

Remaining a physician until retirement?

Examining perceptions of physicians' career enrichment and experiences with career self-management and career policy to enhance physicians' sustainable employability

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Abstract

Purpose – The purpose of this paper is to examine physicians' and managers' career enrichment perceptions and experiences in regard to physicians' sustainable employability.

Design/methodology/approach – This explorative study is based on 40 interviews that include 28 physicians and 12 managers specifically selected from two Dutch hospitals to ensure a wide variety of perspectives.

Findings – Attention to physicians' career enrichment is lacking on both the physician front and the manager side. In general, physicians hardly follow learning trajectories besides obligatory ones. Some physicians are found to have changed their work content at the end of their career. But hardly any attention is paid to career planning. To physicians, the role of managers in physicians' career enrichment is described as passive, and support by the organization is perceived as limited, plain in content, and available only to selective groups. Nonetheless, both physicians and managers consider career enrichment to be important in increasing physicians' sustainable employability and offer examples to supplement such consideration.

Research limitations/implications – First, physicians and managers are not specifically asked to discuss ideas of continuing in a job within the organization or outside the organization. This may have caused an internal focus when discussing sustainable employability. Second, selection effects may influence the results as physicians participated in this study on a voluntary basis. Third, the perspectives of managers in this study are similar to physicians' perspectives as most managers in this study work at the same time as physicians.

Practical implications – It is desirable if physicians and managers are stimulated and supported to explore career enrichment options for physicians and invest in their sustainable employability.

Originality/value – The value of this study comes in the explorative and qualitative character which enables to understand underlying perspectives affecting physicians' awareness for career enrichment, in the focus on career enrichment of physicians as careers of professionals are understudied, and it examines a broad sample of physicians to examine specific perceptions of this group which are unclear as previous studies only included a selective group of physicians with a specific specialty or age.

Keywords – Physicians' career enrichment, career self-management, career policy, sustainable employability.

Paper type – Research paper

It is important for physicians to enrich their careers in the current work context, which is rapidly changing due to renewed technology (Townsend & Wilkinson, 2010), highly demanding (e.g. Ruitenburg et al., 2012; Townsend & Wilkinson), and where physicians are expected to turn their hands to anything (Smeenk, Rutten & Van de Laar, 2016). Physicians can make several choices during their career through engaging in career enrichment. Career enrichment refers to managing choices in the sequence of various work experiences over time which may include possibilities for vertical and horizontal attainment in the current job as well as in a future job. Preparing for the continuation of the career increases the flexibility of physicians, which can help them to become future-proof.

Career enrichment has been shown by previous studies to be important to prepare employees for their future career and to become sustainable employable (Akkermans et al., 2015; Armstrong-Stassen & Stassen, 2013; De Vos, De Hauw & Van der Heijden, 2011; Froehlich et al., 2014). The definition of sustainable employability is debated upon, but this study defines it as the perceived ability and willingness for physicians to carry out their work, in a productive and valuable way throughout their career (De Prins et al., 2015; Hengel et al., 2012; Van Harten et al., 2016). This may conclude continuing in a current job, while being able to adjust to possible changes such as changing roles or tasks, or continuing in a new job because of internal or external movement (De Prins et al., 2015; Hengel et al., 2012; Van Harten, Knies & Leisink, 2016).

It is important to examine career enrichment of physicians as so far, little scholarly attention has been paid to career enrichment of this specific group, or other types of professionals (Schanafelt et al., 2014). The focus of previous studies is on career enrichment of health care workers other than physicians, such as nurses, non-nursing medical employees and management employees (e.g. Van Harten, 2016). However, the specific professional character of physicians may result in different perceptions of career enrichment. Physicians have

followed long professional education that trained them for one occupation, requiring highly specialized knowledge. It is likely that this will limit physicians' perceptions of career enrichment possibilities (Van Harten, 2016, p.141). Another characteristic of physicians is that they are the classic types of professionals with a lot of expertise and a high level of autonomy in their work (e.g. Noordegraaf, 2015). Implementing career policies which include protocols, plans and procedures, may reduce autonomy, for which professionals are likely to be more reluctant than other employees (e.g. De Bruijn, 2011). Besides, the high level of autonomy of physicians is likely to allow them to decide for themselves whether they want to engage in career enrichment. Moreover, the professional character of physicians may result in high expectations from the organization about the role and responsibility of physicians in career self-management. This may especially be the case in the Dutch context, where a part of the physicians works as independently established, meaning they do not have a manager.

Previous studies show that the sustainable employability of physicians and other workers in the health care sector is relatively low compared to employees in other sectors (Houtman, Hooftman & De Vroome, 2017). According to a study by Schanafelt et al. (2014), one third of physicians with varying years of experience plan to leave their current position, and over one quarter plan to retire before the official retirement age. Physicians with a decreased sustainable employability, has negative consequences for the individual, the organization and society. For the individual, a reduced sustainability means they may not be able to survive in the labour market (Van Harten, 2016). A physician who departs may result in the loss of knowledge, skills, expertise and continuity in the organization (Armstrong-Stassen & Stassen, 2013; Robson & Robson, 2014). Meanwhile, replacing physicians through recruiting newly qualified staff is expensive due to the long education followed by physicians (Fibuch & Ahmed, 2015). Physicians' reduced employability also has negative consequences for society as it affects the quality of overall health care. First, physicians leaving the work force is problematic as the Netherlands, as well as other countries, face workforce shortages concerning physicians of various specialties (Fibuch & Ahmed, 2015; Lindberg, 2013; Van den Brink, Herderschee & Vleugels, 2018). A shortage of physicians may cause long waiting lists for operations (Van den Brink et al., 2018). Second, a reduced sustainable employability has been shown to influence patient satisfaction and the morale of health care workers and staff (Bovier & Perneger, 2003). All reasons stated above highlight the importance to examine how attention for career enrichment can increase the sustainable employability of physicians to prevent individual, organizational and societal losses.

The following question is addressed in this study: What are the perceptions of physicians and managers of physicians' career enrichment and how and to what extent do they engage in career self-management and career policy to enhance physicians' sustainable employability? This question includes two ways of investing in career enrichment: 1) career self-management, which refers to the role of physicians in career enrichment (e.g. Bridgstock, 2009; Kuijpers, 2003) and 2) career policy which refers to the role of the organization and managers in career enrichment (e.g. Crawshaw & Game, 2015; Kooij et al., 2013). The aim of this study is to analyse how physicians and managers perceive attention for both ways of career enrichment and how this affects physicians' sustainable employability.

This study is relevant because of three gaps in the literature regarding career enrichment of physicians. First, previous studies focus on career enrichment of a selective group of physicians, with a specific specialty (Orkin et al., 2012; Pachulicz, Schmitt & Kuljanin, 2008; Schanafelt et al., 2014), or a particular age group (Antonioni, Davidson & Cooper, 2003; Lindberg, 2013). They examine choices of these physicians with career enrichment. However, insights of these studies do not specifically hold for physicians, but might also be applied to other employees with the same age or years of experience. It is relevant to focus specifically on characteristics of physicians as it is likely that career enrichment of this group of highly trained professionals, differs from career enrichment of other employees which was the focus of previous studies (e.g. Armstrong-Stassen & Stassen, 2013; Armstrong-Stassen & Ursel, 2009; Van Harten, 2016). Also, as these studies focus on specific age groups, some other age groups are understudied. Career enrichment of physicians in the 'middle' age group in particular, between just starting their career and considering retirement are overlooked (Borges, Navarro & Grover, 2012). It is relevant to study career enrichment of physicians across all ages for two reasons. First, because previous research shows that the focus of career self-management differs for employees of various ages as they have varied needs (Kooij et al., 2013). Second, because career policy provided by the employer tends to differ for employees of certain ages (e.g. Kooij et al., 2013; Schanafelt et al., 2014; Van Harten, 2016).

The second gap concerns a lack of studies into career enrichment from an employee' as well as an employer's perspective. Most studies focus either on the perspective of the employee by studying career self-management

(Akkermans et al., 2015; Barnett & Bradley, 2007; De Vos & Soens, 2008; Segers et al., 2008), or they study career enrichment from the perspective of the organization through career policy (Armstrong-Stassen & Stassen, 2013; Conen, 2013; Froehlich et al., 2014; Karpinska, 2013; Picchio & Van Ours, 2013). Studying perceptions of career enrichment from two different perspectives is likely to enhance the reliability of the findings. Also, a study by De Vos et al. (2011) underlines the relevance of including both individual and organizational perspectives when studying employability. They suggest that it is not sufficient for organizations to purely provide career policy, but actual employee participation through career self-management is also important. This study presents both perspectives, by including both physicians and managers in the sample. Additionally, both physicians' participation in career enrichment and organizational support explicated in career policy are examined.

The third gap concerns a lack of attention for perspectives on career enrichment. Previous, mainly quantitative studies primarily examine decisions of employees regarding continuing work or leaving the workforce (Stead et al., 2011). These studies start with assumptions that are not tested. Consequently, these studies lack the possibility of understanding how perceptions of career enrichment have led to these choices. Examining perceptions of career enrichment is important as attitudes, as well as behaviours are largely driven by perceptions (Lazarus & Folkman in Kirves et al., 2014). Ergo, a qualitative approach is required to explore how and to what extent physicians and managers engage in career self-management and career policy to enhance physicians' sustainable employability.

Literature review

A characteristic of explorative research is that the dimensions of the topic are not well known at the start of the study (Kleining & Witt, 2001). Therefore, the literature presented in this section has a heuristic function. It provides a preliminary overview of the themes which helps to guide the interview process. It is expected that new topics will arise in this explorative study, which will be discussed in the results.

The first part of this section starts with an introduction on career enrichment to show the focus of this study. Consequently, career self-management is discussed, which helps to understand the various types of activities that physicians can undertake to engage in career enrichment. Then career policy is explored, which shows how the organization and managers can support physicians' career enrichment through career policy. After that, the concept of sustainable employability is discussed. Finally, findings from previous studies regarding the relationship between career enrichment, through career self-management and career policy, and sustainable employability are discussed. Based on this, several expectations for the interview study are formulated.

