

**Career Pathways in Health Services:
Report of Former Intern Survey Data**

Prepared for *CAREERS: The Next Generation*

by

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INTRODUCTION

The Health Services Career Pathway was created in response to the perceived workforce shortage facing the health industry and was endorsed by the council of CEOs and Human Resources leaders in 2000. *CAREERS: The Next Generation* began coordinating internships in Health Services in 2001. According to the program overview, the goals are threefold: to increase students' awareness of careers in Health Services, to build employability and marketability skills in youth, and to grow a future Health Services talent pool in Alberta. To find out more about whether these goals have been achieved, we developed a survey for interns who participated in the program. We expect that findings will be valuable for *CAREERS* and other partners involved in this program.

METHODOLOGY

231 former health interns were invited to participate in an online survey using Survey Monkey (see Appendix A). Students were contacted by email in September 2007 and the survey closed at the end of October 2007 with 151 responses (19 of which were partially completed surveys). This represents a 65% response rate, which is excellent for this type of survey.

Data were then imported into SPSS 14.0 (Statistical Package for Social Sciences) for analysis. The research for this study was approved by the Faculties of Education and Extension Research Ethics Board (EE REB) at the University of Alberta.

SURVEY FINDINGS

1. Socio-demographic profile

The majority of former interns were female—85% (115) compared to 15% (21) male. 2001 Census data similarly suggest that employment in health occupations was 80% female in Alberta and 79% female in Canada. Half of respondents were living with one (6%) or both (43%) parents. 22% were living with one or more roommates, 21% were living on their own and another 9% were living with a partner or spouse. Seven respondents had children. The dominant ethno-cultural group represented by respondents was 'white' (60%). The next largest groups were Chinese (9%) and South Asian (4%). 87% of respondents were born in Canada.

Over half of respondents (56%) reported that their mother and father each had at least some post-secondary education (college or university). Just over a third of these had a university degree. In contrast, a third of mothers and 28% of fathers had high school or less. The most commonly mentioned categories for father's work were 'professional' (41%), 'skilled trades' (18%) and 'mine, farm or forestry worker' (14%). The most commonly mentioned categories for mother's work were 'professional' (39%),

‘homemaker’ (16%) and ‘clerical/sales/service worker’ (14%). 44% of former interns had family who were employed in health services (most often their mother). However, the remainder did not have family connections. Therefore there appears to be some diversity in socio-economic backgrounds of participants and one cannot assume that interns have familial networks that will help them in the healthcare field.

2. Year of internship, school, and age

Table 1: Age of Respondents

Age (years)	Percent	Number
18	14	19
19	40	54
20	32	44
21	12	16
22	1	1
23	1	1
>23	1	1
Total	100	136

Most respondents (72%) were 19 or 20 years of age. The majority (85%) started the internship program in 2004 or 2005. 14% started in 2002 and 2003, and one was enrolled in 2006. Close to two-thirds of respondents were in the internship program for one year and the remainder had been health interns for two years. 70% of former interns had attended a public school and 28% attended a Catholic school. One intern had attended a private school.

Respondents were high academic achievers on average. Just over three-quarters had achieved honours in their last year of high school (average grades above 80 percent). Another 20% had average grades between 70 and 79 and 4% had an average of 60 to 69. No respondent had average grades below 60%.

3. Employment as interns and contacts in healthcare

As interns, over two-thirds (68%) of respondents had worked in a hospital setting. Another 40% had worked in long term or continuing care facilities.¹ Smaller proportions had worked in health centres (10%), pharmacies (9%), nursing homes (9%), labs (5%), dental offices (2%), or homecare (2%). Almost half (46%) of 128 respondents stated that their internship was located in either Calgary or Edmonton.

¹ Note that numbers do not add to 100 because interns may have worked at more than one type of facility if they were in the internship for 2 years.

Respondents were asked how important different factors were in their decision to enter the summer health internship and the most important factors were encouragement from family (seen as ‘important’ or ‘very important’ by almost three-quarters of respondents), school courses, encouragement from school staff, and previous volunteer work (see Table 2).

Table 2: Opinion of Interns about Factors Influencing their Decision to Enter the Summer Health Internship

Factors	Important (%)
Encouragement from family	73
School courses	57
Encouragement from school staff	55
Previous volunteer work	52

42% of respondents found the career counselling information provided in the internship to be ‘very useful,’ 36% found it ‘somewhat useful,’ and 6% found it ‘not useful at all.’ 38% of respondents felt that the internship prepared them ‘a lot’ for their subsequent employment and another 28% felt it prepared them ‘some’. Only 8% said it prepared them ‘not at all’ for subsequent employment.

