Getting to Know You: A Qualitative Longitudinal Study of a Cohort of Generation Y Public Health Graduates, and Implications for Educators and Employers

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BEd (Curtin), GradDipInfoLibStds (Curtin), MPH (UWA)

This thesis is presented for the degree of Doctor of Philosophy of The University of Western Australia

School of Population and Global Health

2019
THESIS DECLARATION

I, Denise Leonie Sullivan, certify that:

This thesis has been substantially accomplished during enrolment in the degree.

This thesis does not contain material which has been accepted for the award of any other degree or diploma in my name, in any university or other tertiary institution.

No part of this work will, in the future, be used in a submission in my name, for any other degree or diploma in any university or other tertiary institution without the prior approval of The University of Western Australia and where applicable, any partner institution responsible for the joint-award of this degree.

This thesis does not contain any material previously published or written by another person, except where due reference has been made in the text.

The work is not in any way a violation or infringement of any copyright, trademark, patent, or other rights whatsoever of any person.

The research involving human data reported in this thesis was assessed and approved by The University of Western Australia Human Research Ethics Committee: project number RA/4/1/1889.

The following approvals were obtained prior to commencing the relevant work described in this thesis: approval and assistance of the selected Western Australian universities to recruit graduands from relevant courses to the study.

This thesis does not contain work that I have published, nor work under review for publication.

Signature: [Signature]

Date: 2 September 2018
ABSTRACT

Introduction
Policy analysts predict employers will need to expend more effort to recruit and retain workers over the next decade, suggesting that the challenges will be greater in the human services industries and particularly in the health sector. It is therefore important that health service managers are aware of how broader societal trends and the changing nature of employment affect the desire to work in the health sector. An understanding of the aspirations and desired career trajectories of new and emerging generations entering the workforce, and the meanings they attach to their experiences, is especially critical. This study focussed on graduates destined to work in public health services. It addressed a gap in existing research: a consequence of planning that has largely concentrated on future clinical workforce requirements.

Aims
The study aimed to gain an understanding of what it is like to enter the workforce from the perspective of a cohort of public health graduates and to develop insights into their preparedness for work and induction into the workplace. A secondary aim of the study was to examine the validity of popular beliefs about the aspirations and values of generation Y (born between 1980 and 2000) as they might apply to the cohort: the former suggesting a career in the helping professions, that is to say professions for which altruism is a central motivating factor, may not appeal to this generation.

Study design and methods
This qualitative longitudinal study followed a cohort of generation Y graduates (n=15) of generalist public health undergraduate degree programs of two Western Australian universities over five years, exploring contextual influences and changes in values, beliefs, motivations and expectations of work pre- and post-graduation and entry into the workforce. The perspectives of educators, employers and representatives of peak associations were also examined. A multi-method approach was used, comprising in-depth interviews and focus groups. The data were analysed thematically using a combination of deductive and inductive processes. Data analysis was concurrent with data collection.
Findings
The graduates’ descriptions of their experiences of the transition from student to professional practitioner and of making a career highlighted what mattered most to getting off to a good start and to making a career in public health, while the focus groups with educators and employers brought forth differences in expectations of graduates. The insights offered by these different perspectives suggested new strategies and approaches to the education of upcoming generations of public health professionals and their induction into the workplace, and to the marketing of a career in public health.

The research reinforced the importance of the nexus between academia and industry, of open minds and communication to workforce planning and development, and the need to eschew ideas of ‘generation’ as a problem. What is more it, demonstrated the value of talking and listening to new and emerging generations in planning for the future.

Significance for policy and practice
This study has made a significant and original contribution to knowledge of the subjective experiences of those graduating from undergraduate public health degree programs in Australia, providing a rich, dynamic and contextualised account of their transition from higher education to work.

The reflection on the methodological reasoning and challenges of conducting this study over more than 5 years also contributes to knowledge of qualitative longitudinal research. The method and challenges particular to different settings have not been well described in the extant scholarly literature.
If I can’t be sure of the actual events anymore, I can at least be true to the impressions those facts left. That’s the best I can manage.

(Julian Barnes, A sense of an ending, London, Jonathan Cape, 2011, p.4)

This foreword was the last part of my thesis to be completed: an irony that also points to the paradoxical nature of a research enterprise that was bound up with time, biography and context, and endings and new beginnings of those who participated in it. The chapters that follow chronicle the facts as I found them and the impressions those facts left.

A major undertaking like doctoral research and the preparation of a thesis cannot be done alone. I have benefited from the generosity of many people. This study would not have been possible without their wise counsel and participation; indeed it would have been the poorer without it. My thanks to:

- The participants—for their readiness to take part, to speak candidly about their experiences, to give their opinions;
- Ms Victoria ‘Vicky’ Jansen (nee Gray)—for her valued assistance in recruiting graduands to the study, and in marketing learning and development opportunities and disseminating preliminary findings to them;
- My postgraduate research peers and academic staff of the Schools of Population Health and Social Sciences*—for the advice they so generously shared on everything from recording equipment to transcription services to conducting fieldwork to writing the thesis to knowledge of other studies of relevance to my own;
- Anson, a specialist recruitment and human resources firm—for the development and delivery of a transition to work seminar, which was undertaken on a pro bono basis and offered as an incentive to graduands invited to take part in the study;
- eScribe Transcription and Web Video Captioning—for their careful transcription of audio recordings of the in-depth interviews with participants;

* Formerly the School of Social and Cultural Studies
• Ms Narelle Heydon—for her preparedness to act as note-taker for the focus groups with educators and employers;
• The Schools of Population Health at The University of Western Australia and Curtin University—for the support of teaching staff with recruitment of graduands to the study, in particular Dr Justine Leavy, Ms Ania Stasinska, Associate Professor Rachael Moorin, Dr Kerryn Butler-Henderson, Professor Colleen Fisher, Mrs Katherine Bathgate;
• My employers and staff (past and present)—for accommodating the demands of my studies, their interest and encouragement throughout;
• Staff of the Scholars’ Centre, Humanities and Social Sciences, and Medical and Dental Libraries—for their patience and help with locating references, and tips on reference tools and services;
• Ms Margie Winstanley—for her generosity in proof-reading draft chapters of the thesis; and last but not least
• My supervisors, past and present—Emeritus Professor D’Arcy Holman, Professor Beverley McNamara, Professor Colleen Fisher and Assistant Professor Karen Upton-Davis—for their guidance, insights and ability to inspire confidence and the will to continue, and their kind efforts to ensure that, as a part-time scholar, I was engaged in the life of their respective schools and able to access the aid and resources needed to complete my study.

This research was supported by an Australian Government Research Training Program (RTP) Scholarship.
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<td>ACHDHR</td>
<td>Advisory Committee on Health Delivery and Human Resources</td>
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<td>AHMC</td>
<td>Australian Health Ministers’ Conference</td>
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<td>AIHW</td>
<td>Australian Institute of Health and Welfare</td>
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<td>ANAPHI</td>
<td>Australian Network of Public Health Institutions</td>
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<td>ATAR</td>
<td>Australian Tertiary Admission Rank</td>
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<td>BHlthSc</td>
<td>Bachelor of Health Science</td>
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<tr>
<td>BHlthSci/BCom</td>
<td>Bachelor of Health Science and Bachelor of Commerce, double-degree</td>
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<tr>
<td>BSc(Health Sciences)</td>
<td>Bachelor of Science (Health Sciences)</td>
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<tr>
<td>BSc(HIM)</td>
<td>Bachelor of Science (Health Information Management)</td>
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<td>CDC</td>
<td>Centers for Disease Control and Prevention</td>
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<tr>
<td>COAG</td>
<td>Council of Australian Governments</td>
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<td>DEEWR</td>
<td>Department of Education, Employment and Workplace Relations</td>
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<td>EU</td>
<td>European Union</td>
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<td>GCCA</td>
<td>Graduate Careers Council of Australia</td>
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<td>GDP</td>
<td>Gross Domestic Product</td>
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<td>Gen Y</td>
<td>Generation Y</td>
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<td>GST</td>
<td>Goods and Services Tax</td>
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<tr>
<td>IOM</td>
<td>Institute of Medicine</td>
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<td>MPH</td>
<td>Master of Public Health</td>
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<td>MS Society (UK)</td>
<td>Multiple Sclerosis Society, United Kingdom</td>
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<td>OECD</td>
<td>Organisation for Economic Cooperation and Development</td>
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<td>PHAA</td>
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PRESENTATIONS ON THE THESIS

June 2007
School of Social and Cultural Studies, University of Western Australia, presentation of research proposal at a School seminar

September 2008
Bachelor of Health Science, University A, presentation to graduands on the research project

October 2008
Bachelor of Health Science/Bachelor of Science (Health Information Management), University B, presentation to graduands on the research project

April 2009
Professional Practice 386, Bachelor of Health Science (Health Promotion), Curtin University, presentation to 3rd year students on the research project

September 2015
Presentation to separate focus groups with representative samples of educators and employers on results and findings of T1 and T2 of the study
The times they are a-changin'\textsuperscript{1}

\begin{verbatim}
Come gather 'round people
  Wherever you roam
And admit that the waters
  Around you have grown
And accept it that soon
  You'll be drenched to the bone.
If your time to you
  Is worth savin'
Then you better start swimmin'
  Or you'll sink like a stone
For the times they are a-changin'.

Come writers and critics
  Who prophesize with your pen
And keep your eyes wide
  The chance won't come again
And don't speak too soon
  For the wheel's still in spin
And there's no tellin' who
  That it's namin'.
For the loser now
  Will be later to win
For the times they are a-changin'.

Come senators, congressmen
  Please heed the call
Don't stand in the doorway
  Don't block up the hall
For he that gets hurt
  Will be he who has stalled
There's a battle outside
  And it is ragin'.
It'll soon shake your windows
  And rattle your walls
For the times they are a-changin'.
\end{verbatim}

Copyright ©1963; renewed 1991 Special Rider Music

\textsuperscript{1} http://www.bobdylan.com/#/songs/times-they-are-changin
1. INTRODUCTION

Bob Dylan’s anthemic song, *The times they are a-changin’*, captured the spirit of the 60s. A time of social and political upheaval, the song expressed the mood for change that characterised the era urging all people to embrace the changes that were taking place and to look to the future. In the new millennium, the song continues to have currency as social and political institutions face fresh challenges that call for a radical rethinking of plans for not just the immediate present but the long-term future.

1.1 CONTEXT FOR THE THESIS

The seed for this study was sown by earlier research completed as part of a Master in Public Health. In 2004, I completed a study of the evolution of a national coalition in tobacco control, and perceptions of its competency as a coalition. The study was born from a desire to learn more about the dynamics that produced the activity and changes that typified the tobacco control movement in Australia, and to provide information that would be useful to members and patrons of the coalition.

The study comprised a review of the literature and historical records of the coalition, as well as in-depth interviews with its members and key informants in cancer and tobacco control. The study identified factors critical to the development of the coalition, and strong coalitions overall, drawing attention to the importance of a vital and adaptive membership to its sustainability and potency.

Completion of the study coincided with the release of a number of Australian and overseas reports raising concerns about the quickening pace of socio-demographic change; its significance for the labour force, national economies and publicly funded human services; and the capacity of the latter to meet future demand in a globally competitive labour market.

At the same time, social researchers were increasingly drawn to investigations of the multi-generational nature of the workplace with much conjecture about what the ‘next generation’ (in this case, generation Y) might be like as employees.

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These three events together planted the germ of an idea for my doctoral study.

The effectiveness of the health sector in protecting and improving the health of the population is without doubt highly dependent on the vigour and adaptability of its workforce. Frustratingly, research to date had focussed mostly on enumerating and projecting future requirements of a narrow range of mainly clinical, registered health practitioner occupations [as evidenced by the Productivity Commission’s research report on Australia’s health workforce (2005a) and other reports on Australia’s health workforce released over the last decade that can be found at the Department of Health’s website, and archived in Pandora, an archiving website managed by the National Library of Australia3].

I wanted to undertake a study that went beyond numbers: that would yield a deeper understanding of the way of thinking of the next generation entering the health workforce. Most of all, I was curious to learn more about the aspirations, doubts and career paths of graduates who had elected public health as their vocation.

Coming into this study, I was all too aware of the challenges the health sector already faced in attracting high-calibre employees, having observed or experienced these first-hand over a long and continuing career in public health.4 Perennial restructures of services, low pay (relative to other sectors), restricted professional development and mobility opportunities, stereotyping and media criticism of health services all conspired to fuel negative perceptions of the sector and required employers to expend more effort to recruit and retain staff. The situation was thought likely to worsen with speculation that in future years there may be a shortfall in those willing to enter the human services (Department of the Premier and Cabinet 2002), and the suggestion that the next generation may be more demanding as employees [Australian Health Ministers’ Conference 2004 (AHMC)].