Career enrichment

Career is defined in this study as the evolving sequence of a persons' work experiences over time (Arthur et al., 1989). The conventional definition of career normally emphasizes upward hierarchical mobility (Fochsen et al., 2005), failing to acknowledge that promotions (vertical movement) may not be possible or desirable (Duffield et al., 2014). Besides this, challenge and change within a career can also be found in horizontal shifts; for instance, changing unit, role, or task. Duffield et al. (2014) show that it is important to include possibilities for vertical advancement and possibilities for horizontal movement when studying nurses' intention to stay, and referred to both as 'job enrichment'. This study builds on their definition, and relies on a broader sense by studying 'career enrichment'. This refers to managing choices in the sequence of various work experiences over time which may include possibilities for vertical and horizontal attainment in the current job as well as in a future job.

Career enrichment of employees can be achieved through career self-management, through career policy or through a combination of both. Career self-management is done by employees, while career policy is offered by the employer. The responsibility of both parties is subject to debate. Some argue that career enrichment is a shared responsibility of employee and employer (Schaufeli, 2011; Thijssen, Van der Heijden & Rocco, 2008). In this view, employees are responsible to maintain and develop talents, knowledge and competences. Furthermore, the employer is responsible for creating conditions to anchor the development of employees (Schaufeli, 2011), and managers play a role in providing employees with support in career enrichment (Crawshaw & Game, 2015). Others argue that employees are challenged to play a greater role in career enrichment in today's market (Lyons, Schweizer & Ng, 2015; Patton & McMahon, 2014). Patton and McMahon (2014) even argue that the responsibility for career enrichment has fully transferred from the employer to the employee in an era of do-it-yourself career management.

For physicians' career enrichment, it is likely that the division of the responsibility between physicians and the organization is to be affected by physicians' professional character. Organizations are assumed to have high expectations of physicians as professionals, regarding actively participating in career enrichment. This is noted by findings from De Vos and Dries (2013), who show that employees with a low education are held less accountable for managing their own careers than employees with a high education.

As both employers and employees may be involved in career enrichment, this study examines both the role of employees in career enrichment, described as career self-management, and the role of employers in career enrichment referred to as career policy.

Career self-management

Career self-management refers to ways in which physicians intentionally influence career enrichment and manage the interaction of work, learning, and other aspects of the individuals' life throughout the career, with the aim to continue to work in a job fitting personal interest and capacities (Bridgstock, 2009, p.35; Kuijpers, 2003, p.40).

Categories of career self-management

Possibilities for career self-management can be divided into three categories: 1) learning process control, 2) work process control, and 3) career planning (Kuijpers, 2003). Learning process control refers to activities and schooling to learn for parts of the current job or for aspects of a future job (Kuijpers, 2003, p.38). These activities have varying aspects: they are either undertaken voluntary or involuntary, current or future oriented and introspective or interactive (Noe et al., 2014, p.159). Besides, controlling learning processes, physicians might also control work processes, which refers to adjusting work to capacities, interest and career enrichment goals (Kuijpers, 2003, p.38). Career planning refers to the process of developing a career plan including choices, developing goals and planning activities (Kuijpers, 2003, p.38).

Previous studies conclude that career self-management differs for employees with different ages and educational levels. Life span theories suggest that career enrichment goals change during the career. This affects the way in which employees engage in career enrichment. Older employees in general are less motivated to develop themselves compared to younger employees (Kooij et al., 2013; Segers et al., 2008, p.216). Instead of allocating resources to growth, updating and developing oneself, they are more likely to direct resources to maintenance and regulation of loss (Kooij et al., 2013). In line with this a study by Orkin et al. (2012) shows that anaesthesiologists of 50 years and older change work tasks when they get older. They choose to decrease time for patient care, increase effort in teaching and a larger proportion of them choose to work part-time (Orkin et al., 2012).

Additionally, the level of education seems to affect attention for career self-management. Employees with a high level of education are more self-directed compared to employees with a lower level of education (Segers et al., 2008, p.225). Therefore, according to Segers et al. (2008), higher educated employees are more motivated to manage their careers. Physicians with a high education might invest more time and effort in career self-management than other employees in a hospital context like nurses, non-nursing medical employees, support or assisting employees, management employees and management support employees. Based on previous studies, above employees in a hospital are not used to regular reflection on their career, on career wishes and on career enrichment possibilities (Armstrong-Stassen & Stassen, 2013; Armstrong-Stassen & Ursel, 2009; Van Harten, 2016).

What career self-management for physicians may look like

Career self-management for physicians includes being aware of opportunities for career self-management and actively engaging in career self-management. The literature does not provide an overview of career self-management possibilities for physicians, but the following is based on experiences within the health care sector. Career self-management of physicians includes a variety of possibilities within or outside the current position and within or outside the current hospital. Several possibilities for physicians are: education, changing work content in a current position, or fulfilling another position. Activities may include vertical as well as horizontal attainment.

Regarding education, physicians are obliged to follow several activities to keep their registration, based on a lifelong learning principle. Physicians can choose between very specific or more general education. Additionally, physicians may engage in educational activities voluntary.

Changing work content in the current job is another aspect of career self-management. Work of physicians is usually divided in four types of activities: care, education, research and management. These areas provide room for career enrichment. Physicians can develop in one or multiple areas during their career. They might also change their area of interest at a certain moment in their career, or they can change time division between the four types of activities. Physicians may for instance develop themselves in care by gaining expertise in a very specific area within their specialty. Moreover, they might develop in education which provides opportunities to become an educator. They may engage in research which provides possibilities to become a professor. Physicians may also develop themselves in management, and fulfil management tasks in for instance their department, in the board of the hospital or in their national union.

Besides engaging in another role, physicians may alter work content by following additional tasks within the hospital as there are plenty of committees within the hospital. Examples are the ethical board, committees for the quality of care, or the board of representatives of physicians. There are also possibilities to fulfil certain roles outside the hospital; for example, in the board or a committee of the national union.

Moreover, physicians may fulfil another position, within or outside the organization. Physicians may for instance decide to work in another type of hospital. Those working in an academic hospital may apply for a position in a general hospital or vice versa. Furthermore, physicians could make a career switch in other non-care related tasks.

These examples provide an indication of what career enrichment of physicians might look like. In practice, physicians may follow multiple activities and fulfil several roles and tasks simultaneously.

Physicians' degree of attention for career self-management

In previous studies, the extent to which physicians engage in career self-management is subject to debate. On the one hand, two studies into career enrichment of selective groups of physicians suggest that they lack attention for career enrichment. Junior hospital doctors experience a lack of career planning (Antonioni et al., 2003). This results in stress in career choices, unemployment, and lack of training (p.613). Moreover, Borges et al. (2012) show that physicians' choices for a career in an academic hospital are largely serendipitous or circumstantial and mainly influenced by crossing paths with other people (Borges et al., 2012).

On the other hand, Schanafelt et al. (2014) show that oncologists engage in career self-management through work process control. Oncologists make several changes in their work content because of personal interests. They reduced clinical work hours, to pursue administrative or leadership opportunities (Schanafelt et al., 2014). The type of contract affects the extent to which oncologists change work content. Oncologists working as independently established in private practice are 50% more likely to reduce clinical work hours than oncologists employed by the hospital (Schanafelt et al., 2014, p.1132). It is unclear whether these conclusions can be generalized to other physicians. This study therefore examines a broad sample of physicians with various specialties to analyse to what extent they engage in career self-management.

Career policy

The organization and managers can support physicians in career enrichment through career policy. From a human capital perspective, organizations invest in employees' skills and knowledge when they expect a return on investment through future productivity (Lepak & Snell, 1999). Employees with a high value of human capital are expected to deliver a high return on investment. The value of human capital depends on employees' potential to contribute to the core competence of the firm (Lepak & Snell, 1999, p.35). It is likely that organizational and managerial support through career policies differ for employees with varying values of human capital. From a human capital perspective, organizations offer more career enrichment practices to employees with a high level of human capital compared to employees with a low level of human capital (De Vos & Dries, 2013). Thus, from this perspective, young and higher educated employees who are well performing and have a positive attitude towards career enrichment, are more likely to receive organizational support than older employees who are close to retirement, as these characteristics are likely to return the investment (Karpinska, 2013). As physicians play a vital role in the core assets of hospitals, and as they are highly educated employees, hospitals are likely to be keen in investing in physicians' career enrichment.

Two types of career policies

Organizations may implement two types of career policies: maintenance and development focused policy (Kooij et al., 2013). Maintenance focused policy help individual workers to maintain their current levels of functioning in the face of new challenges, such as performance appraisal (Kooij et al., 2013, p.20).

Development focused policy relates to advancement, growth, and accomplishment that help individual workers

to achieve higher levels of functioning, such as training (Kooij et al., 2013, p.20). Both types of career policies may provide employees with a refreshment and an update of skills, which should make them more productive, more competent, and quicker in adapting to a changing economic and technological environment (Picchio & Van Ours, 2013, p.29).

Role of managers

Managers are considered the key organizational agents to implement career policy. They are the gate keepers when it comes to offering training to their employees. Managers carry the responsibility for training of their employees and define training opportunities (Karpinska, 2013). Knies et al. (2017) distinguish between two types of managerial support: 1) support of employees' well-being and functioning, by providing appropriate feedback and communication and 2) support of employees' development. Support of employees' well-being is important regarding the current employability of physicians. Attention for their well-being can help physicians to maintain current levels of functioning or it might indicate that a change in the current situation is desirable. Support of employees' development holds the utmost importance in the light of physicians' sustainable employability as this can prepare physicians for future tasks. Supervisory support of employees' development may stimulate career enrichment through offering employees career-related advice and challenging work assignments and learning opportunities, that promote career enrichment (Ballout, 2007; Crawshaw & Game, 2015). A second distinction made in the literature is the difference between general practices and tailor-made arrangements (Guest, 2007). Managers might offer physicians general programs which are available to more employees or other physicians. Besides, they may offer individual employees tailor-made arrangements catered towards personal wishes and capacities.