Of those who were attending PSE, 13% said the internship helped prepare them for PSE ‘very much’ and another 55% said it helped prepare them ‘somewhat.’ The majority of respondents felt that at least some of the skills and knowledge gained from their internship were transferable to subsequent employment. Therefore, the internship appears to have served the purpose of helping to prepare them for subsequent education and work.

4. Impact of internship on subsequent career and education plans

Over three-quarters (78%) of respondents said they were planning a career in health services prior to the internship (another 15% did not know). Approximately one third (or 44 respondents) said that the internship changed their career plans. When asked how it changed their plans, half of these respondents said it made them plan to pursue a different occupation within healthcare. A little less than half (41%) said it made them more interested in healthcare work. In contrast, only 11% said they lost interest in healthcare work and 9% said they were less certain about work in healthcare.

A third of respondents said the internship prompted them to change their post-secondary education (PSE) plans. As a result of the internship, 38% decided to enrol in a healthcare-related PSE program, 26% decided not to enrol in such a program, and 36% and 24% respectively decided to enrol in a different program or institution than originally planned.

Therefore, the internship can be a very influential experience for young people in their career exploration.

5. Educational attainment, aspirations, and transition to PSE

At the time of the survey, 64% of respondents had completed at least some university education and almost one-fifth had completed some college or a college certificate/diploma. When asked about the highest level of education they would like to get, it was evident that aspirations of this group are very high. Half said ‘more than one university degree,’ 42% wanted to achieve a university degree and 10% aspired to a college certificate or diploma (multiple responses were possible). In contrast, only 7% indicated that a high school diploma was the highest level they wanted (see Tables 3a & 3b).

Table 3a: Educational attainment of interns at time of survey

Educational attainment	Percent
High school or less	67
Some college	13
College certificate or diploma	6
Some university	61

Table 3b: Educational aspirations

Educational level desired	Percent
More than one university degree	51
A university degree	42
College certificate or diploma	10
High school diploma	7

As we might expect, the majority (71%) of respondents were attending university in fall 2007 as their main activity. Another 16% were attending college and 2% were attending other training. 8% were working for pay (see Table 4).

Table 4: Intern's status in fall 2007

Activities	Percent
Attending high school	1
Attending college	16
Attending university	71
Attending other training	2
Working for pay	8
Self-employed	1
Unemployed	1
Total	100

Of those attending PSE, 85% were continuing in their program, while the remainder were starting their first year. Interestingly, 28% of students found their transition to PSE to be 'not easy at all,' just over half (54%) found it 'somewhat easy,' and 15% found it to be 'very easy.' The areas that were most difficult parts of their transitions were 'adjusting to exam pressure' (46%), 'adjusting to the workload' (34%) and 'balancing school and social life' (32%). Areas that were relatively easy for students in terms of their adjustments were 'developing a social network' (43%) and 'adjusting to less personal relationships with instructors' (37%) (see Table 5).

Table 5: Interns Transition to PSE

Transition	Not easy at all	Somewhat easy	Very easy
Adjust to the workload	34% (32)	46% (43)	19% (18)
Adjust to exam pressure	46% (43)	36% (34)	17% (16)
Adjust to less personal relationships with instructors	21% (20)	36% (34)	37% (35)
Develop a social network	17% (16)	39% (37)	43% (40)
Balance school and work	19% (18)	44% (41)	15% (14)
Balance school and social life	32% (30)	48% (45)	18% (17)
Live away from home	13% (12)	29% (27)	17% (16)
Adjust to language/cultural issues	5% (5)	23% (21)	20.4% (19)

The majority of students (70%) were enrolled in a 4-year program in PSE and all were attending full time. Approximately two-thirds were enrolled in a Bachelor of Science program and a dozen were enrolled in education or arts degrees. 92% of students said that this education was required for a job they hoped to get. When asked what occupation they wanted to pursue, the most common response (from one-third of respondents) was either doctor or nurse (split evenly). The most commonly mentioned non-healthcare career was teaching (mentioned by 8%), often in science.

82% of respondents were paying at least part of their education or training. Another third were receiving scholarship money, but only 2% had received a contribution from an employer (see Table 6).

Table 6: Who is Paying for Interns' Education or Training?

Who is paying	%	Number
Me (e.g., through savings, loans, earnings)	82	89
Parents	59	64
Employer	2	2
Government agency (e.g., grant)	15	16
Post-secondary institution (e.g. scholarship)	32	35
Other	7	8
Total responses		109

Three-quarters of those attending PSE said they were planning to pursue a career in healthcare. For those PSE students who did not plan to pursue a career in healthcare, the most common reason was finding 'a career that fit better with my interests' (67% or 18 respondents). A small proportion (22%) said they chose another area because of 'undesirable working conditions' in healthcare. Another 7% felt that too much PSE was required for a job in this sector (see Table 7). The majority of PSE students (72%) felt that their current program of study was very helpful for meeting their career objectives and 23% felt that it was 'somewhat' helpful.

