

# Brief note about management research on job mobility: the birth of the Experts in Healthcare Exchange

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Received 22 November 2019

Accepted 19 January 2020

Published Online First

27 February 2020

It is with great interest that I read this article by Dokko and Gorli summarising the applicability of research on job mobility from the non-healthcare sector to the healthcare sector. I am a consultant anaesthetist in the UK and I am coming to the end of a sabbatical in Austria where I have been working in an equivalent role for a year. My perspective is given as a UK-based senior doctor moving within Europe.

There is no doubt that leaving one organisation and joining another comes with positive and negative impacts at the level of the individuals and the organisations. The same holds for moving across countries. The notion that performance is portable with the individual is interesting in healthcare. I certainly underestimated how cultural and social differences could affect my performance: I moved from a system where patient-tailored management, effective teamwork and quality improvement are core. I entered a system where hospital efficiency and productivity rule and where service provision is king. Not only this, but also there were cultural differences in patient expectations which I found fascinating. This threw me initially and I experienced moments of both helplessness and bewilderment. However, I ultimately made a few profound positive realisations. Changing organisations is a powerful tool for professionals to genuinely interrogate their learning and practice and decide what is passively inherited through culture and what they hold core to good medical practice and will fight for. I will go back to my home healthcare system with new eyes and a new appreciation of what is unacceptably terrible and what is marvellous and worth celebrating.

The authors also speak of the impact of losing and gaining individuals on team performance. This is complex in healthcare as it depends on the type of system and the seniority of the professional. Private medical specialists may take their patients with them if geographically feasible, but not so likely in a public system. Non-clinical activities are just as variable: I continued my research activities in Austria, but my audits and quality improvement projects sat back home largely untouched and unfinished. The measurement of team performance also is complex: we traditionally rely on numbers of procedures, hospital lengths of stay and survival/mortality as yardsticks. The change towards patient-centred outcomes will have effects on job mobility research. It is unclear if losing or gaining a team member will influence patient satisfaction or functionality

scores. I have asked myself how different my sabbatical experience would have been if I had taken a team member with me. The potential for portable performance, collaboration and positive impacts may have been greater.

I firmly believe after my own sabbatical experience that healthcare systems could use job mobility far more proactively to benefit professionals, organisations and patients. Healthcare professionals tend to move for higher incomes, better work environment, career opportunities and social recognition, and so naturally migration reflects fundamental health systems problems.<sup>1</sup> Rather than wait for these negative forces to drive job mobility, surely exchanges and sabbaticals could be offered in a structured way so as to reap the positive impacts only. I feel like I have had a constructive well-needed break from the NHS, but now I am ready to dive back in. I will be less tolerant and more proactive in tackling inefficiency and wastage, but also more appreciative of the sacred NHS doctor-patient relationship and NHS team dynamics. I can feel the leader within me emerging, but I needed a change in scenery. I am fearful for a senior brain drain within the NHS without such opportunities to hit burnout and stagnation on the head. There is low morale and indeed many assumed I would not come back, which reveals how undervalued the system is. Ironically, I am more likely to stay in the NHS as a result of my sabbatical. The benefits of sabbaticals are well known across different industries,<sup>2,3</sup> but they are notoriously laborious to organise and leave a service provision gap.<sup>4</sup> Senior healthcare professionals are in the optimal positions to lead,<sup>5</sup> collaborate and innovate, but are the very people who often do not leave their home institutions, relying more on conferences, courses and medical literature for lifelong learning. It is also well known how 'set in our ways' we become; that in itself is enough to encourage structured job mobility within healthcare where evidence-based medicine is constantly changing.

These thought processes have given birth to a platform designed for senior doctors and nurses to connect globally solely via ideas and emotions, a virtual way of tapping into the benefits of job mobility. In addition, the platform will offer short-term exchanges between senior healthcare professionals, both nationally within the UK and internationally: the Experts in Healthcare Exchange (EHE) will assist senior professionals to find a match and see through the logistics which will



► <http://dx.doi.org/10.1136/leader-2019-000158>



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**To cite:** Sugavanam A. *BMJ Leader* 2020;**4**:71–72.

include personalised goal setting, job shadowing and mentoring at either end. Far more exciting, the programme will measure outcomes at the level of the self, the organisation and the patient so that participants are held accountable for positive change on return home. This is just one example of how job mobility within healthcare could be harnessed positively. EHE specifically focuses on senior doctors as unlike junior doctors, we are not as focused on learning our clinical trade and therefore can focus on how healthcare is managed, delivered and lead. My sabbatical experience as a consultant has therefore been a completely different experience to the training fellowship, I undertook a few years earlier. EHE is an innovative approach based on sabbatical experience, hence itself demonstrating the benefits of sabbaticals. However, EHE goes a step further as a swap addresses the service provision gap left by sabbaticals, and a swap connects two senior healthcare professionals in a way that maximises the chances of collaboration and global networking in medicine. If you would like more information about EHE or think your

hospital could be participating site, please email [president@ehe.exchange](mailto:president@ehe.exchange).

**Contributors** AS is the sole author of this article.

**Funding** The authors have not declared a specific grant for this research from any funding agency in the public, commercial or not-for-profit sectors.

**Competing interests** None declared.

**Patient consent for publication** Not required.

**Provenance and peer review** Commissioned; internally peer reviewed.

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