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CALL ME MAYBE: A QUALITATIVE STUDY EXAMINING GENERAL DUTY MEDICAL OFFICER EXPERIENCE WITH TALENT MANAGEMENT IN THE CANADIAN ARMED FORCES

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ABSTRACT

The purpose of this phenomenological study was to explore the experiences and perceptions of twenty General Duty Medical Officers with the CAF talent management system. Conceptually based in organizational support theory, qualitative research was conducted to gain an understanding of the respondent experience with talent management, and to identify what constituted a negative or positive experience. The intent of the study was to suggest possible strategies for decreasing GDMO attrition. Data was collected through individual semi-structured interviews with respondents, and analyzed using the Modified Van Kaam Method to code, group, and cluster the data into common themes. Five major themes emerged from the study, leading to suggested recommendations that might increase perceived organizational support among GDMOs, and decrease turnover intent. Three significant themes were the importance of communication, the need for early talent management engagement of GDMOs, and reciprocity between member and organization. Fostering an organizational culture with high POS is an important step in meeting the strategic goal of increased retention as laid out in the Canadian Forces Health Services Group's *Attraction and Retention Strategic Plan*.

INTRODUCTION

> *I love them all and all of them love me,*
> *Because the system works, the system called reciprocity.*
>
> - Ebb, Fred. "When You're Good To Mama." Kander-Ebb Inc., &
> Unichappell Music, Inc. 1975.

In order to meet the health care needs of Canadian Armed Forces (CAF) members at home and abroad, the Canadian Forces Health Services Group (CF H Svcs Gp) must be able to attract and retain health care personnel. This has historically been a challenge for certain Military Occupational Structure Identifiers (MOSID) such as medical officers, nursing officers and pharmacists, with medical officer numbers having gone "as low as 45 percent of desired levels" in the past.[1] Despite reaching a historic high of 98 percent of desired levels in 2012, a success attributed to heavy recruitment, the introduction of recruitment bonuses for both fully qualified physicians and students who were already accepted into medical schools, and an increased interest in the medical role played by CAF Health Services personnel in Afghanistan, the medical officer numbers are once again in sharp decline.[2] In order to reverse this trend, the CF H Svcs Gp needs to understand what factors drive physicians to leave the CAF, and to look at ways to address these factors in order to increase retention.

Medical officers in the CAF belong to the Royal Canadian Medical Service (RCMS), which is responsible for the provision of "all aspects of treatment and care" with the exception of dental care which is provided by the Royal Canadian Dental Corps

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[1] Department of National Defence, *CF Medical Support to Deployed Operations* (Ottawa: Chief Review Services, June 2014), 9.
[2] *Ibid.*, 10.

(RCDC).[3] General duty medical officers (GDMO) are family physicians who provide direct primary care to CAF members in garrison, deploy in medical support roles on taskings and operations in Canada and abroad, carry out higher-level review of personnel medical files, provide operational health advice to commanders, and work in a wide variety of staff positions concerned with everything from CAF health policy to operations. Staffing these key roles requires experienced GDMOs, and this in turn requires that sufficient numbers of GDMOs choose to remain in the CAF. As the historical attrition pattern for this MOSID is very high, the factors that impact GDMO intent to leave the job (turnover intention) must be clearly understood by the organization if it is to increase retention.

Attrition is a multi-factorial problem, and decreasing it will require more than one solution. Specialized MOSIDs may have unique attrition and retention factors not captured under existing retention strategy. There are unique challenges in the retention of GDMOs, such as competition with the civilian health care system which also suffers from family physician shortages.[4] As fully licensed physicians within the civilian system, GDMOs have an easy path to transitioning out of the CAF. In such a competitive labour market, the CAF must take steps to make itself an employer of choice for GDMOs if it is to retain sufficient personnel to meet the required tasks. In order to foster the desired "culture of retention", research must be undertaken to determine what factors drive attrition within the medical officer MOSID, and how these factors might be mitigated.[5]

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[3] *Ibid.*, 9.
[4] Cathy Gulli and Kate Lunau, "Adding Fuel to the Doctor Crisis," *Macleans*, January 2, 2008, http://www.macleans.ca/science/health/article.jsp?content=20080102_122329_6200 (accessed March 28, 2017).
[5] Department of National Defence, *Military Personnel Retention Strategy*, (Ottawa: Chief Military Personnel, 19 July 2009), A-1/1.

This paper focuses on talent management as one potential factor driving turnover intention among CAF GDMOs, and examines it within the context of organizational support theory.

CHAPTER 1 - PROBLEM FORMULATION

This chapter gives an outline of the medical officer MOSID in terms of its production and the recent history of its attraction and retention patterns. This overview helps to define the current crisis situation. CAF research on career management as a factor in members' attrition and retention decisions is briefly summarized, and a knowledge gap is identified. The chapter concludes with the explanation of the purpose behind this qualitative study, and the research questions that the author intends to answer.

Problem Overview

General duty medical officers enter the CAF under one of three entry plans. The direct entry officer (DEO) plan is intended for family physicians who are already trained and fully, and candidates who enter the CAF under this plan range from just finished with their medical training to physicians who have worked on the civilian side for many years. The other two plans are subsidized education training plans. The Medical Officer Training Plan (MOTP) is intended for civilians who are already at some stage of their medical education, from the first year of medical school to the final year of a family medicine residency; a candidate who wishes to enter the CAF under this plan must at a minimum already be accepted into medical school. The Military Medical Training Plan (MMTP) is for currently-serving CAF members in other MOSIDs who wish to apply to medical school under CAF sponsorship. An MMTP candidate's medical school admission process is subsidized if the candidate is selected for the program.

A new MOTP or MMTP candidate, on admission to medical school, enters a 6-year civilian production pipeline before emerging as a licensed physician. Upon obtaining provincial medical licensure, the GDMO is promoted to the rank of Captain and posted to their first unit for employment. He or she then needs to complete basic military training (if they are DEO or MOTP) as well as trade-specific training, including the Basic Medical Officer Course (BMOC) and the Health Services Operations and Staff Officer Course (HSOSOC), before being considered fully occupationally qualified. These courses typically occur in the member's first year after finishing civilian medical schooling. Thus, the production of a GDMO from entry into medical school to full occupational qualification requires a minimum of 6.5-7 years, depending on course availability. DEO GDMOs require only the military courses, and thus can reach occupational qualification in less than a year after joining the CAF.

In return for subsidized medical training for MOTP/ MMTP or a Recruitment Allowance for DEO entrants, incoming GDMOs sign a contract that includes a period of obligatory service following the conclusion of their medical education. This initial contract is known as a Variable Initial Engagement (VIE), and covers the member's training period in medical school and residency as well as the obligatory service period after the member is occupationally qualified. The obligatory service period is currently five years for DEO and MOTP, and six years for MMTP. During the this period the GDMO can't release voluntarily from the CAF without paying back the cost of their education, or a portion thereof depending on how much service was completed.

Every MOSID in the CAF has an authorized Preferred Manning Level (PML),

which can be used to determine the relative "health" of the military occupation in

question. While the PML is the authorized number of personnel who can be employed,

the Trained Effective Strength (TES) of a MOSID is the actual number of trained

personnel available.[6] MOSIDs with a TES that is under 90 percent of their PML are

considered to be stressed.[7] GDMOs that are still in the civilian medical education pipeline

are considered to be on the Subsidized University Training List (SUTL) or the Basic

Training List (BTL), and their numbers are not counted against the TES.

Historically GDMO numbers have fluctuated heavily, and have "been as low as

45 percent of desired levels".[8] The MOSID is prone to early attrition as noted in the 2006

Status Report of the Auditor General of Canada.[9] The relative lateness of the "early"

attrition of GDMOs compared to the other selected MOSIDs is explained by the length of

production for the GDMO, and thus the length of their VIE. The VIE includes the

medical training period of as many as six years as well as the obligatory service period,

and years on the VIE are counted as service years regardless of whether the member is in

training or already employed in their occupation. At the time of the Auditor General's

report, the obligatory service for a GDMO in the MOTP was four years, so the contract

length of a VIE signed in the first year of medical school would be 10 years. The eleventh

year of service shown in Figure 1 represents those GDMOs who chose to remain after

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[6] Peter Mason, "Canadian Forces Recruitment," *FMI Journal* 14, no. 1 (2003): 12.
[7] Department of National Defence, *Departmental Performance Report 2013-14* (Ottawa: DND, 2014), 13.
[8] Department of National Defence, *CF Medical Support to Deployed Operations* (Ottawa: Chief Review Services, June 2014), 9.
[9] Office of the Auditor General of Canada, *Status Report of the Auditor General of Canada: Chapter 2 - National Defence - Military Recruiting and Retention* (Ottawa: Office of the Auditor General of Canada, May 2006), 65.

completing their VIE. The report found that approximately 70 percent of GDMOs leave

the CAF after 10 years, or the end of their obligatory service commitment.[10]
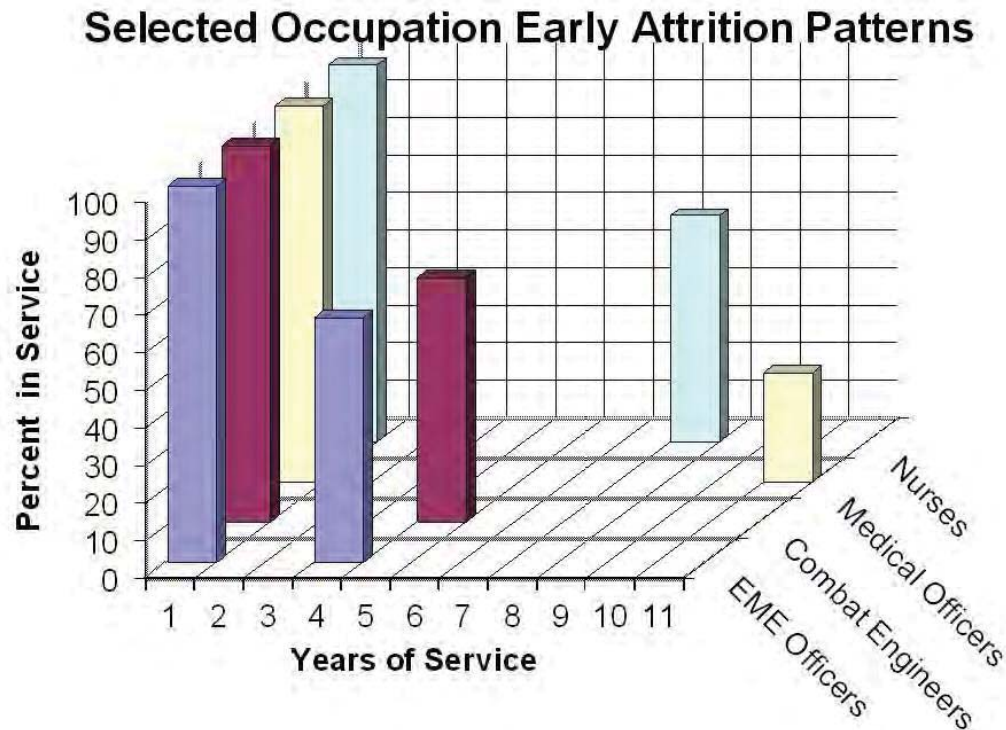
Figure 1: Early Attrition Patterns – Selected Occupations.[11]
Source: DND/Auditor General of Canada reports as per citation

Medical officer TES numbers were last in crisis in the late 1990's and early

2000's, when the MOSID fell to approximately 60 percent of PML.[12] To combat this

trend the CAF implemented a DEO Recruitment Allowance (RA) of $80,000 in 1999,

and further increased the RA to $225,000 in 2003.[13] The RA, combined with aggressive

recruiting by dedicated specialist recruiters, a pay raise intended to equalize the pay of

CAF GDMOs with their civilian counterparts, and the high profile of the CAF's medical

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[10] *Ibid.,* 66.