Table 7: Reasons for NOT Pursuing a Career in Healthcare

Reasons	%	Number
Wasn't a good fit with my interests	44	12
Chose a career that fit better with my interests	67	18
Too much post-secondary education required	7	2
Didn't want to move to attend post-secondary education	4	1
Undesirable working conditions (e.g., shift work)	22	6
Other	26	7
Total		27

6. Experience at work

All respondents were asked about their previous work experiences. Interestingly, most participants had both paid and volunteer work experience (only 10 of 126 had no volunteer work experience). The majority were generally satisfied or very satisfied with their opportunities in paid and unpaid jobs to develop new skills, use their knowledge and skills on the job, be mentored and learn from supervisors and co-workers. However, they were more 'neutral' about opportunities to obtain certification/qualification (see Table 8 below).

Interestingly, 30% of respondents felt that they had been treated unfairly by contacts at work, and the majority of these respondents (70%) felt that it was because of their age. Another 28% felt that it was because of their gender.

When asked if it was important to work in a unionized environment, 21% said 'yes,' 21% said 'no', 29% said 'don't know' and 29% said 'doesn't matter.' Of those who said it was important to work in a unionized environment, the main reasons were related to 'safer workplace' and 'more protection for workers' (89% each). 74% mentioned 'more access to training' and 60% mentioned 'higher wages' as reasons. Of the 10 young people who were working as their 'main activity' in fall 2007, three were working in a unionized setting, five were not, and two did not know.

Of those who were working for pay as their main activity in fall 2007, the majority felt that their transitions to work were 'somewhat easy' or 'very easy.' 5 of the 10 workers were working in a healthcare related job.

Table 8: Level of Satisfaction with Opportunities at Typical Paid and Unpaid Jobs

Opportunities	Very or Somewhat Dissatisfied %	Neutral %	Very or Somewhat Satisfied %	Not Applicable %	Number Responding
Develop new skills	4	11	84	1	125
Obtain certification/qualification	17	35	37	11	125
Work in different areas of the occupation	12	22	64	2	125
Learn more about related occupations	11	16	71	2	124
Learn from supervisors and co-workers	6	9	83	2	125
Learn and progress at my own pace	3	16	78	2	125
Use my knowledge and skills on the job	6	10	83	1	125
Be mentored by someone at the workplace	11	14	73	4	124
Train others	10	27	51	12	122

Of those who weren't working in healthcare, two said that 'it wasn't a good fit with my interests.' 6 of 9 respondents were working full time, one was working in a supernumerary position (position for new graduates) one was working part time (less than 30 hours per week), once was working on a casual or on-call basis, and 2 were on temporary contracts.

Interestingly, half of the eight young people who responded to the question would have liked to work more, one would prefer to work less and the others were satisfied with their hours. Four of the ten were working in a job that required them to regularly work rotating, evening, or night shifts.

When asked about earnings, four respondents felt that they were earning less than they deserve, given their education, training, and experience. In terms of their job satisfaction, four were 'very satisfied', five were 'somewhat satisfied' and one was 'not at all satisfied.' Six of nine workers had received some formal training from their employers, while three had not. Three workers wanted to take formal training or education courses

but could not because the courses were at inconvenient times/places and/or they couldn't afford to.

When all respondents were asked where they see themselves at the end of five years, just over half said 'working in healthcare,' 43% saw themselves attending university, 20% saw themselves 'working outside healthcare' and 18% saw themselves caring for family (multiple responses were possible) (see Table 9).

Table 9: Possible Future Status after 5 years

Future Status	Response Percent	Response Count
Working in healthcare	53	66
Working outside healthcare	20	25
Attending college	1	1
Attending university	43	53
Caring for family	18	22
Don't know	10	12

CONCLUSIONS

The findings above suggest that interns, while majority female, are a diverse group. Given that less than half had family employed in health services, we cannot assume that they are simply following in the footsteps of parents. The internship appears to have been highly influential in terms of young people's career explorations. While most interns did not change their career goals to consider careers outside of healthcare, the internship was influential in refining their goals within the healthcare field. It is also noteworthy that three-quarters of those attending PSE planned to pursue a career in healthcare.

Given the high academic performance of interns while in high school, it is not surprising that most respondents were engaged in university studies after completing their diploma. While we would have liked to survey more students after they enter the workforce, this study represents a good start to tracking interns.

We recommend that CAREERS maintain a database of interns with email addresses as well as two phone numbers so that interns can be surveyed while in the internship, and

ideally 5 years after leaving high school. Given the high aspirations of respondents (just over half wanted more than one university degree), it would also be useful to track youth further to see how their careers progress. By comparison, it is also important to learn more about the career pathways of interns who enrol in shorter PSE courses or who go directly to work in the healthcare sector.