Ideas about the next generation were also being influenced by media reports of assumptions, often taken-for-granted, about their values and beliefs fuelled by a proliferation of studies of uncertain quality implying generation Y’s self-concept and attitudes to work were different from other generations and would present new challenges for employers who may have

4 I expand on the conditions that had prompted the study and my identity as researcher and participant in the research process in chapters 2 and 3, Review of the literature and Study design and methods respectively.
struggled to manage, motivate and retain them (Robert Half International 2005; Salt 2006; Sheahan 2005). Ironically, the ending of my study coincided with a new wave of research on generation Y countering myths and misconceptions that had been popularised over the preceding decade (IBM Corporation 2015; Johnson 2014; Robert Half International 2008; Twenge et al 2010; Wong et al 2008).

The next generation is important to the future of the health sector. They are the new blood that will add vitality to the sector and lead future efforts. It is imperative, therefore, that health service managers have knowledge of how societal trends and the changing nature of employment will affect the desire to work in the health sector. An understanding of the aspirations and envisioned career trajectories of the next generation entering the workforce, and the meanings they attach to their experiences, is especially critical.

Through research on the experiences of and perspectives on graduates’ transitions to professional practice, I sought insight not only into the next generation of public health professionals, but how educators and employers might better prepare them for professional practice and might improve future employment opportunities and conditions so they become more attractive to new graduates and early career professionals.

1.2 AIMS OF THE STUDY

The aim of this study was to gain an understanding of what it is like to enter the workforce from the perspective of contemporary public health graduates and to develop insights into their preparedness for employment and induction into the workplace.

The study also provided the opportunity to question popular beliefs about the next generation that were based on profiles promoted through the media, and which I perceived as gaining some currency with my peers in the health sector, and indeed with some health leaders (Alexander, Ramsay & Thomson 2004).

To this end I undertook a qualitative longitudinal study of a cohort of generation Y graduates (n=15) of generalist public health undergraduate degree programs of two Western Australian

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5 This study focused on undergraduates destined for non-clinical, non-regulatory roles in public health administration, research, and policy or program delivery. What is public health and the difficulties of defining the public health workforce are discussed in my review of the literature at chapter 2.
universities, exploring contextual influences and changes in values, beliefs, motivations and expectations of employment prior to graduation and following entry into the workforce almost five years later. The perspectives of educators and employers were also examined. The methods of data collection comprised in-depth interviews with each of the graduates and separate focus groups with educators and employers.

Key questions the study addressed were:

- What are the career aspirations and doubts of generation Y public health graduates, and how do these change over time?
- What is and will be expected of these people in the health workforce?
- Where are the greatest potential gaps between the expectations of generation Y public health graduates as prospective employees and their future employers within the health services sector?
- How can educators together with employers better prepare graduates for employment in the field so as to maintain their enthusiasm and commitment?
- How can employers be better prepared to provide employment opportunities and conditions that will be more attractive to generation Y?

This study sought to contribute unique empirical research on generation Y graduates and their transition to employment in health: a sector where it was predicted that employers will need to expend more effort to recruit and retain new graduates over the next decade (Robert Half International 2005; Salt 2006; Sheahan 2005). Moreover, the study focused on graduates destined for employment in public health services: a sub-group often overlooked in studies on the health workforce, given the tendency to focus on clinical or acute care workforce needs [Public Health Association of Australia (PHAA) 2005].

The findings of this study have implications for curricula as well as vocational workplace attachments, conditions of service offered by employers and induction of new graduates into the workplace: if graduates are well-informed about the realities of the workplace, and better supported on entry into the workforce and during their early career, then they may be more likely to commit to a career in public health and to make a valuable contribution to the

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6 The logic for choice of study design is raised at the conclusion of the review of the literature, chapter 2, and expanded on in chapter 3, Study design and methods.
profession and to the communities they serve. A better understanding of the hearts and minds of the next generation is also critical to the vibrancy and sustainability of the public health workforce overall.

1.3 ORGANISATION AND STRUCTURE
The dissertation is organised into 7 chapters. This chapter sets out the rationale and structure of the thesis. Chapter 2 provides a comprehensive review of the broader international literature that underpins the study. Chapter 3 describes and gives reasons for the study design and methods used in the research, and limitations of the study. Chapters 4 and 5 report on the interviews conducted with graduates pre- and post-graduation highlighting key results. Chapter 6 presents the perspectives of educators and employers on the graduate experience, and chapter 7 draws together the main findings of the different phases of the research—as they relate to the study’s aims and the research questions—considers their significance for policy and practice, and makes suggestions for future research. A listing of references cited in the thesis and copies of key documents relating to the field work are provided in the bibliography and appendices in that order at the end.
2 REVIEW OF THE LITERATURE

In the first decade of the new millennium futurists were predicting challenges ahead for employers in attracting and retaining the best and brightest minds in an increasingly global and competitive labour market (Porter 2003; Robert Half International 2005; Salt 2006). Moreover policy analysts were suggesting the challenges would be greater for employers in the human services, especially health care, with population growth and ageing, and rising consumer expectations, expected to add to demands on this sector [AHMC 2004; Australian Institute of Health and Welfare (AIHW) 2006; Productivity Commission 2005b; The Treasury 2007]. In addition, social commentators were calling attention to differences in the work values and career aspirations of the generations at work and difficulties new and emerging generations, in particular generation Y, might pose for employers and the labour force more broadly (Huntley 2006; McCrindle Research 2006; Salt 2006; Sheahan 2005). Change and volatility in the national and global contexts in which health services were provided were also heightening concerns among policymakers about the sustainability and responsiveness of the Australian health workforce (Productivity Commission 2005a) and the adequacy of current approaches to workforce planning (Alexander, Ramsay & Thomson 2004; PHAA 2005).

The aim of this study was to gain an understanding of what it was like to enter the workforce from the perspective of a cohort of generation Y public health graduates and to develop insights into their preparedness for employment and induction into the workplace. Individual career aspirations and career development, however, do not occur ‘in isolation from the economic, social, and political contexts in which they are located’ (Herr 1996, p.5). Bronfenbrenner’s (1994) ecological model provided a lens through which the graduate’s experience of the transition to work could be seen and understood, as did Bridges’ (1991, 2009) model of transitions. The former emphasised the interrelation between individuals and their environments, and the latter the psychological processes individuals go through when they experience a significant change in their lives (Bridges 1991, 2009).

I thought Bronfenbrenner’s ecological model especially suited to understanding the graduate’s experience of the transition to work, because it provided a framework that was inclusive of the processes and conditions that shape an individual’s life-course. This in turn

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8 ‘Care is also considered in its broadest context and as such includes prevention, promotion, diagnosis, testing, treatment, rehabilitation and palliation’ (AHMC 2004, p.6).
encouraged broader thinking about the influence of contexts and time on the graduates’ career aspirations and trajectories, and awareness of phenomena connected to their individual accounts of the transition to work. The model is illustrated in Figure 1 below.

Figure 1: Bronfenbrenner’s ecological model (Bronfenbrenner 1994; Howe 2009)

Similarly Bridges’ model of transitions provided a useful lens through which the graduates’ transition to professional practice, and indeed their career development, could be seen and understood. Bridges made a distinction between change and transition. For Bridges (2009, p.3),

They aren’t the same thing. Change is situational: the move to a new site, the retirement of the founder, the reorganization of the roles on the team, the revisions to the pension plan. Transition, on the other hand, is psychological; it is a three-phase process that people go through as they internalize and come to terms with the details of the new situation that the change brings about.
His model (as shown in Figure 2 below) provided a simple explanation of the phases and emotional states individuals can experience as they navigate through major changes in their lives. Bridges described transitions as unique individual and often paradoxical experiences that evoke feelings of excitement and apprehension, entail gains and losses, and call for a letting go of old ways of being in order to become the person that new roles and situations demand (Anderson, Goodman & Schlossberg 2012; Bridges 2009). Application of Bridges’ model of transitions seemed apt given the aims of this study and my desire to gain a deeper understanding of graduates’ thoughts and feelings about their experience of moving from the known role of a student to the relatively less familiar role of a practising public health professional.

Figure 2: Bridges’ model of transitions (adapted from Bridges 1991, 2009) \(^9\)

The review of the literature that follows provides a snapshot of the key issues and trends that shaped the study at its outset. My review of the literature, however, did not begin and end with this chapter; rather it was an all-pervasive process that informed decisions about the study design and methods, the analysis of the data and consideration of the implications of the findings for policy and practice. This chapter helped to set the scene for the study

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\(^9\) Bridges described transitions as a linear, overlapping process involving the leaving behind of the familiar, followed by a period of uncertainty and a new beginning. In describing his model, however, he did note the potential for individuals to retreat to the past, to hang on to what is familiar, although this was not necessarily reflected in his illustrations of the model.
describing circumstances as they were then (that is, prior to the commencement of research). In later chapters on the research, I have situated the career aspirations and trajectories of the graduates and the reflections of educators and employers who participated in the study in context describing changes in the surrounding conditions that had significance up to and at that point in time. My reason for doing this was to show the dynamic nature of the worlds inhabited by those who took part in this study and the multiple influences on individual career behaviour and choices.

The review of the literature described in this chapter laid the foundation for my study, establishing the significance of the planned research for public health policy and practice, and demonstrating it was an area of knowledge and practice that warranted exploration.

2.1 The Approach to this Review

A comprehensive review of the international literature was undertaken early in the study to ensure it would not duplicate research already done. This included a search of Australian university catalogues and specialist databases. The latter comprised searches of 12 principal English-language online sources: ProQuest 5000, APA-FT, Blackwell Synergy, Cambridge Journals Online, Factiva, IngentaConnect, MegaFILE Premier (Online), PubMed, Medline, Project MUSE, Taylor and Francis and the leading Internet search engine Google Scholar. Searches were also conducted of digital theses databases including the Australian Digital Theses Program (ADT), Index to Theses [United Kingdom (UK)] and ProQuest Digital Dissertations and Theses. The grey literature was accessed for relevant information as well, and included reports, government documents and conference proceedings.

The review of the literature covered research and policy analyses germane to the study, taking in papers on the socio-economic context for health; implications of demographic trends for the health sector’s labour force; general and employee characteristics of generation Y; and challenges generation Y were supposed to pose for educators and employers.

My scan of the international literature concentrated on studies relating to developed countries because of similarities in circumstances to Australia (in terms of their political systems,
economies and standards of living). They included Japan, Canada and the United States (US), New Zealand, the UK and the European Union.  

Lists of keywords and synonyms were generated based on the above-mentioned themes, and were used in various combinations (as presented below). New keywords were added as the literature review progressed. The search was not limited by year of publication, but was limited to English-language materials.

- **Socio-demographic trends**
  - Ageing, economic aspects
  - Population, economic aspects
  - Labour market, labour supply, civil service, public service/sector, employment forecasting
  - Australia, Western Australia

- **The health labour force**
  - Health policy, health administration
  - Workforce, labour force, public health personnel
  - Australia, Western Australia

- **Generation Y**
  - Generation Y, gen Y, net generation, millennials, dotcoms, echo boomers, thumb generation
  - Values, aspirations, motivations, beliefs, ideals, attitudes
  - Education, university, work, workforce
  - Health

As the review of the literature progressed, the search was expanded to include papers on graduates’ experiences of the transition from higher education to professional practice with a focus on longitudinal and qualitative studies. The aims and research questions my study addressed were steering me towards one of several study designs and methods. For that

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10 The United Nations notes that while there is no established convention for the designation of developed and developing countries, ‘in common practice, Japan in Asia, Canada and the United States in northern America, Australia and New Zealand in Oceania and Europe are considered “developed” regions or areas.’ (Source: [https://stats.oecd.org/glossary/detail.asp?ID=6326](https://stats.oecd.org/glossary/detail.asp?ID=6326)).
reason I wanted to know how a longitudinal perspective and qualitative methods were being applied in research on public policy and workforce issues: insights and lessons other studies offered informing the planning and conduct of my own research.

The search terms used are listed below.

- The transition from higher education to the workforce
  - Longitudinal study, qualitative analysis
  - Graduate employment
  - Professional trajectory, professional development, identity
  - Higher-education, tertiary education, work-life, workforce
  - Transitions

Texts located in the course of the literature review were assessed for relevance, and searches conducted for references listed in these texts that seemed pertinent to the study.

2.2 THE INTERNATIONAL CONTEXT

At the turn of the twenty-first century, many developed countries were grappling with changing health care needs and increasing health care costs: consequences of changes in demography and disease patterns, the costs of medical advances and income growth [Drouin, Hediger & Henke 2008; Organisation for Economic Cooperation and Development (OECD) 2006; Wiener & Tilly 2002].

Ageing of populations was of special concern for policymakers based on a widely held belief that an ageing population would lead to greater demands for health care services and accelerated growth in health spending [Centers for Disease Control and Prevention (CDC) 2007; Cornwall & Davey 2004; European Commission 2006; OECD 1998; Shaw 2002; Sullivan 2002; United Nations 2007].

United Nations (2007) population projections forecast the proportion of older persons (persons aged 60 or older) would more than double over the first half of the twenty-first
century, and that the proportions of older persons would remain considerably higher in the more developed regions of the world (see Figures 3 and 4).  

