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# The Influence of Career Adaptability on Career Calling and Health of Teachers

*Herring Shava and Willie Tafadzwa Chinyamurindi*

## Abstract

The challenge of work often imposes a range of physical and mental health challenges to teachers. There is a need not only to find strategies that promote the health of teachers but also to assist teachers in their profession, albeit challenges that may exist. The chapter explains whether the presence of a career calling predicts employee mental and physical health. Focusing on a sample of teachers in rural high schools, the moderating effect of career adaptability on the relationship between the presence of a career calling and employee mental and physical health was investigated. Quantitative data were collected from a sample of 214 teachers through a self-administered questionnaire. Simple linear regression and hierarchical regression analysis were the statistical techniques performed to make meaning of the data. Simple linear regression results indicated that the presence of a career calling significantly influenced mental health but had no statistical significant influence on physical health. The hierarchical regression results revealed that career adaptability negatively influenced the relationship between the presence of a career calling and both aspects of health (mental and physical). Based on the findings, strategies are put in place that are three fold aimed at improving career development and health of teachers.

**Keywords:** career adaptability, calling, mental health, physical health, teachers

## 1. Introduction

Career calling has emerged as a popular subject of interest within the contemporary career academic and practitioner press [1]. Traditionally, career calling has been studied mostly from a religious context internationally [2] and in South Africa [3]. However, due to the pressures with in modern life, work is affected. Lent [4] noted a major driver of the world of work being technology. This is also coupled by other individual and environmental factors that affect not just the work but also the possible meaning that can be ascribed to work [1]. This has all led to calls for more nuanced multidisciplinary understanding around the experience of work under such difficult times [5]. Put simply, career calling is ascribed to refer to the drive that assists an individual to gain some form of purpose or meaning in their life [6]. This state of being is derived from the interplay between individual and environmental forces [7]. In essence, others, for example, Duffy and Sedlacek [8] associated quests for a calling to emanate from outside pressures and subsequently

influence the individual internally. The presence of a calling is argued to bring a sense of direction in an individual's life [9] and ultimately becomes an occupation an individual settles in [10].

There has been a notable positive response to calls for research focusing on understanding the notion of a career calling. We note some gaps in the extant literature. First, with regard to research, we note a scant focus as a link between career calling and outcomes related to health [11] and within professions such as teaching. Most research has centred on outcomes of work such as work engagement, job satisfaction, and turnover [12–16]. Given challenges affecting the contemporary world of work, we magnify the need to explore health outcomes related to the lived experience such as mental health and physical health.

### **1.1 Chapter context**

The teaching profession is in a state of flux. The journey into teaching for some, especially in South Africa, may not have been due to the exercise of choice [17]. Career paths such as teaching were mostly positioned for the Black populous who could not exercise career choice [18]. Also included are career paths such as being a social worker and a nurse [19]. This positions for the need for redress in South Africa [20–22]. Linked to this are also challenges affecting those within professions such as teaching (inclusive of the public service). These challenges are mostly health related such as mental health and have their origin in the work done by such employees [23–24]. This chapter is positioned in a South African rural context, using a sample of teachers working in the Eastern Cape Province of South Africa. Rural areas in South Africa remain marginalized with issues illustrating the poverty and inequality gaps being apparent [4, 25, 26]. The challenges in rural communities may potentially affect how teachers perform duties around teaching and learning with implications also for career mobility [27]. Given such a context, strategies are needed to assist teachers in rural areas to adjust to the harsh realities they face that impact their career paths [17].

### **1.2 Chapter goals**

The chapter's goal is to explain whether the presence of a career calling predicts employee's mental and physical health. The chapter further explains whether career adaptability moderates the relationship between the presence of a career calling and employee health measured through mental and physical health. Overall, the chapter answers the following question: What is the influence of career adaptability on the relationship between the presence of career calling and employee mental and physical health?

The chapter is structured as follows: first, the theoretical and empirical literature is presented. This is inclusive of the hypotheses that were tested and of the conceptual model. Thereafter, the methodology, results and discussion sections are presented.

## **2. Theoretical lens**

Given the interdisciplinary nature of this chapter, some theoretical positions are noted. Making use of the Calling Theory of Psychological Success (CTPS) developed by Hall and Chandler [28], the presence of a calling has been linked to positive behaviour inclusive of a range of organisational outcomes [29–30]. This can also be linked to the Career Construction Theory (CCT), a popular career theory [31–33].