Previous studies often do not focus on the role of organizations and managers in physicians' career enrichment. An exception is a study by Pachulicz et al. (2008) which studies the role of organizations and managers in emergency physicians' career enrichment. They conclude that perceived organizational support positively relates to physicians' perception of career success (Pachulicz et al., 2008). The fact that the role of organizations and managers in physicians' career enrichment is understudied, may be influenced by the professional character of physicians, which may result in expectations that physicians are responsible for career enrichment instead of organizations. Or organizations might consider national unions to be responsible or more suitable to provide support to physicians, as physicians often have close relations with their national unions.

Sustainable employability

There is no unified definition of sustainable employability. However, all definitions include characteristics of (potential) employees and refer to employment as an outcome (Thijssen et al., 2008, p.167). The type of characteristics of employees in definitions of sustainable employability vary, but two main categories can be found. Some studies refer to sustainable employability as being able to continue to work (e.g. Bakkerode et al., 2016; Van der Heijde & Van der Heijden, 2006). This competency-based approach to sustainable employability highlights the applicability of knowledge, expertise, competences, skills, or possible transfers, and a good physical and mental health to be able to carry out work and to be able to cope with possible changes in work (Bakkerode et al., 2016; Süß & Becker, 2013; Van der Heijde & Van der Heijden, 2006; Van Harten et al., 2016). Other studies also include the willingness to continue to work, to adapt to changes (Süß & Becker, 2013; Van Harten et al., 2016) and to convert competences into actions (Süß & Becker, 2013).

The definitions mentioned above all refer to employment as an outcome. However, some definitions claim continuity in the current job, while others add the possibility of continuing in other tasks (Van Harten et al., 2016), or even in another job (Rothwell & Arnold, 2007; Van Harten et al., 2016). Some definitions additionally include 'productivity', which refers to adequately performing a current job or changing tasks or jobs (Van Harten et al., 2016).

In this study, sustainable employability is defined as the perceived ability and willingness for employees to carry out their work, in the current or in a future job, in a productive and valuable way throughout their career (De Prins et al., 2015; Hengel et al., 2012; Van Harten et al., 2016). The definition includes the ability and willingness for employees as both elements are necessary for employees to stay sustainable employable, meaning employable throughout the career. If one of these is missing, employees will not work until the retirement age and we cannot speak about sustainable employability. Furthermore, this definition refers to productive and valuable employment as an outcome, both are included as this study highlights the contribution of an employee to the organization and their own satisfaction of their work. Productivity refers to the contribution of employees

to the organization by adequately performing one's current job or, when it is changed, other roles or tasks (Van Harten et al., 2016, p.86). Valuable work focusses on the employee and refers to employees' feelings that their work adds value (Van der Klink et al., 2011). Moreover, this definition includes both continuing in a current job, while considering possible changes within the job, like changing roles or tasks, and continuing in another job, which can pertain a new job within the organization (internal mobility), or a new job in another organization (external mobility).

Sustainable employability is studied from the perceptions of physicians and managers. Many other researchers also understand sustainable employability by examining employees' perceptions of their own capabilities (Van Harten, 2016, p.33), which is considered useful as individuals behave according to perceptions rather than according to objective reality (Lazarus & Folkman in Kirves et al., 2014).

Sustainable employability of physicians

According to a study by Van Harten (2016), the level of employability varies for different job groups, depending on the level of education and the job type (specialized or general). According to Van Harten (2016), employees in job groups which demand a high level of education, such as advanced nurse and management job groups, are more positive about their employability compared to supporting workers and basic nurses. However, the boost that a high education background gives to workers' employability is reduced when employees have a highly specialized job (Van Harten, 2016, p.155). Van Harten (2016) gives the example of non-nursing medical jobs who have a lower perceived sustainable employability due to the highly specialized nature of their job, which reduces believes of employment opportunities. Also, employees with highly specialized jobs might be less willing to change as this requires extensive re-education (Van Harten, 2016, p.153). Differences in the sustainable employability for job groups varying in educational level and job type is relevant when studying professionals, a group which has not received much attention so far. Based on the study of Van Harten (2016), the assumption is that physicians perceive a low level of sustainable employability due to their highly specialized job.

Career enrichment and sustainable employability

This study examines the perceived relationship between physicians' career enrichment, through career self-management and career policy, and their sustainable employability. The following first describes the relationship between career self-management and the ability to work, and then the relationship between career policy and the ability to work. After that, the relationship between career self-management and physicians' willingness to work, and career policy and their willingness to work are discussed. Previous studies have examined these relationships in various ways. They use different concepts, definitions and ways of measurement. Therefore, the results of these studies should be interpreted with caution.

Career enrichment and the ability to carry out work

Some studies examine the relationship between career enrichment and the ability to carry out work productively in a current or future job. These studies focus on the optimal use of competences (e.g. De Vos et al., 2011; Froehlich et al., 2014), or to keep the job one has or desires (Akkermans et al., 2015; Picchio & Van Ours, 2013). Previous studies draw different conclusions on the relationship between career self-management and the ability to continue to work. De Vos et al. (2011) show that employee participation in competency development initiatives increased employees' perceived ability to continue to work. Similarly, Akkermans et al. (2015) show that a career enrichment intervention, in which young employees were trained to develop career competences, contributes to a higher ability to continue to work. Contrary to these results, according to De Vos and Soens (2008), career self-management behaviours are not directly related to career outcomes. The extent to which individuals proactively manage their careers does not automatically imply stronger feelings of the ability to continue to work (p.454).

Other studies focus on the relationship between career enrichment through career policy and the ability to continue to work. Froehlich et al. (2014) distinguish between two types of development focused career policy: formal learning, which is structured and has a development purpose and informal learning which is less structured and more in control of the learner (p.510). Both types of career policy positively influence the ability to work productively. However, the specific learning content differs for both types of development focused career policy. These results indicate a positive relationship between career enrichment, through career policy, and sustainable employability. However, Picchio and Van Ours (2013) point out that strong selection effects might influence the results of studies. If these selection effects are not accounted for, effects may be overestimated (Picchio & Van Ours, 2013). Picchio and Van Ours (2013) control for these possible spurious relations that might be induced by self-selection when examining the effect of firm provided training on future

employment prospects. Their conclusions were similar to the other studies. Development focused career policy increased the ability of remaining employed from 94.2 to 97.7 percent (Picchio & Van Ours, 2013, p.44).

Career enrichment and the willingness to carry out work

Besides the focus on the ability to continue to work, other studies examine the relationship between career enrichment and the willingness of employees to carry out work in a current or future job in a valuable way. Concepts which are used to study this part of sustainable employability are willingness to continue to work (Armstrong-Stassen & Stassen, 2013), career satisfaction (De Vos & Soens, 2008), and employee engagement (Bakker & Demerouti, 2008). According to Barnett and Bradley (2007), there is a positive relationship between career self-management behaviours and the willingness to carry out work. A proactive personality and career self-management behaviours result in more career satisfaction. On the contrary, De Vos and Soens (2008), conclude that there is no significant relationship between career self-management behaviours and career satisfaction.

Other studies examine the relationship between career policy and the willingness to continue to work. Armstrong-Stassen and Stassen (2013) focus on the relationship between older nurses' satisfaction with development focused career policy, and their willingness to remain working in the organization. Positive attitudes towards the availability of professional development opportunities, explicated in career policy, increased their intention to stay.

Overall, despite the study by De Vos and Soens (2008), the studies show that career enrichment positively affects employees' ability and willingness to carry out work in a productive and valuable way (Akkermans et al., 2015, p.533; Armstrong-Stassen & Stassen, 2013; De Vos et al., 2011; Froehlich et al., 2014; Picchio & Van Ours, 2013). This holds for career enrichment through career self-management as well as career enrichment through career policy. It is unclear to what extent this relationship also applies to physicians, as above studies mainly used a general sample of employees working in public and private organizations.

Expectations

Several expectations arise from above literature. Physicians are expected to actively participate in career self-management. Their high level of education is likely to result in a proactive behaviour towards career enrichment. However, this proactive attitude may be tempered due to a perception of a lack of possibilities for career enrichment in a job with a highly specialized nature. At the same time, organizations are expected to offer physicians support through career policy, because of their high human capital and because of their vital role in the core assets of the organization. Managers are considered the important actors to implement these policies. They are therefore assumed to play an important role in physicians' career enrichment. Attention for career enrichment is presumed to positively affect sustainable employability and increase physicians' ability and willingness to continue their work.

Method

Setting

Two hospitals were purposely selected to conduct this study: one academic hospital and one general hospital. These hospitals were intentionally chosen as physicians' career paths differ in both hospitals. Physicians working in an academic hospital for instance, have the opportunity to spend part of their time on research, and can become a professor, while physicians in a general hospital for instance have more options to fulfil roles to run their business as teams of physicians who work as independently established have to run their own department.

Moreover, the two hospitals vary on several aspects which are likely to influence physicians' perceptions of and experiences with career enrichment, such as the size of the hospital, size of the departments (Ballout, 2007; Conen, 2013), and level of hierarchy. The academic hospital is larger than the general hospital. Large organizations are more likely to facilitate career mobility than small organizations, as they have more resources and benefit from economies of scale (Ballout, 2007; Conen, 2013). Another difference between the hospitals is that physicians in the academic hospital are employed by the hospital, while most physicians in the general hospital work as independently established. This may affect their views on responsibility for career enrichment and the degree to which physicians engage in career self-management (Schanafelt et al., 2014).

Data collection

Physicians and managers were asked by e-mail to participate in this study, which included information about the research topic and requirements in terms of time. Consequently, data were collected through semi-structured interviews. These face-to-face interviews lasted between 30 and 60 minutes and were conducted by the same person. They were held at a place of the participants' interest, usually at their working place. Prior to the data collection, two interviews were pilot tested with physicians having managerial responsibilities. Interviews consisted of semi-structured questions which were deemed to provide good opportunities to explore physicians' and managers' career enrichment perceptions and experiences in regard to physicians' sustainable employability.