Figure 3: Proportion of population aged 60 or over: world and development regions, 1950–2050 (United Nations 2007)

Figure 4: Population pyramids

11 The terms ‘less developed’ and ‘more developed’ relate to a United Nations, Department of Economic and Social Affairs, Population Division classification scheme based on demographic and socio-economic characteristics. The ‘more developed regions’ comprise all countries in Europe and Northern America, plus Australia, New Zealand and Japan. The ‘less developed regions’ comprise all countries in Africa, Asia (excluding Japan), Latin America and the Caribbean plus Melanesia, Micronesia and Polynesia. (Source: https://esa.un.org/poppolicy/ExplanatoryNotes.aspx)
Analyses of the European Commission (2006), the executive of the European Union (EU), the OECD (1998, 2006) and the United Nations (2007) predicted population ageing would have profound economic and social consequences for member countries, contributing to significant rises in public spending on pensions, health care and long-term care.

Other studies argued concerns about the impact of population ageing on health care expenditure were overstated, finding medical advances and income growth were more important drivers of health care expenditure (Drouin, Hediger & Henke 2008; Werblow, Felder & Zweifel 2007) and that ‘much will depend on how people age’ (Rechel et al 2009, p.8). Nonetheless, it was generally accepted that ageing would present challenges to national health care systems, given increasing numbers of older people, the fact that many chronic health conditions and the associated disability become more common with age, and that older people are higher users of health care services (European Commission 2006; Rechel et al 2009; United Nations 2007; Wiener & Tilly 2002).

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12 EU is an economic and political union comprising 28 independent sovereign states known as Member States - Austria, Belgium, Bulgaria, Croatia, Cyprus, the Czech Republic, Denmark, Estonia, Finland, France, Germany, Greece, Hungary, Ireland, Italy, Latvia, Lithuania, Luxembourg, Malta, the Netherlands, Poland, Portugal, Romania, Slovakia, Slovenia, Spain, Sweden, and the UK. (Source: https://europa.eu/european-union/about-eu_en)

13 OECD brings together the governments of countries committed to democracy and the market economy. The Organisation provides a setting where governments compare policy experiences, seek answers to common problems, identify good practice and coordinate domestic and international policies. Member countries include: Australia, Austria, Belgium, Canada, Czech Republic, Denmark, Finland, France, Germany, Greece, Hungary, Iceland, Ireland, Italy, Japan, Republic of Korea, Luxembourg, Mexico, Netherlands, New Zealand, Norway, Poland, Portugal, Slovakia, Spain, Sweden, Switzerland, Turkey, UK and the US. (Source: http://www.oecd.org/about/)
In the first decade of the twenty-first century pressures on public finances and health care systems spurred public sector\textsuperscript{14} and health care reforms in almost all developed countries (Marmor, Freeman & Okma 2005; Pilichowski, Arnould & Turkisch 2007). Central to health care reforms were a higher priority for preventive health measures and a much greater focus on workforce planning and development [House of Commons Health Committee 2007; Institute of Medicine (IOM) 2009; Ministry of Health 2006; World Health Organization (WHO) 2006a]: studies on the policy implications of demographic changes underscoring the importance of healthy populations to easing pressures on public finances and health care systems and of the public services and systems needed to help people stay healthy (Grammenos 2005; Oxley 2009; Rechel \textit{et al} 2009).

Ageing of the population in many developed countries, however, was also predicted to have a major impact on the labour market: a corollary of an accompanying and progressive fall in the population of working age (aged 15 to 64 years) (European Commission 2006; United Nations 2007). The United Nations (2007, p.23) projected the number of working age people per older person would ‘drop globally by more than 50 per cent over the next four decades.’ It was also estimated that:

\begin{quote}
In the more developed regions, where the share of older persons in the numerator of the dependency ratio\textsuperscript{15} is already large (48 per cent in 2007), the old-age component is projected to rise to 62 per cent by 2050 [Figure 5]. (United Nations 2007, p.22)
\end{quote}

\textsuperscript{14} The WHO (2006a, p.4) estimated that ‘about two thirds of [health] workers are in the public sector and one third in the private sector.’

\textsuperscript{15} ‘The old-age dependency ratio is the ratio of the population aged 65 or over to the population aged 15 to 64 expressed per 100 population’ (United Nations 2007, p.22).
Figure 5: Composition of the total dependency ratio: world and more developed regions, 1950–2050 (United Nations 2007)

These demographic movements also affected the supply of health care professionals (WHO 2006a). Some countries were already facing shortages in key professions [Perlino 2006; Cornwall & Davey 2004; Advisory Committee on Health Delivery and Human Resources (ACHDHR) 2007], and the age profile of others signalled impending shortages following the retirement of older workers in larger numbers over the first half of the twenty-first century (Hoj & Toly 2005; Matthews, Channon & Lerberghe 2006; Ministry of Health 2006; OECD 2008; Pilichowski, Arnould & Turkisch 2007). The fairly specialised nature of the health workforce added to the recruitment and retention challenges for the sector too, given the long

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16 The total dependency ratio is ‘the ratio of the number of children (persons under age 15) and older persons (persons aged 65 years or over) to the number of persons in the working ages (that is, those aged 15 to 64) expressed per 100 population’ (United Nations 2007, p.21).
lead time required to train and recruit health workers (Cornwall & Davey 2004; Hoj & Toly 2005; OECD 2008; WHO 2006a, 2006b). In addition, it was anticipated that these challenges would be further amplified by ‘the growing international nature of the health workforce’ (WHO 2006a, p.xxiv) and increased ‘cross-sector competition to recruit the best and brightest students’ (OECD 2008, p.10).

The prospect of tighter, more competitive labour markets, intensified concerns among policy makers about the capacity of their health systems to meet and to plan for future needs (WHO 2006a). Health workforce planning, however, was found to be a weak point for many countries. The WHO (2006b, p.1) concluded that:

...the fragmentation of information on the health workforce, the dispersion of responsibilities across ministries and agencies, and the shortages in human resources as well as lack of infrastructure have thus far limited the capacity of countries to collect, compile and analyse workforce data. Moreover, even when the quantity and quality of data are adequate, there are further limitations to the effective use of these data for policy-making, due largely to the absence of core health workforce indicators and to definitional problems associated with classifications of occupations.

The research in human resources for health is weak, uneven and mostly descriptive. There are few systematic reviews and collections of best practices on effective solutions. The potential role of health workforce information and research for policy formulation and action is also further affected by the lack of collaboration between relevant agencies, which on the one hand leads to duplication of efforts and on the other to underuse of know-how and databases.

Other contemporaneous reviews of health workforce planning in Canada, New Zealand, the UK and the US were equally critical, drawing attention to the shortcomings of existing approaches to planning that focused mostly on future requirements for physicians and nurses, based estimates of workforce needs on prevailing patterns of care rather than emerging population health needs, failed to consider future possibilities and neglected the needs of the

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17 A tight labour market has more jobs than workers. (Source: http://www.dictionary.com/browse/labor-market)
unregulated\textsuperscript{18} workforce (ACHDHR 2007; House of Commons Health Committee 2007; IOM 2009; Ministry of Health 2006).

The latter was particularly worrying given the fundamental importance of the unregulated workforce to national efforts to plan for and to promote healthy populations, this workforce being inclusive of many different public health occupations, such as biostatisticians, epidemiologists, health economists, nutritionists, health educators and health promotion specialists (Baker \textit{et al} 2005; House of Commons Health Committee 2007; Joint Task Group on Public Health Human Resources 2005; Ministry of Health 2006).

Defining and projecting future public health workforce needs presented some unique challenges too, the broad scope of public health practice\textsuperscript{19} and the multidisciplinary and interprofessional nature of research and practice in this field adding to the difficulties of enumerating the current workforce and determining the number and mix of public health services and professionals that may be required to meet future needs (Association of Schools of Public Health 2008; Beaglehole & Dal Poz 2003; Joint Task Group on Public Health Human Resources 2005).

The issues and challenges summarised above provided the backdrop to the WHO’s (2006a) flagship report \textit{Working Together for Health} and call for more rigorous and systematic approaches to workforce planning that were better attuned to the dynamics of the workforce; this report recommending a working \textit{lifespan} framework that embraced ‘strategies related to the stage when people enter the workforce, the period of their lives when they are part of the workforce, and the point at which they make their exit from it’ (see Figure 6) (WHO 2006a, p.xx).

\textsuperscript{18} The term unregulated workforce refers to health occupations that do not require registration and accreditation to work. The term was used in various country reports on the health workforce, although it was not often defined. For the purposes of this study, the term was understood to refer to health practitioners and support workers who are not registered under relevant national legislation, or other registration authority.

\textsuperscript{19} The accepted definition of public health in Australia is: ‘the organised response by society to protect and promote health and to prevent illness, injury and disability’ (National Public Health Partnership, cited in Lin, Smith & Fawkes 2007, p.6)
Although there was growing recognition of the importance of attracting and retaining younger workers to building robust health systems, little consideration was given to the traits and career aspirations of younger workers and the significance of these factors for health workforce planning and development. The focus, as illustrated in Figure 7 overleaf, remained largely on recruitment and placement services that aimed ‘to get workers with the right skills to the right place at the right time’ and the infrastructure required to support this (WHO 2006a, p.xxi).
A series of reports on renewal of the Canadian federal Public Service published over the turn of the twenty-first century showed far greater awareness of the importance of younger workers to organisational futures, and of workforce planning that was based on an understanding of their career interests and work expectations (Booker & Luce 2002; Clerk of the Privy Council 1997, 2007; Smith & Snider 1998).

The ranks of bureaucracy have been thinned, and now, more than ever, new workers are needed to revive and rejuvenate an organization that is just beginning to see the light at the end of the tunnel. As an organizational resource, today’s youth can bring a high level of education, technological experience, and potentially innovative and competitive advantages to the federal Public Service. Understanding the attitudes, concerns, and expectations of this generation is essential to building a recruitment strategy and workplace that will be challenging, rewarding, and attractive. (Smith & Snider 1998, p.20)

Today’s Canadian economy offers many employment opportunities. Employers, including the Public Service of Canada, face much higher competition than in earlier
decades for new entrants into the labour market. To secure its share of talented young individuals, the Public Service needs more effective recruitment approaches, and a workplace environment and prospects that will capture the interest of young graduates and meet their expectations. (Clerk of the Privy Council 2007, p.39)

Although these reports specifically addressed recruitment and retention challenges for the Canadian federal Public Service, the labour market trends and realities driving reform of the service were consistent with phenomena evident in other developed countries and outlined near the beginning of this chapter. The particular circumstances of the Canadian federal Public Service described in these reports also demonstrated the dampening effect of a sector’s ‘own immediate history’ (Clerk of the Privy Council 2007, p.12), the reports chronicling events that had contributed to the perception that the public service was ‘a relatively unattractive place to work’ (Stilborn 1998, p.1) (see Figure 8 below).

| years of downsizing and restructuring of public services |
| prolonged staffing and wages freezes |
| limited opportunities for professional development |
| a lack of upward mobility |
| a rapidly increasing 'web of rules' |
| stereotypes of public service employees |
| criticisms of public service management and programs |

Figure 8: The Public Service’s ‘own immediate history’ (Booker & Luce 2002; Clerk of the Privy Council 1997, 2007; Smith & Snider 1998; Stilborn 1998)

Most pertinent to my study was research undertaken on behalf of the Public Service Commission of Canada that set out and aimed to address some of the difficulties governments would encounter in attracting and retaining younger workers, chiefly Facing the challenge: recruiting the next generation of university graduates to the public service (Smith & Snider
The first of the studies (Smith & Snider 1998) comprised a national survey of Canadian graduands’ (n=2,537) career aspirations, and perceptions of and attitudes toward the labour market they would soon be entering (Smith & Snider 1998). Ground-breaking research for the time, the study drew attention to the changing nature of work and workplace expectations and how important it was for employers ‘to understand the different interests and factors which attract individuals to their workforce’ (Smith & Snider 1998, p.i).

For instance, are tomorrow’s graduates looking for employment security or have they truly embraced the notion of a highly mobile career through a number of different organizations and sectors? What factors will attract them to a particular job? Are they driven only by financial compensation or does the nature of the work and/or an ability to contribute to a broader social good still resonate as important career-related factors? Do tomorrow’s graduates feel secure about their ability to find employment upon graduation or do they perceive limited opportunities in tomorrow’s labour market? In primarily what sector will students seek employment and what are their attitudes towards the federal government? (Smith & Snider 1998, p.i)

A key finding of this study was that ‘while many of the students had not yet embarked on full-time careers, they had developed attitudes about the importance of job-related factors to consider in their job searches’ (Smith & Snider 1998, p.3) with interesting work, a competitive salary and work in their field identified as highly important in a future career.

Moreover, the main message of this study was clear: ‘increasing the number of young people in the Public Service is not just a matter of deciding to start rehiring again. Decision-makers need to be aware of a number of broad societal trends that will affect their ability to attract the best and brightest university graduates into the Public Service’ (Smith & Snider 1998, p.18).

