigated the current challenges of middle managers in the aged care sector. Interviews with 37 managers were followed by a survey sample of 199 managers. Interviews revealed unsatisfactory career progression, competing expectations and changing culture as the major challenges. The survey data revealed that managers with higher levels of job satisfaction, more positive perceptions of opportunities for career progression and stronger managerial identities reported lower intentions to leave their role.

Key words: not-for-profit, healthcare management, professional identities, practice climate, culture, environment

Middle managers in aged care

The history of the Australian aged care sector has been informed by complex economic, medical, political and social welfare interests. The Aged Care Act 1997 broadly informed the so-called 'neo-reform' period which challenged the system of the welfare state (Ehrich, Cranston & Kimber, 2004; Evers, 2005; Angus, 2000). The Act promoted competitive market rationalism, including more choice for clients, in exchange for assuming more responsibilities for their own welfare and their relationships with experts in aged care (Angus & Nay, 2003). These reforms have led to major changes and restructuring of aged care services towards care being delivered increasingly in homes and in the community.

In most industries, organisational restructuring has led to a reduction in numbers of middle managers in organisations and a change in roles for those who remain (e.g. Wheatley, 1992). The pressure experienced by middle managers within a restrictive environment can lead to high turnover. Thus, the continuity of management and leadership within the aged care sector is often difficult to maintain. Not only does it cost time and other resources to recruit managers, but research has shown that the perceived quality of leadership impacts directly on intentions to leave of their staff (e.g. van der Heijden, van Dam & Hasselhorn, 2009). Studies have also shown that especially in the service sector, poor leadership and management are linked to lower quality outcomes (e.g. Koetzka, Stearns & Park, 2008; Akinci & Krolikoswki, 2005).

Importantly, the retention of middle managers is critical to improving the quality of leadership in the health care sector more generally. To better understand their current behavioural and managerial challenges is important when trying to understand their intentions to leave. Therefore, one aim of the current study was to explore these challenges being experienced by middle managers working in the aged care sector. Our first research question was: "What are the challenges reported by middle managers in the aged care sector?" Secondly, based on findings from the interviews and literature review this research study wanted to determine the extent to which three demographic variables (years in current position, years in current organisation, years working in the aged care sector) and three psychological variables (job satisfaction, career progression and managerial identity) predict intentions to leave.

Middle managers' challenges within the aged care service sector

Sveningsson and Alvesson (2003) describe middle management described as the "entrance for less visible organisational conditions and process" (p. 1169). While they are not responsible for the work of the organisation as a whole, they "link the activities of vertically related groups and are responsible for at least sub-functional workflow" (Pugh et al., 1968). Middle managers transfer information to different parts of the organisation and coordinate organisational activities (Floyd, Fastabend, Simpson

& Wooldridge, 1997; Schlesinger & Oshry, 1984). Within the aged care sector, staff and clients expect managers to be directly involved rather than being "removed from the realities of everyday service delivery" (Paulsen, 2003 p. 150).

These dual roles of managing and hands-on service delivery create a lot of pressure for middle managers. Depending on available support and resources this might impact negatively on their psychological well-being. Their experience is described as being 'squeezed' (Gabel, 2002) and 'being the meat in the sandwich' (Turnbull, 2001) with contradictory demands such as developing innovative approaches to service delivery within the constraints of a highly regulated environment (Pedersen & Hartley, 2008). Within this environment, managers need to move between diverging rationales, weighing up competing options that often reflect older and newer ways of delivering services to the aged. Thus, middle management is not an easy task as old professional standards and ways of behaving are supplemented by new demands for efficiency and transparency. As reform efforts continuing, the clash in values between the professional ethos and a private sector market-based approach to service delivery is causing confusion and difficulties for middle managers (Sutherland & Dawson, 1998).

In short, middle managers in this sector exist in a volatile policy and funding environment that requires continuous attention and adjustment. They are dedicated to the provision of high quality services to a vulnerable group of people. They are under constant scrutiny by the public, media, agencies (Currie, 2006). Due to the need to develop innovative and collaborative approaches for effective service delivery, it is argued that we need to better understand the demands placed on middle managers within the non-profit sector, and the skills required to function within this demanding environment (Paulsen, 2003; Sehested, 2002; Broadbent, Dietrich, & Roberts, 1997). Currently, there is a gap in the literature concerning the impact of the on-going organisational changes within the aged care sector on middle managers. Evaluations of non-profit sector reforms have mainly focused on structural changes, management processes and implementation of quality improvements rather than changing roles and the perception of employees (Butterfield, Edwards, & Woodall, 2005).