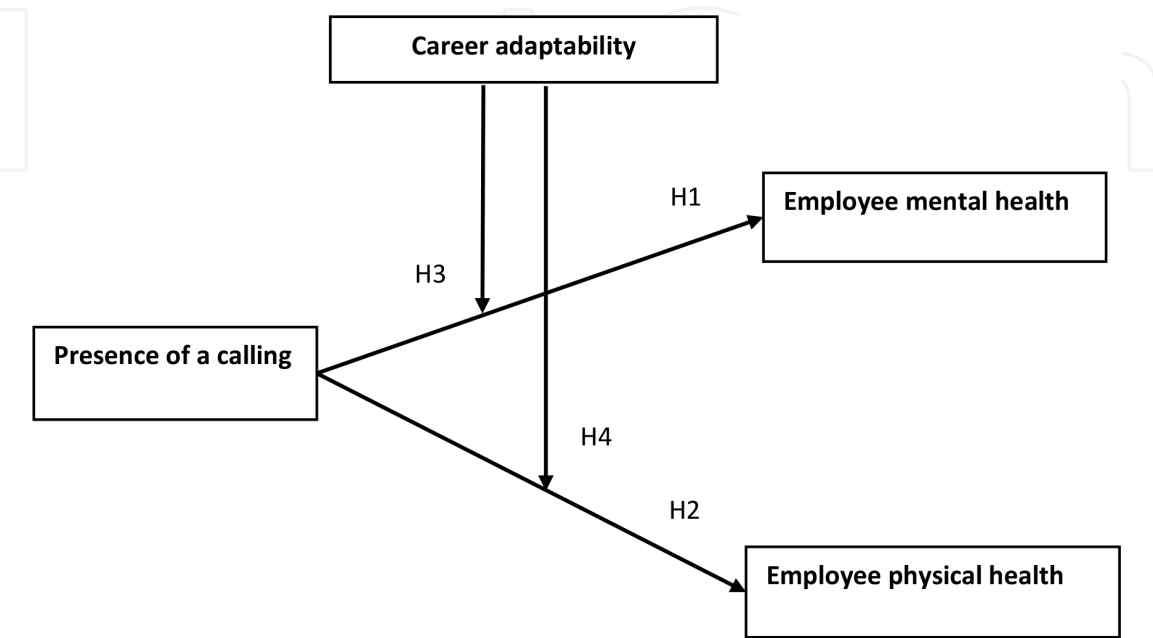
The thinking here through the presence of a calling is that individuals develop a set of meta-competencies such as career adaptability. A contemporary response to the ideas espoused in the CTPS and CCT is through the Work as a Calling Theory (WCT) [1]. The WCT explores the experience of how an individual when perceiving their career as a calling, this may in turn result in the living of a calling. The distinction, yet linkage, is between the perception and ultimately the reality. This distinction and linkage do not in any way divorce the individual from facing individual and contextual challenges [34] but proffer a way of managing these.

### 3. Empirical literature

#### 3.1 Career adaptability, career calling and health

The empirical literature appears to show connections between the variables under study. Research found the absence of a calling to be associated with negative behaviours such as depression, irritation, anxiety, withdrawal intent, and physical symptoms [11]. The thinking here could be that in the life of an individual, work, especially decent work, has the potential to satisfy individual needs and drives with the added benefit of creating social connections [34]. The presence of such a state of being around the meaning of work for the individual has the potential to affect not just individual but also community well-being [35]. This also leads to the salient link that has been made between the meaningful work and calling with outcomes such as (a) life satisfaction, (b) life meaning, (c) job performance, (d) job productivity, (e) commitment, and (f) motivation [36–37].

Career adaptability becomes a critical aspect of individual career development. The thinking here is that through career adaptability, the individual has a strategy that assists to manage career shifts and experiences [38]. These shifts and experiences may have their origin within an ever-changing work environment. Research attributes the current environment especially with reference to the economic outlook to have a bearing on employee loyalty as well as morale motivation and job security [39]. Potentially, career adaptability may exist as a possible panacea to manage such change.



**Figure 1.**  
*Conceptual model.*

The empirical evidence appears to show support for the notion that career adaptability functions as a self-regulatory tool for managing stress, thereby promoting employee health in the periods of career shifts [38, 40–41]. Subsequently, the nature of the changes happening in the world of work affects employee well-being [42]. Based on the presented literature, the following hypotheses were formulated:

H1: Presence of calling predicts employee mental health.