[11] Office of the Auditor General of Canada, *Status Report of the Auditor General of Canada: Chapter 2 - National Defence - Military Recruiting and Retention* (Ottawa: Office of the Auditor General of Canada, May 2006), 65, figure 4.1.

[12] Lieutenant-Colonel Deborah McDonald, telephone conversation with author, 18 April 2017.

[13] Patrick Sullivan, "Military set to offer large signing bonuses, higher pay in face of unprecedented MD staffing crisis," CMAJ 160 (March 1999): 889.

operations in Afghanistan, led to a successful period of higher recruitment.[14] On the

strength of increased attraction, the MOSID rose to historically high levels as illustrated

in Figure 2 published in the 2014 *CF Medical Support to Deployed Operations* Chief

Review Services (CRS) report.[15]
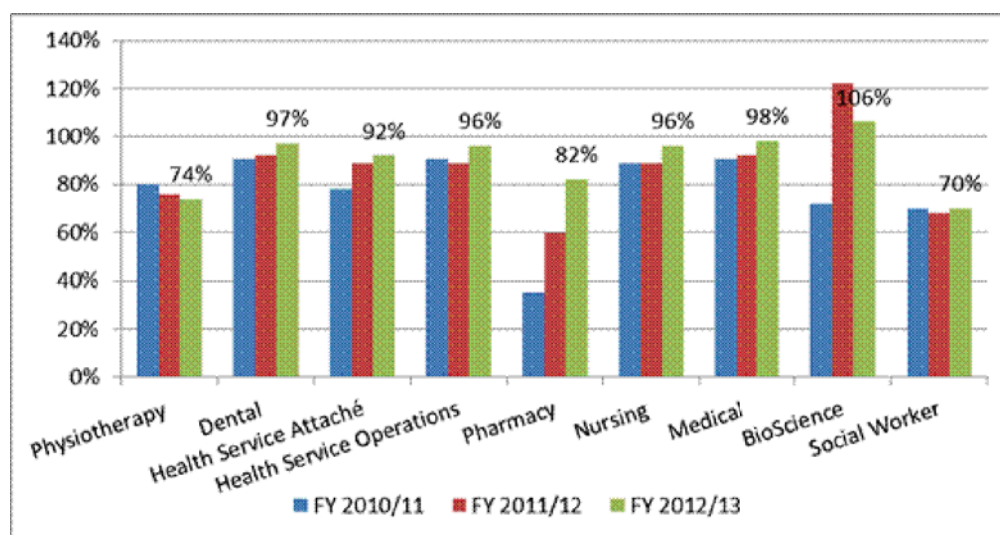
Figure 2. Percentage TES versus PML—Officer Occupations.[16]
Source: DND/CRS reports as per citation

However, the attrition numbers did not shift significantly, with GDMOs still

leaving after completing their obligatory service. This pattern indicates that a major

driving factor in initial attraction/recruitment is financial incentive, and this is consistent

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[14] Sharon Adams, "Doctors In The Ranks" *Legion Magazine*, October 2009,
https://legionmagazine.com/en/2008/10/doctors-in-the-ranks/
[15] Department of National Defence, *CF Medical Support to Deployed Operations* (Ottawa: Chief Review Services, June 2014), 10.
[16] Department of National Defence, *CF Medical Support to Deployed Operations* (Ottawa: Chief Review Services, June 2014), 10, figure 2.

with the replies given by the interviewees in this author's study.[17] The RA for GDMOs

was rescinded in 2012 based on the healthy state of the MOSID at the time.[18]

Given the drawdown in Afghanistan, the loss of the RA, and the static nature of

GDMO attrition numbers, maintenance of an adequate TES became a concern. In order to

ensure sufficient staffing, the 2014 CRS report's Action Plan recommended that a

Recruiting and Retention Cell be set up in order to meet the Annual Strategic Intake Plan

goals.[19] Following from this, the CF H Svcs Gp released its *Attraction and Retention*

Strategic Plan in 2015, with four Lines of Effort (LOO) to include Attraction, Retention,

Communication, and Leadership. Per the plan, retention was identified as the main effort

of this operational design.[20]

Current Situation

The current authorized PML for Medical Officers is 247, and as of Aug 2016 the

TES was at 217, or 88 percent of PML.[21] In April 2017, when I spoke with LCol Deborah

McDonald, Senior Staff Officer Personnel Generation, CF H Svcs Gp, the TES was at 76

percent of PML.[22] According to data from the 2016/17 Annual Military Occupation

Review (AMOR) for Medical Officers, the 5-year average annual attrition from TES was

24, and attrition forecasting by Director General Military Personnel Research and

Analysis (DGMPRA) for the next 5 years predicts an annual loss of 25 personnel from

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[17] Telephone study participant interviews with author, March-April 2017.

[18] "Defence Department axes signing bonuses,"CBC.ca, July 3, 2012,
http://www.cbc.ca/news/canada/nova-scotia/defence-department-axes-signing-bonuses-1.1255189
(accessed April 3, 2017).

[19] Department of National Defence, *CF Medical Support to Deployed Operations* (Ottawa: Chief Review
Services, June 2014), A 2/8.

[20] J.J.-R.S. Bernier, *Canadian Forces Health Services Group Attraction and Retention Strategic Plan*
(Ottawa: file 5000-1 (D HS Pers), 22 May 2015), 8.

[21] Michel Gauthier, "Medical (00196) 2016/2017 AMOR" (presentation, Ottawa, 12 Dec 2016), with
permission.

[22] Lieutenant-Colonel Deborah McDonald, telephone conversation with author, 18 April 2017.

TES.[23] This is based on historical attrition data and production projections. As briefed in the 2016/17 AMOR, 57 percent of all engagements will expire by 2023, and the largest single type of engagement expiring will be the VIE. This is illustrated in the following figure from the AMOR presentation.[24]
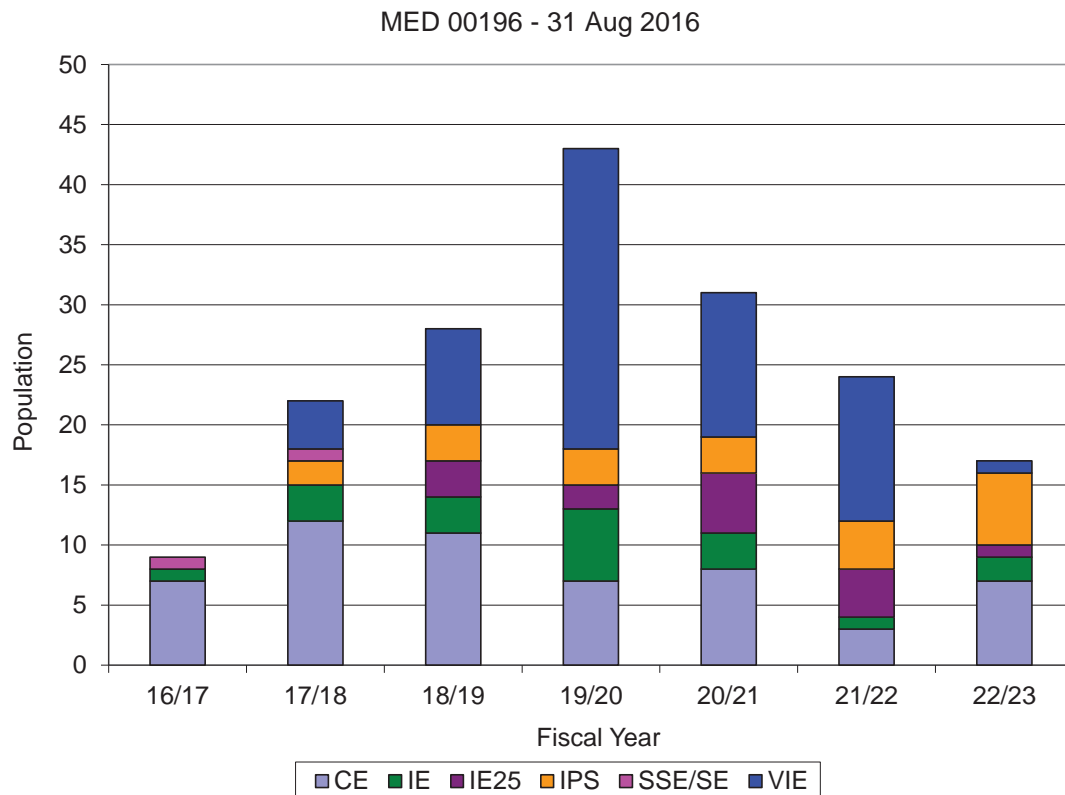
Figure 3. Engagement Expiries by Terms of Service[25]
Source: presentation as per citation

With 25 GDMOs per year releasing from TES, the CAF requires that at least 25 new GDMOs come to TES annually in order to maintain current manning levels, which are already below PML.[26] This, however, has not been occurring. During fiscal years 2014/15 and 2015/16 the number of GDMOs entering the CAF has been in the single

[23] Michel Gauthier, "Medical (00196) 2016/2017 AMOR" (presentation, Ottawa, 12 Dec 2016), with permission.
[24] *Ibid.*
[25] *Ibid.*
[26] Lieutenant-Colonel Deborah McDonald, telephone conversation with author, 18 April 2017.

digits, and at the current time there are not sufficient personnel in the medical education

pipeline to meet the requirement of 25 annually. With 90 members at various stages of

the SUTL/ BTL pipeline as of 2016, that averages to 15/year coming to TES over the

next six years. If the attrition numbers remain historically stable, the MOSID is projected

to be at approximately 50 percent of PML in fiscal year 2022/23.[27] Given the length of

the GDMO production pipeline, the only way the attraction process can make up the

projected shortfall is through the recruitment of DEOs and MOTPs in the later stages of

their medical education, such as those already in residency. The current medical officer

Strategic Intake Plan calls for 40 new entrants across all three entry plans annually for the

next few years, including 15 DEO entrants. To this end, the RA has been re-introduced

for both types of entrants, and specialist medical recruiters have been hired. While recent

historical experience with the use of aggressive recruiting and the RA has been positive,

2017 lacks a large, highly visible and medically intensive mission like Afghanistan,

which was also part of physicians' reason for joining the last time GDMO numbers were

in a similar crisis.[28]

So much for the attraction/ recruitment side of the coin. The stated focus of the

CF H Svc Gp's *Attraction and Retention Strategic Plan* is retention, at attempt to

decrease that historically stable 70 percent attrition at the end of a GDMO's VIE. The

plan lists a number of retention challenges identified from a number of sources, including

surveys, studies, and consultation with the MOSID Advisors. Among these challenges

are: lack of a formal mentorship program, worry about consolidation and maintenance of

clinical skills, perception of unfairness in things like posting plots and distribution of

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[27] *Ibid.*

[28] Sharon Adams, "Doctors In The Ranks" *Legion Magazine*, October 2009, https://legionmagazine.com/en/2008/10/doctors-in-the-ranks/

taskings, and lack of coherent communication.[29] The plan's Retention LOO focuses on "internal actions and activities that can be conducted and completed by CF H Svcs Gp."[30] One of the planned retention initiatives is the development of Health Services-specific exit surveys to better capture what drives the attrition decisions of that population vice the general CAF population.[31]

Purpose and Research Question

While the CAF conducts regular research on attrition and retention, there is not much that is specific to Health Services, much less to GDMOs. The 2008 *Review of Attrition and Retention Research for the Canadian Forces*, a comprehensive report that covers the CAF's research on this issue over two decades, concluded that the "top three issues that need to be addressed to improve retention of Medical Officers are opportunities for gaining and maintaining civilian qualifications, career progression, and deployments."[32] The report made note of several retention initiatives for medical officers, including an emphasis on mentorship, and stated that "CF Health Services' approach to retention has been quite successful. The attrition rate for MOs has decreased substantially in the recent years as a result.[33] If true at the time and not merely an artifact of lengthening the obligatory service part of the VIE, or the lower absolute numbers of personnel in the MOSID leading to lower annual releases, this statement is clearly no longer valid.

