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A BRIEF NOTE ABOUT MANAGEMENT RESEARCH ON JOB MOBILITY

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ABSTRACT

Changes in employment relationships and careers over the past several decades have made questions about job mobility germane to virtually all occupations. Concurrently, management research on job mobility has been rapidly accruing. We give a brief overview of the literature, calling out major themes and findings about the enablers and consequences of job mobility, and discuss implications for healthcare research and policy.

INTRODUCTION

Job moves are common in most careers these days. Accordingly, the past two decades have seen a rapid accumulation of research in the management and related literatures on job mobility, i.e. the movement of individuals between jobs, organizations, or types of work (1). This research has primarily been situated in for-profit business firms, but the questions, methods of inquiry, and findings could apply more broadly: specifically, to healthcare contexts. For example, when doctors change hospitals, or move from private practice to hospital or health system employment (or vice versa), how does it affect their career success or their patient care outcomes? Doctors, nurses, and other healthcare professionals experience job mobility in their careers, and these moves could have important implications for them, their patients, their employing organizations, and even healthcare policy.

The rise of the boundaryless career, where job moves to new employers and even new occupations is considered normal (2), and the rupture of the traditional loyalty-based employment relationship between workers and employers (3) have given rise to less stable

careers, making questions around job mobility and career change more interesting than ever. In addition, advances in methods (e.g. 4), and availability of mobility and career history data for a wide variety of occupations and industries from matched employee-employer datasets and online sources such as LinkedIn (5, 6) have enabled new ways of investigating job mobility and careers. Healthcare is not immune to the larger institutional trends: the imposition of market models to healthcare systems and other changes to healthcare institutions around the world have made career mobility questions increasingly relevant to the healthcare sector. Certainly, job mobility is common for health professionals, and studies of mobility are already present in healthcare research (e.g., 7, 8, 9). Rather than being a comprehensive review of mobility research (e.g., see 10, 11), our focus will be on highlighting major themes, key questions of interest, and major findings about job mobility from the field of management, perhaps stimulating additional questions specific to healthcare contexts.

We organize our overview around three general topics. First, we present findings about employability, i.e. how individuals' job mobility throughout their careers affects their future job prospects. We then discuss the consequences of job mobility and career changes on for individual and organizational performance, i.e. the portability of performance across organizational boundaries and how mobility can shape organizational outcomes. Finally, we briefly consider implications for healthcare research and policy.

MOBILITY AND EMPLOYABILITY

Though a plethora of factors can influence how employable people are, prior related experience is primary: employers consider it to be a key indicator of relevant knowledge and

skill (12). Beyond this basic truism, mobility researchers are beginning to examine whole career histories – including both related and unrelated jobs – to better understand how patterns of job mobility over time influence employability. For example, job hopping, i.e. holding relatively many jobs for a given career length, is generally perceived negatively by the popular press (e.g. 13, 14), but research shows a more nuanced picture. Instead of simply counting the number of positions, researchers are beginning to consider the order of positions, or when the job hopping happens in a career, finding that employers might see value in job hopping that is used to acquire diverse skills or status (15), or job moves that happen early in a career (16).

The other major direction for mobility researchers studying employability is to better understand job changes within organizations. Classic research on intra-organizational career paths (e.g. 17, 18) needs to be updated in light of the upheaval of secure employment relationships. Organizations that used to hire at entry-level and promote internally are now hiring at all levels. As a result, recent research has shown how individuals balance internal and external job mobility in their careers, showing how internal mobility is more strongly associated with upward progression and expanded responsibilities, while external movement is associated with increased pay (19). The processes that organizations use to hire internally – the way that over half of positions are still filled – also influence employability. Organizations use both market-like internal job postings and “slotting” where managers fill positions with people they hand pick (20), showing how job mobility might be driven by managers and organizations, as well as workers.

In sum, the whole body of job experiences as well as the pattern and timing of job moves influences how attractive job candidates are to employers, and the processes organizations use to

fill positions can influence who moves as well as who gets hired. Also, mobility within organizations and between organizations can serve different purposes in a career.

