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Employability as sustainable balance of stakeholder expectations – towards a model for the health professions

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ABSTRACT

The conceptual complexity of employability remains a barrier for its integration into discipline-based curricula. In the health professions, a particular challenge lies in integrating employability with the dominant paradigms of competency and professionalism. In this study we explore these contextual challenges, and present the rationale and conceptual basis for a potential re-framing of employability within the context of this discipline group. We propose a novel definition and a conceptual model of employability better aligned to the needs of health professions. While employability has proven difficult to define broadly, it is framed around the expectations of both the employer and employee, thus may be viewed as a mutual transaction of expectations which is most sustainable when all are optimally satisfied. Given that most work contexts involve multiple stakeholders, employability is defined here from an individual’s perspective as their capacity to sustainably satisfy the optimal balance of all stakeholder demands and expectations in a work context, including their own. We draw upon a scan of the literature and evidence from one health profession, veterinary science (including re-analysis of comments from a stakeholder survey) to inform a conceptual model of employability for these contexts. We propose employability is only partly comprised of skills and knowledge (human capital), and more of psychological capital spanning approaches to work, approaches to self, and approaches to others. The expectations underpinning employability are partly oriented to the work itself, and partly to the human
interactions supporting it; partly to efficacy and partly to sustainability. These principles establish a matrix of five domains: effective practice, productive relationships, professional commitment, and psychological resources, plus a central element of reflective identity representing the fundamental growth process of self-awareness and identity formation. By this conception employability is complementary to, but readily integrated with, outcomes frameworks such as competency and professionalism.

Introduction

The concept of employability has evolved considerably in recent decades, due partly to the changing nature of employment (Thijssen, Van der Heijden, & Rocco, 2008), and partly the accepted need to broaden the concept beyond employer-led sets of ‘key skills’ (Cole & Tibby, 2013; Jackson, 2016). Employability is increasingly conceptualised from more holistic person-and process-centred perspectives, and as a property which is contextual and adaptive (Thijssen et al., 2008; Williams, Dodd, Steele, & Randall, 2016). However efforts to capture the breadth, complexity and contextuality of employability have rendered the task of defining it more challenging (Cole & Tibby, 2013; Jackson, 2016). This conceptual blurriness presents challenges for embedding employability in higher education, since it must then be flexibly and somewhat abstractly structured around an individual’s engagement with the prospective employment environment in their chosen discipline. Since employability attributes are increasingly viewed as more transferable than truly ‘generic’, a further challenge lies in the need to integrate (rather than merely append) employability learning into discipline-based curricula (Speight, Lackovic, & Cooker, 2013; Yorke, 2010).

The aims of this study were to explore these contextual challenges, and present the rationale and conceptual basis for a potential re-framing of employability in the context of one discipline cluster, the health professions. We propose a novel definition and conceptual model for employability, which may facilitate stronger integration of employability pedagogy in these disciplines. Though developed in the health context and drawn specifically from evidence from veterinary science, these arguments are likely adaptable to a range of professions (particularly those needing to balance both the technical and human aspects of work), and further broaden understanding of how employability translates into disciplinary contexts, as has begun to be
explored in other settings (Brooman & Stirk, 2020; Jollands, 2015). These aims resonate with
calls for systemic re-design to enable employability learning through the disciplines (Speight et
al., 2013), particularly through transforming graduate learning outcomes (Bennett et al., 2015).

**Employability in the health professions**

The challenges created by employability’s conceptual ambiguity are well-illustrated in the health
professions, in which it has received little prominence. A recent literature review on
employability healthcare found a scant literature base (Sisodia & Agarwal, 2017) and only a few
health disciplines have explored the concept, e.g. for physiotherapists (Ramli, Nawawi, & Chun,
2010), radiographers (Williamson, 2015), and nurse practitioners (Gardner, Hase, Gardner, Dunn,
& Carryer, 2008).