The second study examined and detailed the challenges of bringing new staff into the Public Service and retaining recently hired staff, the authors concluding ‘[i]f the Public Service is to compete, it must plan effectively. This will require continued investments in research to
understand the drivers and motivations of both potential recruits and high-value employees’ (Booker & Luce 2002, ‘Infrastructure and central support requirements’, para.1).

The authors (Booker & Luce 2002, ‘The changing structure of employment and the knowledge economy’, para.4–5) of this study also noted:

We are ... competing for highly educated employees who expect a work environment that fully draws on their educational investments and fosters the creativity and originality that they developed while at school. Moreover, highly educated employees expect greater autonomy and opportunity to take risks on the job. A large complex bureaucracy they perceive as slow and ineffective may not be a first-choice employer for these workers. Many new employees in the globalised economy will have a number of choices of employment, and they will carefully weigh the attractiveness of the Public Service against these options.

The important question for the Public Service is whether it can balance the expectations and needs of knowledge workers and its current workplace structure and employment practices.

### 2.3 Socio-Demographic Change in Australia

Like most developed countries, Australia’s population was projected to age markedly over the next 40 years due to falling birth rates and rising life expectancies: the federal Treasury forecasting the proportion of older persons (persons aged 65 or older) would nearly double over this period (Figure 9 overleaf) (The Treasury 2007).
Population ageing was anticipated to pose substantial challenges for Australia’s economic growth and long-term fiscal position too: a result of increased demand for services, slower growth of the labour force and a decline in people of working age (aged 15 to 64 years) as a proportion of the population (Figure 10) (Productivity Commission 2005b; The Treasury 2007).
The federal Treasury’s (2007) intergenerational report for the financial year 2006–07 estimated government spending would exceed revenue by three and a half per cent of Gross Domestic Product (GDP) by 2046–47. In common with other developed countries, health, pensions and aged care accounted for much of the projected increase in government spending (The Treasury 2007).

Government spending on health, in particular, was projected to almost double over the first half of the twenty-first century with population ageing, rising demand and medical and technological advances key drivers of costs (Productivity Commission 2005b; The Treasury 2007).

While non-demographic factors were found to be the largest contributors to health costs, federal Treasury estimates suggested ageing would still account ‘for around one quarter of the projected increase in health spending over the next 40 years’ (The Treasury 2007, p.51). The Productivity Commission (2005b, p.164) in its assessment of the Economic implications of an ageing Australia also concluded that ‘neither the possibility of a healthier older population in the future, nor evidence that costs are higher at end of life, undermine the

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20 ‘Projections are based on the 2006–07 mid-year economic and fiscal outlook adjusted for major government decisions since that time, up to and including 6 March 2007’ (The Treasury 2007, p.iv).
proposition that ageing of the population will place much greater pressure on health expenditure.’

2.4 HEALTH WORKFORCE TRENDS AND PLANNING

‘Looking ahead, growing demand and tightening labour supply will add to pressures on Australia’s health system and its workforce’ (Productivity Commission 2005a, p.xv)

Demographic change in Australia was also having a profound effect on the health workforce. Despite the size and escalation in growth of its health workforce, Australia was already experiencing shortages in some health professions: these shortages being even more pronounced in rural and remote areas and in Indigenous communities (AIHW 2008; Productivity Commission 2005a).

The health workforce was ageing too and more rapidly than the wider workforce, the proportion of the health workforce aged 55 years and over increasing from 12 per cent in 2001 to 16 per cent in 2006 (compared to 11 per cent and 14 per cent respectively for the wider workforce) (AIHW 2008). Moreover, the age profile of the health workforce was widely viewed as a forerunner of a fall in health workforce supply as increasing numbers of workers reached traditional retirement age21 in the short to medium term (AIHW 2008; Productivity Commission 2005a). What is more, between 2000 and 2006 there was a general reduction in average hours worked in health occupations—reflecting the rising proportions of older workers and women working, with both of these groups more likely to work part-time, as well as changing attitudes and preferences for work-life balance (AIHW 2008; Productivity Commission 2005a; The Treasury 2007).

In addition, broader labour market issues were expected to have ‘a major influence on future workforce supply’, potentially increasing competition for and the costs of labour in coming decades (Productivity Commission 2005a, p.23). The Productivity Commission (2005a, p.xviii) in its research report on the Australian health workforce concluded that:

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21 In Australia, the official age of retirement is when a worker can receive a pension. In 2002–2007, this was 65 years for men and 63 years for women. (Source: 4102.0 - Australian Social Trends, March 2009)
Service providers will be seeking to replace greater numbers of retiring workers, and to secure additional labour to meet accelerating demand, in an environment where growth in effective labour supply\(^{22}\) is expected to be slower than population growth. Given that many health services are labour-intensive, sizeable wage-related cost pressures are likely.

In fact, other studies suggested that a tighter and more competitive labour market ‘may lead to a serious shortfall of those willing to enter the human services’ (Department of the Premier and Cabinet 2002, p.17), and ‘the workforce may become more demanding and even more choosy about where it works, so that only employers and locations of choice may ever have an adequate workforce’ (AHMC 2004, p.12).

Population ageing was one of many drivers of demand for, and supply of, the health labour force in Australia (see Table 1 overleaf). Shifts in government policy and resource allocation, changes in the health status and disease profile of the population, increased wealth, more knowledgeable and assertive consumers, medical and technological advances, a greater emphasis on healthy ageing and chronic disease prevention, and new models of care and workplace practices all affected demand on the health system (AHMC 2004; Health Reform Committee 2004; PHAA 2005; Productivity Commission 2005a; Ridoutt \textit{et al} 2002; Tolhurst \& Stewart 2004; The Treasury 2007). They also had implications for how services were delivered and the size, composition and expertise required of the health workforce.

Changes in technology are likely to affect both how services will be delivered but also health status and disease profile. This, together with changing community expectations—for instance about the role for prevention—will reduce the demand for certain services and associated health professionals and increase demand for others. Policy choices, around matters such as specialisation or multi-skilling in the health workforce will also influence how health service demands are translated into health workforce needs. For instance, the shift in disease profile towards chronic disease and community-based approaches to prevention and management means a greater demand for health professionals with expertise to support lifestyle change such as community and clinical dieticians, exercise physiologists, educators (public health and clinical),

\(^{22}\) Effective labour supply is defined as ‘the total number of hours actually worked each year’ (Productivity Commission 2005a, p.23).
health promotion professionals and the possible role for new specialisations. (Segal & Bolton 2009, ‘Classification of approaches’, para.4)

Table 1: Drivers of health labour force demand and supply in Australia

<table>
<thead>
<tr>
<th>Demand</th>
<th>Supply</th>
</tr>
</thead>
<tbody>
<tr>
<td>▪ Demographic trends, chiefly population growth and ageing</td>
<td>▪ Size, health and ageing of the working population</td>
</tr>
<tr>
<td>▪ Changes in health status and disease profile of the population</td>
<td>▪ Capacities of the education and training sectors</td>
</tr>
<tr>
<td>▪ Economic cycles</td>
<td>▪ Timeliness and farsightedness of workforce policies and planning</td>
</tr>
<tr>
<td>▪ Consumer expectations</td>
<td>▪ Competition for labour</td>
</tr>
<tr>
<td>▪ Changes in service delivery</td>
<td>▪ Downturns in the labour market</td>
</tr>
<tr>
<td>▪ Technological innovations</td>
<td>▪ Regulation of the labour force/health professions</td>
</tr>
<tr>
<td>▪ Expertise required</td>
<td>▪ Labour force preferences and expectations</td>
</tr>
<tr>
<td>▪ Ideology steering public policy and sector reforms</td>
<td>▪ Public perceptions of industries and sectors as employers</td>
</tr>
<tr>
<td>▪ Ideology steering public policy and sector reforms</td>
<td></td>
</tr>
</tbody>
</table>


The confluence of forces affecting demand for, and supply of, health workforce professionals heightened concerns among Australian policymakers about the sustainability and responsiveness of the Australian health workforce (Productivity Commission 2005a) and the adequacy of current approaches to workforce planning—as it had for other developed countries (Alexander, Ramsay & Thomson 2004; PHAA 2005).

Assessments of health workforce planning in Australia echoed conclusions of the WHO (2006a) and reports of other national governments of that period, with various studies pointing to the limitations of workforce planning that was focussed mostly on enumerating and projecting future requirements of hospital-based medical specialities, relied on highly simplistic planning models based on demography and current patterns of health service utilisation, remained poorly integrated with broader health system policy and planning, and overlooked the needs of the public health workforce despite it being fundamental to national
efforts to advance the health of the population and mitigate future pressures on the health system (AHMC 2004; Productivity Commission 2005a; Segal & Bolton 2009).

For the health sector, the ageing of the population is expected to also affect demand by increasing the need for services and the nature of those services. There is likely to be a greater than ever emphasis on healthy ageing strategies. There is also an expectation for an increasing prevalence of chronic disease. Similarly, as part of improving the health of the population as a whole, there will be greater emphasis on promotion and prevention strategies. From the workforce perspective this has implications for the supply of health workers with particular knowledge and skills, and therefore the nature and content of training programs. There are also implications for how care may be delivered, with the attendant flow on implications to the workforce. (AHMC 2004, p.10)

There will need to be a greater emphasis on improved community health, preventive measures and on managing the consequences of chronic diseases. (Productivity Commission 2005a, p.3)

However, all of these initiatives have been silent on issues to do with what kind of workforce is required to improve Australia's public health workforce and thereby, address future public health issues and challenges, including those challenges that are not currently known. (Lin, Watson & Oldenburg 2009, ‘Why a special call for articles on public health workforce?’, para.2)

Scant attention was paid to the values and motivations of the existing and new cohorts in the health workforce and the influence of these factors on health labour force supply, although it was accepted that:

In an era of ‘tightening’ available workforce health care organisations may have to increasingly develop strategies to attract talented practitioners, pay to attract these individuals (or develop other innovative strategies), and search globally for these talents. Policies and programs, which to date have been universal in their design and application, may increasingly have to be tailored to the individual, fitting into the
stage they are at in their career and with their work-life balance needs’ (AHMC 2004, p.12).

Nonetheless there was a developing appreciation among some health leaders that a key challenge for the health sector would be to ‘[t]hink beyond numbers when considering recruitment and retention issues, and to explore how developing a better understanding of the specific needs of the different age cohorts and new roles and categories of healthcare workers can assist with maintaining a sustainable health workforce’ (Alexander, Ramsay & Thomson 2004, p.9). Indeed, there was a real need for policymakers involved in workforce planning and development to think more creatively about the health workforce overall (Holman 2003; St. Leger 2001).

In summary, the convergence of demographic, economic and labour market factors detailed in the preceding sections showed that for Australia and many other developed countries, ‘workforce issues may prove to be the greatest challenge facing health systems in the future’ (Cornwall & Davey 2004, p.79). Reviews of existing approaches to workforce planning and development also pressed home the need to take into proper consideration the wider health workforce, the needs and aspirations of younger workers and ‘the changing nature of work and how it affects the desire to work in the public interest’ (Smith & Snider 1998, p.ii).

2.5 GENERATIONAL CHANGE AND EMPLOYMENT

MORE THAN HALF a century ago, Arthur Koestler wrote that much of what you needed to know about a person was revealed by the year of their birth. He called it a "secular horoscope". Rather than the alignment of planets and stars, a secular horoscope provides vital clues to a lifetime of values and behaviours by noting the wars, revolutions, depressions, booms and natural disasters that struck in childhood, youth and early adulthood.

These days, the secular horoscope has been replaced by "generationalism", as patterns of behaviour are ascribed on the basis of the block of fifteen to twenty years in which you were born. (Schultz 2006, p.7)
The quickening pace of socio-demographic change and implications for the broader labour force had excited interest among social commentators and some scholars in the increasingly multi-generational nature of the workplace with much conjecture about what the ‘next generation’ now entering the workforce in larger numbers, in this case, generation Y, might be like as employees (Robert Half International 2005; Huntley 2006; Salt 2006; Sheahan 2005; Zemke, Raines & Filipczak 2000).

Ideas about this generation were also being influenced by media reports of often taken-for-granted assumptions about their values and beliefs fuelled by a proliferation of studies of uncertain quality implying generation Y’s self-concept and attitudes to work were different to other generations and would present new challenges for employers who may struggle to recruit, manage, motivate and retain them (Oliver 2006; Wong et al 2008).

Recruiting Ys is a delicate proposition. They are likely to ask what the business can do for them rather than talk up what they can do for the business. Questions about training, career breaks, study leave, working environment, reporting lines and appraisal procedures are all fair topics for life-savvy Ys very much in control of their environment. (Salt 2006, p.75)

Managers should expect to see more employees with unrealistically high expectations, a high need for praise, difficulty with criticism, an increase in creativity demands, job-hopping, ethics scandals, casual dress and shifting workplace norms for women. (Twenge & Campbell 2008, p.862)

Four generations were supposed to make up the workforce: veterans, born 1922 to 1942; baby boomers, born 1943 to 1960; generation X, born 1961 to 1980; and generation Y, born 1981 to 2000 (Huntley 2006; Mackay 1997; McCrindle Research 2006; Zemke, Raine & Filipczak 2000):23 each generation differing in their social history, attitudes, values and expectations of employment and life.