CONSEQUENCES OF MOBILITY FOR INDIVIDUALS AND ORGANIZATIONS

Mobility also has ongoing, post-hire consequences for individuals and their employers. Recent research on job mobility goes beyond straightforward costs of losing staff to focus on questions about what workers carry with them when they change jobs and how the mobility of workers affects the performance and other outcomes of individuals and the employers they join and leave.

Individual outcomes

When employers hire for prior related experience, their underlying assumption is that the new hire will “hit the ground running.” Certainly, prior related experience is associated with job performance (21), but an important caveat is that performance is not perfectly portable. Some research findings suggest that movers carry cognitive and behavioral habits tailored to a prior employer that can impede the full use of their knowledge and skills in a new context (22). For example, a nurse moving between hospitals might not fully realize how differences between the hospitals’ cultures or strategies affect how nursing is done, and she may need to “unlearn” habits or assumptions about what behaviors are valued before her expertise can be fully translated into job performance.

In occupations where work is interdependent, job mobility can also disrupt teams, such that moving between employers leads to a drop in performance. For example, star financial analysts who changed employers saw a drop in performance that lasted years, unless they moved

with their teams (23), and cardiac surgeons who split their time between hospitals had better surgery survival rates in the hospitals where they performed most of their procedures (24). In fact co-mobility, where multiple workers move together, is a common phenomenon that results in a wage premium, reflecting the performance benefits of moving together (25). The implications for healthcare contexts of these findings could be substantial as the provision of care becomes more team-based.

Organizational outcomes

The movement of individuals also affects their employing organizations. Despite hiccups in transferring their own performance, individuals bring their knowledge and skills as they move between employers, and this knowledge can help organizations learn. Innovation relies on the recombination of diverse knowledge (26), and incoming workers can be a source of new useful knowledge (27). Researchers have demonstrated an inter-organizational learning effect, showing that firms can use hiring to learn from other firms by hiring their employees. Because hiring is a relatively effective way of acquiring complex knowledge, it is especially useful for learning from geographically or technologically distant organizations (28), or when organizations need to update their capabilities (29).

Top manager mobility can have even broader reaching effects, as top managers can bring strategic priorities based on their prior experience that can lead their new firms to enter new business areas (30, 31). Career background also conditions which external information is attended to and which other organizations they consider peers (32). Mobility across industries or sectors can lead to broader institutional change. For example, the establishment of professional schools (e.g. law schools, business schools, medical schools, etc.) within U.S. liberal arts

colleges in the 1970s was in part driven by, and legitimated by, leaders who moved from colleges and universities that already had professional schools (33).

Leaving organizations also has consequences, both negative and positive. In addition to the obvious costs of losing experienced personnel, job mobility can result in the loss of market relationships. Exiting managers at advertising agencies, accounting firms, and law firms have been shown to result in the loss of customer relationships (34, 35), and when the customer relationship involves complex knowledge, losing staff can be especially damaging to organizational performance (36). Who these exiting managers are and what they do can also condition the severity of the loss. Losing top managers who focus internally (e.g. operations, HR, R&D) is more threatening to an organization's survival than losing top managers who focus externally (e.g. sales, marketing) (37). Higher paid employees are less likely to quit a firm, on average, but if they do, they're more like to start their own firms that compete with their old employer (38). And, they might be especially fierce competitors: ex-employees compete harder against their old employers (39).

On the other hand, losing key employees can bring benefits, primarily through creating relationships between organizations. The summary finding in this stream of work is that individual relationships persist beyond the rupture of employment relationships, and that these persistent interpersonal relationships can create new ties between organizations (40). This finding may be especially germane to professionals who move: medical researchers, for instance, might be especially likely to see each other regularly at professional association meetings or training and to maintain interpersonal relationships that can serve as the basis for inter-organizational collaboration or learning.