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[29] J.J.-R.S. Bernier, Canadian Forces Health Services Group Attraction and Retention Strategic Plan (Ottawa: file 5000-1 (D HS Pers), 22 May 2015), 3.
[30] *Ibid., 7.*
[31] *Ibid., 12.*
[32] Nancy Otis and Michelle Straver, *Review of Attrition and Retention Research for the Canadian Forces* (Ottawa: Department of National Defence, October 2008), 28.
[33] *Ibid.*, 50.

In terms of attrition generally, the 2008 *Review of Attrition and Retention Research for the Canadian Forces* found that found that while service members left the CAF mainly for reasons that were family or posting related, the factors determining their intent to leave, or turnover intention, were "CF fairness, CF future, and to a lesser extent, confidence in senior leadership and perceived organizational support."[34]

The matter of career management has come up regularly in CAF research on attrition and retention. Career progression was specifically mentioned as an issue for GDMO retention in the 2008 *Review of Attrition and Retention Research for the Canadian Forces*.[35] The 2009 *Military Personnel Retention Strategy*, formulated using that research, includes a LOO for Career/Employment Management intended to enhance member influence on their career and make the system more transparent.[36] However this initiative was not implemented, as noted in the 2016 *Fall Report of the Auditor General of Canada*.[37] The career management system was identified as one of the "highest sources of dissatisfaction" per the 2010 *CF Retention Survey*.[38] In the 2012 survey, "career progression" was in the top five reasons for why members were leaving.[39]

But what exactly about the career management system or career progression is dissatisfactory to CAF members, and especially to GDMOs? A survey is limited in its ability to elucidate that level of detail, and this author has not found any focus groups or

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[34] *Ibid.*, iii.

[35] *Ibid.*, 28.

[36] Department of National Defence, *Military Personnel Retention Strategy*, (Ottawa: Chief Military Personnel, 19 July 2009), 7.

[37] Office of the Auditor General of Canada, *2016 Fall Reports of the Auditor General of Canada Report 5—Canadian Armed Forces Recruitment and Retention—National Defence* (Ottawa: Office of the Auditor General of Canada, Fall 2016), 13.

[38] Karen Koundakjian and Irina Goldenberg, "The 2010 Canadian Forces Retention Survey: Descriptive Results," DGMPRA TM 2012-014, September 2012, 111.

[39] Irina Goldenberg, *Letter Report: Preliminary Descriptive Results for Pay and Benefits - 2012 CF Retention Survey* (Director General Military Personnel Research and Analysis: file 1150-1 (DGMPRA), 28 November 2012), 5.

other in-depth research specifically on this topic. As it is a dissatisfier that comes up

regularly in CAF retention surveys, and was specifically identified as a retention issue for

medical officers, the author chose to focus on the CF H Svcs Gp's *Attraction and*

Retention Strategic Plan's exit survey/interview initiative within the Retention LOO, and

to take a deeper look into the GDMO relationship with the CAF's talent management

system.

The purpose of this phenomenological study was to understand the lived

experience of GDMOs with the CAF talent management system. The framework chosen

for this study was organizational support theory, specifically perceived organizational

support. This type of study is not designed to test a hypothesis (thesis or position), but

rather to examine the perceptions and perspectives of study respondents. The following

research questions have been formulated:

Main question:

1. *How do GDMOs describe their experience with the CAF talent management*

   system?

Sub-questions:

2. *What is a positive talent management experience for CAF GDMOs?*

3. *What is a negative talent management experience for CAF GDMOs?*

Qualitative research does not draw conclusions of causality or impact, and thus

these are not part of the research question.[40] However, the author chose to ask how

respondents' perception of their talent management experience affected their turnover

intention, as any preliminary insights from such an inquiry can aid the CF H Svcs Gp in

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[40] Robert Bogdan and Sari Knopp Biklen, *Qualitative research for education* (Boston: Allyn & Bacon, 1997), 46.

further quantitative study on this issue, and lead to refinement of GDMO retention strategies.

CHAPTER 2 - LITERATURE REVIEW

Talent Management

Why choose to focus on talent management when examining the issue of retention? Apart from being a perennial dissatisfier on retention surveys, talent management as a system within the CAF is something every GDMO has interacted with, and its component parts can be defined for the purpose of a common understanding. It is also a good focus choice if the end goal is to increase GDMO retention, since effective talent management practices "are consistently associated with (…) higher levels of employee engagement and retention."[41] Multiple definitions of talent management exist in the literature, so the first step was to define the term for the purposes of this study and paper. While talent management literature often focuses its definition solely on high potential or high performing employees, for study purposes the term is used more broadly to refer to "a set of linked institutional policies and practices established to address recruiting, selecting, developing, and retaining the workforce" through activities that also include high potential management.[42] This definition of talent management encompasses the CAF's career management system, succession planning, and the more informal aspects of member career development such as mentorship via the professional-technical GDMO chain. The author chose the broad definition in order to encourage study respondents to discuss all aspects of CAF career/ HR/ talent management.

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[41] S. Fox, S.A. Bunton, and V. Dandar, *The case for strategic talent management in academic medicine*, (Washington, DC: Association of American Medical Colleges, Oct 2011), 5.
[42] *Ibid.*, 2.

Like Human Resource (HR) Management, talent management advocates the

employment of the "right people in the right roles," and covers "similar key functional

areas of attraction, selection, retention, and development in order to achieve both

individual and organizational objectives."[43] A key difference is that talent management is

a top-down process that is driven by senior leadership, with its initiatives implemented by

HR staff and line managers; this is due to the succession planning aspect.[44] If viewed

solely as the responsibility of the HR staff and line managers, talent management in an

organization will fail.[45] To link the term with the conceptual framework chosen for the

study, research has found that a positive relationship exists between perceived

organizational support and one of its antecedents, supportive HR practices; talent

management is a component of the latter.[46]

Overview of Physician Talent Management in the CAF

In the CAF responsibility for a member's talent management is distributed among

HR staff, the senior leadership of the member's MOSID, unit Commanding Officers

(CO) and other local supervisors, and the member him or herself.[47] The CAF HR system

is highly centralized when it comes to defining work requirements and standards, while

local supervisors manage members within those standards.[48] The unit CO or delegated

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[43] Xin Chuai, David Preece, and Paul Iles, "Is Talent Management just "old Wine in New Bottles"?: The Case of Multinational Companies in Beijing," *Management Research News* 31, no. 12 (2008): 904.
[44] *Ibid.*, 905.
[45] C. Tansley, L. Harris, J. Stewart, P. Turner, C. Foster, H. Williams, Talent Management: Understanding the Dimensions Change Agenda (London: CIPD, 2006).
[46] D. Allen, L. Shore, and R. Griffeth, "The Role of Perceived Organizational Support and Supportive Human Resource Practices in the Turnover Process," *Journal of Management* 29 (2003): 112.
[47] Alan Okros, « Becoming an Employer of Choice : Human Resource Challenges Within DND and the CF", in *The Public Management of Defence Canada* (Toronto: Breakout Educational Network, 2009): 147.
[48] *Ibid.*, 158.

supervisor employs, evaluates, and locally develops the member, but does not control the member's career progression in terms of posting choices or specialty paths.

While the CO and other line managers are part of the member's military chain of command, and are responsible for the day to day management of the member's career, specialty occupations such as medical officers also have an advisory professional-technical (Prof-Tech) chain. Members of the Prof-Tech chain do not act in a formal talent management capacity, but their leadership status positions them to act in the role of mentors and advisers. For GDMOs the most easily accessible Prof-Tech adviser is the Base or Wing Surgeon, who is the most senior GDMO in a medical unit. There is also the Regional or Area Surgeon; these advisers are responsible for a larger geographic region that bounds more than one medical unit. For example the Regional Surgeon located in Halifax supports all the Maritime provinces. Environmental and occupational specialty advisers, GDMOs who have completed a 2-year postgraduate program in a focus area such as Aerospace Medicine or Occupational Health, are also a part of the Prof-Tech chain.

The point of a member's first contact with the CAF's "corporate" HR system, not counting recruitment, is the career manager. A GDMO will usually hear from their career manager while still on SUTL/ BTL. This contact is intended to familiarize the new GDMO with some of the CAF's talent management practices, with a focus on their post-education posting choices. The career manager is responsible for the MOSID's annual posting plot, with input from the MOSID Advisor where necessary, and maintains periodic contact with members under their management. The career manager responsible for GDMOs is not themselves a medical officer.

Typically the career manager is the only formal HR representative in scheduled contact with a GDMO until the GDMO is ready for promotion to the rank of Major, at which time the MOSID Advisor becomes more actively engaged with the member. The MOSID Advisor is a senior leader within the MOSID, and has input into the MOSID's annual posting plot. He or she is also a member of the Succession Planning Board (SPB), and is closely involved with the succession planning process used to identify and mentor members who have the potential and motivation to achieve senior leadership roles.

Physician Talent Management and Retention - Civilian Settings

The CAF does not have much physician-specific retention research, but because physician scarcity is a common theme in many countries there is a body of research focused specifically on physician retention in the civilian setting. This is largely concerned with retention within hospital system, health agency, or academic settings. The importance of good talent management has been identified in the literature as a factor in physician career satisfaction and retention in such settings.[49] Early engagement with new employees, starting from recruitment, is especially important.[50] Proactive management "must begin rather than end with the signing of the physician contract."[51]

Mentorship of new physician employees is positively associated with both job satisfaction and lower turnover intention.[52] Health care departments that have instituted

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[49] Bhagwan Satiani, John Sena, Robert Ruberg, and E. Christopher Ellison, "Talent management and physician leadership training is essential for preparing tomorrow's physician leaders," *Journal of Vascular Surgery* 59, no. 2 (Feb 2014): 543.

[50] P. Anderson and M. Pulich, "Retaining good employees in tough times," *Health Care Manager* 19, no. 1 (2002): 51.

[51] Kenneth H. Cohn, Bruce Bethancourt, and Maire Simington, "The lifelong iterative process of physician retention," *Journal of Healthcare Management* 54 no. 4 (2009): 225.

[52] Pia Heilman, "Review Article: To have and to hold: Personnel shortage in a Finnish healthcare organization," *Scandinavian Journal of Public Health* 38, no. 5 (2010): 519.

formal, long term mentoring programs have been able to decrease physician attrition

rates.[53] Other talent management elements that increase job satisfaction are ongoing

dialogue with the administrative level about career advancement, and transparency about

promotions and advancement opportunities.[54,55] The availability of open two-way

communication between the physician and senior leaders is an important factor in

decreasing turnover intention.[56] Lack of formal career development planning is correlated

with increased turnover intention.[57]

Perceived Organizational Support

Organizational support theory holds that employees develop a global belief that

"the organization values his/her contributions and cares about their well being."[58] This

general perception is termed perceived organizational support (POS). According to

Rhoades and Eisenberger's meta-analytic review, the development of POS is associated

with a number of antecedents, including perceived supervisor support and supportive HR

practices. In turn, POS is related to outcomes and attitudes that are favorable both to the

employee (job satisfaction) and the organization (organizational commitment).[59] From

the organization's perspective, POS is important because these outcomes are correlated

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[53] Kenneth H. Cohn, Bruce Bethancourt, and Maire Simington, "The lifelong iterative process of physician retention," Journal of Healthcare Management 54 no. 4 (2009): 224.