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23 Conceptualisation of the generations differed across the literature reviewed for this study. I opted for the titles and spans defined by Zemke, Raines and Filipczak (2000), as they had some currency among popular and scholarly authors on the subject. The term generation in this study refers to an ‘identifiable group that shares birth years, age location, and significant life events at critical developmental stages’ (Kupperschmidt, cited in Macky, Gardner & Forsyth 2008, p.858).
The youngest segment of the Australian workforce, generation Y was described as a ‘global generation’, at ease with technology, and using it to overcome cultural and geographical boundaries; they formed close bonds with friends; used multiple tools for simultaneous communication; held different and more inclusive views on gender and race; had a positive outlook on life; were comfortable with change; and craved inspiration and diversity in the workplace (Cole, Smith & Lucas 2002; Huntley 2006). This generation was also thought less likely to define themselves by their job (Cole, Smith & Lucas 2002; Huntley 2006; Zemke, Raine & Filipczak 2000). Paradoxically, it was also predicted generation Ys would enjoy greater stability and prosperity in their working life as the baby boomers retire en masse (Porter 2003; Salt 2006).

Some studies heralded the generation Y as the next big thing (Zemke, Raines & Filipczak 2000), describing it ‘as this most able of generations … capable of shrewdly picking the best of what has gone before, to create a brave new world for the beginning of this new millennium, in which values not just acquisition are central’ (Schultz 2006, p.10).

This generation was also said to demonstrate qualities of value to employers (Sheahan 2005). They were resilient, fast-learners, practical, enterprising, team-oriented, wanted to succeed, could be coached, and were able to multi-task (Sheahan 2005). On the other hand, they presented challenges for employers too. They were demanding, over-confident, impatient, focussed on the short-term, and may well see employment as nothing more than a means to an end, sometimes had trouble distinguishing between employment and play, and were informal and easily bored (Sheahan 2005).

Other studies highlighted their selfishness and materialism, suggesting they may not be attracted to professions where the rewards were less tangible and concern for the welfare of others was paramount (Salt 2006). Conversely, this generation was also found to most admire honesty and caring as traits in others (Cole, Smith & Lucas 2002), to be idealistic and committed to ‘making the world a better place’ (Huntley 2006, p.117) and heavily involved in public life (Vromen 2003). They also expected employers to be socially responsible in how they do business and to participate in community life (Cole, Smith & Lucas 2002).
Generational profiles (see also Table 2), while providing some insight into the mindset and values of the different generations, were contested with a growing body of scholarly research questioning their value and usefulness.

Newspaper stories, consultant press releases, magazine articles, and increasingly books are not hard to find exhorting that there are different generational cohorts in the workforce, such as Generations X, Y and Baby Boomers, that differ from each other in ways that are important to managers. Often such reports seem little more than overly generalised and oft repeated stereotypes based either on anecdotal evidence, or data not otherwise open to critical peer review. (Macky, Gardner & Forsyth 2008, p.857)

Table 2: Characteristics attributed to generation Y

<table>
<thead>
<tr>
<th>In life</th>
<th>At work</th>
</tr>
</thead>
<tbody>
<tr>
<td>Global generation</td>
<td>Adaptable</td>
</tr>
<tr>
<td>Well-educated</td>
<td>Enterprising</td>
</tr>
<tr>
<td>At ease with technology</td>
<td>Ambitious</td>
</tr>
<tr>
<td>More inclusive views of gender and race</td>
<td>Keen to learn</td>
</tr>
<tr>
<td>Broad social networks</td>
<td>Team-oriented</td>
</tr>
<tr>
<td>Trust in friends and family</td>
<td>Crave inspirational leadership</td>
</tr>
<tr>
<td>Positive outlook on life</td>
<td>Value flexibility and diversity</td>
</tr>
<tr>
<td>Value freedom, flexibility and choice</td>
<td>Less likely to define themselves by their job</td>
</tr>
<tr>
<td>Comfortable with change</td>
<td>Potentially more demanding</td>
</tr>
<tr>
<td>Conformist</td>
<td></td>
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</table>

The contradictions

- Confident and tolerant vs. cocky and impatient
- Selfish and materialistic vs. civic-minded and generous
- Naive and idealistic vs. realistic and pragmatic, sometimes described as cynical and distrustful (of institutions in particular)
- Focussed on the short-term vs. loyal, although dependent on conditions and concordance with their own values


Scholarly papers on generational research were highly critical of ‘popular hype concerning the generational differences at work’ (Macky, Gardner & Forsyth 2008, p.857), noting how:
Rarely do such generalisations seem to be challenged, or even the basic assumption that there are generational differences questioned, although there are exceptions, Giancola (2006) for example observes a lack of published research on generational differences in academic journals and suggests that “the generational approach may be more popular culture than social science” (p.33). (Macky, Gardner & Forsyth 2008, p.858)

Noted flaws or limitations of generational profiles were ‘the arbitrariness of the temporal cut-offs, the implied historical comparison and assumption of intra-cohort stability (Taylor 2003, p.4) and their tendency ‘to make reductive claims about very large groups of very different people’ that ‘obscure the wide differences in experience within generations, such as race, class, gender and geography’ (Crawford 2006, pp.9 &11), and occupational groups (Cole, Smith & Lucas 2002).

Much of the available empirical research did not support existing generational stereotypes, with most of these studies cross-sectional in nature as well making it difficult to separate out ‘the confounding effects of age, maturation and life cycle stage on generational cohorts’ (Macky, Gardner & Forsyth 2008, p.860).

It was necessary too to think about the context in which public representations of the generations were produced and consumed. Notions of generational cohorts were mostly found ‘to relate to experiences in the western and developed world’ (Hutley & Solomons 2004, ‘Definitions of generations, para.1), and to reflect the cultural values, research interest, psycho-social context and theoretical thinking underpinning individual studies (Scabini & Marta 2006).

Some scholars stressed the need to bear in mind ‘the motivations behind the research and [therefore] the credibility of the results’ (Crawford 2006, p.9).

One can see the play of various positionalities, interests, political claims, and marketing intentions at work in the competing representations. (Ortner 1998, p.416)
Others emphasised the need to consider the trustworthiness of the source in ‘separating the generational hype and conjecture from the serious usable research and analysis’ (McCrindle & Beard, 2007, p.36).

In our view, there are two distinct groups whose opinions managers should give varying weight. Firstly there are the social researchers who have a background in psychology, sociology or marketing research and develop their credibility via statistically valid research. Secondly, there are the social commentators who tend to be self-appointed experts, motivational speakers and media personalities who offer opinion-based pop commentary lacking in statistical validity. Naturally we believe firmly that [managers] should give greater weight to considered empirical research, rather than opinionated social commentary. (McCrindle & Beard, 2007, p.36)

Sociologists called attention to the polysemous use of the term generations (Kertzer 1983; Pilcher 1994), objecting to the confounding of generation ‘as a principle of descent relationships with concepts related to age and historical time’ (Kertzer 1983, pp.142–143).

Mannheim (1952) in his seminal essay on the problem of generations contended there was no commonly accepted approach to the study of generations, rather a multiplicity of views based on differing intellectual traditions. Any explanation of generations, however, should not ignore the influence of social processes on the phenomenon of generations or differences of perspective based on an individual’s location in time, place and culture.

The literature on career counselling also lay emphasis on ‘the powerful effects of social context on individual career development’ and career behaviour (Van Esbroek & Athanasou 2008, p.7).

Social contexts also provide the conditions that shape individual self-concepts or identity, the content and nature of the occupational structure, the form and freedom of access to work, and who is likely to obtain what types of work. Thus, the social context influences the choices available to individuals and reinforces some career behaviour while rejecting other behaviour. Elements of the social context also influence how [career] guidance and family roles are conceived, the types of achievement and aspirations that are nurtured, and the types of knowledge about
opportunities that are filtered to subpopulations of people through cultural, racial, and socioeconomic lenses. (Herr 2008, p.45)

Furthermore, a study commissioned by the National Health Workforce Taskforce (KPMG 2009, p.39) on factors influencing current and projected workforce shortages found limited research to support a generation Y effect on the Australian health workforce, concluding:

Evidence for the Generation Y impact on health workforce issues is still limited; there is currently no definitive analysis which links Generation Y with explicit health workforce trends. It is currently little more than an academic model (sic) and conclusions on what this will mean in terms of the health workforce can at best be [speculative] and highly qualified.

In summary, ‘[a] popular mythology has emerged about the “Generation Y” worker’ (Oliver 2006, p.61) and was shaping thinking about the existing and new age cohorts of workers. Critiques of the literature on generations, however, underscored the need to see people as individuals rather than the generational stereotypes, and for approaches to workforce planning and development to not lose sight of individual preferences and capabilities that transcend generational clichés.

2.6. The Transition from Student to Professional

Change and volatility in the national and global contexts in which health services were provided helped to concentrate attention on ‘other factors affecting the supply of health workforce professionals, such as their entry, mobility and retention’ (Productivity Commission 2005a, p.v). It was well-understood that new graduates were an important source of workers in an increasingly competitive market, reinforcing ‘the crucial role tertiary education plays in preparing graduates for the health care sector’ and ‘the benefits of good working relationships between the health system and tertiary education so that graduates are prepared for work in the health system, and the transition to work is smooth’ (Alexander, Ramsay & Thomson 2004, p.9).

In contemplating this study, it seemed ironic that at a time when it was anticipated more would be expected of the public health workforce little attention was being given to
understanding how and why young people choose and remain committed to public health as a career: knowledge that I thought critical to pinpointing areas of vulnerability and to improving the effectiveness of public health education and training, and current workforce recruitment and retention strategies. This was not the case for hospital-based professions with a burgeoning body of international literature on the transition from student to practitioner for doctors and nurses, and some allied health professions (Cave et al. 2009; Price 2009; Smith & Pilling 2007).

Much of what was written about public health human resources, however, was focused on the problems of defining and enumerating the workforce, promulgating planning frameworks, public health education and training, and establishing and promoting competencies to describe the expected knowledge, skills, and abilities of public health workers (ACHDHR 2007; Beaglehole & Dal Poz 2003; Gebbie & Turnock 2006; Ridoutt et al. 2002; Rotem et al. 1995; Shilton et al. 2003).

The lack of studies that examined public health students and their transition to practice as new graduates was no doubt a reflection of the nature of the demand for public health professionals, which was considered ‘less directly sensitive to population size and demographic composition’ (Ridoutt et al. 2002, p. 4), and the challenges of creating demand for public health interventions, the benefits of which were as a rule distant, accrued at the population level and in some cases opposed by powerful interest groups.

The challenges of creating demand for public health interventions were summarised well by Siegel and Doner Lotenberg (2007, p. 120).

Mikhail and colleagues (1997) made the distinction between “identified” lives and “statistical” lives and argued that society favors treatment programs over prevention programs because they address the needs of identifiable individuals. “The clear social preference is to provide health care resources to respond to specific and immediate needs of identifiable individuals. By its very nature, prevention generally deals with amorphous populations; curative care deals with identified personalized lives and thus seems to carry greater societal ethical imperative for committing resources in response to specific health care needs” (p. 38).
The nature of the demand for public health compared with medical intervention also is different in terms of its urgency. Physicians do not typically go out into the community trying to stimulate demand for medical treatment: when people become sick, they demand medical treatment. This is not the case with public health. The presence of public health problems does not imply an immediate demand for intervention. Usually, the demand for public health attention is dormant until a crisis arises.

All the same, sudden health crises such as disease pandemics, natural disasters and the threat of bioterrorism this century that had taxed the capacity of the public health workforces and infrastructure of many developed countries, and the increase in frequency and severity of such events, were sharp reminders of the importance of their public health workforces and the risks that neglect of the growth and development of this workforce posed for the health of nations (Durham & Plant 2005; Joint Task Group on Public Health Human Resources 2005; IOM 2009; Thacker 2005; WHO 2006a).

I was acutely aware through my own observations and experiences of mentoring new graduates just how exciting and unsettling can be the experience of the transition from student to public health professional too, and how ‘early experiences in the workforce can influence and shape career trajectories and longevity’ (Smith & Pilling 2007, p.265). Little was known, however, about the career beginnings of Australian public health graduates, with Lin, Watson and Oldenburg (2009, ‘Workforce planning and capacity development—whose role?’, para.3) noting ‘[t]here is little systematic information about the outcomes and career trajectories of most MPH24 students or other [public health] graduates.’ This point was also remarked on by Fleming and colleagues (2009, ‘Implications’, para.4).

To date, limited information exists about the employment profiles of students who complete undergraduate [public health] programs in Australia to enable tracking of their employment over the past five years to gain further understanding of the choices undergraduate students make.

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24 Master of Public Health
Nevertheless, review of the international literature on the transition from higher education to professional practice identified some familiar themes.

The change from student to professional was typically characterised as a *rite de passage* and a dynamic process, the duration and intensity of which was dependent on variety of factors (Ailwood *et al* 2007; Cowin & Hengstberger-Sims 2006; Delaney 2003; Graham & McKenzie 1995a; Louis 1982).