Four themes were discussed in the interviews: career enrichment, career self-management, career policy and sustainable employability. These themes were used for guidance and meanwhile provided room for emerging, relevant themes (Flyvbjerg, 2006). The questions ask for perceptions of career enrichment, what physicians think about the degree of attention for career enrichment, how physicians engage in career self-management, to what extent physicians are supported by the organization or a manager in this, what possibilities there are for career enrichment in career policy, how career policy is implemented, how physicians consider their sustainable employability and how and to what extent career self-management and career policy affect this (the topic list can be found in appendix 1, p.24).

Additionally, interviews with managers were held. The interviews with managers focused on their perceptions of career self-management of physicians, their perception of guidance and possibilities for physicians' career enrichment written down in career policy, their own role in career enrichment of physicians, the sustainable employability of physicians in their team, and how and to what extent career self-management and career policy may enhance physicians' sustainable employability (the topic list can be found in appendix 2, p.25).

Sample

The sample of this study consists of 28 physicians (of which nine physicians work as independently established and nineteen are employed by the hospital), and twelve managers from two hospitals. The sample was purposely selected to ensure a wide variety on several elements which are likely to influence physicians' perceptions of career enrichment based on previous studies. Physicians vary as much as possible in age, sex, specialty and role within the department: such as being an educator, a professor, or a researcher. Age is chosen as this has been shown to influence the amount of time spend on career self-management, especially on changing work content (Orkin et al., 2012). Besides, Antoniou et al. (2003) show that female and male physicians perceive a different effect of a lack of career enrichment opportunities, with female physicians experiencing more stress about this than male physicians. Physicians with varying specialties from different departments are chosen as they might have cultures with varying views on career enrichment. Furthermore, physicians with varying roles in departments are selected, as they might have different perceptions of and experiences with career enrichment.

Managers were also included in this study as they may play a role in physicians' career enrichment, and because they may offer a new perspective on physicians' career enrichment. For the sake of anonymity, managers are not directly linked to physicians included in this study. Physicians working as independently established, do not have a direct manager, so several types of managers were included who all have a (shared) responsibility in the proper functioning of physicians. Most of these managers also work as physicians several days a week. Managers are selected based on varying characteristics of their departments. Departments vary in size, specialty and age of physicians. Size is added to the selection criteria mentioned before. This may affect the amount of money available for career self-management and career policies, and it may influence the possibilities for physicians to grow in various positions for which larger departments may provide more opportunities than smaller departments (Ballout, 2007; Conen, 2013).

Analysis

All interviews were audio recorded, transcribed verbatim and coded in the programme NVivo 11.4.3. The data was codified according to categories. These were partly defined beforehand, based on the literature review, and additional categories emerged during the analysis of the empirical data (the coding scheme can be found in appendix 3, pp.26-27). Predefined categories used for this study were: 1) career enrichment with two sub categories: career self-management and career policy, 2) career self-management is further divided into career self-management until now and career self-management from now on, and type of activities which is further divided into learning process control, work process control and career planning, 3) career policy with its four sub categories: description of career policy, opinion on career policy, ideas for changing career policy and support

from a manager, 4) sustainable employability with three subcategories: current employability, ability to carry out work in a current or future job in a productive and valuable way and willingness to carry out work in a current or future job in a productive and valuable way, and 5) the relationship between career enrichment and sustainable employability with two sub categories: career enrichment and the ability to work, and career enrichment and the willingness to work.

During this process, categories were revised to make sure that all significant issues were included. Emerging categories were: 1) additional subcategories which divided career enrichment from now on, into career enrichment focused on continuing to do the same work, and career enrichment focused on developing competences for new positions, roles, or tasks, 2) additional subcategories for 'type of activities' which differentiate between voluntary career self-management to keep the registration, or to maintain in a current position, and involuntary career self-management, 3) career policy of the department, which is also divided into the same components as career policy of the hospital, 4) annual interviews, and 5) IFMS. Codes to support these categories were selected and analysed.

This research was financed by one of the two participating hospitals.

Results

The following will give insight into the perceptions and experiences of physicians and managers with career enrichment, career self-management and career policy. Furthermore, perceptions of the sustainable employability of physicians are given. Lastly, the perceived relation of career self-management and career policy with physicians' sustainable employability is discussed. Note that quotes of managers (M) and physicians (P) are marked with a letter and a number. To increase the anonymity of respondents, quotes constantly refer to 'he' or 'him'.

Perceptions of career enrichment

The first five years

A common perspective described by several physicians and managers of both hospitals is that physicians are expected to "*mature*" and develop knowledge and expertise on their specialty in the first five years of their career. During this initial phase, physicians experience limited room for career enrichment activities. A physician (P34) explains: "*I would love to be an educator, but I am not allowed until I have been a physician for five years.*"

A manager (M39) seemed to question this common perspective of five years investing solely in your own specialty with no time to develop other interests, because: "*Physicians who are between zero and five years after starting, still take time to reflect on career plans.*" However, physicians are not supposed to implement these career plans, until they have been five years in their profession. This is also reflected in regulation, which only allows physicians to become an educator for instance, once having been a physician for at least five years. One physician explained that this is a national requirement. He agrees with this perspective, as you need a kind of "*maturity*" in your profession before you can fulfil the role of educator (P34). On the contrary, a manager (M28) problematizes this, as first developing expertise in care-related work, decreases attention for developing in other roles and keeps physicians limited in further competence development.

Perception of a lack of possibilities

Regarding possibilities for career-enrichment, physicians are primarily familiar with "*standard trajectories*" (P10). These usually entail vertical advancement. Examples are learning to become a professor, a manager, or a highly specialized physician in an academic hospital. Besides these possibilities, physicians perceive limited opportunities for career enrichment. One reason mentioned by physicians for the perception of a lack of possibilities is the long period of professional education, that limits opportunities for further education. The following physician (P33) explains that he learned a lot during education, but once being a physician, a period with no further development follows: "*It is weird though, because you are trained, during the years of education you have a very steep learning curve, but once having arrived at your destination [being a physician], you will continue to do the same for 30 years, very strange.*" Besides, managers, who also work as physicians, indicate that they are not familiar with possibilities for career enrichment of physicians. A manager (M25) for instance tells that he hardly discusses career enrichment opportunities with his employees because of this: "*I should be honest that I do not really know where I can send them to or what type of career enrichment I could offer, that is not clear to me.*"

Above perceptions of physicians' career enrichment partly explain the lack of attention for career self-management by physicians, which is the subject of the next section.

Career self-management

In the following, physicians' and managers' experiences with physicians' career self-management are discussed to understand the role of physicians in their career enrichment.

Some physicians and managers consider physicians responsible for their career enrichment, because of their high salary: *"You are a physician, which is accompanied with a very high salary, from which you may expect that physicians take their own responsibility for career enrichment"* (P4). Another reason mentioned is that physicians who work as independently established do not have a manager, which makes physicians, together with their department, responsible for career enrichment.

Types of career self-management activities

Physicians seem to invest in some types of career self-management activities, like obligatory learning programs (learning process control) and changing work content once they are older (work process control), but they do not pay attention to career planning. The following will give an impression of physicians' and managers' experience with three categories of career self-management activities.

Educational activities

Almost all physicians, despite a few physicians who are retiring in one or two years, mention that they spend quite some time on educational activities, which are needed to keep their registration, or which are obligatory to continue in their current position. Physicians may choose from very general or more specific type of activities to score points to keep their registration. Physicians and managers report that physicians mainly choose training in care-related tasks, as this is seen as a necessary aspect of their job, to keep up with rapid changes in their profession: *"Our profession develops very quickly, this may sound like a cliché, but it is reality"* (P10).

At the same time, physicians often mention that the time invested in additional career self-management activities, besides obligatory ones, is limited. Limited time and already investing a lot of time in obligatory activities are two reasons mentioned for this. A manager (M24) explains that physicians have a lack of non-clinical time. This especially holds for some specialists, who are mainly working in the operation-room. A lack of non-clinical time is perceived as a limitation because all the other work, such as educational activities, or other career enrichment possibilities, should be done besides the clinical work, which may already take nine hours a day. Other reasons given are: an intensive home situation, and a high work load at the start of their career: *"You are busy to keep your head above water during the first two years of your career, and you are already satisfied if you can find your bed in the night"* (M11). Moreover, some older physicians believe they are too old to work on career enrichment and some believe there is not that much to learn anymore. An older physician (P32) mentioned that he is not open to learning new things as he has already learned a lot throughout his career: *"At this age, they cannot teach me new things [about my personal strengths and weaknesses], I am stubborn. I have already been through a lot of things and developed life experience."*

Changing work content

Another way to engage in career self-management, is to change work content to fit personal capacities, interests and career enrichment goals. Several physicians appear to change their work content consciously once they turn older. Especially physicians of 57 years and above indicate that they changed their work content. They mainly refer to reducing time for patient care and increasing time for other tasks which are less physically demanding. New tasks mentioned are management, fulfilling tasks in educating new physicians and research (mainly done by physicians working in the academic hospital). According to a manager (M24), physicians change their work content because these new tasks provide more flexibility compared to patient care: *"Doing research allows you to discuss your work with someone, to drink a cup of coffee, or to take a break when it fits."*

Some older physicians also indicate that, as they age, their position in the department changes, which is generally accompanied with more responsibilities. Examples given are; becoming an educator, or a manager. The choice to fulfil such roles or other positions or tasks is largely affected by others, for example by getting asked for a certain position. A physician (P10) and a manager (M16) for instance refer to a colleague who became a manager, because: *"You are a good radiologist, so you can run the department. Or you are a good internist, so you will make sure that the department will be well organized"*, and: *"A colleague became a manager, because she was the one who had worked longest as a physician, while the younger colleague, had much more potential to become a manager."*

Above quotes show that physicians are not necessarily growing in certain positions because of their competences, but rather for being a competent physician. A manager (M28) mentions: *"There is almost no*

attention for the types of competences physicians have." This lack of attention for competences is also reflected in the application procedure of physicians, according to a physician (P2): *"That is the difference between the hospital and private businesses, people who apply for a job in the private sector have to do an assessment, have to solve a problem, that is way more professional, and then we are seen as so-called 'professionals'."* This physician expresses his annoyance with the lack of attention for competences. He explains that physicians, with no educational background in management, are asked to fulfil several positions within the hospital, instead of people who are trained for these positions.