[54] Selena Hariharan, "Physician Recruitment and Retention: A Physician's Perspective," PEJ (March 2014): 46.

[55] Philip Y. Wai, Valerie Dandar, David M. Radosevich, Linda Brubaker, and Paul C. Kuo, "Engagement, Workplace Satisfaction, and Retention of Surgical Specialists in Academic Medicine in the United States," *Journal of the American College of Surgeons* 219, no. 1 (July 2014): 33.

[56] Kenneth H. Cohn, Bruce Bethancourt, and Maire Simington, "The lifelong iterative process of physician retention," Journal of Healthcare Management 54 no. 4 (2009): 223.

[57] Soichi Koike *et al*, "Retention rate of physicians in public health administration agencies and their career paths in Japan," BMC Health Services Research 10 (2010): 7.

[58] R. Eisenberger, R. Huntington, S. Hutchison, S., and D. Sowa, "Perceived organization support," *Journal of Applied Psychology* 71 (1986): 501.

[59] L. Rhoades and R. Eisenbergeer, "Perceived organizational support: A review of the literature," *Journal of Applied Psychology* 87 (2002): 698.

with higher job performance and a lower likelihood of an employee's intent to quit the

job or turnover intention.[60]

Organizational commitment as described by Meyer and Allen consists of three

components: affective commitment or an attachment to the organization; continuance

commitment or the perceived cost of leaving; and normative commitment or the

obligation to remain.[61] Allen, Shore and Griffeth state that "rooted in social exchange

theory and the norm of reciprocity, greater perceived organizational support (POS) is

expected to result in greater affective attachment and feelings of obligation to the

organization."[62] Multiple studies have demonstrated a positive correlation between POS

and organizational commitment, and this correlation is particularly strong with the

affective component of organizational commitment, where the employee identifies with

the organization's values and goals.[63] This could be particularly important for militaries,

which as organizations actively seek to inculcate specific cultural values; fostering high

POS would increase affective organizational commitment, and aid in such value uptake.

A recent study looking at long term career commitment in the military found that POS

significantly impacted the members' decision to remain with the organization.[64]

In terms of talent management POS can be a double-edged sword. As noted by

Levinson, employees view actions taken by representatives or agents of the organization

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[60] *Ibid.*, 701.

[61] John P. Meyer and Natalie J. Allen, "A three-component conceptualization of organizational commitment," *Human Resource Management Review* 1 no. 1 (Spring 1991): 69.

[62] D. Allen, L. Shore, and R. Griffeth, "The Role of Perceived Organizational Support and Supportive Human Resource Practices in the Turnover Process," *Journal of Management* 29 (2003): 100.

[63] Mohammad Hakkak, Mohammad Ali Hajizadeh Gashti, and Khaled Nawaser, "The Relationship between Perceived Organizational Support & Job Satisfaction with Organizational Commitment," *Entrepreneurship and Innovation Management Journal* 2, no. 3 (August 2014): 197.

[64] Mark H. Jordan, T.J. Gabriel, Russell Teasley, and Wendy J. Walker, "An integrative approach to identifying factors related to long-term career commitments: a military example," *CDI* (2015): 173.

as indications of organizational intent, rather than of the agent's motives.[65] Thus, an

employee's negative experience with a representative of their organization's talent

management system could result in the employee's belief that the organization itself is

negatively disposed towards him or her.

Perceived Supervisor Support

Perceived supervisor support (PSS) is an antecedent of POS, and "refers to

employees' view that their supervisor values their contributions and cares about their

well-being."[66] Although the concept of POS encompasses the supportiveness of all

organizational members, supervisors are viewed as more closely embodying and

representing the organization, acting as its agents.[67] Because of this, and because the

supervisor serves as a conduit to senior leadership through the means of employee

evaluation, supervisor support is viewed as more indicative of organizational support than

support provided by peers.[68]

The relationship between POS, PSS, and employee turnover intention has been

studied extensively. Previous studies have established that PSS is positively correlated to

POS.[69] The relationship between PSS (antecedent) and affective organizational

commitment (outcome) is mediated by POS, with all three in a direct relationship with

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[65] H. Levinson, "Reciprocation: The relationship between man and organization," *Administrative Science Quarterly* 9 (1965): 378.

[66] R. Eisenberger et al, "Perceived supervisor support: Contributions to perceived organizational support and employee retention," *Journal of Applied Psychology* 87 (2002): 566.

[67] R. Eisenberger et al, "Leader-member exchange and affective organizational commitment: The contribution of supervisor's organizational embodiment," *Journal of Applied Psychology* 95 (2010): 1089.

[68] R.C. Liden, R. Sparrowe, and S.J. Wayne, "Leader–member exchange theory: The past and potential for the future," *Research in Personnel and Human Resources Management* 15 (1997): 68.

[69] R. Eisenberger et al, "Perceived supervisor support: Contributions to perceived organizational support and employee retention," *Journal of Applied Psychology* 87 (2002): 568.

one another and linked by POS.[70] There is an inverse relationship between POS and employee turnover intention, where higher POS leads to lower turnover intention.[71,72] Because PSS is a function of the employee's opinion of the level of support given by their supervisor, talent management is a component of PSS through employee development, evaluation, and mentoring.

Supportive HR Practices

Another recognized POS antecedent is supportive HR practices, which indicate that the organization is willing to "invest in employees and show recognition of employee contributions, [and] signal that the organization is supportive of the employee and is seeking to establish or continue a social exchange relationship with employees."[73] Supportive HR practices are consistently positively correlated with POS, and have been shown in a number of studies to decrease turnover rates at the organizational level.[74] Allen et al. examined the relationship between supportive HR practices and employee turnover intention and actual turnover (withdrawal) at the individual employee level, and concluded that certain HR practices were strongly positively correlated with POS, which in turn was significantly negatively correlated with both turnover intentions and withdrawal.[75]

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[70] L. Rhoades, R. Eisenberger, and S. Armeli, "Affective commitment to the organization: The contribution of perceived organizational support," *Journal of Applied Psychology*, 86 no. 5 (2002): 828.

[71] R. Eisenberger et al, "Leader-member exchange and affective organizational commitment: The contribution of supervisor's organizational embodiment," Journal of Applied Psychology 95 (2010): 1097.

[72] B. Baran, L.R. Shanock, and L. Miller, "Advancing organizational support theory into the twenty-first century world of work," *Journal of Business and Psychology* 27 (2012): 132.

[73] D. Allen, L. Shore, and R. Griffeth, "The Role of Perceived Organizational Support and Supportive Human Resource Practices in the Turnover Process," Journal of *Management* 29 (2003): 100.

[74] *Ibid.*, 102.

[75] *Ibid.*, 114.

As with PSS, POS mediates the relationship between HR practices (antecedent) and organizational commitment (outcome). HR practices that are viewed as supportive "increase POS and lead to affective attachment to the organization because of employee perceptions that the organization supports and cares about them."[76] The HR practices specifically correlated with increased POS include employee participation in career decision making, access to career development opportunities, and fairness of recognition.[77,78] These are part of HR development, which is included in this study's definition of talent management; thus, talent management is an aspect of supportive HR practices.

CHAPTER 3 - METHODOLOGY

This chapter discusses the study methodology used. The conceptual framework is explained, and the qualitative study design is detailed. The participant sample, use of the semi-structured interview as a data collection method, and the method of data analysis used are briefly described. Finally, some of the limitations of this study are described at the end of this chapter.

Conceptual Framework

A conceptual framework is the system of concepts, assumptions, expectations, and theories that support and inform the research study. It explains the main factors, concepts or variables being studied, and the presumed relationships between them.[79] In developing the conceptual framework, the researcher must reflect on what her theory is,

[76] *Ibid.*, 114.
[77] *Ibid.*, 111.
[78] S.J. Wayne, L.M. Shore, and R.C. Liden, "Perceived Organizational Support and Leadership–member Exchange: A Social Exchange Perspective," *Academy of Management Journal* 40 (1997): 98.
[79] M.B. Miles and A.M. Huberman, *Qualitative data analysis: An expanded source book (2nd ed.)* (Newbury Park, CA: Sage, 1994): 24.

and what prior research informs the current understanding. The framework serves as an anchor for the study, and server a number of purposes, including guiding the literature review and formulating the research questions.[80]

In formulating the conceptual framework for this study, the author focused on the organizational support theory concept of POS. Numerous studies have explored the positive relationship of POS with organizational commitment and job satisfaction, which in turn have a negative correlation to employee turnover intention. POS has numerous antecedents, including supportive (good) HR practices and PSS; within the CAF context, talent management is a component of both of these antecedents.

The proposed conceptual framework visualizes talent management as a component of two different antecedents of POS, in order to explain how respondents' experience with CAF talent management could affect their POS, and ultimately turnover intention.

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[80] M.B. Miles and A.M. Huberman, *Qualitative data analysis: An expanded source book (2nd ed.)* (Newbury Park, CA: Sage, 1994): 18.
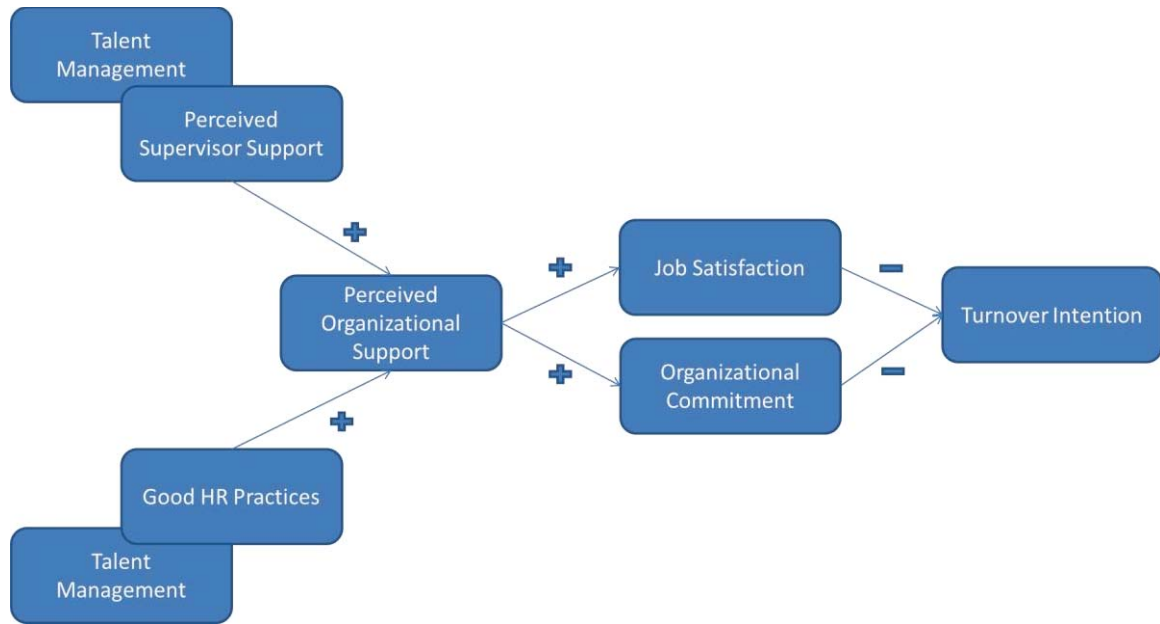
Figure 4: Conceptual framework of TM relationship to POS and turnover intention

Study Design

This study is a qualitative research study conducted using the semi-structured

interview, with a mixed-method design approach. Qualitative research is a primarily

exploratory research approach, used to examine participants' underlying reasons and

motivations; in other words, to answer the *why* and *how* questions. Unlike quantitative

research, qualitative research most commonly does not start with a hypothesis to be

proven or disproven, but rather a dataset is built through the chosen data-collection

method, and then analyzed to look for emerging themes. The results of qualitative

research are descriptive rather than predictive.[81] Some descriptive statistics are used to

further illustrate the dataset.