H2: Presence of calling predicts employee physical health.

H3: Career adaptability moderates the relationship between presence of calling and employee mental health such that when career adaptability is high, the relationship between presence of calling and employee mental health is stronger.

H4: Career adaptability moderates the relationship between presence of calling and employee physical health such that when career adaptability is high, the relationship between presence of calling and employee physical health is stronger. **Figure 1** presents the conceptual model that was tested.

## **4. Materials and methods**

### **4.1 Respondents**

Participants were a convenience sample of 214 high school teachers (grade 11 and 12), working in the Eastern Cape Province of South Africa, accessed over a 10-month period. The sample by gender consisted of 53% females and 47% males; by race, the majority (95%) were from the black population and only 5% were Coloureds. About 65% were aged between 30 and 40 years, and most of the sample (70%) had over 10 years of work experience.

### **4.2 Measures and outcomes of reliability tests**

Given that three main constructs existed in this study, this section reports on the measures used for these constructs. Career adaptability was measured through four subscales on a measure originally designed by Savickas and Porfeli [43]. The measure for career adaptability had four subscales, namely, concern, control, curiosity, and confidence. Each of the mentioned subscales is made up of six items, each measured on a five-point Likert scale ranging from 1 = not strong to 5 = strongest. We performed reliability tests of the career adaptability scale and found associated Cronbach alpha coefficients as follows: concern (0.735), control (0.718), curiosity (0.742), and confidence (0.739).

The presence of a calling was measured through a scale consisting of two items measured on a five-point Likert scale (1 = strongly disagree to 5 = strongly agree), with a Cronbach alpha of 0.766. The scale used to measure this was the Brief Calling Scale [44]. The scale consists of two statements: “I have a calling to a particular kind of work”, and, “I have a good understanding of my calling as it applies to my career.” Employee health consisted of two measures of health, namely physical and mental health. The physical health scale with a Cronbach alpha coefficient score of 0.795 was developed from a previous work [45]. The physical health scale is made up of six items measured on a five-point Likert scale with scores ranging from 0 = none of the time to 4 = all of the time. Finally, the second indicator of employee health was mental health taken from a previous study [46] and yielding a Cronbach alpha coefficient score of 0.751. The mental health scale is made up of six items measured on a five-point Likert scale ranging from 0 = none of the times to 4 = all of the times. Based on the analysis we conducted, all yielded Cronbach alpha coefficient scores were above the recommended threshold of 0.7 [47, 48]. A Cronbach coefficient



equal to or above 0.7 indicates that a scale has internal consistency. This means that the items within a scale are correlated and they all speak to the same theme that is being investigated. In other words, the scales used to measure the variables utilized in this study can be relied upon, as they are reliable.

### 4.3 Procedure

Ethical clearance was granted through the University of Fort Hare Research Ethics Committee (UREC), with a certificate number CHI001 (Project). Participants consented to take part in the study and were approached over a 10-month period at teaching and learning summits organized within the Eastern Cape Province of South Africa.

### 4.4 Data analysis

Given the presented hypotheses, simple linear regression analysis was utilized to measure the influence of the presence of a calling on employee mental and physical health, that is H1 and H2. To measure the moderating effect of career adaptability on employee mental (H3) and physical health (H4), hierarchical regression analysis was undertaken. The Statistical Package for Social Sciences (SPSS) version 25 was used to perform the statistical analysis.

## 5. Results

### 5.1 Presence of calling and mental health

To test the hypothesis stating that the presence of calling predicts employee mental health, the independent variable (IV) data, that is the presence of calling and the dependent variable (DV), that is employee mental health were checked to determine whether they adhered to the assumptions of normality. The Kolmogorov-Smirnov and the Shapiro-Wilk tests were performed and the results revealed that the IV and DV data violated the assumptions of normality, given  $p = .001$ . With this result, the simple linear regression was performed and the bootstrapped confidence intervals and their associated significance levels were requested. These do not rely on assumptions of normality and homoscedasticity.