One department provides a good example of the opposite. They continuously reflect on the competences present in the current group of physicians. In the last couple of years, this department grew very fast which allowed them to select several new physicians. They specifically selected physicians with competences, that were lacking in the current group of physicians. Prior to the application procedure, physicians of this department followed a training to become familiar with their competences. Physicians were guided in this process by an operational manager, who does not work as a physician. Although this department reflects on the current competences of physicians in their team, they overlook the importance of developing competences for future tasks.

Career planning

Many physicians have deliberately chosen for a certain specialty and for a certain hospital. However, after the start of their career as a physician, many do not invest time in career planning. A few physicians mentioned thoughts about future roles. One physician (P4) for instance considered the possibility of changing to a managing position, as he is already involved in more managing processes within his department and in his national union. Another physician (P34) is considering leaving the hospital to go to another hospital where there are more advancement opportunities. A third physician (P5) is planning to move to another country where there are more opportunities for research.

Despite these physicians considering future plans, the majority of physicians indicate that they do not prepare for future roles as they are often *"working in the moment"* (P40) and do not take time to reflect on career enrichment. This lack of planning ahead is also reflected in examples given by physicians and managers about colleagues who are not able to reduce work tasks, or work part time because of high financial expenses: *"Older physicians sometimes want to reduce work tasks but are not able to do so because of a high mortgage"* (M24).

A lack of planning ahead is described as problematic, as this limits the possibility of physicians to change work content to fit personal capacities. The prerequisite of changing work content later in the career, requires career planning in which physicians develop competences for a variety of tasks earlier on in the career. *"You could tell someone who has turned 60, and who has not developed competences for management, research or education, to do these tasks one or two days in a week, but that will become very hard"* (M24).

Career policy

In the following, the role of the hospital and managers in physicians' career enrichment is discussed by reflecting on physicians' and managers' perceptions and experiences with career policy.

Role of the organization

From the interviews with physicians, it appears that career policy may be formal or informal, which both offer employees occasions for career enrichment. Informal policy refers to chances given to physicians to develop themselves. As mentioned above, some physicians are chosen to become a manager for instance as they are considered good physicians, or because they already work for a long time in the department. Despite this informal way of career policy, it may also be offered in a formal sense, concerning clear advancement opportunities or possibilities to engage in career enrichment. Many physicians of both hospitals experience a lack of attention for this type of career policy. Half of the physicians experience zero or almost no attention for career enrichment by their organization, and the other half experience some attention for career enrichment. These physicians indicate that you will find some occasions for career enrichment, if you have a proactive attitude and search for possibilities yourself.

Physicians who experience some career enrichment possibilities, describe these as limited, plain in content and only available for a selective group. An example of limited career enrichment is given by a physician (P15), who

explains that some attention to this is paid during the IFMS process, once every five years¹. However, he mentions that the conversation is mainly focused on performance and career enrichment goals is only one of the themes discussed in the interview: *“You have some time to discuss that [career enrichment goals]. But it is one of the many things which are discussed. The conversation is mainly focused on feedback from others.”* Another manager (M28), who does not work as a physician, explains that IFMS hardly leads to career self-management: *“IFMS is very good, very contemporary, however hardly any physician turns to me and says: ‘This is the outcome of my IFMS and therefore I want to invest in this, as part of my development’.”*

Furthermore, physicians describe most of the career enrichment activities offered by the organization as very general. These often do not specifically focus on physicians and are therefore considered uninteresting by a few physicians. Moreover, a physician (P18) indicates that the person who provides the training is also important: *“A lot of these trainings or workshops are given by people who have less knowledge. Trainings should be interesting to medical professionals, but there are not a lot of these available.”*

Besides, career enrichment possibilities are experienced to be only available for a selective group, for instance programs which are solely directed to physicians of a certain age, considered as young talents, who are asked for so-called *“classes for talents”* (P5). Moreover, both hospitals offer specific career enrichment programs for physicians with a certain position, like programs for physicians who are an educator, who follow trajectories to fulfil this role, or managers following leadership programs. A physician (P30) describes that physicians who are more in the spotlight are offered more possibilities than others, which he calls a *“pitfall”*. Another physician (P2) also expresses his irritation with this and gives the example of committees within the hospital which always consist of the same people: *“A new committee is established. And who are member of this committee? The same group of people. We have had some big issues in the hospital, and who is investigating this? All the same people.”*

Besides, in the general hospital, a physician (P17) believes t

hat more career enrichment opportunities are available for physicians who are contracted by the hospital in comparison to physicians who work as independently established. However, a manager (M11) of another department in the general hospital, where physicians work as independently established, mentions multiple opportunities for them. These include for instance, roles within the department like being a member of the board, an educator, a deputy educator, or a member of a committee. These may also include doing different tasks like research, writing protocols or physicians may fulfil tasks outside their department, for instance in their national union.

Some physicians feel a barrier to engage in career enrichment because of the perceived selective way in which career enrichment opportunities are offered. Two physicians shared their experiences with proactively searching for career enrichment opportunities. One physician (P20) explained that he wanted to work on IT development. He actively sought for chances to contribute to the IT system of the hospital. He found out that a group was recently established to invest in IT, without his awareness. He could have joined when he asked, however he was not informed in advance about this possibility.

Another physician (P33) wanted to engage in a leadership program. He does not have the formal position of a manager, but he has several similar responsibilities as he manages assistants. He believed it would be useful to follow a leadership program for this task. He wanted to apply for this program, but he was not allowed as he did not have a formal management position.

Role of the manager

The role of the manager is different for physicians who are contracted by the hospital than for physicians who work as independently established. In the general hospital, most physicians work as independently established. These physicians do not have a formal manager. Despite this, several persons are mentioned who (might) play a role in their career enrichment: IFMS appraisers, a member of the board, and a colleague in the department who is chosen to be a chairman for a period.

In the academic hospital, physicians refer to managers playing a passive role in their career enrichment. Managers often do not proactively ask physicians about career goals and wishes, and do not help them to attain these goals. In cases where managers pay attention to physicians' career enrichment, this is described by physicians as selective and very limited. Two managers appear to agree with this perspective as they mention that they pay more attention to career enrichment of young physicians, because older physicians are less flexible, hard to manage, and have less clear career goals: *“It is off course more difficult to tell physicians, who have been*

¹ IFMS is an instrument in which multisource feedback is used to judge the performance of physicians once every five years (College Geneeskundige Specialismen, 2015)

working here for 20 years, to engage in a certain research” (M39). However, in cases where physicians develop clear ideas about investing in career enrichment, their manager usually gives them space and autonomy to arrange this themselves.

Despite this perspective on the passive role of managers, a few managers indicate that discussing career enrichment with employees is very important: *“[Discussing career enrichment] is very important, because if I do not introduce the topic, no one will. So, I believe it is a very serious business” (M39).*

Some attention is paid to career enrichment during the annual interview. However, physicians experience a lack of time for career enrichment during this conversation as career enrichment is only one of the many topics discussed. *“Planning, assessment, and everything should be discussed during the annual interview. They [the organization] will certainly not organize three interviews, because that is too expensive. That is already one thing which is not ok” (P33).*

In the general hospital, an example is given by one department which illustrates an exception to the perceived passive role of managers. In this department, the chairman takes the responsibility to discuss career enrichment with physicians. A manager and physician indicate that they organize individual conversations between the chairman and physicians annually. These conversations focus on physicians’ career perspective and career goals. They are held apart from the usual annual interviews, which are mainly focused on performance. The chairman of this department (M11) describes his experiences with these conversations: *“The conversation is about the other, the challenge is to keep the conversation at the other side of the table. You often have the tendency to say that you agree, or that you have heard something else from others, but then you turn it into an appraisal interview.”*

Sustainable employability

In the following, the perspectives of physicians on sustainable employability are given. Then, examples are given about the relationship between career enrichment and physicians’ sustainable employability. Last, physicians and managers consider career enrichment important for physicians’ sustainable employability.

Internal focus on sustainable employability

Sustainable employability includes opportunities for internal and external mobility. Remarkable, when discussing sustainable employability, physicians mainly refer to possibilities within the organization like engaging in other positions or roles. However, working in another hospital or changing from an academic hospital to a general hospital or vice versa is hardly considered. A physician (P7) mentions: *“Physicians in general, often work in the same organization for a long time. During your career, it is unusual to change position. Changing jobs is financially undesirable and this is something you just do not do.”* Besides this argument concerning finance, other reasons mentioned are the following: not willing to change residence, often caused by the family situation, enjoying the current job, and being proud of the possibilities in the hospital in the area of research, development and innovation.

Two young physicians are an exception as they are considering the possibility of working in another hospital at the moment. Both physicians do not have children and are considering leaving the hospital, because of their partners’ career and because of good opportunities for research.

The relationship between career enrichment and the ability to continue to work productively

A lack of career policy and career self-management, results in a reduced ability of some older physicians to work productively. A manager (M35) indicates that some physicians experience difficulty with keeping up with rapid technological developments, as they age: *“One of our colleagues, who has just retired, did not write letters for patients or general practitioners until recently, but still used a dictation tape.”*

Besides, a lack of attention for physicians’ competences and preparation to fulfil certain positions, roles or tasks, results in feelings of being unprepared or not competent to fulfil this work, which in turn may lead to serious problems for physicians’ perceived sustainable employability. As mentioned before, physicians are often fulfilling certain positions because they were asked for these positions. Some physicians indicate they are unsure how to fulfil their position or role, by using words like *“swimming” (P3)*, or *“surviving” (P26)*. One physician (P14) shares his experience with fulfilling several roles simultaneously. He was asked to become an educator, and two years later he was asked to additionally fulfil management tasks. He tried to do both, and still invest some time in care related tasks, but he explained that *“consequently, this approach backfired”*. He had too many tasks and was also

unprepared to fulfil these roles. Another example was given by a manager (M16) who referred to his colleague who became a manager because he was asked for this role. However, this role did not fit him, and he became very restless which resulted in a burnout.