Williamson (2015) outlined barriers to staff and student engagement with employability in
healthcare education, demonstrating the problems commonly created by narrow and instrumental
interpretations of the term. On one hand, if confused with employment outcomes the health
professions may lack a clear rationale for employability, given high graduate employment rates
and strong demand for healthcare services (Williamson, 2015). In some roles even the idea of an
‘employer’ may be blurred, where this is a large faceless healthcare service, or alternatively a
small business environment where the role of patient and client/customer are conflated. The
strongly vocational nature of healthcare courses, combined with professional regulations and
interprofessional conventions, also acts to limit the ‘employability radius’ (Thijssen et al., 2008)
and partially insulate these disciplines from notions of protean flexibility and fluid job transfer,
and thus from the need to ‘navigate the world of work’ (Bennett, Richardson, & MacKinnon,
2016; Bridgstock, 2009).

On the other hand if narrowly conceptualised as ‘key skills’, then employability is readily
crowded out from very full and ‘self-contained’ curricula addressing learning outcomes largely
predetermined by regulatory and professional bodies (Williamson, 2015). This encourages the
false assumption that employability development (in the ‘work-readiness’ sense) is automatic
within a regulated vocational course. A particular challenge for the health professions is the
integration of employability alongside the dominant curricular paradigms of competency and
professionalism, which do not mesh easily with broad, personally constructed conceptions of
employability.
Employability versus competency and professionalism

Competency-based education is typically defined around observable abilities that can be measured (Frank, Snell, et al., 2010). While important, this focus on what the learner can measurably do has been criticised for failing to holistically capture the underlying wisdom, attitudes and values that underpin expert practice, and for encouraging atomistic/reductionist approaches that ignore complexity, and normative threshold criteria that discourage excellence and reflective practice (Brightwell & Grant, 2013; Brooks, 2009; Jarvis-Seling, Pratt, & Regehr, 2012; Talbot, 2004). These same issues impede integrative approaches to employability, particularly when defined beyond ‘industry-relevant skills’ (Jackson, 2016; Yorke, 2010).

Both professionalism and competency-based education are strongly oriented to serving the needs of patients and society (Frank, Mungroo, et al., 2010), thus potentially backgrounding the needs of the self (Bell, Cake, & Mansfield, 2018). Others have argued that effective healthcare practice must be grounded in and concordant with personal values and attitudes, enabling the ‘professional use of self’ (Rabow, Remen, Parmelee, & Inui, 2010). This has led to calls for the integration of professional identity formation within medical education discourse (Irby & Hamstra, 2016; Jarvis-Seling et al., 2012; Rabow et al., 2010), recognising the transformation required to ‘think, act, and feel’ like a professional (Cruess, Cruess, Boudreau, Snell, & Steinert, 2014).

While this view of professionalism brings it close to identity-based conceptions of employability (Hinchliffe & Jolly, 2011; Holmes, 2013; Jackson, 2016), its foundation in the altruistic service remains a major distinction from employability, which is typically framed around more personally beneficial outcomes such as success and satisfaction (Bell et al., 2018; Dacre Pool & Sewell, 2007; van der Klink et al., 2016).

Importantly, while outcomes-based education favours readily assessable abilities, it does not preclude outcomes measurable only by subjective inference or self-reflection. Harden, Crosby, and Davis (1999) described a concentric three circle model for outcomes-based medical education with an inner circle representing performance of tasks, a middle circle representing the approach to performance (i.e., not what is done, but the way it is accomplished), and an outer circle representing personal growth, desirable personal qualities and the context in which practice is situated. These two outer circles were acknowledged to be harder to define, yet more important to long-term excellence than the core, and to include ‘meta-competences’ enabling other competences (Harden, Crosby, Davis, & Friedman, 1999). While this outer circle was termed ‘professionalism’ (Harden, Crosby, & Davis, 1999) or ‘personal intelligences’ (Harden, Crosby,
Together these factors show that while employability pedagogy has been slow to be adopted in the health professions, it is importantly aligned with emerging, holistic conceptions of professional learning and development. As in other disciplines, the fuzzy construct of employability (at least as often misinterpreted) has lacked a clear and vocationally relevant rationale and remained obscured by more concrete and utilitarian outcomes – in this case competency and professionalism, which are themselves battlegrounds between competing narrow and broad conceptions. This highlights the value in articulating both a discipline-relevant definition and conceptual framework for employability, that is expansive and holistic yet readily integrated with established outcome frameworks.

