Työterveyslaitos

Enhancing employees' career renewal preparedness – A randomized controlled trial (RCT)

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21st EAWOP Congress, 24-27 May 2023



Background

- Socioeconomic pressure to remain employable during prolonging careers and rapid changes in working life create a need for continuously renewing and updating occupational competencies during one's career.
 - Culminates particularly in mid- and late-career where basic occupational skills need updating and new competences are required (Maurer, 2001).
 - Risk of skill obsolescence and career stagnation (Cedefop, 2010; OECD, 2019).
- Skill development and training in the workplaces is mainly focused on jobspesific skills (see Van Hootegem et al., 2019)
- → Training in meta-level career competencies is needed

How to increase skills and motivation towards career renewal in mid-career?

RCT study

- We created a *Skilled and renewable career* intervention program and applied social learning in the work context as the active training method to promote career renewal and used a randomly assigned field study design for reliable data.
- The resource-building intervention is based on theories of social learning (Bandura, 1986) and cognitive stress inoculation (Meichenbaum, 2007) that emphasize **specific self-efficacies** and **preparation against setbacks** as personal resources (= **preparedness**)
 - Preparedness can be increased through group interventions applying peer-learning and active learning techniques (see Vuori & Vinokur, 2005).

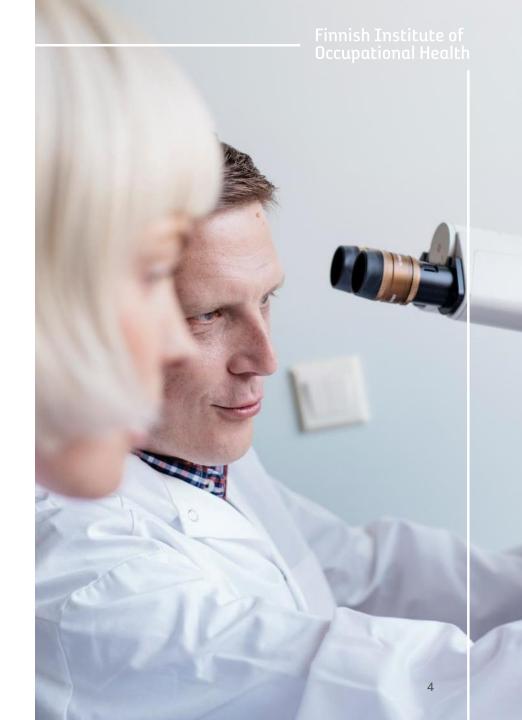
Aim of the study and hypotheses

Based on the theoretical background and previous intervention studies based on peer-learning, we expected the intervention program to

- 1) enhance confidence in performing career renewal activities through vicarious learning, mastery experiences and social support and
- 2) increase skills to anticipate and cope with careerrelated setbacks through inoculation training.

The aim of our study was to investigate the effects of a resource-building intervention on employees' preparedness for career renewal.

- The group intervention will improve employees' career renewal preparedness (H1).
- The group intervention will improve career renewal preparedness especially at mid-career (H2).



Methods

Study design



• Preferably over 35 years and under 60 years.

Assessed for eligibility (n = 368)

2021

December

Randomized (n = 368)

Intervention group (n = 182)

Comparison group (n= 184) First follow-up questionnaire (T2) Second follow-up questionnaire (T3)

December 2023

Recruitment of organizations (n = 15) and employees

Training of the trainers (May 2022 – January 2023)

Contents of the intervention

Module 1 (3h)

- Self-appraisal and strengths use at work
- Transferable skills

Module 2 (3h)

- Learning experiences and decision-making in one's career
- Skill development through formal and informal learning behaviors
- Preparation against changes in one's career

Module 3 (3h)

- Competence development from the viewpoint of the employer
- Utilizing social networks to promote career advancement
- Challenges and solutions in expressing career-related goals

Module 4 (3h)

- Communicating one's career-related goals
- Career planning and goal selection



Discussions

Exercises and role plays in pairs and groups





Individual reflection assignments

Preliminary assignments before modules 1, 2 and 4



Active components of group training

- Career renewal skills training
- Inoculation training
- Active learning and teaching methods
- Skilled trainers
- Supportive learning environment

Measures and statistical analyses

Demographic characteristics

Age, gender, educational level, tenure

T-tests and χ²-tests for comparisons of baseline demographics between groups

Integrity of the intervention

- Active components of the intervention
- Contents of the intervention

Career renewal preparedness (T1)



Career renewal preparedness (T2)

Linear regression analysis, estimated using MLR

Preliminary results

Results: demographics and integrity of the intervention

| Demographic variable | M(SD) / % |
|--|-----------------------------|
| Age Under 50 years 50+ years | 49.5 (7.35) 53.0 47.0 |
| Gender Female Male/other | 78.7 21.3 |
| Educational level Low High | 25.4 74.6 |
| Tenure 0-7 years 8-15 years over 15 years | 32.8 34.0 33.2 |
| Marital status Married / civil partnership Other | 54.5 45.5 |