The term *rite de passage* was first coined by the French ethnographer Van Gennep early in the twentieth century to describe the movement from one state to another (such as childhood to puberty or single life to married life). Van Gennep observed *rites de passages* to be a universal human phenomenon that comprised a process of separation, transition (liminality) and incorporation: the transition often accompanied by ambiguity and dissonance as individuals or social groups adjusted to new roles or situations (The New Fontana Dictionary of Modern Thought 2000).

Van Gennep’s concept of *rite de passage* provided a simple and generalisable model for understanding the process of transition that came into common use in other disciplines, for example career counselling, developmental psychology, sociology and organisational behaviour, to explain different kinds of transitions (Bridges 2009; Mayrhofer & Iellatchitch 2005). His influence on later scholarship was evident in the studies reviewed in the course of my own research with the models applied and the descriptions of transitions presented echoing the universal and unifying themes that had been observed by Van Gennep some decades ago (Ailwood *et al* 2007; Anderson, Goodman & Schlossberg 2012; Bridges 1991, 2009; Cowin & Hengstberger-Sims 2006; Delaney 2003; Graham & McKenzie 1995a).25 This was certainly the case for William Bridges (2009, p.56), whose thinking about transitions, and model of transitions described earlier in this chapter, built on the archetypal patterns of change that Van Gennep had observed in indigenous cultures.

The term [transition] comes from Arnold Van Gennep’s seminal study *Rites of Passage*, translated by Monika B. Vizedom and Gabrielle L. Chaffee (Chicago: Chicago University Press, 1960). He applies it to the second (or middle) phase of

25 The contribution of anthropology and the concept of *rite de passage* and its emphasis on liminality to understandings of transitions, however, were seldom discussed in these studies.
tribal passage rites—those rites that help people to “crossover” one of life’s natural dividing points. The crossover points that come at the end of childhood, when coming-of-age rituals are held, are best known to modern, Western people. The same three-phase process of transformation is the basis for tribal rituals that take place at many other life-transition points. The parallel between tribal rituals and the three-phase transition process discussed here is more than simply an analogy, for one of the most useful ways of understanding what people experience when their organization changes (and they themselves are plunged into transition) is to say that they experience an unritualized time of passage—a time that was once ritualized but in our day has lost its ritual nature.

Though the structures for understanding transitions were stable, the experiences of transitions were different for every person. According to Anderson, Goodman & Schlossberg (2012, p.38) ‘[t]hree people describing a similar transition are not talking about the same event. To understand its significance, [we need] to see how the [event] has changed each individual’s roles, relationships, routines, and assumptions.’ Even so, as stated by Louis (1982, pp.73–74), ‘[a]lthough no two transitions are identical and no two individuals experience transition in precisely the same way, most transitions have several characteristics in common.’

The transition to work was generally recognised as a crucial time in the career beginnings of graduates offering exciting opportunities to apply knowledge and skills acquired over years of study, but also presenting new challenges that could be daunting, leading to disaffection for some and loss to other professions or career paths (Ailwood et al 2007; Cowin & Hengstberger-Sims 2006; Graham & McKenzie 1995a, 1995b). Cowin and Hengstberger-Sims (2006, pp.60 & 61) described the move from student role to working professional as ‘a tumultuous journey’ as new graduates struggled with reality shock—the ‘sudden comprehension that their imaginings and perceptions of their new workplace are far different to the actual circumstances.’ Feelings of anticipation, anxiety and self-doubt were usual as graduates adjusted to new roles and situations; and ‘the more fluid, unpredictable and changing world of work’ (Candy & Crebert 1991, p.581).

The ease with which graduates adapted to the world of work was strongly influenced by a range of factors (see Table 3 overleaf), such as the graduates’ outlook, self-efficacy, resilience and ability to tolerate ambiguity, as well as their capacity to adapt and for self-
reflective learning (Ailwood et al 2007; Candy & Crebert 1991; Daley 2001; Delaney 2003; Nystrom 2009). Important too was the knowledge and professionalism graduates brought to the workplace, and the correspondence between what had been learned in the course of their studies and what was expected of graduates in a more changeable labour market (Candy & Crebert 1991; Delaney 2003; Nystrom, Dahlgren & Dahlgren 2008). Graduates who had had early exposure to the workplace and to their profession through practicums were also found to be better informed and to have more realistic expectations of professional practice (Crebert et al 2004).

...the value of work placements lies not only in the way they enculturate students to workplace norms but in the way they broaden their understandings of “how things work” in the organisation, and “how things are done around here” (Graham & McKenzie 1995b, p.36), and more importantly, how they themselves need to change or adapt their approaches to learning in order to develop. (Crebert et al 2004, p.56)

Table 3: Influences on graduates’ experiences of the transition to work

<table>
<thead>
<tr>
<th>Individual factors</th>
<th>Work setting and culture</th>
<th>Surrounding conditions</th>
</tr>
</thead>
<tbody>
<tr>
<td>Expectations of work and career</td>
<td>Expectations of graduates</td>
<td>Private life</td>
</tr>
<tr>
<td>‘reality shock’</td>
<td>‘job-ready’, ‘judgment safe’</td>
<td>Sway of significant others and personal circumstances</td>
</tr>
<tr>
<td>Personal attributes</td>
<td>Reception into the workplace</td>
<td>Nature of professional work</td>
</tr>
<tr>
<td>Outlook</td>
<td>Provision of formal induction</td>
<td>Impact of changing demands and innovation on knowledge and skill-sets required</td>
</tr>
<tr>
<td>Resilience</td>
<td>Support of peers, mentors and role models</td>
<td>Socio-economic cycles</td>
</tr>
<tr>
<td>Capacity to adapt and for self-reflective learning</td>
<td>Relationship with line manager</td>
<td>Impact of economic and policy changes on opportunities and perceived choices</td>
</tr>
<tr>
<td>Professional competency</td>
<td>Work setting and culture</td>
<td></td>
</tr>
<tr>
<td>Education, how well-equipped for working life</td>
<td>Supervision, order and control</td>
<td></td>
</tr>
<tr>
<td>Prior work experience</td>
<td>Socialisation in the workplace</td>
<td></td>
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</tbody>
</table>


Common problems encountered by graduates as they moved into the workforce were employers’ expectations and demand for ‘job-ready’, ‘judgement safe practitioners’26 (Cowin & Hengstberger-Sims 2006; Department of Health 2006; Durham & Plant 2005; Graham & McKenzie 1995b; Perrone & Vickers 2003), as well as their own misconceptions about the

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26 Durham and Plant (2005, p.2) described ‘judgement safe practitioners’ as ‘public health practitioners qualified to make reliable, independent judgements of courses of action necessary to promote and protect the public’s health.’
culture of the workplace and expectations it will display similar supervision, order and control to that experienced at university (Candy & Crebert 1991; Crebert et al 2004).

When the new graduate starts work, unless he or she has had some kind of relevant work experience, there is little that is familiar: the organisation seems either gargantuan or miniscule compared with the university, the supervisor more demanding, the deadlines much more urgent, and problems often need to be identified before they can be solved (BCA/ACCI 2002). It is hardly surprising, therefore, that new graduates take some time to familiarise themselves with the organisational culture which they have entered and to acquire some much-needed confidence in their own ability. Often their survival depends on their capacity to learn on the job, and the extent to which support is provided from within the organisation, either in the form of learning opportunities, supervision and mentoring, collegial induction and enculturation. (Crebert et al 2004, p.63)

Graduates’ experiences of the transition to the work were also influenced by the contexts in which it occurred: their career behaviours and attitudes, and perceptions of choices and opportunities available to them, shaped by significant others, such as family members, peers and mentors, and the surrounding social and economic conditions (Ailwood et al 2007; Anderson, Goodman & Schlossberg 2012; Crebert et al 2004; Delaney 2003; Graham & McKenzie 1995b; Nystrom 2009; Perrone & Vickers 2003; Price 2009; Wright & Wright 1987). Earlier sections in this chapter have noted the transformative effect of changes in economic and social conditions, and technological advances, on the nature and organisation of work, and consequent pressure on labour forces to be more flexible, adaptive and competitive (Dow & Parker 2001).

Frequent criticisms of the literature on career beginnings were the lack of qualitative, longitudinal studies exploring graduates’ experiences of the transition from higher education to work, and the process of becoming a professional (Cowin & Hengstberger-Sims 2006; Delaney 2003; Nystrom 2009; Perrone & Vickers 2003; Price 2009), as well as the preponderance of quantitative studies on employment and career outcomes for recently qualified graduates, which by their very nature did not recognise the ‘unique phenomenology and context of the individual being tested’ (McIlveen & Patton, cited in Price 2009, p.12). For Perrone and Vickers (2003, p.71) such studies, ‘while useful, do little to provide us with a
rich picture of the experiences graduates face as they journey to the workforce. This is notably acknowledged by the GCCA\textsuperscript{27} in their graduate destination survey. They concede that “these figures provide a snapshot ... but not the whole picture” (GCCA 2000, p.5).’

In summary, scholarly studies on transitions and the change from student to professional highlighted common features and influences on the experience of transition that warranted further exploration with Australian public health graduates. They also called attention to the need for more research from the individual subjective experience of career in order ‘to understand career choice and early professional socialization further’ (Price 2009, p.12).

2.7 Significance of Findings for Research

The review of the literature showed increasing and universal concern about the challenges ahead for the health sector and capacity of the health labour force to meet future demands; growing recognition of the importance of attracting and retaining younger workers; and a dearth of robust, empirical research on the aspirations and desired career trajectories of Australian generation Y public health graduates or their experience of the transition to work.

What is more, the review of the literature provided guidance on the design of the study and choice of methods of data collection and analysis (see Chapter 3, \textit{Study design and methods}), and suggested topics salient to my own study, identifying influences on the career interests and decisions of graduands to explore in later research with Western Australian university students.

\textsuperscript{27} In 2005 Graduate Careers Council of Australia (GCCA) and Gradlink merged to form Graduate Careers Australia. (Source: https://trove.nla.gov.au/people/593350?e=people)
3. **STUDY DESIGN AND METHODS**

I chose to take a qualitative approach to what was a longitudinal, prospective cohort study using in-depth and focus group interviewing as the means of data collection. The design of the study did not reflect a preference for a particular approach or epistemological view, but rather considerations based on my research questions, the exploratory nature of the research and findings from the review of the literature and methodological texts.

It was understood from the outset that the choice of study design and methods would be crucial to the study given its focus on the temporal unfolding of public health graduates’ early careers. Over the course of the study I came to better appreciate the appropriateness of the choices made at the beginning and in turn the flexibility and skills demanded of the researcher and the research process itself [the latter contributing to ‘that sinking feeling you get when you know you have conned yourself into doing something difficult and there's no going back’ (Davidson 2013, p.3)].

I was also mindful of the need to detail carefully the design of the study and methods used and to explain changes in the research process that occurred in the course of the study, and of the potential for the latter to result in a long and rambling account of the choices and decisions that were made. In this chapter, therefore, I have tried to describe as succinctly as possible what was planned and note where plans were modified to accommodate changes in the environment for the research and the circumstances of participants in the study and the researcher. The reasons for the changes, however, are covered in more depth in the section Additional notes on methods included in Chapters 4, 5 and 6 in which are described issues that arose at particular junctures in the research process and how these were addressed.

An outline of the study design and methods is provided in Box 1 over the page. The main features of the study design and methods are described in brief. The outline covers what was planned noting modifications in the research process where relevant.

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28 Unlike Robyn Davidson’s journey across the Australian desert, mine did not involve a 1,700 km trek, four camels and a dog, sweltering heat, poisonous snakes and an international media throng, but at times I felt an affinity: the trials and tribulations of post-graduate research, and the well-meaning interest of friends and family in the journey’s end, adding to the pain of the doctoral experience.
**Box 1: Outline of the study design and methods**

1. Purpose of the study: exploratory
2. Approach to the study: qualitative, longitudinal, prospective (follow-up)
3. Duration of study: 3 years planned (extended to 5 years)
4. Participants: public health graduates (n=17, two were later lost to the study), educators (n=8) and employers (n=9), and the researcher
5. Participant selection: purposive (all) → augmented by snowball sampling
6. Data collection: 45 to 60 minute in-depth interviews (IDIs) x3 planned with graduates in final year of study (T1) with follow-up interviews at six-months (T2) and 18 months (T3) after completion of studies [modified to follow-up x1 at about five years (T2)]; separate 90 minute focus groups with educators and employers (T3) (a later proposed focus group interview with graduates as a capstone to the research dropped as was not possible in the end); semi-structured interview guides; data included demographic profiles of interview participants, audio recordings and transcripts of interviews, field notes and the researcher’s reflexive journals
7. Data analysis: inductive, thematic analysis, respondent validation; QSR NVivo qualitative data analysis software used as an aid to data management (storage, searching, sorting and coding)
8. Ethical considerations: compliance with ethical codes on research with human subjects, informed consent, confidentiality, consequences for the participants and the researcher, the role of the researcher and reciprocity (all magnified by the prolonged contact that is a feature of longitudinal research)
9. Challenges: intensity of the research and volume of data generated; discipline and persistence required of the researcher; emergent and iterative nature of the research process; complexity of data analyses and interpretation, ‘the interplay of research time and biographical time’ (Thomson & Holland 2003) and retention of graduate participants to the study (made more problematic by the span of time over which the research was conducted)
10. Making sense of the chaos: application of Tong, Sainsbury & Craig (2007) consolidated criteria for reporting qualitative research (COREQ), a 32-item checklist for interviews and focus groups and Braun & Clarke (2006) guide to analysis to help ensure audit trail and rigour of the study

**Why exploratory?**

The review of the extant literature had showed a lack of empirical research on the transition of generation Y public health graduates to employment. Through my research I hoped to learn more about the aspirations, doubts and career paths of graduates who had elected to pursue public health as their vocation and their experiences and perceptions of employment in public health. The nature of this study, therefore, was exploratory: the purpose of the research was not to prove anything, but rather to learn something. As noted by Pope and Mays (1995, p.44) ‘in health services research, because of its applied nature, much research is driven, not by the theoretical stance of the researcher, but by a specific practical problem
which is turned into a research question.’ The questions inspired by my own curiosity and the review of the literature were linked to an important policy issue that this study aimed to illuminate, and were not tied to a particular theoretical construct or position.