There are several design methods for qualitative research design, including

ethnographic, grounded theory, and biographical. The mixed-method approach, which

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[81] S.B. Merriam, *Qualitative research: A guide to design and implementation* (San Francisco, CA: Jossey-Bass, 2009): 21.

utilizes aspects of more than one design, is common in qualitative research. This study uses aspects of two common designs, phenomenology and case study, to answer the research questions.

A case study is an in-depth analysis of a unit of analysis (case), which can be a person, organization, or program, bounded by some unifying context.[82] For example, a case study may analyze a specific program see how it accomplishes its intended outcomes.[83] In this study, the overall MO talent management system is examined, but only from the perspective of the participants affected by it; thus while there is an aspect of the case study utilized, this is not a true case study design which would also include interviews with system representatives and subject matter experts, and review of research on the system.

Phenomenology is the study of subjective experience, with its research focus being people who have experienced a particular shared situation (phenomenon).[84] The purpose of the phenomenological approach is to understand people's perceptions and perspectives of the phenomenon; in other words, to answer 'What is it like to experience this?' The data collection method most often used for phenomenological research is the one-on-one interview, with 5-25 interviews recommended.[85] By examining multiple perspectives of the same situation, the researcher can start to make some generalizations about the essence of the shared experience. In this study, the phenomenon is GDMO

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[82] M.B. Miles and A.M. Huberman, *Qualitative data analysis: An expanded source book (2nd ed.)* (Newbury Park, CA: Sage, 1994): 25.
[83] Robert E. Stake, *The Art of Case Study Research* (Thousand Oaks, London: Sage Publications, 1995): 6.
[84] Thomes Hardy Leahy, *A History of Modern Psychology* (New Jersey: Prentice Hall): 381.
[85] C. Moustakas, Phenomenological Research Methods (Thousand Oaks, CA: Sage Publications, Inc., 1994): 44.

interaction with the CAF talent management program, and the perception of respondents regarding this interaction is the main data being gathered.

This study received approval for human subject research from the Royal Military College of Canada's Research Ethics Board, file number REB2016-011 CFC.

Participants

Sampling Method

This study used non-probability sampling, in which all individuals in the population under study do not have an equal chance of being selected. This contrasts with probability (random) sampling, where there is an equal chance of selection for each individual from a potential study pool. The specific type of non-probability sampling employed here was convenience sampling, which is the most common of all sampling methods. In convenience sampling, the sampling units or subjects are chosen based on their convenient accessibility and proximity to the researcher.[86]

The method chosen to select the sample was a request for respondents placed by the researcher/ author on two closed social media pages created for CAF medical officers. The membership of those pages is composed of general duty and specialist (such as anesthesiologists and general surgeons) medical officers belonging to both the Regular and Reserve Force, and includes those on the SUTL and BTL; a member's status in the CAF is verified before the member can join. The membership of the general or main group, at the time of placing the request, stood at 227 members. The second group is for junior medical officers only, and its membership was at 92 at the time the request was

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[86] Julius Sim and Chris Wright, *Research in Health Care: Concepts, Designs and Methods* (Cheltenham, UK: Stamley Thornes Publishers Ltd, 2000): 120.

placed. Members of the junior group are eligible to join the main group at any point, and are commonly members of both groups. As of June 2016, the CAF had a total of 412 medical officers of all types who could potentially be members of the main page; of those 264 were Regular Force GDMOs both occupationally qualified and on SUTL/ BTL. As the author is herself a member of this group, she confirms that around 80 percent of membership is composed of Regular Force GDMOs. Thus, at the time the request was placed on the main site, the author could potentially reach approximately 70 percent of her intended study population.

The inclusion criteria for the study were GDMOs either currently employed in the Regular Force or who released from the Regular Force within the past 5 years. The requirement for Regular Force employment was to ensure that respondents could talk about talent management in the CAF; the full-time careers of Reserve Force GDMOs are not managed by the CAF. Five years was chosen as the cut-off mark for release in order to present a common experience of the talent management system as it exists at the current time. There were no gender exclusions, and age exclusions were only secondary to the minimum and maximum (+ 5 years post-release) age at which a member may serve in the Regular Force.

Demographics

Respondent demographic characteristics are shown in Table 1. The respondents were classified into two groups, "Senior GDMOs" (GDMO-sr), or those with four or more years of experience after reaching TES; and "Junior GDMOs" (GDMO-jr), those with up to 3 years of experience after reaching TES, including those still on SUTL or BTL. The reason for this classification is the structure of the CAF GDMO talent

management system, as well as the organizational commitment characteristics of the respondents in those groups. The GDMO-jr group's main contact with the talent management process during their first three years at TES would be through the career manager, while those in the GDMO-sr group would likely have had contact with the MOSID Advisor either as Capt GDMOs nearing the end of their VIE, or as Majors. As well, the GDMO-sr group would consist of those respondents who had already, for the most part, self-selected to remain in the CAF past their VIE. Two respondents in the GDMO-sr group had voluntarily released from the CAF within the past 5 years.

Descriptive statistics were gathered on respondent sex, age, number of years in MOSID after reaching TES, previous service in a different MOSID, and previous civilian work in a setting where the respondent was talent managed. There were 14 respondents in the GDMO-sr group, ranking from Capt/Lt(N) to Col/Capt(N), and 6 respondents in the GDMO-jr group, all at the rank of Captain/ Lt(N). There were no respondents from the SUTL/ BTL. Time in MOSID after reaching TES ranged from one to over 15 years.

Sex	Male	Female		
	12	8		
Age	30-35	36-40	41-45	46+
	4	9	4	3
Years at TES	1-3	4-8	8-12	13+
	6	8	3	3
Previous TM	CAF	Civilian		
	4	3		

Table 1: Respondent demographic characteristics.

Method of Data Collection

The method used for data collection was the semi-structured personal interview. All interviews were conducted by telephone at a date and time of the respondent's choosing, and the interviewer (author) was not blinded to the respondent's identity.

Interview duration was 45-90 minutes, with most interviews lasting approximately 60

min. In a semi-structured interview study the same main set of standard questions is

asked of all respondents, but the interviewer can modify the sequence of the questions.

As well, follow-up and clarifying questions are asked that refer to specific information

provided by the respondent to the main questions, and thus follow-up questions are not

the same across all participants.[87]

The study question topics were respondent definition of talent management,

respondents' initial expectations of and experiences with the CAF's talent management

system, the impact of positive or negative experiences with talent management on

respondents' career satisfaction, and any impact on their turnover intention. Respondents

were also asked how talent management, as defined by the researcher, might help to

improve GDMO retention. The interviews were recorded by hand, and thus the interview

record included specific verbatim phrases and insights rather than a full word for word

transcript of as would be possible with an audio recording.

Number of Interviews

Studies of qualitative research sampling were reviewed to determine an adequate

number of interviews required to reach saturation. In terms of qualitative research,

saturation is defined as "as the point at which no new relevant information is

forthcoming, even if more people are interviewed."[88] A study by Guest et al. on themes

drawn from 60 qualitative interviews reported that 73 percent of themes had emerged in

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[87] Paivi Eriksson and Anne Kovalainen, *Qualitative Methods in Business Research* (Thousand Oaks, CA: Sage, 2008): 55.
[88] Ray Galvin, "How many interviews are enough? Do qualitative interviews in building energy consumption research produce reliable knowledge?" *Journal of Building Engineering* 1 (March 2015): 5.

the first 6 interviews, 92 percent in the first 12, and all within the first 30.[89] Galvin used

statistical methods to examine 54 different qualitative studies that used the semi-

structured interview to develop themes, and determined that the average number of

interviews per study was 19.3, with the modal class of 11-15 interviews being most

common, and more than 20 interviews being the exception.[90]

The author aimed for 12-20 interviews. The initial response rate to the study request was

32, and ultimately 20 respondents sent in completed Consent Forms and were

interviewed.

Method of Data Analysis

Data analysis is the process by which the researcher systematically searches and

arranges the data gathered, in order to synthesize information and determine what was

learned. In qualitative research the date is compiled into groups of information known as

themes or codes. These themes are "consistent phrases, expressions, or ideas that were

common among research participants."[91]

Qualitative data is information gathered in a nonnumeric form, and data analysis

is usually based on an interpretative philosophy.[92] The process of data analysis for

qualitative studies usually involves writing, coding, and the identification of themes. The

researcher goes through the interview transcript and lists every text passage relevant to

the experience, eliminating passages with repetitive or overlapping phrasing. The phrases

are then coded by themes, which include the experiences and opinions of respondents

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[89] G. Guest, A. Bunce, and L. Johnson, "How many interviews are enough? An experiment with data saturation and variability," *Field Methods* 18 (2006): 73.

[90] Ray Galvin, "How many interviews are enough? Do qualitative interviews in building energy consumption research produce reliable knowledge?" *Journal of Building Engineering* 1 (March 2015): 6.

[91] S. Kvale, *Doing interviews* (Thousand Oaks, CA: Sage Publishing, Inc., 2007): 23.

[92] Margaret C. Harrell, Melissa A. Bradley, *Data Collection Methods: Semi-Structured Interviews and Focus Groups* (Santa Monica, CA: RAND Corporation, 2009): 24.

given in response to the study questions.[93] The coding process may involve physical

segmentation and grouping of text, or a color assignment by theme; in this study the

author coded the data using color.

As the study design was mainly phenomenological, the author used the Modified

Van Kaam Method of Analysis of Phenomenological Data.[94] One major limitation in

using this method is that, like other qualitative data analysis methods, it specifies that the

full transcript of the interview be used in the analysis. The author did not create full word

for word transcripts of the interviews.

The Modified Van Kaam Method has several steps to follow in order to analyze

the data. First, all quotes relevant to the experience being studied are listed and undergo a

preliminary grouping. Quotes and phrases that cannot be abstracted and labeled, or that

are repetitive, are eliminated; the remaining quotes are termed the "invariant

constituents" of the experience.[95] These invariant constituents are then clustered into

thematic labels. A textural-structural ("the what" and "the how") description for each

participant is then constructed using the invariant constituents and themes; it represents

the meaning and essence of the experience. Finally the participant experiences are

integrated into a composite description of the meanings and essences of the experience,

representing the study group as a whole.[96] Verbatim phrases are used in the descriptions.

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[93] Ibid., 136.

[94] C. Moustakas, *Phenomenological Research Methods* (Thousand Oaks, CA: Sage Publications, Inc., 1994): 120.

[95] *Ibid*., 121.

[96] S.B. Merriam, *Qualitative research: A guide to design and implementation* (San Francisco, CA: Jossey-Bass, 2009): 43.

Study Limitations

This study was conducted on a convenience sample, with the request for respondents placed in two closed groups on a social media site. This excludes those potential respondents who do not use social media or are not part of the specific groups. This was judged by the author as an acceptable risk, as the membership size of the main group indicated that a sufficient percentage of the Regular Force GDMO population would be reached. However, it is unknown whether GDMOs who do not use social media would have a different view on the subject of talent management.

Respondents self-selected for the study rather than being randomly selected from among the Regular Force GDMO population. The self-selected population may have different views – possibly stronger views, leading them to choose to participate in the study – than the average representative of the GDMO population would.

The analysis of quantitative date is typically undertaken by several researchers, in order to minimize bias.[97] As this study was done for an individual student paper, the author was unable to use outside researchers to help with data analysis. The Modified Van Kaam Method for data analysis also requires full interview transcripts, which the author did not create for this study; thus, the validity of the analysis itself can be called into question.