Turnover intentions among middle managers

Intention to leave is defined as an employee's intention to voluntarily change jobs, companies or occupations (Schyns, Torka & Gössling, 2007). Although it does not inevitably mean actual employee turnover, intention is a significant predictor of leaving a job (Hayes et al., 2006; Griffeth, Hom & Gaertner, 2000). Even though the career behaviour of nurses has been studied to some extent (e.g. Borda & Norman, 1997; van der Heijden, van Dam & Hasselhorn, 2009), understanding of middle managers intentions to leave within the health care sector is still very limited.

Previous research on various professions showed that lack of job satisfaction plays a large part in the appraisal of one's job experience including intention to leave one's role (Levy, 2003). Research found that job satisfaction was negatively linked to intentions to leave and actual turnover (van der Heijden, van Dam & Hasselhorn, 2009; Newton & Jimmieson, 2008). While van der Heijden, van Dam and Hasselhorn (2009) showed that job satisfaction explained additional variance in intention to leave nursing, Griffeth, Hom and Gaertner (2000) reported in their meta-analysis that job satisfaction is the best predictor of turnover intentions. No studies have investigated this relationship for middle managers. Thus, it was predicted that:

> *H1. Middle managers who are more satisfied with their current job are less likely to report an intention to leave their current position.*

Job satisfaction as much as psychological variables such as stress have been linked to turnover intentions in numerous studies of various professions even though not to middle managers in particular (e.g. Albion et al., 2008).

Few studies have investigated the factors that hinder or facilitate career progression or advancement of middle managers (e.g. Wood, 2006). Partly due to the flattening structures, career progression is a growing issue for today's middle managers as the levels of hierarchy are less. Ehrat (2001) pointed out that aspiring executive nurses in the sector find that they have to be prepared to relocate in order to meet career advancement aims. This means career progression and job security in exchange for extra effort and commitment are not as likely an outcome as once expected by middle managers (Newell & Dopson, 1996; Dopson & Newman, 1998). Eddleston (2008) found that social comparison is a core process as managers evaluate their career progression in comparison with others, with higher career satisfaction being linked to lower turnover intentions. Finegold, Mohrman and Spreitzer (2002) found that individuals who feel that their career needs are being met by their organisation are more likely to remain with that organisation. Building on these findings, it was predicted that:

> *H2. Middle managers who perceive the opportunities for career progression as positive are less likely to intend to leave their current position.*

Various studies highlight the importance of professional identity and successfully managing multiple identities (e.g. Netting & Williams, 1996; Sehested, 2002). Wenger defines identity as "what we know, what is foreign and what we choose to know, as well as how we know it" (2000, p. 239). Our identity as an organisational actor shapes how we interpret and behave (Weick, Sutcliffe and Obstfeld, 2005), while ambiguous events like challenges and change that disrupt normal expectations and behaviours are responded to in ways that respond to one's own identity needs (Weick et al., 2005). Employees can hold multiple identities, with the most common associated with their work unit,

professional membership and the organisation as a whole (Van Knippenberg & Van Schie, 2000). For health care, this means that middle managers from a clinical background have to negotiate between their professional and managerial identity. Khapova et al. (2007) demonstrated that professional identity is a significant predictor of career change intentions.

In line with calls to investigate more fully the influences of one's identity rather than just the organisation that employees belong to (DeFilippi & Arthur, 1996), the current study focused upon the extent to which middle managers have a sense of managerial identification within the health care industry. Thus, this research study was interested in the impact of one's level of managerial identity on intentions to leave their current managerial role. It was predicted that:

> *H3. Middle managers with a stronger managerial identification are less likely to report an intention to leave their current managerial position.*

METHODOLOGY

This exploratory mixed method study was conducted in two stages. In line with new organisational development approaches, a combination of qualitative and quantitative methods was chosen to address the research questions appropriately (Leech & Onwuegbuzie, 2009; Creswell, Fetters & Ivankova, 2004). The first stage comprised 37 interviews with middle managers of one large Australian aged care provider. In the second stage of the research, middle managers of three major aged care service providers in Queensland, Australia were surveyed.