Why a qualitative approach?

My study sought to understand the aspirations and trajectories of the generation Y public health graduates entering the workforce, and to a lesser extent to assess whether expectations arising among their educators and employers from profiling of their generation were justifiable.

The strength of qualitative research is its ability to yield critical insights into the significance of economic, social and cultural contexts; individual interpretations and meanings; and interactions between relevant players (Liamputtong & Ezzy 2005). According to Liamputtong and Ezzy (2005, p.xiii) ‘qualitative research methods … provide a sophisticated research strategy to understand how, and why, people act in a particular way.’

Liamputtong (2009a) argues that qualitative research is especially essential when the researcher has little knowledge of a subject and there is need to explore the subject in more detail, asserting this detail can only be obtained by ‘talking directly to people, going to their homes or places of work, and allowing them to tell their stories unencumbered by what we expect to find or what we have read in the literature’ (Creswell, cited in Liamputtong 2009a, p.xii).

Coming into this study, I was all too aware that generation Y graduates may experience a very different world of public health to the one I know. The exploratory nature of the study lent itself to a qualitative approach, the flexibility and fluidity of qualitative research being well-suited ‘to understanding the meanings, interpretations, and subjective experiences of individuals’ (Liamputtong 2009a, p.xi) and ‘the contexts or settings that play a crucial role in the lives of research participants’ (Liamputtong 2009a, xii).

I considered that qualitative research was the most reasonable and appropriate means to address the aims of this study. It offered a choice of methods that would facilitate a deeper understanding of graduates’ outlooks and experiences, and of surrounding conditions and
their influence, and help in developing insights into their preparedness for employment and induction into the workplace.

Why a longitudinal, prospective perspective?
My interest in people in transition and attention to change made a longitudinal, prospective perspective a logical choice.

Corden and Millar (2007a, p.529) emphasised the value of qualitative longitudinal research as a mechanism for uncovering and understanding processes of change over time, also drawing attention to:

...a growing theoretical interest in people as active agents, constructing their own biographies and life course, in the context of particular social and economic constraints. Having people look back over time can provide insight into how they perceive and explain their actions, given the opportunity to discuss and reflect. Following people forward over time provides an opportunity to explore how and why people make the individual choices that add up to particular cumulative trajectories.

This study treated time prospectively following a cohort of public health graduates over almost five years, exploring contextual influences29 and changes in values, beliefs, motivations and expectations of employment before and after graduation and entry into the workforce. I elected to follow a cohort of graduates forward over time rather than have a cohort of young public health practitioners reflect retrospectively on their early career history. There were two reasons for this: firstly, my interest was in generation Y public health graduates now entering the workforce (on which there was scant empirical research) and, secondly, my sense that a prospective study would be more revealing than a retrospective study (allowing exploration of experiences that are fresher in the minds of graduates and encouraging a more visceral account of their responses to changes in themselves and their environment).

Not unexpectedly, the methodological literature provided no guidance on the duration and timing of research for qualitative longitudinal studies, suggesting such choices need to be

29 Contextual influences included personal, cultural, institutional, social, economic and political influences.
steered by the aims of the research and preferences of the researcher (Corden & Millar 2007b; Farrell, 2006). I initially judged a three-year period for the study to be adequate (this was later extended to not quite five years in response to changes in the research environment).\textsuperscript{30} It ensured that sufficient time elapsed for changes to become apparent and it was feasible in practical terms, taking into account constraints on the research (in terms of time to complete and resources available to me as a part-time doctoral candidate).

\textit{Why not a more participatory research orientation?}

At the outset I was keen for this study to have a strong participatory research orientation: the appeal being the valuing of collaboration, a democratic inquiry process and subjective understandings that are a feature of the various modes of participatory research (ed. Jupp 2006).

I wanted this study to be a collaborative venture as this seemed in keeping with the spirit of the study (and my own values as the researcher). Participants taking part in this study were educated, health professionals with experience and opinions that mattered. To not engage them in discussions about the research and interpretation of the data seemed disrespectful, risked overlooking insights and knowledge they might bring to the study (or mistakes they might pick up), and ignored their direct interest in potential outcomes of it. I also thought it likely that most participants would welcome an opportunity to learn more about issues of growing importance to the rejuvenation of public health workforce.

The interest in applying a participatory research orientation to the study was also prompted by ideas that flowed from a consumer and community participation in health and medical research training workshop that I attended in April 2009.\textsuperscript{31} Of particular note were the case studies and discussion on ways of engaging consumers and the community in research. I saw many possibilities for my own study, even though in its very early stages\textsuperscript{32}: substituting consumers and community for the participants in my study (the graduates, educators and employers). Bec Hanley, co-facilitator of the workshop, talked about a ‘research buddy’ project piloted by the Multiple Sclerosis Society (UK) that later informed the development of

\textsuperscript{30} See Chapter 5, \textit{Additional notes on methods}

\textsuperscript{31} Consumer and community participation in health and medical research: a training workshop for health and medical researchers, presented by Anne McKenzie (Consumer Advocate, School of Population Health, The University of Western Australia) and Bec Hanley (Co-Director, TwoCan Associates UK)

\textsuperscript{32} I had just completed interviews for the first phase of research early April 2009.
a research partnership scheme. The object of the pilot, and the later scheme, was to partner consumers and research teams as a means of not only monitoring major research projects funded by the MS Society, but also generating mutual understanding and respect. To me this seemed a highly effective strategy for ensuring the research was well-grounded in the wants and needs of consumers and that consumers had a more intimate understanding of the purposes of the research. A presentation by Jill Thompson, a doctoral candidate from the University of Sheffield, highlighted additional benefits of consumer engagement. Thompson’s research was on relationships and interactions between researchers and patients in the research decision-making process, and had benefited through a closer working relationship with consumer groups.

These groups have helped to shape the original research ideas, the questions that I have asked and my interpretation of the findings. Perhaps one of the greatest impacts of working with these groups has been the constant sense of ‘grounding’ that they bring to what would otherwise seem to be abstract concepts. Their interest and enthusiasm in the project is also invaluable. In addition, throughout the PhD process, I have worked with a lay adviser. As with the consumer groups my lay adviser has played an integral role in the research process. Most importantly he reflects on issues, problems and findings relating to the research from a different perspective to my academic supervisors. (Thompson, cited in McKenzie & Hanley 2009, n.p.)

Participants in my study shared in ‘learning and knowing’ (Liamputtong 2009a, p.172) about generation Y public health graduates and their transition to employment in a number of ways. I discussed possible topics to explore and methods under consideration for future phases of the research, returned transcripts of interviews to the graduate participants for feedback and correction, invited comment on draft chapters on the preliminary findings of phases of the research, and sought the advice of participants on issues and problems that arose during the research.

I thought a participatory research orientation very suitable for this study, ‘creating a democratic inquiry process’ (Marshall & Rossman 2006, p.7) that engaged the participants

33 Link to MS Society (UK) research partnership scheme webpage, http://www.mssociety.org.uk/research/research_network/partner_scheme.html
34 Link to University of Sheffield staff profile for Jill Thompson, http://www.shef.ac.uk/scharr/sections/ph/staff/profiles/jill.html
and researcher in collaboratively exploring the problem that was the catalyst for the study and ensured better quality data: the latter helping to avoid mistakes in interpretation of the data and to develop theories\textsuperscript{35} that took into account situations and conditions likely to impact on their credibility and transferability ‘to other individuals or groups, contexts or settings’ (Carpenter & Suto, cited in Liamputtong 2009a, p.22).

Ultimately, a more participatory orientation to the research was not applied because of the intensity of engagement that would have been required and the uncertain pace of the research process.\textsuperscript{36}

\textit{Why in-depth and focus group interviewing as the methods of data collection?}\textsuperscript{37}

For this study, I settled on face-to-face in-depth and focus group interviewing as the means of data collection, which I saw as entirely consistent with the aims of this study. Kvale (1996, p.1) put the point well: ‘If you want to know how people understand their world and their life, why not talk with them?’

Kvale (1996, p.1) defined qualitative research interviews as ‘attempts to understand the world from the subjects' point of view, to unfold the meaning of peoples' experiences, to uncover their lived world prior to scientific explanations.’ I selected in-depth interviewing as the primary method of data collection for graduates, because it enabled more intensive exploration of their career aspirations and trajectories, the processes by which they make decisions and their consequences, and correlation with changes in themselves and their organisational and social environments. It also minimised the influence of peers on their responses, and facilitated revelations they may have been reluctant to disclose in a group setting.

A notable strength of in-depth interviewing is the direct and personal interaction that occurs, enabling the researcher to probe for more detail about an individual’s own understanding and interpretation of their experiences; explore aspects of his or her social context; observe non-verbal communications such as facial expressions and gestures; and develop new insights and

\textsuperscript{35} For the purposes of this study, a participatory research orientation helping to develop understandings and insights that took into account situations and conditions likely to impact on their credibility and transferability.

\textsuperscript{36} See Chapter 4, \textbf{Additional notes on methods}

\textsuperscript{37} The structure and conduct of the interviews is discussed at 3.3, \textit{Data collection}. 50
theories during the research process (ed. Jupp 2006; Liamputtong 2009a; Marshall & Rossman 2006; Spradley 1979).

I decided on separate face-to-face focus groups with educators and employers. The choice of focus groups with educators and employers, which were conducted after completion of research with graduates, suited the phase in the research process in which they were conducted (T3). My knowledge of the settings in which the graduates had acquired their academic qualifications and were making a career was bound by my own experiences and preconceptions. The focus groups with educators and employers brought other perspectives to the research providing forums for checking my interpretation of the data and tentative conclusions, and for uncovering any misconceptions I may have had about the settings in which the graduates had acquired their academic qualifications and were making a career.

There were other considerations too. The group dynamic that is a unique characteristic of focus groups encourages ‘participants to share their experiences and thoughts, while also comparing their own contributions to what others have said’ (Morgan, cited in ed. Jupp 2006, p.122) and produces ‘data and insights that would be less accessible without the interaction found in a group’ (Morgan, cited in Liamputtong 2009a, p.65). As with in-depth interviews, the direct interaction between the researcher and participants enables ‘an immediate clarification, follow-up, and probing of responses’ (Liamputtong 2009a, p.84). It also allows direct observation of non-verbal communication among participants, ‘which may be valuable in the interpretation of data’ (Liamputtong 2009a, p.84).

At the conclusion of the rounds of in-depth interviews with the graduates (T1 and T2), I also offered each of them the chance to participate in a face-to-face focus group to reflect on their shared experience of the transition to work and others’ responses (educators and employers) to their collective journey (T3). This was in keeping with the intent of the study, which set out to demonstrate the value of talking with and listening to generation Y graduates. Unfortunately, too much time elapsed between their last in-depth interview (T2) and the final phase of research (T3) for this to be practical or feasible in the end, so the idea was not pursued.

In summary, the study design and methods chosen for my study used a blend of social research approaches and methods allowing better examination of contextual influences and
attitudinal changes, the uncovering and understanding of the processes of change, and innovation and flexibility in method and substance as the study progressed (Liamputtong 2009a; Liamputtong & Ezzy 2005; Marshall & Rossman 2006; Neale & Flowerdew 2003; Spradley 1979). What was more, my review of methodological texts indicated that the application of a longitudinal prospective perspective to qualitative, public policy research was uncommon, suggesting a degree of novelty to the approach of this study (Corden & Millar 2007a; Farrall 2006; Nystrom 2009; Thomson, Plumridge & Holland 2003).