Another major limitation is that while the respondents are de-identified for this paper, the author as Principal Investigator was not blinded as to who the respondents were. As the author is in the same MOSID as the respondents, and could one day be in the direct chain of command of some of the members, the respondents may not have felt as free to voice their opinions as they would have with an outside investigator. This may

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[97] *Ibid.,* 67.

be the reason for the lower number of respondents from the GDMO-jr group. Most respondents in the GDMO-sr group were familiar with the author, which is natural given the small size of the MOSID.

CHAPTER 4 - RESULTS

In this chapter the results of the semi-structured interviews are discussed on a per-question basis, with descriptive statistics and verbatim exemplar phrases from the interview notes used to illustrate the subjective respondent experience. All information and quotes are drawn from the semi-structured interviews conducted by the author, as referenced on this page.[98]

Question 1: What does talent management mean to you?

This initial question was intended to gauge the respondents' understanding of this term before the interviewer read out the definition being used in this study. As this study explores the quality of members' experiences with talent management, the respondents' understanding of what talent management means and how it should function is important to understanding the subjective quality of experience based on an expectation inherent in the terminology.

Overwhelmingly, some variant of the phrase "right fit/ right people in the right position" came up in the response to this question. Of the GDMO-sr group, 78 percent used that or similar phrasing in their response, as did 67 percent of the GDMO-jr group. The need to balance personal goals and aspirations with organizational requirements was also a common part of respondents' definitions, overtly stated by 71 percent of the GDMO-sr and 50 percent of the GDMO-jr group.

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[98] Telephone study participant interviews with author, March-April 2017.

"Recognize the specific interests and talents of employees and help develop them along those interests, placing them in positions that will be useful to the organization."

"An active institutional effort to manage their employees and place them into appropriate positions."

"Placing the right people in the right position in a way that benefits both the individual and the organization."

"Ensuring talent is not lost through mismanagement."

Question 2: Before joining the CAF as a GDMO, did you work in a setting where you experienced talent management? If yes, what were your experiences with talent management?

Previous experience with talent management was important to capture, as the initial expectations of the CAF's talent management system were likely to be colored by this previous experience. More specifically, previous experience in a different CAF MOSID would make the member familiar with the CAF's talent management framework, and the respondent could be expected to project that experience into their expectations towards talent management in the CF H Svcs Gp.

Of the respondents, four members had previous CAF service in unrelated occupations, and three had experience in a civilian work setting where they were talent managed. A Family Physician practice, either solo or in a group setting where physicians functioned as independent contractors sharing overhead costs, was not considered as a talent-managed experience.

a. In a different branch of the CAF

All four members reported a generally favorable experience with talent management in their previous MOSIDs. In all cases the career manager was in the same

MOSID as the members being managed, which was related by all respondents as a positive aspect.

The MOSIDs varied in size, with respondents in a small MOSID reporting a personalized experience where they felt that the career manager knew the members well, while those whose experience was in large MOSIDs reported a consistent well-structured system with active management in which 'streamers' (high potential members) were identified early for career succession planning. One respondent whose experience was in a large MOSID stated that members were aware what was required to become a streamer, and knew where they stood within the branch. When asked to compare the talent management system of their previous MOSID with the current experience as a GDMO, the respondent simply stated that in their experience as a GDMO, "there is none."

Another respondent stated that in their previous MOSID there were ongoing regularly scheduled group meetings with higher-ranked members of the MOSID where the "unwritten curriculum" was passed on. As with the previous examples, the career manager was in the same trade as the members being managed, and the respondent felt that other members of their trade took an active interest and wished them to succeed in their career development; the respondent stated this experience is lacking in the GDMO trade.

b. <u>In a civilian setting</u>

As with the group of respondents whose previous experience was within the CAF, all three respondents who were talent managed in the civilian setting reported a positive experience.

One respondent related a staffing situation in civilian employment similar to that in which the HSS currently finds itself, with a shortage of personnel. In contrast to the CAF's approach, this respondent felt that he was in the "driver's seat" and that management reached out consistently, seeking to make the work experience better and to match him with his preferred location inasmuch as that was possible. Even when leaving the organization, he felt that the departure occurred on a positive note, with the organization making overtures in order to maintain a relationship in case the member chose to return in the future.

Another respondent's civilian experience was within a large multi-department organization, and talent management started in the first year with a detailed personal interview with several managers, exploring the member's own aspirations, the opportunities the organization could provide, and an overview of different sites where these opportunities could take place. A career progression plan was created for the next 3-5 years, including specific positions and locations and how these would enable the member's career development.

Question 3: What was your initial expectation as to talent management in the CAF?

For respondents entering the CAF, expectations about talent management ranged from none to assumptions that a formal structured program similar to either their civilian or previous-MOSID CAF experience was available. The attitude of respondent expectations is summarized in Table 2, showing the breakdown by the GDMO-sr and GDMO-jr groups. The responses by respondents who had previous experience with talent management in either the CAF (GDMO-pCAF) or civilian setting (GDMO-pCiv) are also presented.

	Negative	Neutral/None	Positive
GDMO-sr	3	7	4
GDMO-jr	1	3	2
GDMO-pCAF	1	0	3
GDMO-pCiv	0	1	2

Table 2: Initial TM expectations on entry into the CAF CF H Svcs Gp

The majority of respondents had no expectations of talent management in the CAF and, unless they had prior service, most did not know what a career manager or MOSID Advisor did. Most of those with positive expectations were coming from a background of either prior civilian employment or CAF service in a different MOSID; their voiced positive expectations were that the talent management process would be similar to what they had experienced in those positions. Respondents who had definitive negative expectations referred to either what they had heard from other GDMOs in person, or to the informal medical officer social media network, as the source of their expectations.

The CAF medical officer group on social media was created in 2007 in order connect medical officers from across the country, and especially to keep those still in medical school and residency in contact with their already-trained peers. The group has functioned as a great resource for the CAF medical officer community, but has also allowed those still in training and pre-first contact with the career manager to learn of some of the frustrations of their fellow GDMOs with the talent management process.

Question 4: What has been your experience with talent management as a GDMO? Did it differ from your initial expectations?

The intent of this question was to characterize respondents' actual experiences with the CAF talent management system in the CF H Svcs Gp. The follow-up question

further explored how the experience compared against the respondents' initial expectations.

   While it is not impossible that a member of the GDMO-jr group would have contact with the MOSID Advisor outside of a teaching setting on a training course, in general the MOSID Advisor is engaged with GDMOs at the Major and higher rank. In this study none of the respondents from the GDMO-jr group had significant contact with the MOSID Advisor in a talent management context.

   The "Other" designator refers to anyone else that the member felt had a significant role in their talent management. These individuals were usually the members' unit CO or Base Surgeon, but also included Regional Surgeons and Subject Matter Experts (SME) in the 2-year postgraduate medical advanced training areas, including environmental and occupational medicine.

GDMO group	TM Component	Quality of Experience		
		Negative	Neutral	Positive
GDMO-sr	CM	8	5	1
	MOSID Advisor	3	6	5
	Other	4	4	6
GDMO-jr	CM	4	1	1
	Other	2	1	3

Table 3: Respondent quality of experience with components of the TM system

   The respondents' experience with the CF H Svcs Gp talent management process was not positive. With regard to the career manager, in the GDMO-sr group 57 percent of respondents related a negative experience, and 93 percent related a neutral or negative experience. In the GDMO-jr group, 67 percent related a negative, and 83 percent a neutral or negative experience.

The negative experiences with the career manager were fairly uniform between respondents, with the interaction (in person or phone interview) viewed as superficial and one-sided rather than a dialogue. The perception of the career manager as uninterested in the respondents' careers and concerned solely with populating the posting plot was near-universal. Respondents with prior CAF experience reported being shocked upon learning that the GDMO career manager is not a physician, and that they managed more than one MOSID.

"The whole interview was no value added."

"No interest in my career, only wanted to fill an empty billet."

"They invested so much money in us and can't afford one salary to manage us."

Interestingly, every GDMO who reported having a positive prior expectation of the talent management system related a neutral to negative actual experience with the career manager. Of the only two positive experiences reported, one was spontaneously qualified by the respondent as "probably just luck"; the other was a truly felt positive experience where the respondent felt that good communication had taken place and that their concerns were heard and would be taken into consideration.

Contact with the MOSID Advisor in the GDMO-sr group fared better, with only 21 percent reporting a negative experience and 36 percent reporting a positive one. This was dependent largely on whether open communication between the MOSID Advisor and the respondent had occurred, rather than on whether a specific desired outcome such as a posting or course was secured. One example, related independently by several respondents, was of a questionnaire that was sent out by the MOSID Advisor asking about members' goals; it was not the questionnaire itself that was perceived as positive,

or any outcome gained from actioning its contents, but rather that the MOSID Advisor personally followed up with the respondents and held a one on one discussion regarding their career aspirations.

"It's nice to be asked even if you don't get what you want."

The greatest variability in the quality of experience was found in the "Other" category. Respondents who had found mentorship or career advocacy among either the chain of command or Prof-Tech chain reported a positive experience, while others felt that the chain of command was obstructionist to their career progression goals. Several respondents reported frustration with the Prof-Tech framework, where a positive advocate for a member's career had no formal authority or link with the chain of command that was responsible for managing the member's career.

Question 5: Which if any positive aspects of talent management in the CAF have you experienced as a GDMO? Was there any impact on your career satisfaction?

This question sought to further expand on the positive experiences of respondents with CF H Svcs Gp talent management. A follow-up question, asked of respondents who had a positive experience, asked whether the respondent's career satisfaction was impacted by this experience. Few respondents answered in the positive to the main question.

"As a whole we're doing a terrible job."

"Honestly, none."

Those who did respond with positive experiences fell into two categories:

a. Respondents who had been succession-planned and had significant interaction with the MOSID Advisor; and

b. Respondents who were trained in or were seeking training in one of several two-year post-graduate programs offered to GDMOs.

Contact with the MOSID Advisor was generally seen as positive or neutral. Respondents related that for the first time there was a real conversation between themselves and someone in the formal talent management chain. Once respondents were succession-planned, there was also discussion regarding where the respondent would like to move with their career, and how to reach that goal. These interactions were reported as positive even when the respondent did not get a desired posting or position. The questionnaire and follow-up interview with the MOSID Advisor that was recently experienced by several respondents was viewed very positively, especially respondents' perception that the questionnaire had been read ahead of time and that the MOSID Advisor was prepared to discuss their replies.

"I could tell he knew who he was speaking with."

Respondents felt that the post-graduate GDMO track resulted in more active talent management and a closer relationship with the Prof-Tech chain within the specific post-graduate tracks, especially the Aerospace Medicine track. The GDMO leaders of this track were perceived as careerists with clout and good contacts, and an interest in developing junior members of the track.

"This is a separate category of GDMO."

One respondent recounted an initially positive experience with the career manager that, although it resulted in a less favorable posting change for him personally, was perceived as positive from an organizational support perspective. The posting change was made due to another member's family situation, and this was communicated to the

respondent. The respondent perceived this as an overall positive, as it showed that the organization was interested in keeping members and working with them to accommodate their needs.

Positive experiences also came through contact with the "Other" category, often the respondent's CO, Regional Surgeon, or other Prof-Tech leader. With the Regional Surgeon and Prof-Tech chain the positive experiences related were mentorship, either in the general GDMO leadership stream or towards a PG track. In two cases, positive contact with such a mentor was identified by the respondent as instrumental to their decision to remain in the CAF.

"Without him I probably wouldn't be around anymore."

"Once I started talking to him, I could see myself having a career in the CAF."

Question 6: Which if any negative aspects of talent management in the CAF have you experienced as a GDMO? Was there any impact on your career satisfaction?