Research site

Both phases of the research study were conducted with one of Queensland's major providers of aged care services. In the second phase, an additional two providers participated in the research. The main research site is a non-for-profit organisation providing accommodation and care to the ex-service community since 1936. The organisation grew out of the commitment of the Returned Service League in Queensland to 'care for their mates'. In the last ten years, it nearly doubled the number of homes and now operates from 25 sites across Queensland and New South Wales. Today, the organisation is one of the largest aged care providers in Queensland with a range of community based services, hostels, nursing homes, secure dementia units and retirement villages, predominantly providing services to veterans and their families. All three research sites differ in size, however, they operate across three core businesses: community care, retirement living and residential aged care.

Interviews – Sample, procedure and analysis

Semi-structured interviews were conducted with middle managers working across areas, sites and business streams including Lifestyle Manager, Care Manager, Care Coordinator, Strategy Advisor and

Community Care Coordinator. Quota sampling ensured that they represented a good cross-section of middle management positions across the organisation. Following this process, a list of all middle managers within the organisation was obtained and each middle manager in the same type of position (e.g. Lifestyle Managers) was emailed an invitation to participate in the research project at one point in time. Once those who replied were scheduled for an interview or interviewed, the next group of middle managers in the same position was contacted. The location and time of the interview was chosen by the interviewees. The majority elected to be interviewed at their workplace. Participants were asked to allow for an uninterrupted 60 minutes. However, the actual length of the interviews was dependent on the willingness of managers to engage with the interviewer and the time necessary to convey their responses to the questions posed by the interviewer. The interviews varied in length between approximately 30 minutes and 2 hours.

The final sample consisted of 33 females and 4 males. The majority had been in their current managerial role for less than 3 years. 18 of the participating interviewees have been working in the aged care sector for at least 10 years. Time in current position and time in the aged care sector was the same for four participants indicating that they had not been working in aged care sector previously.

The one-on-one interviews focused on five areas: (A) role transition into managerial position and the changing nature of their role, (B) forms and levels of identification, (C) non-profit, private aged care sector, (D) organisational change and (F) managing staff through change. All interviews were transcribed verbatim, and thematic analysis was conducted.

The interview data were analysed utilising thematic analysis (Gifford, 1998; Flick, 1998). The coding of the interview data was done bottom-up and top-down. Some coding structure was pre-determined by the interview questions, e.g. what are your current challenges? However, there was still opportunity for new themes and categories to emerge during analysis. After the process of reduction, the data are reconstructed in the light of the interpretation, theoretical propositions and relationships to the literature that have emerged in the analysis. The findings from the interviews were also used to develop some aspects of the survey instrument (e.g. items on perception of career progression).

As suggested in the literature (e.g. Tashakkori & Teddlie, 2003; Creswell & Tashakkori, 2007), utilising a mixed method approach provides an opportunity to gather contextual data of the experience of middle managers within the aged care sector. Understanding of the context is important in order to be able to understand employee attitudes and behaviours (Eikenberry & Kluver, 2004). By combining exploratory interviews with structured surveys it is possible to arrive at a richer and more complete description of middle managers challenges and factors impacting on their intention to leave than using a single approach.

Survey – Sample and procedure

Out of 199 middle managers who participated in the online survey 159 filled in their gender. The sample consisted of 87% female and 13% male participants. The majority of respondents was between 45 and 54 years of age (46%), and 26% were less than 44 years of age. Nearly 28% of the participating middle managers were older than 55 years. The majority of respondents moved into their current role from a management position (80%), while quite a high percentage (39%) had not worked in the aged care sector previously. Out of 199 respondents 53% have worked in their current position for less than three years, 56% have worked in their current organisation for less than six years.

A brief email including the main information regarding the research study and a link to the online survey was sent to middle managers. This procedure was appropriate as employees working at this level of the organisation have access to computers and are computer literate. They received two reminder emails before the survey was closed after four weeks. In two organisations, the emails were sent by one executive manager emphasising the focus on 'making that organisation a great place to work' and by the research officer in the third organisation. Across all three participating organisations, an average response rate of 75% was achieved.