Simple linear regression analysis output revealed a moderate positive correlation between presence of calling and employee mental health,  $r = 0.406$ . The presence of calling further accounted for 16.4% of the variation in employee mental health,  $R^2 = 0.164$ . As much as there are other factors accounting for approximately 84% of the variation in employee mental health not measured by this model, the results imply that if we are to better understand the concept of employee mental health, it is worth paying attention to the presence of calling as a factor. Further, the results also revealed the  $F$ -ratio which seeks to explain if the model is better at predicting employee mental health as opposed to making use of the mean value. The  $F$ -value = 41.732 and significant  $p = .001$  were observed. This result informed us that the study's model is significantly better at predicting employee mental health as opposed to relying on the mean value. **Table 1** provides a summary of the discussed results.

Parameters of the model estimates were observed,  $b_0 = 20.157$  and  $b_1 = 0.438$ . This result informed us that given a unit change in the presence of calling, there will be an increase in the score of employee mental health equivalent to 0.438 units. More importantly, this positive change is significant at  $p < .001$ . Given this result,

Source	Df	Sum of squares	F value	Pr > F
Regression	1	641.04	41.73	0.000*
Residual	212	3256.53		
Total	213	3897.57		
Model summary				
R	R2	Adjusted R2	Est. standard error	
0.406	0.164	0.161	3.92	
Note: Independent variables: constant, calling. Dependent variable: mental health.				
*Significant fit.				

**Table 1.**  
Simple linear model fit and summary for the presence of calling on mental health.

we failed to reject the hypothesis stating that the presence of calling predicts employee mental health as there is enough evidence to substantiate this claim. **Table 2** provides a summary of the mentioned results.

5.2 Presence of calling and physical health

The study’s second hypothesis sought to establish whether the presence of calling predicted employee physical health. The IV and DV data were subjected to normality tests, namely the Shapiro-Wilk test and the Kolmogorov-Smirnov test, which were both observed to be below 0.05. This result indicates that the data do not adhere to the assumptions of normality. As a result, to test the hypothesis, a simple linear regression analysis was performed and bootstrapped confidence intervals, and their associated significant levels were requested as these are not affected by the assumptions of normality and homoscedasticity.

Simple linear regression analysis results revealed a very weak positive correlation between presence of calling and employee physical health,  $r = 0.122$ . Further, the results revealed that presence of calling accounted for just 1.5% of the variation in employee physical health,  $R^2 = .015$ . This informed us that approximately 98% of the variation in employee physical health is accounted for by other factors not measured by this model. The  $F$ -ratio = 3.22 and nonsignificant,  $p = 0.074$  indicate that this model is not better at predicting employee physical health as opposed to the use of the mean value. **Table 3** summarizes this discussion.

Parameter estimates of the model,  $b_0 = 27.160$  and  $b_1 = 0.119$ , were observed. From these parameters, we learnt that a unit change in the presence of calling results in a positive but nonsignificant change of 0.119 units in employee physical health,  $p = 0.074$ . Given this result, we therefore rejected the hypothesis stating that presence of calling predicts employee physical health as there is no sufficient evidence to support the hypothesis. These results are outlined in **Table 4**.

5.3 Linear model predictors of mental health

Hierarchical regression analysis was performed with career adaptability entered as the moderating variable, presence of calling as the explanatory variable, and employee mental health as the outcome variable. The results indicated a significant negative relationship between presence of calling and employee mental health,  $b = -0.052$ , 95% CI  $[-0.074, -0.030]$ ,  $t = -4.678$ ,  $p = 0.001$ . The conditional effects of the focal predictor at values of the moderator output were observed which revealed that given a low value of career adaptability =  $-4.622$ , a relatively strong

Parameter	Unstandardized coefficients		Standardised coefficients		
	B	Std error	B	t	Sig
Constant	21.157	1.147		17.568	0.000*
Calling	0.438	0.068	0.406	6.460	0.000*

Note: Independent variables: constant, calling. Dependent variable: mental health.  
\*Significant fit.

**Table 2.**  
Parameter estimates for the presence of calling on mental health.

Source	Df	Sum of squares	F value	Pr > F
Regression	1	47.021	3.222	0.074
Residual	212	3094.287		
Total	213	3141.308		

Model summary

R	R2	Adjusted R2	Est. standard error
0.122	0.015	0.010	3.82

Note: Independent variables: constant, calling. Dependent variable: physical health.

**Table 3.**  
Simple linear model fit and summary for the presence of calling on physical health.

Parameter	Unstandardized coefficients		Standardised coefficients		
	B	Std error	B	t	Sig
Constant	27.16	1.118		24.284	0.000*
Calling	0.119	0.066	0.122	1.795	0.074

Note: Independent variables: constant, calling. Dependent variable: physical health.  
\*Significant fit.