Also, conversely, physicians assert that investment in career self-management increased their ability to deliver productive work. A physician (P21) who is very active in career self-management for instance followed training in time management and training in burn-out prevention and indicated that this has helped him to deliver qualitative work productively. Moreover, managing work by reducing work hours and continuously finding a balance between work and relaxation is believed to increase productivity (P13). A physician (P32) told that he had followed a course time management, which taught him to place crosses in his calendar, to “*keep the head fresh*”. He explains that leisure after work has become more important for him, now he is getting older.

Despite above indications of a positive relationship between career enrichment and the ability to continue to work productively, a physician (P14) explains that this does not hold for all types of career enrichment. He distinguishes between two types of career enrichment: developing expertise in one’s specialty and expanding knowledge in new domains. During a career, physicians are likely to gain more expertise in one specific area. During this specialization process, physicians can choose to do less in some work tasks, or can even decide to stop with certain types of treatment. This physician explains that although becoming an expert in one specific area is one element of career enrichment, it is likely that this limits the sustainable employability of physicians. Their narrow expertise may reduce physicians’ ability to fulfil other work tasks. According to him, career enrichment should expand knowledge in new domains and facilitate variation in work tasks. This enables physicians to engage in other work tasks at another moment in the career. A manager (M37) underlines this argument, which he illustrates with an example of physicians’ work during night shifts. Physicians have to perform a wide range of tasks during night shifts. However, physicians may not be used to do a part of these tasks as they may deliver only highly specialized work during day time. Therefore, this manager indicates that specialization, which may be part of career enrichment, results in physicians feeling less competent or less safe during night shifts.

The relationship between career enrichment and the willingness to continue work in a valuable way

Besides the ability to continue work, sustainable employability also includes physicians’ willingness to continue to work. Physicians mention several important elements of career enrichment which help to keep work valuable to them. Attention for career enrichment helps to keep pleasure in work as it facilitates applying variation in work tasks. This is considered important and fun: “*You have to make sure that you renew now and then, during your education and during your career (...). This gives energy, and this is fun*” (P7). Moreover, career enrichment may increase sustainable employability as it may result in a confidence feeling of being able to deliver qualitative care. A physician (P32) explains that “*the feeling that I can still fulfil the trick and keep up with the changes in my job*” is important to maintain the willingness to continue to work. Also, the happiness in work and life is said to depend mainly on the way work is organized and how work times are structured. Career enrichment may support physicians in how to do this.

A physician (P4) argues that career enrichment is important for physicians to remain willing to continue work. However, most activities within a hospital are production driven, while career enrichment may not necessarily produce money. Despite this, he argues that it would be beneficial to the vitality of physicians if production is not just the purpose of career enrichment programs.

Career enrichment is considered important

Although most physicians and managers do not actively pay attention to career enrichment, both consider it important for the sustainable employability of physicians. They mention three reasons for this. Two of these reasons refer to the importance of this to maintain the willingness of physicians to continue work in a valuable way, and one reason refers to its importance for the ability to continue to work productively.

First, a manager (M39) emphasizes the importance of offering employees a clear career perspective, with possibilities for advancement. According to him, this is especially important in hospitals where physicians are contracted by the hospital as their salary is considerably lower compared to physicians working as independently established. He argues that the hospital should therefore offer another incentive, like organizing and facilitating career enrichment activities, to prevent physicians from “*looking for work at the neighbours*”.

Second, time to reflect on career enrichment and engaging in educational activities is important to maintain the willingness, motivation, and challenge to continue to work. Physicians mention that they would

prefer some guidance when fulfilling certain positions which they are supposed or asked to fulfil. One physician (P3) tells: *"We are overloaded with plenty of committees, and are asked to arrange all kinds of things, then I think, yes, I would like to do that, but I would not even know how, as I am not trained for these kinds of tasks."* He also mentions that he is asked to participate in a board, which he believes is very interesting, but the fact that he is insecure about how to fulfil this role, withholds him to participate. *"If I say yes, I also want to do a good job. So, a training in leadership seems appropriate to me, without getting in blindly."*

Other physicians argue that time for career enrichment is important to prevent getting bored. They refer to the movement of a car to illustrate their thoughts: *"It is important, that you will not become an assembly line. It is important that you like to go to your work, which can be achieved by getting some time off, to be able to reflect, instead of going on like a diesel"* (P15). Another physician (P40) explains: *"If you only keep idling, then [your work] will become routine, and that is, according to me, and I believe that this counts for everyone, then it will be less interesting."* An idling engine refers to an engine which runs slowly, while being disconnected from a load. By using these words, this physician explains that just continuing with the usual work, will eventually be less interesting.

Third, career enrichment is important to maintain the ability to continue to work productively. For this, it is important to keep up with rapid changes in work content. Keeping up with technological developments is experienced as a challenge by some physicians: *"Our profession is developing very fast, with all kinds of techniques and renewal of research methods. So, you should make sure you keep up"* (P40).

Conclusion

This qualitative study examines the perceptions and experiences of physicians with career self-management and career policy and the perceived relationship with physicians' sustainable employability. The results of this study uncover three interesting issues: 1) physicians' lack of attention for career self-management, 2) the perceived passive role of the organization and managers in supporting physicians through career policy, and 3) the consequences of limited attention paid to career enrichment for the sustainable employability of physicians.

First, contrary to the expectations, physicians do not actively participate in their career enrichment. Despite the fact that physicians are the classic type of professionals with a lot of autonomy (Noordegraaf, 2015), and have a high level of education, this study shows that this does not necessarily result in career self-management, as physicians invest limited time in career self-management. Career self-management is divided in three categories: learning process control, work process control and career planning (Kuijpers, 2003). Physicians mainly change work content and participate in obligatory learning process control to keep the registration, or to fulfil a certain role. However, voluntary education is hardly followed and almost zero attention is paid to career planning. Choices concerning career enrichment, such as changing position, or engaging in certain career enrichment opportunities, are not planned, are often made by chance, and are largely influenced by others, which is also concluded by Borges et al. (2012). This study shows that despite a lack of voluntary learning process control and career planning, some older physicians changed work content by reducing physical workload and increasing flexibility which has also been observed by previous studies (Orkin et al., 2012; Schanafelt et al., 2014).

Several reasons are mentioned for the lack of attention for career self-management. These reasons can be divided in three categories: time, a negative attitude towards engaging in career enrichment and unfamiliarity with ways to invest in career enrichment. The reason of time mainly concerns experiencing a high work load, an intensive home situation or having a lack of non-clinical time which makes it hard to work on career enrichment during work time. Furthermore, some physicians have a negative attitude towards career enrichment as they feel too old to work on career enrichment, or because they do not want to engage in career enrichment as they already spend a lot of time in obligatory schooling. Also, some physicians in this study indicate that are not familiar with career enrichment possibilities in jobs, roles, or tasks. Physicians barely mention considering possibilities for external movement, such as working in another hospital, or fulfilling a role in another organization. Besides, promotion requirements are unclear to physicians. Physicians indicate that becoming a manager is often the result of being a competent doctor instead of having developed certain management competences. Unfamiliarity with career enrichment is problematic as engaging in career enrichment requires knowledge about opportunities, and clarity on competences one need to develop when wishing to grow in a future position, role, or task.

Second, contrary to the expectations, physicians perceive that the organization and managers play a passive role in supporting physicians in career enrichment. This is surprising as physicians with a high value of human capital were expected to be offered support in career enrichment. However, physicians describe organizational support as limited, plain in content and available only to a selective group. Managers usually do not stimulate physicians

to think about career enrichment. However, when physicians proactively develop career enrichment plans, most managers give physicians the autonomy to implement these plans.

Third, most examples given by physicians and managers illustrate that career enrichment increased physicians' sustainable employability and conversely, that a lack of career enrichment decreased physicians' sustainable employability. Possibilities for career enrichment usually increase the ability of physicians to carry out work productively. Because career enrichment may increase the ability to keep up with technological changes, prepare physicians for certain positions, roles, or tasks, and support physicians in creating favourable work conditions. However, this study shows that for the specific group of physicians with highly specialized knowledge, this may not hold for all types of career enrichment. Career enrichment which focusses on specialization in one area, may limit the ability to engage in new work tasks. According to physicians and managers, this specialization may further limit fulfilling tasks which should be done during night shifts. Previous studies draw different conclusions on whether the relationship between career enrichment and the ability to continue to work is positive or negative (e.g. Akkermans et al., 2015; De Vos et al., 2011; De Vos & Soens, 2008; Froehlich et al., 2014). Also, based on a study by Picchio and van Ours (2013), strong selection effects may overestimate the effect of career enrichment and the ability to continue to work, which may also be the case in this study.

Furthermore, examples of career enrichment are given that increase the willingness of physicians to continue to work. Career enrichment helps to keep pleasure in the work, facilitates a variety in work tasks, helps to feel confident in work and prevents work from becoming routine and boring. This positive relationship between attention for career enrichment and willingness to remain working in the same organization is also concluded in most previous studies on this topic (Antoniou et al., 2003; Armstrong-Stassen & Stassen, 2013; Barnett & Bradley, 2007).

Besides these direct perceived effects, a lack of career enrichment possibilities may also indirectly reduce physicians' sustainable employability in the long run as a lack of career enrichment possibilities, like training and developing new competences, reduce the possibility of physicians to change work content to fit personal capacities at a later stage in their career.

Despite the lack of attention of physicians and managers for career enrichment, physicians and managers both perceive career enrichment important. It is considered important as it offers employees a clear career perspective, it may increase physicians' ability to cope with a rapid changing work environment, and it may help to maintain the willingness and motivation to continue work without getting bored.