Survey measures

Participants provided background information on gender and age. They also indicated whether they have been employed in a middle management position prior to their current role and in which sector they were working (e.g. private sector, not aged care). Information were obtained on years participants have been working in their current position, their current organisation and the aged care sector (e.g., "Please indicate how long you have been working in your current position").

The dependent measure of turnover intentions were collected with four items adapted from Meyer, Allen and Smith (1993) (e.g., "I plan to quit working in middle management within the next 6 months"; 1 = strongly disagree to 7 = strongly agree). The items were particularly focussed on participant's intention to leave middle management. Job satisfaction was measured with 5 items based on Bacharach, Bamberger, and Coley (1991). The scale assessed levels of satisfaction (e.g., "Your present job when you consider expectations you had when you took the job"; 1 = very dissatisfied to 7 = very satisfied). This measure is especially useful as it focussed on employee's expectations when they took the current position.

Perception of career progression was measured with seven items which were developed from the findings of the interviews. Middle managers discussed the importance of opportunities to progress their careers. In the survey they were asked to rate their level of agreement with items on opportunities for career progression within their organisation and the aged care sector as well as

perceived support during progression (e.g., "My organisation provides opportunities to progress my career"; 1 = strongly disagree to 7 = strongly agree).

Identification with the managerial group was measured on a seven-point scale by rating the applicability of four statements which were based on Doosje, Ellemers, and Spears (1995). They cover the cognitive, evaluative and affective aspect of identification ("I identify with other middle managers in similar positions", "I see myself as middle manager", "I am glad to be a middle manager", "I feel strong ties with middle managers in my organisation").

Scale validation

Table I presents the means, standard deviations, and Pearson correlation coefficients among all study variables. The three predicting variables such as job satisfaction, career progression and managerial identity were all negatively correlated with intentions to leave. Additionally, the three independent psychological variables of job satisfaction, career progression and managerial identity were significantly correlated with each other. The computed scales reported moderate to high levels of reliability as assessed by Cronbach's alphas, with alpha coefficients ranging from 0.79 to 0.95.

Insert table I about here

RESULTS AND DISCUSSION

Current challenges of middle managers

Discussion of the major challenges in their current position revealed three main areas of concern: the changing culture of the organisation and how to make sense of these changes; career transitions and expectations; and competing expectations from the organisation, their staff and clients. The later was discussed often within the context of identification with their managerial role, their profession and the organisation. These themes are now discussed in more detail.

Changing culture

The participating middle managers were fully aware of the on-going changes within and outside of their organisational environment and the challenges presented to them, their organisations and the aged care sector as a whole. One major challenge at the individual level was to make the right decisions given the alternatives on offer (Pedersen & Hartley, 2008). Employees in the aged care sector, for instance, are concerned with decreasing levels of personal contact with their residents, but this contact needs to be weighed up against budgetary constraints (Grant Thornton Aged Care Survey, 2008). As one middle manager remarked:

> *So we have to compete aggressively. Financial prudence is critical in our business. I mean,*
> *it's certainly one of the things I expect our managers to be aware that we are not, we are not*
> *a soft-touch when it comes to, we don't get given money to waste it. We want to make sure*
> *that the money we do have, we use wisely. (Manager Area Operation)*

Many referred to the clash between old and new cultural values. Some participants talked about the old days with affection, for instance "We used to do it very well. Now it's all money." The clash in values between the professional ethos and a private sector market-based approach to service delivery is identified at the core of the current experience of middle managers (Sutherland & Dawson, 1998). They reported that the emerging market-driven approach creates different and sometimes contradictory demands from former professional standards. As one person put it:

> *The challenge is to explain the lack of funding to families. I can't say, well, the Government*
> *doesn't give me enough money to have enough staff. That's difficult. (Lifestyle Manager)*

Competing roles and identities

In line with previous research, our respondents reported that under the strain of environmental changes to human service providers, their managerial roles and professional identities are changing (Fitzgerald & Teal, 2003; Jetten, O'Brien & Trindall, 2002). This new work environment for middle managers is now characterised by shifting demands that challenge their existing identity (Tengblad, 2006). Managers perceive themselves as being in the middle and having to cope with conflicting expectations from those above and below them in the hierarchical structure (Dopson & Stewart, 1990). One interviewee reported her experience:

> *I guess, for many years I was developing my career I never thought I would do middle*
> *management, because you're sort of the meat in the sandwich. (Care Manager)*

This struggle takes place in the relationship between managers and organisations, as well as in the identities of the managers coping with different expectations and different identity templates (Sveningsson & Alvesson, 2003). Within the health care setting, nurses make up a large group of middle managers and they possess a strong professional identity based on their expertise, skills and knowledge (Reedy & Laermonth, 2000). Nurse managers in our study reported strong identifications with being a nurse as well as being a professional manager. Interviewees reported the desire to 'behave as nurses', as their staff and clients expect managers to be directly involved rather than "removed from the realities of everyday service delivery" (Paulsen, 2003, p. 150). However, participants described a tension between their clinical and managerial role. As Sveningsson and Alvesson (2003) assert, this on-going struggle between nurse practitioner and nurse manager reveals that both identities are in transition, and at times, contradictory identities might be created. A number of participants talked about this identity transition in relation to their current roles:

To take on both positions and balancing the clinical and managerial role is difficult. It's difficult. Because I am a clinician there is probably more of an expectation for me to have a clinical role rather than management role. (Lifestyle Manager)

My clinical hat is worn in relation to my residents' clinical care needs. You've got your management hat in relation to making budget decisions and procurement decisions and stock decisions, those sorts of things. (Lifestyle Manager)

Career progression and transition

Career transition emerged as another challenge. Managers who transitioned within the organisation in particular reported that they experienced some difficulties in being accepted in their new role.

I worked with them as a carer so it was a very big challenge for me to put my managers' cap on. You know follow what was necessary in my role without having them feel ostracized. It's been a bit of a challenge. I think I have stepped over that hurdle now so that's good but it was a big challenge at the beginning. (Community care coordinator)

The majority believed that more support should be provided by the organisation in helping individuals make this transition. One research study found that middle managers in the aged care sector have limited opportunities to prepare for their new roles and there is often a lack of clear guidelines to support them in their roles, responsibilities and career transitions (Jeon, Merlyn, Sansoni and Glasgow, 2008). One participant put it clearly:

I have been quite upfront and said I will be here for 12 months, have this organisation up and running. What are the options for me after that? If there's no position for me at that next level then I have to go elsewhere. (Lifestyle manager)

It became apparent in the interviews that middle managers from a clinical background differed in their views on career pathways and progression from their non-clinical counterparts. The latter talked more about feelings of being left out of important information and not being accepted in their role as middle managers.

Because I am not a nurse, I am not always accepted in this world that we work in because nurses think that it should be a nurse that has the position. That's been going on ever since I've had this type of management positions. (Lifestyle Manager)

Unfortunately on an organisational level the only pathway we are showing for people to move into management is through the clinical pathway. (Manager Area Operation)

Not only do professional managers find it difficult to be accepted as middle managers, but prior research suggests that insufficient acknowledgement of the value of their commitment to their work and the organisation leads to withdrawal and disengagement (Hacker, 2009; Bambacas & Bordia,

2009). Some of the participating middle managers reported being 'stuck' in a situation which is increasingly demanding in terms of emotional commitment, hours and skills (e.g. staff management), but continues to lack support or proper training and development.

In particular, some respondents from a clinical background talked about the contempt that they experienced from others for choosing a career pathway into management. These unsupportive attitudes, in addition to feelings of having to respond to excessive demands without appropriate management training, also had many thinking about leaving their managerial roles. As other studies reveal, not much effort has been put into optimising the quality of leadership and management within the Australian aged care industry (e.g. Jeon, Merlyn, Sansoni & Glasgow, 2008). Managers in this study identified the training in 'leadership skills' and 'creative thinking' as their highest developmental needs. In looking to the future, many managers believe that we will see more of a 'hybrid professional' or 'hybrid manager' (e.g. see also Evers, 2005) who will be able to operate in "hybridized contexts, to cross disciplinary boundaries, and to ensure responsiveness to client needs" (Paulsen, 2005, p. 26). However, for this outcome to occur in health care, middle management roles will need to be accepted as significant positions and unique career pathway rather than just a 'time of transition' to more senior management positions (Thompson, 1994).