In sum, individuals who move to new employers can carry their performance with them, but the transfer can be less than perfect if the social and cultural environment differs between their old and new employers. Employers can use hiring to learn and increase the knowledge stock of the firm, and higher-level new hires can even change the organization's strategic direction based on their career backgrounds. Individuals moving between organizations can also create connections between organizations for ongoing learning or market relationships, but losing employees can jeopardize existing relationships or even threaten the losing employer's survival, if the exiting employee starts a competing enterprise.

IMPLICATIONS FOR HEALTHCARE RESEARCH AND PRACTICE

Because of the uniqueness of healthcare settings and the substantial differences between healthcare and commercial business firms, research findings about job mobility from the field of management should be applied with caution to healthcare. An obvious difference is the prevalence of professionals in healthcare settings. Professions, in a sociological sense, have jurisdiction over a valuable body of expert knowledge (41), which enables them to exercise control over features of work such as training, entry into the profession, and standards about work performance and practice. As a result, professionals such as academic professors, lawyers, engineers, doctors, and nurses often identify with their professions in a way that transcends specific employers. Features of professions and professionals create a complication in studies of job mobility. Unlike managers in business firms, whose work and objectives are determined primarily by their employers, and whose work can differ dramatically across employers, professionals' work and identity is determined strongly by their professions. For example, lawyers are subject to standards or regulations set by bar associations; engineers must pass a

standard curriculum and exams and continually maintain their professional skills; medical doctors are certified by professional bodies and follow clinical guidelines set by professional bodies – and these professionals’ work will be largely standard across employers. The health sector is heavily populated with specialized professional roles that require extensive training and professional certification (42). Does this professionalization make performance more portable in healthcare contexts? Does it change what makes people employable? Either way, job mobility for these professionals may have different barriers and consequences than for workers in business firms.

Moreover, for healthcare professionals, mobility is an inherent part of training for doctors and nurses that typically involves work across different wards or departments in the same organization or across different employer hospitals. Job mobility is therefore intrinsic in the system of training for health professionals, and may set the stage for movement across clinical settings and even health systems later in their careers. Also, recent healthcare reforms have led to doctors and nurses adding managerial tasks to their professional roles, creating ‘hybrid’ clinical leader roles (43, 44). This within-job role change could share implications with conventional job mobility as tasks and responsibilities shift even if the professional does not change employers.

A last notable feature of job mobility in healthcare settings is that it can have wide-reaching social effects. For example, cross-border mobility for healthcare professionals can lead to inequality in services and access to care for patient populations. The phenomenon of medical doctors pursuing career changes motivated by higher salaries, better working conditions and new stimulating experiences has led to the establishment of legal frameworks to regulate both professional qualification and the mobility of doctors (45). In fact, migration of health professionals may be symptomatic of more fundamental health systems problems that cannot be

considered in isolation. While some countries have major shortages of medical doctors, others are confronted with increasing pressures to manage maldistribution of healthcare services, both geographically and in terms of specialties needed. Moreover, for countries with national health systems, mobility of professionals might impact the delicate balance between public and private provision of health services.

In sum, the substantial differences between the healthcare sector and the contexts more commonly studied by management researchers suggests that health professional mobility may need to be considered as a special case, requiring specialized study. The importance of professions might make some extant research findings more applicable than others. Also, the centrality of government regulation in the mobility of health workers provides greater scope for policy interventions. Better understanding the enablers and effects of healthcare mobility can enrich the formulation of responsible and effective policy.

CONCLUSION

Studying job mobility has enabled management researchers to better understand the implications of the changing employment context for individuals' careers, and also the role that individuals play in organizational outcomes. These issues may be particularly interesting in healthcare settings, given the importance of professions, changes in role definition from technological change and increasing administrative and financial concerns, and the growing complexity of inter-organizational relationships and agreements among policy makers and governments. How these changes affect healthcare workers' ability and propensity to move, and the consequences of their movement can serve as the basis of important directions for research.

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