**Defining employability – employer versus employee expectations**

While multiple conceptions of employability have been published, no dominant definition or theoretical framework has emerged (Williams et al., 2016). Most definitions converge around the ability to gain and sustain employment (Bennett et al., 2016; Fugate, Kinicki, & Ashforth, 2004; Hillage & Pollard, 1998; Hogan, Chamorro-Premuzic, & Kaiser, 2013), through possession of a set of desirable assets and their deployment and presentation to potential employers (Dacre Pool & Sewell, 2007; Hillage & Pollard, 1998; Knight & Yorke, 2002). From this view employability is driven by employer expectations, which include both specialist skills for ‘work readiness’, and generic or transferable skills valued universally across employment contexts.

From the counter-perspective of employee expectations however, employability is defined more around whether employment is desirable (Williams et al., 2016), meaningful (Bennett et al., 2016; Bennett et al., 2015; Oliver, 2015) or satisfying (Dacre Pool & Sewell, 2007). Van der Klink et al. (2016) note that in order for employability to be sustainable, work must be valuable for the worker as well as valued by the work context. For many people, the value of work extends well beyond income and social status, to include opportunities for self-actualisation, personal development, social connectedness, and meaningful purpose (van der Klink et al., 2016). From this perspective, individuals proactively traverse the world of work seeking increasing value (‘career advancement’) enabling achievement of personally congruent goals. Sustainability also encompasses risks to health, which in most modern professions (including healthcare) are mostly
psychological in nature (van der Klink et al., 2016). Work opportunities may thus be appraised by whether they provide net benefit to wellbeing in all senses of the word, including the life satisfaction or eudaimonic sense (Cake, Bell, Bickley, & Bartram, 2015; Warr, 2007).

Combining these employer-employee perspectives, employability may be predicted as maximal and most sustainable where the expectations of each party are matched and complementary. Representations of ‘fit’ are increasingly included in conceptions of employability (Williams et al., 2016), notably in Hogan and others’ (2013) compatibility and van der Heijde and van Der Heijden’s (2006) balance components, defining sustainable compromise between employer and employee interests, between personal and organisational goals, and between work and private interests.

Failure to balance the needs of graduates and employers is a common criticism of (employer-led) employability frameworks (Artess, Hooley, & Mellors-Bourne, 2017). While Dacre Pool and Sewell’s (2007) framing around twin outcomes of success and satisfaction was significant, their widely-cited definition does not fully articulate this need for balance. This leads us to propose a novel definition of employability framing it as a process of sustainably balancing the expectations of not only the employer and employee, but all stakeholders in a work context.

**Employability as balanced transaction of stakeholder expectations**

Existing definitions of employability converge around the view that it is a property or phenomenon emergent from a transaction within a work context – it is variously (or rather, simultaneously) the transacted commodity, the connection (‘deployment’) between parties, and the outcome of the successful transaction (Figure 1). Thus while the employability of a person (e.g. a graduate) is typically described as a personal characteristic, its value can only be realised through a transactional process involving other stakeholders (e.g. employers) and thus necessarily carries the imprint of their values, needs and expectations. This transactional mutualism is evident in characterisations of employability as mutual value (van der Klink et al., 2016), realised potential (Bennett et al., 2016), affirmed identity claim (Holmes, 2013), psychological contract (Thijssen et al., 2008), connectedness (Bridgstock, 2009), and congruence or ‘job fit’ (Artess et al., 2017).