This question sought to further expand on the negative experiences of respondents with talent management in the CF H Svcs Gp. Most respondents had an example of a negative interaction with the talent management process, and the majority of those involved contact with the career manager. A follow-up question, asked of respondents who had a negative experience, asked whether the respondent's career satisfaction was impacted by this experience.

A common complaint in this part of the interview was the lack of mid or longer term career planning, and the uncertainty of what the short term outlook was for the respondent. This was a concern whether the respondent was talking about contact with the career manager or the MOSID Advisor.

"Why is there never more than a one-year outlook for my career?"

"The career manager phone call shouldn't be anticipated with dread."

The majority of respondents reported a negative experience with the career manager, who is typically a GDMO's first contact with the CAF's formal talent management system. A common complaint was a lack of contact, or contact that was perceived as too brief and infrequent. This was voiced both by the GDMO-jr group and by the GDMO-sr group when discussing their transition from BTL to TES and their early years as a Capt.

"I was told, 'You're on the BTL so you're not really important.'"

"For the amount of money the organization is investing in me, manage me accordingly."

The content quality of the interaction with the career manager was viewed negatively as well. The career manager was widely perceived by respondents as reactive only to filling posting plot vacancies, with no interest in respondents' career aspirations and goals, nor particularly in their posting preferences. The issue of "crossed postings," where one respondent preferred to be posted to location X and another to location Y, and both ended up being posted into the other's preference despite being of equal experience (new GDMOs coming out of BTL), was related more than once. The lack of an explanation from the career manager for such a situation was identified as a particular irritant. Similar to this is the situation where a respondent was informed that they will be posted to location X, and ultimately ended up posted to location Y with no explanatory contact from the career manager beyond a posting message.

"All they do is confirmation of your service number."

"It's accepted that at the Capt level it doesn't matter where you want to go."

"It's [career manager interview] a waste of time."

"In my first interaction they tell me one thing and do something else."

A lack of continuity was also identified with respect to the career manager. Respondents felt that there was no handover from one career manager to another, as a new career manager did not appear to know any details of career interests and goals that were related in previous interviews. The timing of the interview was seen as contributing to this, as the annual interviews occur when the posting plot is being built, and thus planning is seen as being done strictly to fill empty billets rather than manage overall career progression.

"It's like the career manager stops planning for 10 months out of the year."

"Abysmal with handover, clearly they make no notes and tell me the same points every year."

Actual direct interactions with the MOSID Advisor were generally not viewed negatively, with the exception of apparent miscommunications when the respondent was told one thing by the MOSID Advisor and another by the career manager. However, a frequent complaint was the timing of engagement by the MOSID Advisor.

"The MOSID Advisor doesn't care about us until we're Majors; by then it's too late."

The MOSID Advisor was viewed by respondents as an official representative of the higher-level CF H Svcs Gp talent management system, and so the experiences and opinions prompted by this question related to the talent management system in general. Multiple respondents complained that regardless of individual aptitudes, interests and goals, every GDMO is managed in a "one size fits all" plan, with the end goal to potentially progress every GDMO who remains in the CAF to the LCol and Col ranks on

a standard timeline. The lack of formal options for terminal rank or a longer posting at a specific rank if one's interests don't fit the standard progression scheme was seen as a negative in terms of both talent management and career satisfaction. Despite the author's initial assumption that respondents interested in such an option were all referring to a clinical role (such as that of the "Clinical Major"), several expressed an interest in a particular policy or staff position where they felt that their interests and strengths converged.

> *"The assumption is that all those who want to stay also want to climb the ranks and take on more leadership positions."*

> *"Why are postgrads still expected to do all the regular 'ticks in box'? Postgrad is done because the member is interested in that field, enjoys the work, and is also an asset to the CAF. They should be given the opportunity to progress within a specialized track."*

> *"Why are people who have applied for specialization training posted into leadership positions on bases? They're uninterested in the position and looking forward to a completely different career. No value added to the person or the organization."*

> *"If talent is a concern, they should look at the specialized talents people have and utilize them properly."*

Negative experiences with the "Other" category of talent management centered on interaction the respondents' chain of command, specifically the CO or the Clinic Manager, as well as the Base Surgeon as the local Prof-Tech chain representative. Multiple respondents interviewed that when they requested to speak to the career manager, they were told that they were not to attempt contact outside of the scheduled annual interview. Respondents also felt that having civilian health administrators or nurse managers, who in some cases have little knowledge of the CAF's system of career

progression, as part of their chain of command was a disservice in terms of talent management.

> *"I was told, 'I will talk to the career manager for you.'"*

> *"There is no career management unless you make your own contacts, and that can be restricted by local chain of command."*

> *"The Prof-Tech chain in the unit doesn't advocate for us."*

> *"As long as we're managed by non-military or non-clinicians, we need some way to push our issues past them."*

Question 7: What if any impact has the talent management system as you have experienced it had on your decision to pursue a career in the CAF?

This question addressed retention directly, asking whether the talent management process as respondents have experienced it had any impact on their turnover intention. As already covered in Question 5, in the case of two respondents a positive experience with a mentor in the "Other" category was in large part responsible for their decision to remain in the CAF. For a few others, negative experiences were correlated with increased turnover intent.

> *"Failure of talent management was the only reason I left."*

> *"If I was done with my oblig[atory service] last year I would've been gone."*

> *"If the single non-clinical career path remains, I won't stay."*

Question 8: In what way could talent management enhance your career experience?

In this question, respondents were asked how talent management could positively impact their career. The author sought to establish what respondents wanted out of the talent management system. The most frequent responses had to do with more open, frequent communication. Other answers included active advice and guidance about

different career paths, and better matching of opportunities like training and taskings with planned career goals.

> *"Time with the career manager – for the money invested into us as personnel, we need more than 15min/year."*

> *"What keeps MOs in is opportunity."*

> *"More opportunities for second language training; it's one of the biggest obstacles to career progression."*

> *"System does career succession for streamers well, but needs to engage and encourage the middle pack."*

> *"I don't need to be convinced, all they have to do is not screw up."*

CHAPTER 5 - THEME ANALYSIS

Five dominant themes emerged after analysis of the interviews was completed. These themes depict key factors that contribute to the GDMO subjective experience of the CAF's talent management system. In rank order from most to least frequently identified theme, they are: communication; timing of talent management engagement; organizational reciprocity; talent management personnel; and career flexibility. Table 4 displays how many respondents brought up each of the five themes. Themes were identified through the coding of phrases in the individual interview notes, and illustrative quotations are included in the discussion of each theme. All quotations are drawn from transcripts of the interviews conducted by the author, as referenced on this page.[99]

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[99] Telephone study participant interviews with author, March-April 2017.

Theme	Number of Respondents	Percentage of Respondents (%)
Communication	19	95
TM Engagement Timing	15	75
Org Reciprocity	15	75
Talent Management Personnel	12	60
Career Flexibility	11	55

Table 4: Dominant themes in rank order by frequency of identification.

Communication

Communication was by far the most prevalent theme, and was brought up by 19 out of the 20 respondents. Respondent perception of the quality of the communication experience, whether positive or negative, colored the perception of the entire talent management system and had a congruent effect on their POS.

The first subtheme was lack of communication, both personally about a respondent's career and generally about the MOSID. This subtheme was related very strongly to respondent experiences with the career manager, and somewhat less strongly to experience with the local chain of command which was perceived as a barrier to communication by some respondents.

"There was no response to phone or to email."

"If I didn't have [social media] I'd have no idea what was going on in my trade."

The second communication subtheme was effective communication. This subtheme highlighted the vital importance of communication to the GDMO talent management experience, and was illustrated by several respondents whose positive experience with the talent management system was based almost entirely on having had an open, two-way conversation with a talent management representative. This impression of "having been heard" was an important career satisfier and was positively correlated

with POS; it was also notably independent of the actual outcome of the conversation as far as securing any job-related "wants." Several members explicitly stated that they understand that the organization may be unable to fulfill their requests, but that listening to them and offering an explanation for why a request can't be met is something that a good talent manager would do.

> *"Everybody doesn't get what they want but you have to feel that at least somebody cared and maybe gave you a shot at it."*

> *"People just want to be listened to."*

In general, a negative communication experience was characterized by insufficient or nonreciprocal dialogue, and a lack of explanation of decisions that directly affected a respondent's career development (for example a posting choice). This described most respondents' interaction with the career manager, and left them with the low-POS impression that the talent management system, and the CAF by extension, didn't value their career (or them as employees). This is in keeping with Levinson's conclusion that actions taken by agents of the organization are interpreted as indications of organizational intent.[100] GDMOs by and large felt that until they progressed sufficiently in their career to gain access to the MOSID Advisor, there was no worthwhile communication from the "corporate" HR side of the talent management system.

Good communication with a supervisor or adviser/ mentor could have a profound effect on a respondent's POS, to the point of being a major factor in the decision to remain in the CAF. A positive communication experience was characterized by reciprocal dialogue, perception of interest on the part of the talent management

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[100] H. Levinson, "Reciprocation: The relationship between man and organization," *Administrative Science Quarterly* 9 (1965): 380.

representative, and willingness to explain decisions that affected the respondent's career development.

Timing of Talent Management Engagement

The next two themes tied for prevalence. The timing of the talent management system's engagement with GDMOs was analyzed as the second dominant theme. The first subtheme was inadequate formal talent management engagement during a GDMO's VIE. Overwhelmingly, respondents felt there was no formal engagement for junior GDMOs with what they would identify as effective talent management. The brief annual (or less) contact with the career manager was not considered to be effective talent management. GDMOs related feeling isolated while on SUTL/ BTL, and expressed a desire to see structured early engagement by talent managers. Retention efforts by CF H Svcs Gp, such as the Attraction and Retention Conference, were also seen as avoiding engagement with this GDMO group.

> *"The whole field of Captains is just left to sort themselves out."*

> *"The first 3-4 years there's a "pay your dues" philosophy, after that they start to check if you're interested in staying. This needs engagement much earlier."*

> *"The retention conference was a joke; there were only three Captains in attendance and that should be your audience."*

The second subtheme was the early engagement by mentors. Active engagement with a mentor during the first years when a GDMO comes on TES was shown to counteract the low POS related to the relative non-engagement of the formal talent management system, and as illustrated by the quotations under Question 5 in Chapter 4, has even had a direct impact on some respondents' turnover intent.

> *"I felt invigorated by the chat."*

The need for early engagement of human talent in organizations has been demonstrated in retention research, and it is clear that the perceived lack of engagement during VIE is a significant factor causing low POS among CAF GDMOs.[101]

Organizational Reciprocity

Perception of low organizational reciprocity as a theme tied for second place in prevalence. The norm of reciprocity underpins the concept of POS, which contributes to a positive reciprocity dynamic between the organization and its employees. When employees feel betrayed by their organization, POS decreases and a negative reciprocity dynamic can emerge.[102] In this study, respondents perceived that the system had no corporate memory of those who've "taken a hit" for the organization, and that promises of increased consideration in the future if a member agrees to a relative sacrifice like an undesirable posting have not and will not be kept.

> *"If you bend over for system the system won't remember, so you're not helping yourself."*

> *"If a member takes a hit for the organization their wishes should be considered higher next time. This is promised but there is no institutionalization of it, and with high turnover, it gets dropped. So members get angry at the system not giving back."*

Organizational commitment links directly to turnover intention, and is an outcome of POS. If members feel that the CAF is not living up to its promises, it directly and negatively affects both POS and organizational commitment, increasing turnover intention.

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[101] Pia Heilman, "Review Article: To have and to hold: Personnel shortage in a Finnish healthcare organization," *Scandinavian Journal of Public Health* 38, no. 5 (2010): 519.
[102] D. Allen, L. Shore, and R. Griffeth, "The Role of Perceived Organizational Support and Supportive Human Resource Practices in the Turnover Process," Journal of Management 29 (2003): 100.