In general, there is not a lot of variety in the perceptions and experiences of physicians and managers with physicians' career enrichment. The common picture is that both physicians, organizations and managers lack attention for physicians' career enrichment. There is also little variation in perceptions and experiences of physicians and managers from two hospitals. Despite differences in the role of managers in two hospitals, the results do not indicate substantial differences in physicians' and managers' perceptions of career enrichment. This is notable as one would expect that differences between the two hospitals would result in varying perspectives and experiences with career enrichment. Both hospitals for instance vary in size, in the type of career enrichment support, in the possibilities for career advancement as careers are different in an academic hospital compared to a general hospital, and in physicians' type of contract. Future studies may find out whether these perceptions and experiences can be generalized across physicians working in other hospitals, or even across other professionals with highly specialized jobs.

Discussion

The aim of this study is to examine the perceptions and experiences of physicians and managers with physicians' career enrichment and its relationship with sustainable employability. This study contributes to the body of knowledge in four ways. First, this study includes a wide sample of physicians including physicians from various specialties and ages. Past studies focused on a selective group of physicians, of which conclusions often do not specifically apply to physicians (e.g. Antoniou et al., 2003; Lindberg, 2013; Orkin et al., 2012; Pachulicz et al., 2008; Schanafelt et al., 2014). Including a wider sample of physicians in this study has resulted in some specific outcomes for physicians, mentioned in the next paragraph. Moreover, past studies showed that needs for career enrichment vary for employees of different ages (e.g. Kooij et al., 2013). This study concludes that this is also the case for physicians of varying ages. This is illustrated by the division of time and effort into the three components of career self-management: learning process control, work process control and career planning.

Second, this study contributes to the research field, by focussing on career enrichment of professionals. Career enrichment of professionals has not received much attention in previous studies. However, this study shows that the professional character of physicians influences their career enrichment. The professional character of physicians results in ambiguity about the role and responsibility of physicians and managers in physicians' career enrichment. It additionally affects the perceived possibilities for career enrichment, resulting in a lack of attention for engaging in career enrichment. Moreover, the degree of specialization of physicians is found to affect the relationship between career enrichment and sustainable employability.

Third, this study examines career enrichment from the perspective of employees and the perspective of the employer, which has not been done often. Contrary to the expectations, this study did not find support for the importance of studying career enrichment from two perspectives. The experiences of physicians and managers were very alike. However, this may be influenced by the fact that most managers included in this study also work as physicians, which may result in like-minded perspectives.

Fourth, perspectives underlying decisions about career enrichment are revealed in this study, which is facilitated by its qualitative character, compared to past studies with a dominant focus on quantitative methods. The qualitative focus helps to understand why physicians, organizations and managers do not invest a lot of time and effort in career enrichment. This is caused by perceptions of a few opportunities offered by the organization, the perception of limited managerial support, and of the perception of a lack of possibilities caused by the professional education that physicians have followed.

Three findings stand out from this study which will be discussed in depth below: 1) the professional character of physicians may cause a similar view on career enrichment, 2) the professional character of physicians results in a fuzzy division of responsibility, and 3) organizational support understood from a human capital theory. After these findings, the limitations of this study and practical implications are discussed. Suggestions for further research are given based on the findings and limitations of this study.

The professional character of physicians may cause a similar view on career enrichment

The professional character of physicians may partly explain the consistent picture across physicians and managers concerning the unfamiliarity and lack of attention for career enrichment possibilities. Physicians or other professionals, are known for constituting, defining and controlling occupational work (Noordegraaf, 2007, p.767). They are often part of closed occupations, which for instance self-arrange schooling and training as this is usually given by members within the profession (Freidson, 1999). This type of closure is also reflected in managers of physicians who usually work, or have worked, as physicians. Therefore, physicians mainly work with other physicians who have similar perspectives and experiences (Freidson, 1999). For this reason, physicians do not have examples of other physicians engaging in career enrichment, which keeps them unfamiliar with possibilities for career enrichment.

This might be changed in the near future as physicians increasingly work in multidisciplinary teams across boundaries of specialties (Carter, Garside & Black, 2003). It would be interesting if future studies would examine whether physicians who work in isolation have different perspectives and another degree of attention for career enrichment, compared to physicians who work in multidisciplinary teams.

The professional character of physicians results in a fuzzy division of responsibility

The professional character of physicians results in confusion about the responsibility for physicians' career enrichment. Both physicians and organizations or managers point to each other for being responsible for physicians' career enrichment. Physicians blame organizations and managers for their lack of support, and managers refer to the professional character of physicians, which results in high expectations about physicians taking responsibility for their own career enrichment. In practice, physicians lack attention for career enrichment and managers explain that they do not know how to support physicians in career enrichment. Despite this, both physicians and managers believe that career enrichment is important.

When organizations and managers would play a more active role in physicians' career enrichment, by stimulating physicians to think about career enrichment and offering them opportunities for this, it remains to be seen how physicians will react. The professional character of physicians may result in two types of responses. On the one hand, physicians may be reluctant towards an active role of managers. This may be caused by the fact that physicians often arrange themselves in closed groups, referred to as 'social closure' (Freidson, 1999, p.120). This may result in defending professional principals by keeping managerial influences away, or by resisting and subverting managerial influences (Noordegraaf, 2015, pp.187-188).

On the other hand, physicians may accept managerial support with career enrichment as this is not necessarily part of physicians' expertise as they were not trained in how to manage career enrichment. This position can be understood through a new perspective on professionalism introduced by Noordegraaf (2015) called 'organizing professionalism', in which professionalism becomes more connective, instead of isolative, with professionals working across disciplines and learn from people and practices elsewhere (Noordegraaf, 2015, p.203). More research into experiences and effects of managerial support in career enrichment of physicians, or other types of professionals is needed, to examine the role that managers might play in physicians' career enrichment.

Organizational support understood from a human capital theory

The findings concerning organizational and managerial support in physicians' career enrichment can be partly understood from a human capital theory. This theory explains the considerations of organizations to invest in employees' career enrichment. From a human capital perspective, organizations and managers are more likely to offer career enrichment when they expect high returns on investment (Karpinska, 2013). It was expected that this results in high organizational support for physicians in general, as they all have a high value of human capital, because of their contribution to the core asset of the organization and because of a long period and high level of education. Nevertheless, this study shows that physicians perceive that organizations distinguish between physicians, based on physicians' likeliness of returning the investment. Some physicians explain that the organization mainly offers support to a selective group of physicians, namely young or talented people. This selective way of offering career support is in line with a human capital theory as young and talented people are more likely to return the investment than older and less talented employees (Karpinska, 2013).

However, this study highlights that physicians often work in the same organizations for a prolonged period of time and they mainly focus on internal upward mobility in opposed to moving to another organization. Therefore, physicians in general, and not only young and talented physicians, are likely to return investments, which makes it interesting for organizations to invest in career enrichment of physicians in general.

Limitations and suggestions for further research

There are several limitations to this study. First, the interviews include questions about being able and willing to continue to work. 'Continuing to work' is not specifically split into questions about continuing in the current job and continuing in another job within, or outside the current organization. This may have caused an internal focus of physicians when discussing sustainable employability. Not specifically asking physicians to discuss considerations for external movement, may have limited discussing their thoughts on this. Especially because this might be a sensitive topic to discuss with someone unfamiliar. Preferably, future studies could specifically ask for thoughts on internal as well as external movement, to see whether physicians consider these possibilities.

Second, selection effects might have influenced the results of this study. Respondents in this study were purposely selected to include a wide variety of perspectives, but participation was voluntarily. It is therefore likely that respondents who joined this study are the ones who are more interested in the theme of career enrichment, and may already be more involved with career enrichment than other physicians. However, if selection effects may have influenced the results of this study in this way, the true picture might even be that physicians hardly participate in career enrichment, as this study already shows that most respondents do not actively participate in career enrichment. It would be relevant if future studies minimize possible selection effects by controlling for these.

Third, the question addressed in this study examines the perceptions of physicians and managers with career enrichment and sustainable employability. To get a clear picture, two perspectives are included, from physicians and managers. However, perspectives of managers are often similar to physicians' perspectives as most managers included in this study also work as physicians. This may result in a framed perspective, which was not the intention of this study as both physicians and managers were consciously included in this study to prevent this. Future studies into career enrichment may study the actual and intended situation to avoid bias. Nishii and Wright (2007) made a distinction between three elements of HR practices: actual, intended and perceived practices. This study focused on the perceived situation. It would be relevant if future studies examine to what extent the perceived situation deviates from the actual or intended situation. Studying actual as well as perceived practices is expected to lead to a better presentation of the situation.

Practical implications

This study has practical implications for both hospitals. First, it is important to change the current situation in which both physicians and managers adopt a wait-and-see attitude regarding physicians' career enrichment.

Clarity is needed on the responsibility and roles of both physicians and managers, or others in physicians' career enrichment. Besides, it is desirable if possibilities for career enrichment of physicians offered by the organization are clearly and widely communicated. This can for instance be done through communicating job profiles and by offering competency development for certain positions. In which these are not limited to people who are already in a certain position or role, but also meant to prepare motivated physicians who are considering pursuing in another position or role in the future. Communicating possibilities for career enrichment widely may result in familiarity of physicians with career enrichment possibilities, which may stimulate them to engage in career self-management. Organizations playing a supportive role in physicians' career enrichment is especially important as this study shows that physicians mainly focus on internal movement and often work in one hospital throughout their career.

Moreover, physicians could be supported by an expert who is familiar with career enrichment possibilities for physicians. Physicians who are employed by the hospital may be supported in this by a manager. Several other persons may qualify to fulfil this role for physicians who work as independently established, such as IFMS appraisers, the chairman of the department, or a member of the board. However, the responsibility of this person in physicians' career enrichment should be clear, and it is important that he is familiar with ways to support physicians in career enrichment. An expert can provide support by thinking along and discussing career enrichment possibilities regularly. Managerial support might pay attention to individual demands, taking into account individual needs and wishes, as this study shows that career enrichment perspectives and wishes of several physicians vary, due to preferences and age (Kooij et al., 2013). Conversations between physicians and experts may result in a career enrichment plan, including reflection on the current career, career enrichment goals and future wishes. Attention for career planning in this conversation is important, as this allows physicians to prepare for future positions, roles, or tasks.