[Figure 1 near here]
Strategic planning, and the alignment of the organization’s goals and objectives with the job market, is critical for both organizations and individuals. Employability is not just a state of being in work, but a dynamic process that involves continuous learning, development, and adaptation. It is the ability of an individual to match their skills, knowledge, and abilities with the needs and requirements of the job market, and to develop the necessary competencies and attributes to succeed in the workplace. Employability should be viewed as a capacity for learning and development, and it is a process that is mutually beneficial for both organizations and individuals. Employability frameworks should be led by a strategic and holistic approach, taking into account the needs and expectations of all stakeholders, and focusing on the development of skills and competencies that are relevant and valued in the job market.
consideration of the expectations of all potential stakeholders (Cole & Tibby, 2013). This is reflected in Yorke’s widely-cited definition of an individual’s employability as acting for the benefit of “themselves, the workforce, the community and the economy”, albeit noting that “it may not be possible to maximise the benefits to all interested parties” (Yorke, 2004: p.7). Noting multiple scenarios in the healthcare context where stakeholder needs and expectations might conflict (e.g., care needs of patients, versus mental health needs of practitioners), sustainable balance becomes even more important. From this multi-stakeholder transactional perspective, an individual might define their own employability as their capacity to sustainably satisfy the optimal balance of all stakeholder demands and expectations in a work context, including their own.

This definition further suggests core properties of employability in line with current conceptions. It is seen to be a property emergent from a complex web of human interactions, judged against diverse human expectations. This explains the foundational importance of human and relational qualities such as interpersonal skills (Hogan et al., 2013; Small et al., 2017). This human universality partly explains the transferable or ‘generic’ nature of employability, since human connections and psychology are largely constant across work contexts. In this more complex multi-stakeholder topology, the notion of sustainable balance demands navigation of complex and potentially competing expectations, which in turn highlights the need for emotional intelligence, resilience, adaptability, and self-management.

This working definition provides a useful rationale and narrative for why learners in vocational professions such as healthcare should invest in their own employability – to find sustained success and satisfaction through navigating and balancing a complex web of stakeholder expectations. It also suggests broad dimensions of employability – aligned to the main ‘protagonists’ of self, others and work context – and outcomes of satisfaction, sustainability and balance. However this definition alone is insufficient to provide a guiding framework focusing learner reflection towards specific targets for development. Cole and Tibby (2013) recommended a process of defining a contextually-relevant model of employability or “shared point of reference” (p. 11), as a tool for identifying key graduate competencies informed by stakeholder expectations. Thus, the next steps of our research were to (i) explore stakeholder understandings of employability in a healthcare context, (ii) align these with common elements in published employability frameworks, and (iii) assemble these into a conceptual framework balancing the
dimensions implicit from the definition above (i.e., self and others expectations transacted in a work context) and expressed in contextually-relevant language.

**Stakeholder perceptions of employability – a veterinary dataset**

A re-analysis of a qualitative dataset from a large survey of stakeholder perceptions of veterinary employability (see Cake et al., 2018; Bell et al., submitted for publication) provided an opportunity to test disciplinary conceptions of employability against relevant elements in the literature. Briefly, an electronic survey was distributed through various professional bodies in Australia, New Zealand, the United Kingdom, and parts of the United States and Canada. The survey was completed by 1094 people representing multiple stakeholder groups including recently graduated veterinarians (15%), employed veterinarians (35%), employers of veterinarians (30%), academics and industry representatives (14%), and veterinary teams (6%). Due to open distribution of the survey invitation, response rates could not be calculated. One of the first questions in the survey asked respondents to list up to five words or phrases reflecting “your brief initial impression of what employability means to you in a veterinary context”. In the original analysis (Bell et al. submitted for publication), these statements were coded by initially grouping them by presumptive synonymy, followed by inductive consolidation into categories (Saldana, 2009). The most frequently mentioned categories were communication, teamwork, technical skills, engagement, competence, working behaviour, conscientiousness, professionalism, continual learning and resilience.

