Mobility holds an important place in the workplace. Confronted to globalization and to a hypercompetitive market, organizations use mobility to react quickly to changing market demands and unforeseen events. Moreover, many professional changes are caused by the economic crisis (restructuring, relocations, layoffs, etc.). This context explains the diversification of forms of employment (contingent workers) and careers (boundaryless careers, Arthur & Rousseau, 1996). Although this context reflects better the private sector, it concerns also the nursing one facing to the economic crisis, trying to be most flexible as possible and involving many contingent workers, this sector is also characterized by mobility. Concerning internal mobility, hospitals display a particular way of operating caused by nursing shortage, absenteeism, budgetary restrictions, unpredictability of the workload and need for a 24/7 service. Furthermore hospitals are worried about external mobility: it is difficult to take on nurses and there are many job opportunities for them. Additionally, nurses’ turnover and profession leaving are well known. Many studies about this sector exist nevertheless there are still unanswered questions: Are there other mobility possibilities? How are they perceived and experienced by the health care professionals? What are the motives (drivers) and obstacles (inhibitors) of each mobility?

MOBILITY REPRESENTATION:
More than fifteen professional change possibilities were inventoried. The most cited are presented. Note that vertical internal mobility was only once mentioned, contrary to horizontal internal move, which is probably representative of the nurse's frequent flat careers.
- Belonging to a mobile team
- Horizontal internal mobility in the hospital
- Spatial mobility
- Leaving a hospital
- Doing home care
- Doing temporary work in different hospitals
- Being assigned temporarily in another care unit where colleagues are overwhelmed by work
- Sectoral mobility (hospital, nursing home, home care, etc.)
- Retraining professionally

OCUPATION REPRESENTATION
Although there were no questions about the occupation, interviewees mentioned some characteristics of it.
- Dynamic (physically, psychologically and professionally)
- Nursing shortage
- Many professional possibilities
- Lack of personal in hospitals
- Workload (physically and psychologically)
- Restricted schedules and work/family balance difficulties
- Interpersonal conflicts in teams
- Budgetary restrictions in hospitals

MOBILITY CHARACTERISTICS:
- Mobility is generally chosen
- Mobility may be imposed
- Mobility is perceived as an opportunity
- Mobility is perceived as a burden
- Mobility is expected by institutions (especially the internal)
- Mobility is expected by nursing personal
- Mobility is not expected by institutions
- Mobility is not expected by nursing personal

MOTIVES AND ADVANTAGES:
For each mentioned mobility, motives and advantages were identified. However, since more than fifty subcategories were listed, only general results are presented.
- Better schedules and work-life balance (e.g.: moving within the hospital in a technical care unit or in the mobile team or working in a nursing home in order to obtain more convenient schedules).
- Financial benefits (e.g.: working for another hospital in order to have a position of head nurse or a night contract, etc. or working in a nursing home where pay packages are easily negotiated due to nursing shortage or starting home care as a self-employed).
- Changing of team or not having one anymore (e.g.: changing of care unit or moving in a mobile team or doing home care for escaping problems or not being involved in team conflicts anymore).
- Technical enrichment (e.g. many mobility are undertaken in order to learn new practices. Moreover, following a care unit change or a temporary assignment in another unit, nurses learn new techniques. This is even more the case for the mobile team and temporary nurses who work in several units).

OBSTACLES AND DIFFICULTIES:
We proceeded in the same way for this category. But, contrary to motives and advantages, obstacles and difficulties encountered facing mobility are more specific to each mobility. Here are a few examples.
- Being patented: being non graduated restricts the internal mobility because for some units a higher qualification is required.
- Loss of seniority and privileges: changing of employer implies often an important financial loss.
- Fear of not being useful to help colleagues: it is one of the difficulties of mobile teams and temporary nurses. In addition, it is an inhibitor of the temporary assignment to another unit.

DISCUSSION
Nevertheless, it should be stressed that institutions try to develop an internal mobility culture as well as possible and they really support their nursing personal in this direction.
Finally, we believe that causes and consequences of internal and external mobility should be more studied because these kinds of mobility seem to be the most frequent and, in the context of nursing shortage, hospitals are seeking to attract and retain their personal. Furthermore, it is conceivable that internal moves give greater perspectives to nurses’ careers, improve their job satisfaction and thus convince them to stay in their job and in the profession. Given the results of a Belgian study which indicated that only 6.2% of nurses surveyed were strongly agree to say that possibilities of career opportunities in the profession enable them to fulfill their ambitions (Dierckx de Castelere et al., 2003), it seems crucial to consider measures which improve possibilities internal mobility, both vertical and horizontal, in order to dynamize careers and to make them more sustainable.

REFERENCES