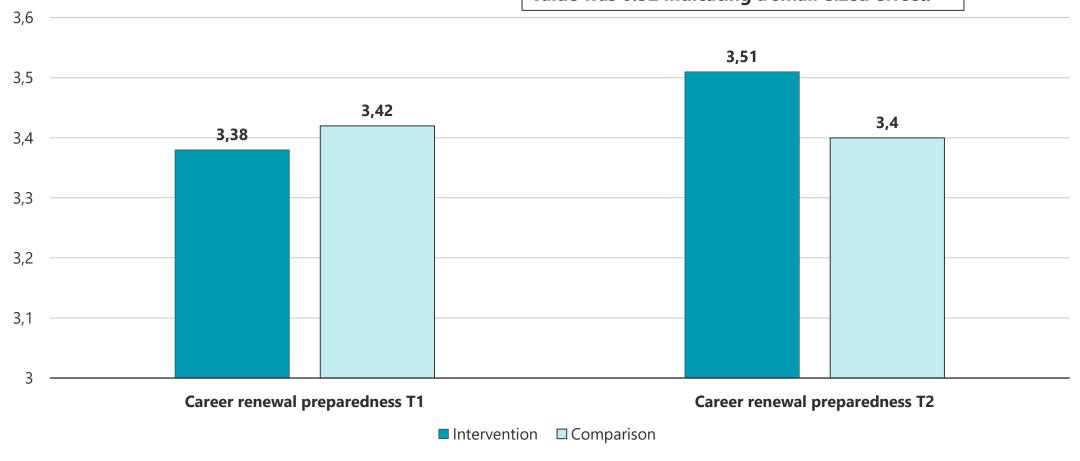
No significant differences between intervention (n = 134) and comparison (n = 134) groups based on the demographics.

| Component of delivery | M (SD) |
|---------------------------------|------------|
| Career renewal skills training | 3.60 (.86) |
| Inoculation training | 4.05 (.82) |
| Active learning and teaching | 4.17 (.59) |
| Trainers' skills | 4.38 (.59) |
| Supportive learning environment | 4.31 (.63) |

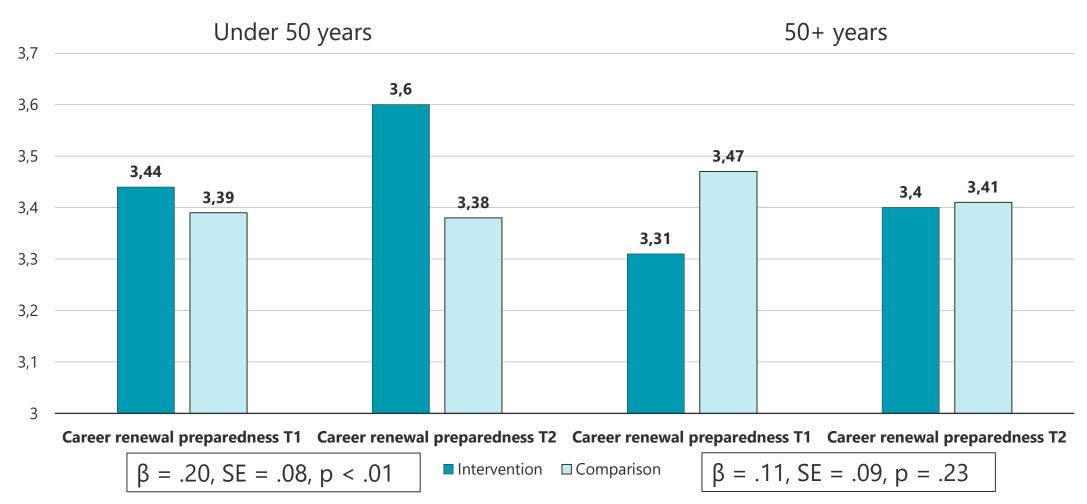
| Content of the intervention | M (SD) |
|--------------------------------|-------------|
| Competence renewal | 3.05 (.89) |
| Coping with changes | 3.12 (.96) |
| Self-appraisal | 3.48 (.91) |
| Clarifying one's career goals | 3.29 (.94) |
| Utilizing social networks | 3.08 (1.00) |
| Examining career possibilities | 2.79 (.90) |

Results: main effects

Career renewal preparedness increased statistically significantly more in the intervention group compared to the control group (β = .16, SE = .05, p < .01). Cohen's d-value was 0.32 indicating a small-sized effect.



Results: main effect of intervention on career renewal preparedness based on age



Strength and limitations

Limitations

- The trial results are limited to immediate effects.
- Sample size may limit the statistical power to detect statistically significant differences between groups.

Strengths

- Sample of employees working in different fields and educational levels.
- RCT enables to study causal relationships.

Take away and practical implications

- Our RCT study demonstrated that preparedness towards career renewal can be enhanced with a cost-effective group intervention.
- The intervention seems to be especially useful for employees of under 50 years of age (mid-career).
- Long-term possible positive career and occupational health effects should be studied.



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Thank you!

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