In a re-analysis for this study, these data (n=5139 statements) were re-coded deductively (NVivo 12.3, QSR International) by assignment of initial groupings to themes emergent from the employability literature, in particular applying the taxonomy of a recent review of understandings of employability (Williams et al., 2016). Their review grouped most elements within the superordinate dimension of capital (properties that elicit demand or provide added functionality to an employer), further subdivided into human capital (training and skills contributing to production), social capital (connections, networks and contacts), cultural capital (experiences enhancing cultural fit), and psychological capital (psychological capacities offering strengths within the job market). The translation of capital into outcomes is mediated by dimension of career development, with subdimensions of signalling (articulation and presentation of assets) and self-management (self-appraisal of values and goals), all situated within a further dimension of context (external circumstances). This taxonomy was used to deductively code stakeholder
statements, and to align employability elements identified from our scan of employability literature (see Table 1, below).

The frequency of statements related to these themes (Figure 2) provides useful insight into how veterinary stakeholders view employability, and its major dimensions and components in the context of this health profession. The most frequently stated subdimension was psychological capital (46% of statements). Given the size of this category we divided it into subcategories defining approaches to work (including conscientiousness), approaches to self (confidence, adaptability, and resilience), and approaches to others (empathy, teamwork, and interpersonal skills). Aspects of human capital comprised 24% of statements, mostly framed around knowledge, skills and competence. Communication (9%) and ‘professionalism’ (4%) were judged to span both psychological capital and human capital, since both are core healthcare competencies and were routinely referred to as skills (i.e. ‘communication skills’, ‘professional skills’). Cultural capital was almost entirely represented by prior experience (2%), while statements related to social capital (i.e. networking) were absent. Among residual statements the largest category was continual learning, which was typically represented by statements around being ‘keen to learn’ and was seen to align best to self-management aspects (Bridgstock, 2009; Williams et al., 2016) of career development. Other career development themes were limited to job fit (2%) and presentation or being presentable (1%); classical ‘signal management’ (job-seeking) skills were virtually absent.

[Figure 2 near here]
Although only a snapshot from one dataset in one profession, this exercise highlights that some major elements of employability important in other disciplinary contexts (social capital, cultural capital, career development learning) may be perceived by some stakeholders as less directly relevant in vocational professions such as healthcare. It may be that these elements are bundled within the broader psychosocial processes culminating in development and projection of a confident professional identity, as in Tomlinson’s (2017) ‘identity capital’ or Clarke’s (2018) ‘perceived employability’. Alternatively, the framing of the survey question may have focused responses on human and psychological capital. Responses also demonstrate that while employability certainly includes the abilities circumscribed by competency and professionalism, it encourages greater focus on an array of attitudinal or psychological attributes spanning not only attitudes to work (e.g. conscientiousness) and to other people (e.g. empathy), but also aspects of psychological functioning supporting personal wellbeing outcomes (e.g. resilience). This suggests that existing employability frameworks such as Dacre Pool and Sewell’s (2007) CareerEDGE model, which Jollands (2015) found to be a useful fit for three disciplines in an Australian context, may potentially over-emphasise areas perceived as less relevant for some professions.
while lumping a diverse suite of psychological capital within unhelpfully broad and disputed
terms such as ‘generic skills’ or ‘emotional intelligence’.

**An employability model for the health professions**

We present here an alternative conceptual framework of employability for the health professions,
derived from a similar framework developed specifically for veterinary education as the synthesis
of studies from a major international project on veterinary employability (the VetSet2Go project;
see Bell, Cake, & Mansfield, 2019; Bell et al., 2018; Cake et al., 2018; Cake et al., 2016; Hughes
et al., 2018). The project derived a list of capabilities important to employability in the veterinary
context (see **Table 1**), informed by evidence from a number of stakeholder perspectives including
clients (Hughes et al., 2018) and employers (Bell et al., 2019; Schull, King, Hamood, & Feakes,
2020)), in addition to the above-mentioned survey (Bell et al. *submitted for publication*) and
scoping reviews (Bell et al., 2018; Cake et al., 2016). While considering these multiple
stakeholder perspectives was viewed as conceptually important, in practice few important
qualitative or quantitative differences were noted between the stakeholder types included in the
survey.