To conclude, career enrichment is important for physicians to be sustainable employable or 'future-proof'. Attention for career enrichment can prepare employees for their future career, might help them to survive in a turbulent and highly demanding work context and might support them to meet expectations of fulfilling positions, roles or tasks. According to previous studies, the sustainable employability of physicians is at stake (Houtman, Hooftman & De Vroome, 2017; Schanafelt et al., 2014). The findings of this study show that attention for career enrichment increases the ability and willingness for physicians to carry out work in a current or future job in a productive and valuable way. This can be done through career self-management and career policy, an area where much can be gained. Attention for career enrichment is needed for physicians to consider career continuation and therefore to remain a physician until retirement.

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Appendix 1

Topic list 1 – physicians

Background information

- Past career, from starting as a physician until now

Perception of career enrichment

Opinion about the degree of attention for career enrichment

Career self-management

- Amount of time and effort spend on this
- Type of activities done

Career enrichment possibilities in career policy

- Content of career policy
- Implementation of career policy
- Opinion on career policy

Role of a manager or others in physicians' career enrichment

Opinion on sustainable employability

- Ability to continue to work in a productive and valuable way throughout the career
- Willingness to continue to work in a productive and valuable way throughout the career

Relationship between career enrichment and their sustainable employability

Other emerging topics

Appendix 2

Topic list 2 – managers

Background information on department

- Number of physicians
- Age division of physicians
- Gender division of physicians

Perception of career self-management of physicians

- Amount of time and effort spend on career self-management
- Type of activities done

Career enrichment possibilities in career policy

- Content of career policy
- Implementation of career policy
- Opinion on career policy

Own role in physicians' career enrichment

Sustainable employability of physicians in their department

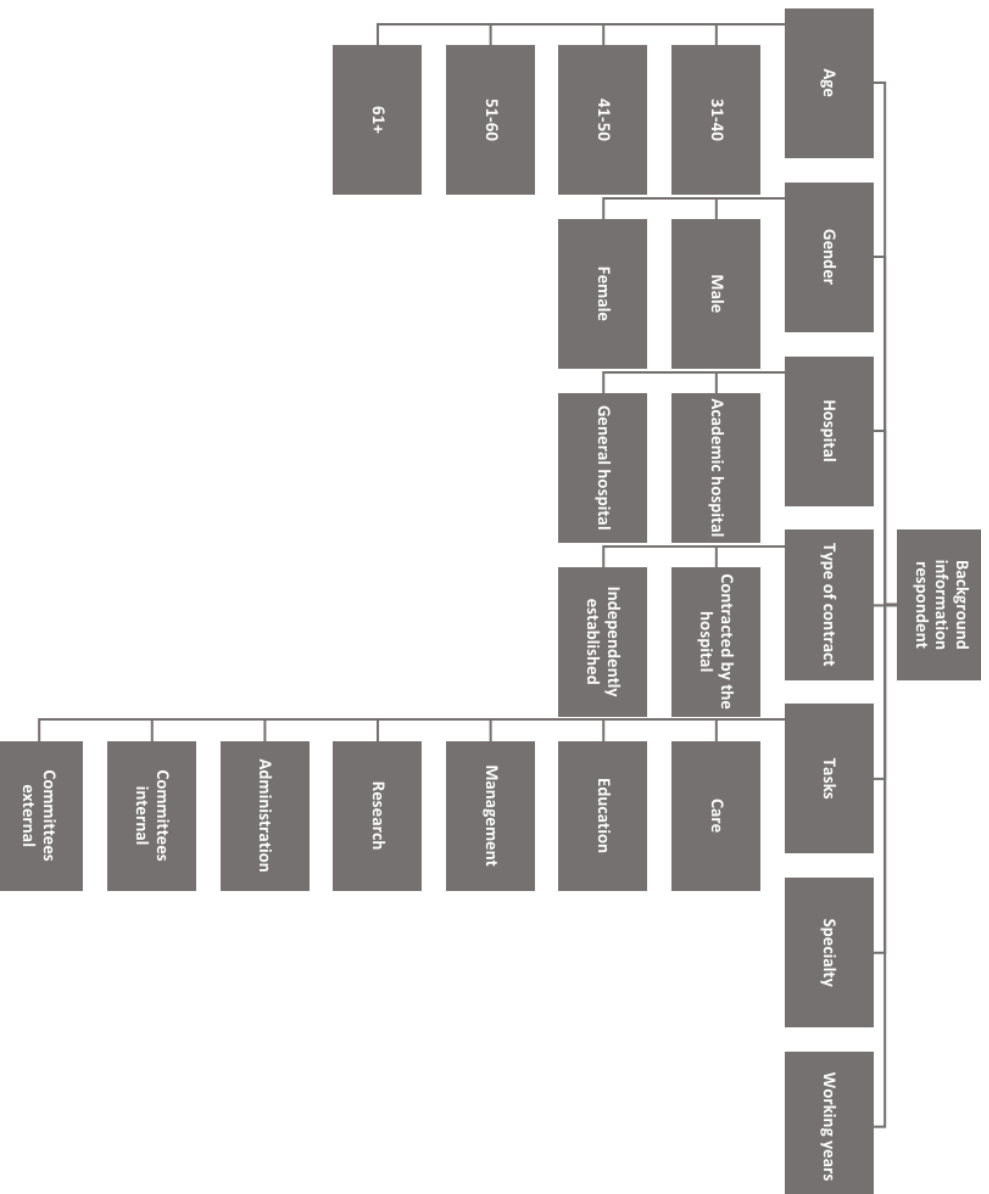
- Ability to continue to work in a productive and valuable way throughout the career
- Willingness to continue to work in a productive and valuable way throughout the career

Relationship between career enrichment and physicians' sustainable employability

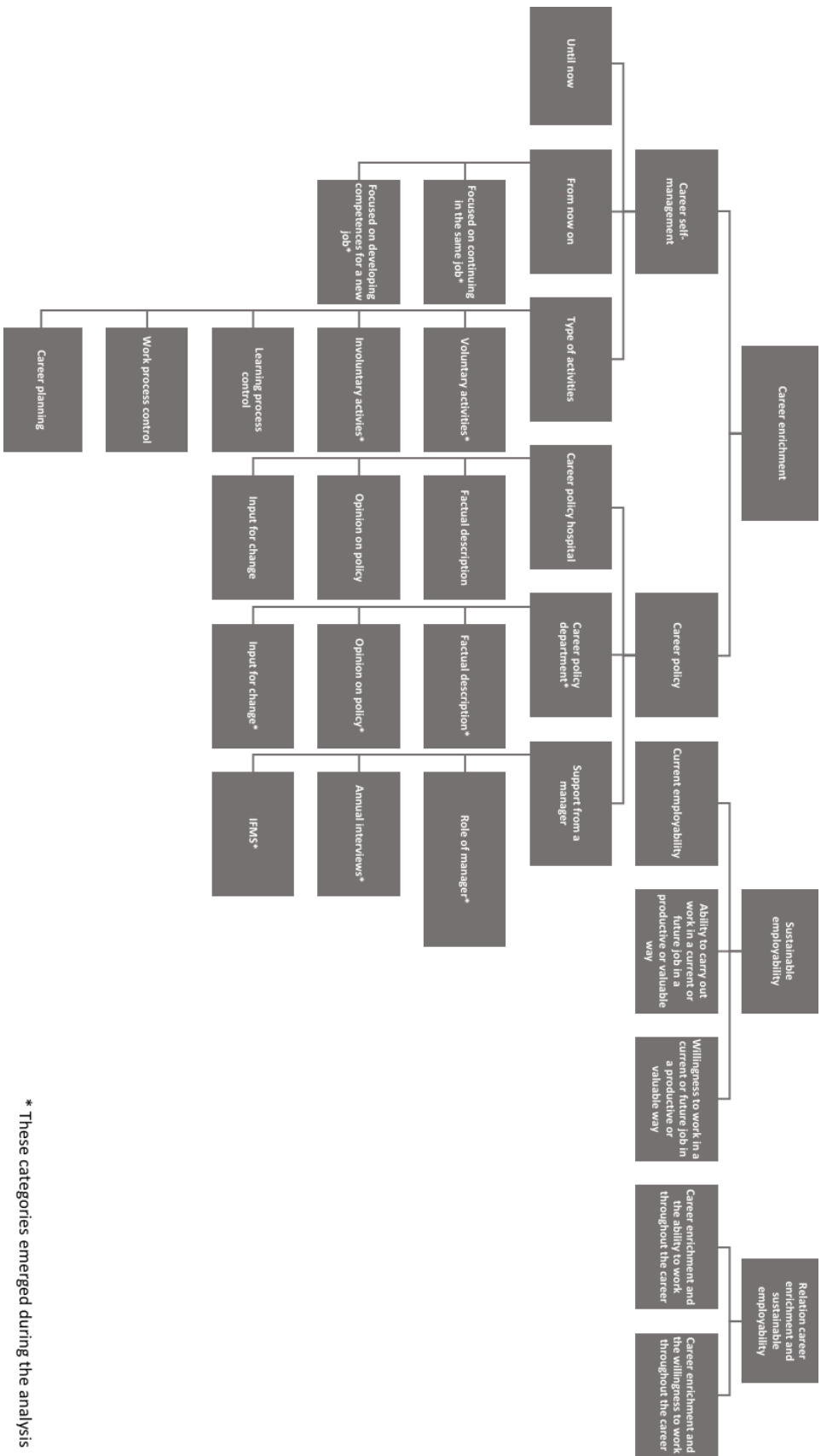
Other emerging topics

Appendix 3

Coding scheme 1 – Background information respondents



Coding scheme 2 – Career enrichment and sustainable employability



* These categories emerged during the analysis