Predicting intentions to leave

In order to achieve the second goal of this research study, a multiple regression analysis was conducted to determine the independent predictors of intentions to leave. Predictor variables were the three demographic factors (years in the current position, years in the organisation, years working in the aged care sector) and three psychological variables (job satisfaction, career progression and managerial identity) which were found to be the most important challenges during the first phase of the study. The regression equation was significant (R=.66, F=18.69, df=6,146; p<.001). While none of the demographic factors predicted intentions to leave, each of the three psychological variables was a significant and independent predictor of turnover intentions: job satisfaction (beta = -.38, p<.001); career progression (beta = -.30, p<.001); and managerial identity (beta = -.15, p<.05). As was predicted in the three hypotheses, managers with higher levels of reported job satisfaction, more positive perceptions of their opportunities for career progression in the aged care industry, and stronger managerial identities reported lower intentions to leave their role as middle managers within their organisation and the aged care sector. These findings support the results from the interviews which indicated that career perception and identity in particular are current challenges for middle managers in the aged care service sector.

These findings have several implications for practice. First, supporting and strengthening the sense of managerial identity in this industry is likely to be linked to supporting middle managers to stay involved within the aged care sector. Secondly, the perception of positive opportunities for career

progression predicted reduced intentions to leave. In the light of substantial evidence of limited career advancement opportunities within the sector (Newell & Dopson, 1996; Ebadan & Winstanley, 1997), our study again emphasises the need to provide not only strong career paths, but also more support for individuals in making career transitions in managerial roles. Our interviewees perceived a lack of opportunities for career progression, and wanted more opportunities to broaden their skills in preparation for a managerial role. Mentoring throughout their transition and beyond might support the development and strengthening of a managerial identity.

Thirdly, as predicted, higher levels of job satisfaction were linked to lower turnover intentions. While this is a well-established finding, what needs to be better understood in the health care sector is what aspects of the job are central to reduced turnover intentions among middle managers. For instance, job satisfaction is a multi-dimensional construct and more research is required to determine what aspects of job satisfaction (e.g. pay satisfaction, satisfaction with co-workers) are most critical, and thus need to be monitored and supported. Based on our interviews, one expectation is that satisfaction with the quality of co-worker relationships rather than remuneration is a stronger determinant of reduced turnover intentions.

In conclusion, strength of the current research is that it employs multi-methods to explore two important research questions for this sector. At the same time, the study is cross-sectional, and only examines a limited set of issues around perceptions of current challenges, and the influence upon turnover intentions in this industry of one's sense of managerial identity, opinions about career paths and reported levels of job satisfaction. However, our study has paid little attention to other significant factors at work in the lives of middle managers, including the role of other sources of identity (e.g. work team, validation and feedback by colleagues and senior managers), organisational climate and culture is shaping intentions to stay or leave the sector.

In particular, in terms of future research there is a need to better understand how more successful management around the identity of 'being squeezed in the middle' is linked to better outcomes around managerial performance. In addition, theory development around the aged care leadership itself is needed to better inform the sector of what management and leadership capabilities are required, especially among middle managers who are at the core in determining how well the sector performs in providing innovative and collaborative approaches for more effective service deliver within this demanding environment (Paulsen, 2003; Sehested, 2002; Jeon, Merlyn, Sansoni & Glasgow, 2008). In light of the current discussion around boundary less careers, it would be worthwhile to further investigating middle managers' understanding of career success and appropriate career development (DeFillippi & Arthur, 1996; Enache, Sallan, Simo & Fernandez, 2011).

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Variable	Mean	SD	1	2	3	4	5	6	7
1. Length in role	3.65	1.61	1						
2. Length in organisation	4.60	1.97	.63**	1					
3. Length in sector	5.90	1.96	.39**	.59**	1				
4. Intentions to leave	2.59	1.57	0.05	0.03	-0.01	1			
5. Job satisfaction	5.37	1.27	-0.01	0.08	.18*	-57**	1		
6. Career progression	4.39	1.67	-21**	0.05	.15*	-48**	.57**	1	
7. Managerial identity	3.71	0.83	0.14	0.14	0.09	-30**	.39**	.26**	1

Table I. Means, standard deviations, and Pearson correlation coefficients among study variables

(N=199)

*correlation is significant at the 0.05 level (2-tailed)

**correlation is significant at the 0.01 level (2- tailed)