The derived list of capabilities important to employability was found to balance across five major
dimensions of employability applicable to this context (**Figure 3**). This model can be conceived
as a matrix constructed by the following premises:

- employability is established partly from a work (task-oriented) context, and partly from a
  human (psychological or interpersonal) context.
- employability is based partly in externally observable skills, expertise and behaviours
  (human capital), and partly in internal or underlying values, beliefs and attitudes
  (psychological capital).
- employability is oriented partly towards shorter-term efficacy (i.e. ‘competency’), and
  partly towards longer-term sustainability.
- employability is based partly in ability or performance (i.e. Harden and others’ (1999)
  inner circle), and partly in approaches to practice. These may be broadly grouped as
  approaches to work, approaches to others, and approaches to self.
- employability is partly a set of attributes or assets, and partly a process. In line with
  identity-based conceptions of employability (Fugate et al., 2004; Holmes, 2013; Jackson,
  2016) we view this core process as personal and professional growth and identity
formation, through continual learning, reflective self-awareness, career awareness, and finding ‘fit’.

Figure 3. A five dimension model of employability for the health professions, established by a matrix of work vs. human context and efficacy vs. sustainability, plus a core process.

These principles establish five dimensions or domains approximately defined by a matrix of these work/human context, efficacy/sustainability dichotomies, plus a central process element.

**Effective practice** encompasses the discipline-specific and transferable skills supporting task-oriented performance. In addition to context-specific technical knowledge and skills, key capabilities in this domain for the health professions may include communication, critical thinking or problem-solving skills, and time management (Cake et al., 2016; Williamson, 2015).

**Productive relationships** includes *approaches to others* and attributes that support successful
human interactions, and effective partnerships and teams. Small et al. (2017) similarly argued for interpersonal qualities to be highlighted as a major, stand-alone component of employability models. Key capabilities include interpersonal skills, emotional intelligence and teamwork (Bennett et al., 2016; Dacre Pool & Sewell, 2007; Small et al., 2017), and in the health professions may focus on empathy, trustworthiness, patient-centred care approaches, interprofessionalism, and cultural awareness. **Psychological resources** describes *approaches to self*, habits of mind, and self-beliefs that support satisfaction, wellbeing and sustainable engagement with work. Key attributes include confidence (Dacre Pool & Sewell, 2007), resilience (Tomlinson, 2017; Williams et al., 2016) and adaptability (Fugate et al., 2004; Van der Heijde & Van der Heijden, 2006). In the health professions this domain may include particular focus on emotional competence, resilience, self-care and life balance (Cake et al., 2018).

**Professional commitment** describes *approaches to work*, including work ethic or ‘willingness’ (Hogan et al., 2013), diligence and conscientiousness, patterns of working behavior (*e.g.* independent, organised, reliable), continual learning, and professional engagement and commitment. This employability domain is thus broader than approaches to performance as articulated by Harden, Crosby, and Davis (1999), which related more critical reasoning and judgement. In this sense it describes not only the approach to immediate tasks, but also the broader professional ‘mission’. **Reflective identity** describes the core *development processes* underpinning employability, including reflective self-awareness (Dacre Pool & Sewell, 2007; Knight & Yorke, 2002; Rust & Froud, 2011), identity formation (Cake et al., 2018; Holmes, 2013; Jackson, 2016), growth of agency and efficacy beliefs (Dacre Pool & Sewell, 2007; Knight & Yorke, 2002), and continual learning in the broader (personal and career development) sense. Several authors have noted the similarities between the central processes of employability and professional identity formation as a process of ‘becoming’, fostered through enhanced self-awareness and immersion in a professional community of practice (Artess et al., 2017; Brooman & Stirk, 2020; Hinchliffe & Jolly, 2011; Holmes, 2013; Jackson, 2016). While reflection is also recognised as a core competence in medical professionalism, in employability this more personal process focuses as much on awareness of strengths as on awareness of limitations, as well as finding meaningful connection and personal congruence through identity exploration and finding ‘fit’. This central dimension may be viewed as a ‘master key’ enabling development of all aspects of employability learning, or indeed all learning (Rust & Froud, 2011).