Talent Management Personnel

The fourth most prevalent theme was the make-up of the talent management personnel. The first subtheme was the MOSID of the career manager. Respondents felt strongly that GDMOs should be managed by a physician, and those respondents with prior CAF service reported feeling surprised or shocked upon learning that the GDMO career manager was not a GDMO. Respondents in the GDMO-jr group expressed resignation that they would not receive talent management until engagement by the MOSID Advisor, unless they were lucky enough to find a mentor or be selected for the "separate" category of one of the environmental or occupational health training programs.

> *"Career manager is not in the loop of what's going on in the world of doctors."*

> *"This needs to be a medical officer. If the organization can retain even two or three extra MOs, the loss of productivity from that MO position is made up."*

A few respondents, especially those with previous civilian talent management experience, also suggested that members with an HR background and training as talent managers could fill the career manager role. The possibility of a long term civilian career manager with those qualifications was also discussed by some respondents; the perceived advantage of that option was the long term stability of the employee, who might then get to know the GDMOs better over time.

The second subtheme was the under-utilized role of the Regional Surgeon. In light of perceived difficulties with talent management stemming from both having a non-GDMO career manager and a single MOSID Advisor for whom that role is secondary to their main positional role, respondents focused on the Regional/ Area Surgeon as a potential solution. A few respondents recounted positive mentorship experiences with their Regional Surgeon, but felt frustrated that the Regional Surgeon, unlike the MOSID

Advisor, had no official advisory role inside the formal talent management framework.

Respondents felt that the Regional Surgeon could close the gap between career manager

and MOSID Advisor, filling a regional MOSID Advisor-like role especially for junior

GDMOs, but that this role would need to be formally defined so that the input into the

talent management system would be official.

> *"We need a dedicated talent management position – the MOSID Advisor is a*
> *Colonel already doing a full time job."*

> *"Mentors need some sort of power, a formal link with the system for their input."*

> *"Contact with someone who has some knowledge and control over a member's*
> *career."*

> *"Area Surgeon has the potential to be the great unifier, but needs some kind of*
> *authority within a formal framework, and to be linked with the MOSID Advisor.*
> *That's the only way to get personalized talent management."*

Dissatisfaction with the personnel formally responsible for talent management is

naturally linked with dissatisfaction with the talent management system itself. Perception

that the CAF does not care enough to choose a better alternative for the role can result in

decreased POS. It is interesting to note that most respondents did not see the unit CO is a

talent manager in the longitudinal sense, but more as the local employer and potentially

mentor (or, in some cases, barrier to contact with representatives of the talent

management system). The Regional/ Area Surgeon was viewed generally positively as a

mentor, but without authority to fill the talent management role respondents felt was

lacking.

Career Flexibility

The fifth and final dominant theme was a perceived lack of career flexibility.

GDMOs reported frustration with the CAF's "check in the box" system in which

GDMOs were progressed through a series of positional postings in order to "round them out" for higher leadership. Respondent perception of this type of progression was congruent with published analysis of the CAF talent management model, which "assumes that the vast majority of military members have the interest and potential to assume the responsibilities of higher rank."[103] Respondents wanted the option to temporarily (and sometimes permanently) "step out" of the progression system for a number of reasons, including family and interest in/ aptitude for the job they were doing in their current position.

Respondents raised a number of options to increase flexibility, including sabbaticals, a leave of absence, or part time/shared positions in order to pursue research or other clinical interests, and pointed out that the civilian system allows and even encourages some of these options for physicians. Another suggested option was to move entirely to the civilian (contracted and Public Service) health care providers for primary care on bases, leaving the GDMOs to concentrate on military occupational health, with more freedom for courses and taskings. This off-loading of day to day primary care would also allow more time for GDMOs to maintain operationally relevant clinical readiness through increased time in civilian acute care settings.

> *"People excel at what they like, and like what they're good at – allow different paths not just 'one size fits all.'"*

> *"Physicians already have a career – of you want them to stay, develop their interests and aptitudes."*

> *"We need more clinical spots at the Major level – right now those who want to stay clinical are penalized and have no "home" in the system. Unlike pilots who can stay flying longer."*

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[103] Alan Okros, « Becoming an Employer of Choice : Human Resource Challenges Within DND and the CF", in The Public Management of Defence Canada (Toronto: Breakout Educational Network, 2009):171.

This theme was most directly linked to the essence of the talent management concept. As described in the responses to the first question (Chapter 4; Question 1), most respondents' own definitions of talent management included some variation on the phrase "right person for the right job." The standard GDMO progression pathway was seen as going against the spirit and intent of what talent management should be. As talent management is an aspect of at least two POS antecedents, dissatisfaction with that aspect is likely to result in a lower POS as well as decreased job satisfaction, which is mediated by POS.

CHAPTER 6 - RECOMMENDATIONS AND CONCLUSION

The main goal of this qualitative research study was to understand and describe the subjective experience of GDMOs with the CAF's talent management system, as reflected in the main research question:

How do GDMOs describe their experience with the CAF talent management system?

The lived experience related by respondents was largely negative, and specifically the experience in the initial years after coming onto TES was described as almost universally negative. The range of participant experiences, both positive and negative, was presented in Chapter 4 – Results. Limited descriptive statistics were also used to show the frequency of experience quality. Using the Modified Van Kaam Method of data analysis, individual respondent experiences were integrated into a composite description of the experience, representing the study group as a whole. The highlights of this composite experience for a GDMO on a VIE would read as follows:

- The GDMO, while still in school, feels isolated from the CAF and from other GDMOs; she is the only military member in her class.

- Initial contact with the career manager is made while in school, and the member is told to consider posting choices. She doesn't understand the differences between the three environments and how that could affect her working environment, and no one asks whether she does. She makes her choice based on geography or family proximity.

- In her final year of residency she is again contacted by the career manager, and duly receives her posting message.

- The GDMO comes to TES and settles into her work. The senior GDMOs and the Base Surgeon adequately orient her to her day to day job, but they are themselves stretched thin and do not act as true mentors.

- She is unsure of what career paths are open to her as a GDMO, and wants to discuss that with the career manager. She asks for the contact information, and is told that her scheduled interview will occur in four months. She will have a 15 min phone call.

- She happens to be out supporting an exercise during career manager interview season, and has poor cell reception. The interview is not rescheduled. She feels frustrated and asks her fellow GDMOs about it; they tell her that all they talked about was whether they would be posted in the summer or not.

- In her second year at TES, she has her interview. She is told that she will not be moving in the next year, and likely not in the year after. She wonders if there is something else she should be doing to progress, but she is unsure what progression options exist in the first place. The conversation doesn't end satisfactorily and she doesn't feel that she received career guidance. Her impression is that the posting plot was the point of the interview, and since she wasn't moving there was no interest in her.

- The GDMO finds out about the MOSID Advisor, and is told that he might contact her when she is in the last year of her VIE; if she is not a Major or imminently ready to release, she will not be contacted.

- After three years at TES, she would really like someone to provide some ongoing career guidance. She knows that she is likely to be moved into a Base Surgeon position in another year, and is not keen on that but isn't sure what other options are available. There is a "clinical Major" position, but she has no idea how one is selected for this position; in fact, none of her peers know how this selection occurs or what one must do to be considered. Some of her peers are talking about applying to specialty training, but she doesn't know if she wants to incur further obligatory

service. Apart from the Base Surgeon, Clinical Major and specialty training, she doesn't really know what other roles would be available to her as a soon-to-be Major, and she doesn't know how what is required to position herself for one of these positions.

- After four years she is the Base Surgeon. She is dissatisfied with moving away from clinical duties so soon after finishing medical education, and leans towards releasing after her obligatory service is finished in another year. She has now spoken to the MOSID Advisor for the first time, and discussed some career options, but is not sure whether she wouldn't rather release and be in control of her own career.

This is a basic composite of a GDMO still under the VIE. The common story from respondents in regard to talent management during that period of their service was one of dissatisfaction with the perceived lack of it from the career manager side, and frustration that the MOSID Advisor was out of reach for junior Captains. Respondents spoke of not understanding GDMO career progression past the Base Surgeon level, and of having no one to explain various possible position opportunities. The composite is a picture of slowly eroding POS. An effective mentor injected into this situation can affect a significant positive change in the GDMO's POS.

The composite and the major themes that were drawn out of this study suggest possible avenues for action on the GDMO retention front. Eliminating or decreasing those factors that are likely to lead to a lowered POS should result in increased job satisfaction and organizational commitment, and hopefully increased GDMO retention. The main recommendations are:

1. Early active engagement of GDMOs throughout the VIE period. This recommendation is for formal structured engagement with talent management representatives rather than the mentorship scheme, which should serve as an enhancement to the formal talent management process. The utilization of the Regional Surgeon in a formal talent management role could be considered.

2. Increased effective communication between GDMOs and CF H Svcs Gp talent management representatives. Ongoing periodic contact

rather than an annual, posting period-tied interview should be the norm. The communication needs to be personalized to a degree, in that the representative should get to "know" the members being managed through longitudinal engagement.

3. Organizational accountability for promises made. If consideration is promised to a member by a talent management representative, the organization must make all effort to fulfill these promises. Agents of the talent management organization must be held accountable for making promises they have no way of keeping; it is better not to promise something than to not deliver, and cause the member to feel betrayed.

4. The use of the non-GDMO career manager as primary talent management representative for junior GDMOs needs to be reconsidered. The experience of study respondents with the career manager was so uniformly negative that not addressing this promptly and constructively would be a grave error for retention efforts. The negative response was not tied to any particular career manager, as respondents in all service-year groups related startlingly similar experiences during their early years as Captains.

5. Proactive communication by CF H Svcs Gp leadership of various career paths available to GDMOs, and what is required to enter a desired path. Clear criteria would also help with the feeling that unfairness/ favoritism are behind some postings, for example the choice of Clinical Major.

The CF H Svcs Gp does have a number of positive GDMO retention initiatives either ongoing or in development. The mentorship initiative from *the Attraction and Retention Strategic Plan* is being rolled out, and if this study is any indication that alone could make a difference in GDMO POS. Other retention-related options under consideration are guaranteed limited periods of geo-locking, a review of how the Clinical Major position is currently used and how best to leverage it to aid retention, and a "dual pathway" option with a more clinical stream, but one that would allow the member to move laterally into the organizational leadership stream.[104]

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[104] Lieutenant-Colonel Deborah McDonald, telephone conversation with author, 18 April 2017.

A new succession plan for CF H Svcs Gp is in its final development stages this year, and addresses some of the concerns identified by interviewees. With the plan to formally identify members as a Mover, Prover, or Core, the purpose is not only to let members know where they stand in the organization but to shape their careers with experiences required to reach the next logical career goal. It also allows members to formally opt out of succession planning, possibly as a first step to a non-leadership career stream. This plan aims to balance the development of the individual with respect to their aptitude and career goals, with ensuring the right personnel fit for CF H Svcs Gp leadership. Theoretically career progression should be more stable and foreseeable for the member. However, this will occur only once a member is formally succession-planned, so it does not address the concerns of the junior GDMOs. It also relies, as does any organization's succession planning process, on sufficient numbers in the ranks to allow some flexibility, which at this moment the CAF does not have with respect to GDMOs.

Attrition in the CAF is a multi-factorial problem, and thus cannot be mitigated by focusing solely on any single factor factor. Nonetheless, factors that have been shown to affect POS must be addressed by any organization that seeks to develop an effective retention strategy, and talent management is one such factor. The results of this qualitative study provide a foundation for understanding the GDMO lived experience with the CAF talent management system, and highlight specific areas of negative experience that must be addressed if the CAF is to change the historically high level of GDMO attrition VIE, and truly built a culture of retention within the Royal Canadian Medical Service.

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