**Table 4.**  
Parameter estimates for the presence of calling on physical health.

and significant positive relationship between presence of calling and employee mental health does exist,  $b = 0.612$ , 95% CI [0.437, 0.786],  $t = 6.912$ ,  $p = 0.001$ , and when the value of career adaptability increases to  $-1.622$ , a relative weak but significant positive relationship between presence of calling and employee mental health does exist,  $b = 0.455$ , 95% CI [0.321, 0.589],  $t = 6.699$ ,  $p = .001$ . The results also revealed that with a further increase in career adaptability score, to be precise, given career adaptability = 4.379, although significant and positive, the relationship between presence of calling and employee mental health further weakens,  $b = 0.142$ , 95% CI [0.004, 0.280],  $t = 2.026$ ,  $p = 0.04$ .

The Johnson-Neyman method revealing the significance level regions on the relationship between presence of calling and employee mental health at the values of career adaptability further confirmed the above results indicating that the relationship between presence of calling and employee health is stronger, positive, and significant at the weakest score of career adaptability, to be precise, career adaptability =  $-14.622$ ,  $b = 0.134$ , 95% CI [0.767, 1.502],  $t = 6.082$ ,  $p = 0.001$ . Conversely, at the highest score of career adaptability, that is, career adaptability = 18.379, a



very weak and significant negative relationship between presence of calling and employee mental health is observed,  $b = -.589$ , 95% CI  $[-0.986, -0.193]$ ,  $t = -2.929$ ,  $p = 0.004$ . Given this result, it is evident that career adaptability does moderate the relationship between presence of calling and mental health as shown by an inverse negative relationship,  $b = -0.052$ . However, this finding does not support the hypothesis stating that career adaptability moderates the relationship between presence of calling and employee mental health such that when career adaptability is high, the relationship between presence of calling and employee mental health is stronger, and as a result, we rejected the stated hypothesis as there is no evidence to support it.

#### 5.4 Linear model predictors of physical health

Hierarchical multiple regression analysis was also performed with career adaptability as a moderating variable, presence of calling as an explanatory variable and employee physical health as the outcome variable. The results revealed a significant negative relationship between presence of calling and employee physical health,  $b = -0.033$ , 95% CI  $[-0.056, -0.010]$ ,  $t = -2.873$ ,  $p = 0.005$ . Examining the conditional effects of the focal predictor at values of the moderator, the results indicated that at the lowest value of career adaptability, to be precise, career adaptability =  $-4.622$ , a relatively strong significant positive relationship between presence of calling and employee physical health is observed,  $b = 0.199$ , 95% CI  $[0.019, 0.379]$ ,  $t = 2.175$ ,  $p = 0.03$ . However, when the value of career adaptability increases to  $-1.622$ , a relatively weak nonsignificant positive relationship between presence of calling and employee physical health is observed,  $b = 0.099$ , 95% CI  $[-0.039, 0.238]$ ,  $t = 1.418$ ,  $p = 0.16$ . The relationship between presence of calling and employee physical health further weakens when career adaptability increases, that is, career adaptability =  $4.379$ , resulting in a nonsignificant negative relationship between presence of calling and employee physical health,  $b = -0.099$ , 95% CI  $[0.242, 0.043]$ ,  $t = -1.372$ ,  $p = 0.172$ .

The Johnson-Neymar method was further observed to determine the significance regions on the relationship between presence of calling and employee physical health at the values of the moderator. At the lowest value, that is, career adaptability =  $-14.622$ , a relatively strong and significant positive relationship between presence of calling and employee physical health is observed,  $b = 0.529$ , 95% CI  $[0.150, 0.908]$ ,  $t = 2.753$ ,  $p = 0.006$ . As the value of career adaptability increases, to  $6.661$ , a relatively weak and significant negative relationship between presence of calling and employee physical health is observed,  $b = -0.175$ , 95% CI  $[-0.350, 0.000]$ ,  $t = -1.971$ ,  $p = 0.05$  but when the value of career adaptability is increased further, the relationship between presence of calling and employee physical health further weakens, for example, at the highest value of career adaptability, that is,  $18.379$ , a significant negative relationship between presence of calling and employee physical health is observed,  $b = -0.562$ , 95% CI  $[-0.971, -0.153]$ ,  $t = -2.71$ ,  $p = 0.007$ . From this finding, we also observed that career adaptability moderates the relationship between presence of calling and physical with the interaction revealing an inverse relationship,  $b = -.033$ . This finding does not support the study's hypothesis stating that career adaptability moderates the relationship between presence of calling and employee physical health such that when career adaptability is high, the relationship between presence of calling and employee physical health is stronger. Therefore, we rejected the stated hypothesis as there is no evidence to substantiate this claim.