[Table 1 near here]
Limitations of this model are acknowledged. It is informed principally by evidence and discourse from single healthcare discipline (veterinary science) and is yet to be evaluated in other contexts. It is also not a complete employability framework and lacks some elements prominent in other published models, notably career management, signal management and social capital (Bennett et al., 2016; Bridgstock, 2009; Clarke, 2018; Dacre Pool & Sewell, 2007; Fugate et al., 2004; Hillage & Pollard, 1998; Thijsse et al., 2008; Tomlinson, 2017; Williams et al., 2016). These elements may need to be strengthened for its application in disciplines where these processes are more central to contextual interpretations of employability. The framework is presented here as a conceptual model only, and requires evaluation and sense-checking from students, academics, and curriculum designers of other disciplines before its utility and face validity beyond the veterinary profession can be established.

Conclusion

In addition to structural barriers in curricula, a significant issue for the integration of employability learning in healthcare education has been the dominant emphasis on quality assurance processes based in competency (as measurable abilities) and professionalism, and framed around patient welfare, societal service and altruism. While essential, these paradigms have been criticised for failing to holistically capture all of the qualities of a ‘good’ or successful practitioner (Brooks, 2009). We have proposed here both a definition and a conceptual model of employability that we see as compatible with, and importantly complementary to, these crucial lenses in healthcare education.

Like competency and professionalism, we view employability as fundamentally defined by the transaction of expectations between multiple human stakeholders (i.e., ‘self’ and ‘others’) within a work context. Since these expectations are complex and may in some cases conflict, from the individual’s perspective employability may be defined as their capacity to sustainably satisfy the optimal balance of all stakeholder expectations in a work context, including their own. It is this transactional balance that ensures satisfaction as well as success in work (Dacre Pool & Sewell, 2007), and ensures long-term sustainability of work engagement and employment. These expectations are partly oriented to the work itself, and partly to the human (interpersonal) interactions supporting it; they are comprised partly of abilities and expertise, and partly of underpinning attitudes and approaches. The fundamental process of employability learning is
discovery and calibration of self and others’ expectations through reflective self-awareness and identity formation.

By this conception employability is distinct from, but readily integrated with, the important educational lenses of competency and professionalism (Bell et al., 2018). Major distinctions include greater emphasis on self as well as altruistic service, on strengths as well as limitations, on sustainability as well as efficacy, and on implicit attitudes and approaches as well as explicitly measurable abilities. This conception was developed for the health professions and was informed particularly by veterinary evidence, but is likely to be applicable to a wide range of professional contexts including interprofessionalism. This model is particularly compatible with a central role for professional identity formation, in the dual sense of growth to ‘become’ a professional, and of personalising meaning and values congruent with the professional context (Hinchliffe & Jolly, 2011; Jackson, 2016). Another strength of this model is its balance across the major employability dimensions of most relevance to vocational professions, here demonstrated by alignment to qualitative data from a survey of veterinary stakeholders as well as consistent themes from the literature. This mirrors the same balance of outcomes we would desire in our graduates, between success and satisfaction in work, between efficacy and sustainability of practice, between clinical and human excellence, and between personal and professional success.

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Table 1: A comparison of the five domains in the conceptual model proposed in this study, with the taxonomy of Williams and others (2016) review, key elements from the employability literature, and examples of specific capabilities within these domains from an employability framework established for the veterinary profession.

<table>
<thead>
<tr>
<th>Proposed model</th>
<th>Williams et al. (2016) taxonomy</th>
<th>Key elements from the employability literature</th>
<th>Examples of capabilities in a disciplinary (veterinary) context (Cake et al., 2018; this study)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Effective practice</td>
<td>Human capital</td>
<td>Understandings and skills (Knight and Yorke, 2002); discipline-specific skills (Bennett et al., 2016; Bridgstock, 2009; Dacre Pool &amp; Sewell, 2007); occupational expertise (Van der Heijde &amp; Van der Heijden, 2006); capability (Fugate et al., 2004)</td>
<td>Communication, technical expertise, problem-solving, time management</td>
</tr>
<tr>
<td>(work performance)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Productive relationships</td>
<td>Human/psychological capital</td>
<td>Emotional intelligence (Dacre Pool and Sewell, 2007); interacts with others (Bennett et al., 2016); interpersonal qualities (Small et al., 2017); rewarding to deal with (Hogan, Chamorro-Premuzic &amp; Kaiser, 2013)</td>
<td>Collaboration, trustworthiness, empathy, relationship-centred care</td>
</tr>
<tr>
<td>(approaches to others)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Psychological resources</td>
<td>Psychological capital</td>
<td>Adaptability (Fugate et al., 2004; Tomlinson, 2017); personal flexibility (Van der Heijde &amp; Van der Heijden, 2006); openness (Fugate et al., 2004; Hogan et al., 2013); resilience (Fugate et al., 2004; Tomlinson, 2017; Williams et al., 2016); self-esteem, self-confidence, and self-efficacy (Clarke, 2018; Dacre Pool &amp; Sewell, 2007; Knight and Yorke, 2002)</td>
<td>Adaptability, motivation, resilience, emotional competence</td>
</tr>
<tr>
<td>(approaches to self)</td>
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<tr>
<td>Professional commitment</td>
<td>Psychological capital</td>
<td>Willingness (Sanders &amp; de Grip 2004; Hogan, Chamorro-Premuzic &amp; Kaiser 2013, Chhinzer and Russi, 2018); professional maturity (Chhinzer &amp; Russi, 2018); personal investment (Tomlinson, 2017)</td>
<td>Commitment, diligence, engagement, continual learning</td>
</tr>
<tr>
<td>(approaches to work)</td>
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<tr>
<td>Reflective identity</td>
<td>Self-management</td>
<td>Self-management (Bridgstock, 2009); reflection and evaluation (Dacre Pool &amp; Sewell, 2007); metacognition (Knight &amp; Yorke, 2002); personal literacy (Rust &amp; Fround, 2011); identity formation (Fugate et al., 2004; Hinchliffe &amp; Jolly, 2011; Holmes, 2013; Jackson, 2016); develop self (Bennett et al., 2016)</td>
<td>Self-awareness, reflection, professional identity formation</td>
</tr>
<tr>
<td>(development process)</td>
<td></td>
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<tr>
<td>[Less relevant to health professions education context]</td>
<td>Social capital</td>
<td>Career building skills (Bridgstock, 2009); networks (Clarke, 2018)</td>
<td>-</td>
</tr>
<tr>
<td></td>
<td>Cultural capital</td>
<td>Experience (Dacre Pool &amp; Sewell, 2007)</td>
<td>-</td>
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<td></td>
<td>Signal management</td>
<td>Career development learning (Dacre Pool &amp; Sewell, 2007); corporate sense (Van der Heijde &amp; Van der Heijden, 2006); deployment and presentation of assets (Hillage &amp; Pollard, 1998)</td>
<td>-</td>
</tr>
<tr>
<td>Context</td>
<td>External factors (Hillage &amp; Pollard, 1998)</td>
<td>-</td>
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