## 6. Discussion of findings

This study aimed to investigate the moderating effect of career adaptability on the relationship between the presence of a career calling and employee health measured through mental and physical health. The finding around the link between the presence of a calling and mental health appears to support the theorizing around the role of a presence to calling to positive behaviours in the workplace [11]. In this chapter, the findings support empirical literature with regards to the effect of presence of calling on mental health but paint a different picture with regards to the effect of presence of calling on physical health. The existence of a calling potentially offers individual drive in the midst of challenges to fulfil outcomes expected of work [34]. At the core here, could be as found through the study that the important role of the presence of a calling to teachers and its implication is not just for career progression but also for mental health outcomes. In essence, we extend the work that shows the influence of presence of a calling and constructs such as career adaptability on outcomes of not only outcomes of work [35–37] but also health outcomes that cover mental and physical health. In achieving all this, the role of career adaptability [38] becomes critical and may be a buffer to the challenges faced by teachers.

The two (career adaptability and presence of calling) can be thought to work in different directions. Career adaptability may be used in the short term to manage ongoing changes faced. Conversely, the presence of a calling may exist as a long-term strategy used by teachers as part of their work within the profession. This thinking supported by the findings appears to show support of the idea of the two acting as individual self-regulatory tools [38, 40, 41] for addressing employee mental and physical health-related issues at the workplace. This positions quests for employee health, given focus in this study, as important issues of employee well-being [42].

### 6.1 Practical implications

We draw some implications based on the findings outlined in this chapter. First, given the positive role that the presence of a calling has on employee mental health, we advocate for some interventions. These could be in the form of encouraging employees around issues related to the presence of a calling. This could be in the form of teacher assistance programs that assist the professional development of teachers within the teaching profession. There is a need for constant reminders to teachers of the important role they play. Such moral support should also be actuated by material gain through competitive salaries and also addressing challenges that may be imposed by the aspect of rurality where the participating teachers to this study are located. Second, given the result around the moderation of career adaptability on the relationship between presence of a calling and employee health, support interventions can also be provided that assist the career adaptability of teachers to aspects of change. This has potential ramifications for health outcomes. Some strategies here, noting the high turnover within the teaching profession, could be constantly seeking for an alignment between changes within the external environment while also understanding the needs of the teachers on the ground.

## 7. Limitations

Some limitations exist with our study. We acknowledge challenges with obtaining a reliable sampling frame. Therefore, caution should be exercised not

only when interpreting the findings of this research but also with regard to the issues of generalizability. In our study, we utilized self-report measures, which may potentially result in issues of social desirability bias. We further acknowledge that in measuring both physical and mental health, the scales focused on the pain issue which is an emotional one and can neither be seen nor measured, and it poses a serious challenge for the research to be absolute when measuring. However, the use of well-evaluated scales and well-embraced scales enabled us to approach this subject with caution. In essence, the findings though interesting in enhancing understanding around teacher experiences may need to be viewed with caution given these limitations.

## **8. Future research**

Future research can be suggested. First, a qualitative research approach can be useful to unpack some of the findings and understand prevailing complexity that may accompany the experience of teachers in view of career adaptability as well as the presence of calling and health outcomes. Second, a comparative study between teachers in urban centers and those in rural areas may offer insightful findings. This may bring into focus understanding the role of geographic location against the variables under study. Finally, future research could also consider collecting views from those who are involved in the administration and setting the scene for the work teachers do. These could also be interesting aspects that inform issues relating to the career development of teachers but also strategies are that in place in safeguarding the well-being of the teachers.

## **9. Conclusion**

The present research provides evidence for the role of presence of a calling as an important organizational variable and its influence on employee health, which includes mental and physical health. The findings become relevant especially given the harsh working conditions teachers may be exposed to. In addition to the presence of a calling, individual experiences of career adaptability are also important in assisting employees. Ultimately, to assist teachers, consideration should be given to a balance between individual aspects deemed necessary for professional development and also aspects of well-being accounting for employee health outcomes such as mental and physical health.

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## **Conflict of interest**

The authors declare no conflict of interest.

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