3.1 PARTICIPANTS

It was important to the study that a range of perspectives were explored to develop an understanding of what it was like for public health graduates entering the workforce. For this reason selection of participants was purposive across all groups of participants.\(^{38}\) Participants were deliberately selected based on set criteria, to enable thorough examination of differences in interpretations and their social contexts, and their capacity and willingness to take part in the research (Ezzy 2001). Snowball sampling, a form of non-probability sampling in which participants are asked to nominate other potential participants (ed. Jupp 2006), was also applied to boost recruitment to the study. The criteria upon which the recruitment or sampling process was based are described later in this section.

The participants comprised three groups: graduates, educators and employers.

- Graduates

Graduates of Bachelor of Health Science\(^{39}\) or equivalent degree programs, who would be actively seeking employment following graduation (that is, in 2009), were recruited from two Western Australian public universities, university A and university B. These two universities were chosen as settings from which to recruit graduates to the study on the basis of degree programs offered (longstanding generalist undergraduate degree programs in public health), size and profile of their undergraduate student populations (full-time graduand populations not of mature-age that were greater than 30 in number) and location within the greater Perth

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\(^{38}\) The process for recruitment of participants is discussed at 3.2, Recruitment of participants.

\(^{39}\) The Bachelor of Health Science programs offered by the universities are popular undergraduate courses specifically designed to prepare students for future employment in public health.
area. As the focus of this study was on generation Y public health graduates heading toward a career in public health, I concentrated on undergraduate degree programs that prepared students for non-clinical, non-regulatory roles in public health administration, research, and policy or program delivery. Graduates were recruited in their final year of study.

Graduates were recruited from one of four degree programs that were identified by teaching staff of the two universities as preparing students for a future role in public health. Students of university A were enlisted from the Bachelor of Health Science (BHlthSc) and Bachelor of Health Science/Bachelor of Commerce combined degree (BHlthSc/BCom) programs. The BHlthSc was a four-year degree that combined studies in the areas of population health and the biomedical or social sciences. The degree produced graduates with an understanding of a specialist science area together with generic and multidisciplinary population health skills and knowledge. Graduates were generally employed in one of four areas: health promotion, research, policy or administration. The BHlthSc/BCom was a 5-year double-degree combining studies in population health, the biomedical or social sciences, and commerce. Graduates of the double-degree program were employed also in the areas of management or accounting.

University B students were recruited from the Bachelor of Science (Health Sciences) [BSc(HealthSciences)] and Bachelor of Science (Health Information Management) [BSc(HIM)] degree programs. The BSc(HealthSciences) was a generalist degree that combined studies in public health with a major in a specialist area of the student’s choice (e.g. health promotion, addiction studies, marketing, etc.). Graduates were in the main employed in health administration or promotion, and research or community health. The BSc(HIM) was a three-year degree combining studies in health sciences, information systems and management. Graduates were commonly employed in health information management roles in health administration, research or primary practice.

Graduate destinations for the selected degree programs offered by university A and university B included academia and the private, not-for-profit and public sectors.

Information on the universities’ degree programs and student profiles was gleaned from the universities’ public websites and advice of course coordinators.
The criteria for selection of graduate participants were as follows:

- Less than 29 years of age\textsuperscript{41}
- Attending university A or B
- Enrolled in a generalist undergraduate degree program in public health
- Completing all course requirements in 2008
- Intending to seek employment in Australia after graduation, in 2009

A sample of 17 graduates was recruited from a potential pool of 30 per site (based on available data on student enrolments and graduates).\textsuperscript{42} This represented the total number of graduates who volunteered for the study. I had hoped to recruit 10 to 20 per site to allow for attrition over the course of the study, but encountered mixed success with the strategies employed, with 16 graduates volunteering to take part from one university (university A) and one graduate from the other (university B). The sample of participants for university A included a graduate on a student visa. This participant was accepted into the study having met all eligibility criteria, including intent to seek employment in Australia. Regrettably, there was no interest expressed by graduates of the BSc(Health Sciences) degree program offered by university B.\textsuperscript{43}

The variation in responses to the invitation to take part in the study seemed to relate to differences in programming and student bodies of the respective universities, which are discussed at 3.2, Recruitment of participants. It was by no means a reflection on the staff of university B, who went to considerable lengths to help with recruitment of graduate participants.\textsuperscript{44}

The age of graduates at commencement of the fieldwork ranged from 20 to 25 years with the mean and median ages being 22 years. The majority were female (76%). This was consistent with composition of student populations for undergraduate public health degree programs at the participating universities, and indeed that of the health labour force at that time with

\textsuperscript{41} The generation Y cohort for the purposes of this study was defined as born between 1980 and 2000.
\textsuperscript{42} Data comprised publicly available statistical data on student enrolments and advice of course coordinators from the two universities.
\textsuperscript{43} The one participant from university B was a graduate of the Bachelor of Science (Health Information Management) program.
\textsuperscript{44} I offered to provide a report to each university on the outcome of research with its graduates (non-identified) as an additional incentive. This offer was not taken up by the universities.
females comprising 75.7% of people in health occupations in 2006.\textsuperscript{45} Most graduates resided in areas of socio-economic advantage (based on SEIFA decile for the postcode area in which they usually reside).\textsuperscript{46}

A description of the sample is provided in Table 4.

Table 4: Graduates—sample description (at commencement of fieldwork)

<table>
<thead>
<tr>
<th>University</th>
<th>N\textsuperscript{a}</th>
<th>Mean Age (Range 20–25)</th>
<th>Gender</th>
<th>Degree Program</th>
<th>SEIFA Decile</th>
</tr>
</thead>
<tbody>
<tr>
<td>A</td>
<td>16</td>
<td>22</td>
<td>12</td>
<td>4</td>
<td>9</td>
</tr>
<tr>
<td>B</td>
<td>1</td>
<td>25</td>
<td>1</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Total</td>
<td>17</td>
<td>25</td>
<td>13</td>
<td>4</td>
<td>9</td>
</tr>
</tbody>
</table>

- Educators

Educators comprised research and teaching staff of the two universities from which the graduate participants had been drawn.

The criteria for selection of educators were as follows:

- A current employee of university A or B
- Responsible for teaching of generalist undergraduate degree program in public health for more than 2 years
- Role in undergraduate course design and curricula development
- Knowledge of issues affecting the tertiary education sector
- Willingness to participate in a focus group comprising peers from own and other Western Australia public universities
- Commitment to maintaining confidentiality of research documentation shared

A sample of 8 was recruited from a potential pool of 10 per site (based on available data on research and teaching staff sourced from the universities’ public websites).

\textsuperscript{45} ABS, Census of Population and Housing, 2006.

\textsuperscript{46} Socio-Economic Indexes for Areas (SEIFA) is a product of the ABS based on the five-yearly Census. It is used to measure socio-economic status based on a group of variables that include education, occupation, employment, housing, expenditure and assets: the higher the decile the higher the degree of socio-economic advantage.
The age of educators ranged from 32 to 57 years, 88% of the sample was female, and years of teaching experience ranged from 5 to 25 years. Three educators indicated they were currently or had recent experience as an employer supervising public health graduates in non-practicum, vocational roles.

A description of the sample is provided in Table 5.

- **Employers**

Employers comprised individuals who had supervisory responsibility for graduate employees or a role in the development of the public health workforce. Efforts were made to ensure diversity of sectors and organisations represented (so that the sample of participants would reflect the multiplicity of employers and types of employment undertaken by public health graduates).

The criteria for the selection of employers were as follows:

- Responsible for recruitment and supervision of new graduates and early career public health professionals for more than 2 years
- Role in mentoring of new graduates and early career public health professionals
- Knowledge of issues affecting the health industry
- Willingness to participate in a focus group comprising peers from Western Australian organisations that recruit or represent public health graduates (inclusive of representatives of public, private and not-for-profit sectors, academia and peak professional bodies)
- Commitment to maintaining confidentiality of research documentation shared

A sample of 9 employers was recruited from an estimated pool of 25 (the size and composition of the pool was based on personal knowledge of the field and guided by the advice of teaching staff of the two universities on graduate destinations). The sample comprised representatives of the private and not-for-profit sectors, state government, academia and peak professional bodies (specifically the Western Australian branches of the Public Health Association of Australia and Australian Health Promotion Association).
The age of employers ranged from 27 to 64 years, 78% of the sample was female, and years of supervisory experience ranged from 0 to 30 years. No employer indicated they were currently or had recent experience teaching public health undergraduates.

A description of the sample is provided in Table 5.

Table 5: Educators and employers—sample description

<table>
<thead>
<tr>
<th></th>
<th>Educators</th>
<th>Employers</th>
</tr>
</thead>
<tbody>
<tr>
<td>Participants (n)</td>
<td>8</td>
<td>9</td>
</tr>
<tr>
<td>Age (mean)</td>
<td>44 years (range 32–57 years)</td>
<td>45 years (range 27–64 years)</td>
</tr>
<tr>
<td>Gender (n)</td>
<td>F=7; M=1</td>
<td>F=7; M=2</td>
</tr>
<tr>
<td>SEIFA (mean)</td>
<td>9 (range 6–10)</td>
<td>8 (range 4–10)</td>
</tr>
<tr>
<td>Years teaching undergraduates (mean)</td>
<td>14 (range 5–25 years)</td>
<td>-</td>
</tr>
<tr>
<td>Years supervising new graduate employees (range)</td>
<td>14–25 years (n=3)</td>
<td>0–30 years</td>
</tr>
</tbody>
</table>

Contrary to convention, the focus groups with educators and employers did not comprise individuals who were ‘unfamiliar with one another’ (Marshall & Rossman 2006, p.114), the connectedness of the Western Australian public health workforce being such that many of the participants were known to one another and to me. Crabtree and Miller (1999, pp.115–116) note that while ‘historically it was considered best to have groups that were composed of those who were strangers to each other’, this may not be possible or feasible in some situations, noting also the higher moderator involvement that may be required in such situations in order ‘to limit side conversations and assumptions about knowledge, experience, and opinions.’ In my own research generating a sample of strangers was neither practical nor feasible; nor was the topic of the focus group and themes to be explored sensitive. Many of the participants selected to take part in the focus groups knew each other by sight or through past or current working relationships. Indeed the familiarity of participants I thought helped ‘to produce a free-flowing exchange’ (Morgan, cited in ed. Jupp 2006, p.121) and deeper levels of disclosure than might have been the case otherwise. The use of a note-taker also made it easier to capture data shared in the side conversations that did occur in the focus groups.47

47 The role of the note-taker is expanded on in Chapter 6, Additional notes on methods.
The researcher

As the researcher, I was also a participant in the research process, and brought to the study my own ‘positions and perspectives’ as well as playing ‘a key role in how [the] data are shaped and analysed’ (Liamputtong 2009a, p.25). Moreover, I was a seasoned public health professional. I was familiar with the environment in which the graduates were going about making a career and I was constantly observing it.

At the commencement of the study, I was 47 years of age and occupied an executive role in the not-for-profit sector. At that time my career in public health had spanned almost 15 years (with experience of both the not-for-profit and government sectors). I had played a significant leadership role in developing state and national prevention agendas on healthy living, and in some international contexts. My professional networks were extensive and comprised high-calibre individuals and organisations of national and international renown. I had good standing amongst my peers and community of practice, and was a member of a wide range of high-level committees and working groups. I regularly received requests from promising early career professionals for career advice and mentoring.

In addition, in 2008, I had some direct experience of academic teaching during a brief stint as coordinator and senior lecturer for a postgraduate unit in the Master of Public Health program offered by university A. I had also presented guest lectures in public health undergraduate and postgraduate units offered by universities A and B on aspects of my work in public health, although not in the period leading up to recruitment of students to this study.

My professional interests covered many aspects of public health encompassing health communications, health promotion, research, public policy on health and workforce planning and development.

Two years into the research I took up a new senior role in government with a broader range of responsibilities and span of influence.

Texts on qualitative research and the rigour and ethics of the research call attention to the effect of the researcher’s own biases and preconceptions and capacity for reflexivity on the quality of the study. In the introductory chapters to this thesis, I have endeavoured to show
aspects of myself that led to the research focus and interest, and in the chapters that follow ‘to demonstrate that this personal interest—increasingly referred to as the researcher’s *positionality*—will not bias the study’ (Marshall & Rossman 2006, p.30), making explicit the logic behind decisions about the study design and methods and ‘the researcher’s contribution to the interpretive process’ (Liamputtong 2009a, p.25).

### 3.2 Recruitment of Participants

- **Graduates**

The graduates were recruited with the approval and assistance of the universities’ schools of population health. I presented on the study to relevant classes and arranged for circulation of a flyer to students via webCT, email and peak professional associations (the Western Australian branches of the Public Health Association of Australia and Australian Health Promotion Association offer discounted membership to students and maintain email listings of student members and other membership categories).

Recruitment of graduates was a long, drawn out process taking 7 months, beginning in September 2008 and ending April 2009. The recruitment of graduates commenced in their final semester of study (semester two, 2008). While starting recruitment earlier in the year may have allowed a longer lead time for recruitment, it seemed more prudent to enlist graduates in their last semester as I believed, and found, they were more likely to be thinking about future careers, to be open to taking part in a study that might offer career benefits (discussed at 3.5, Ethical considerations; 3.6, Incentives for graduate participants; and 3.7, The challenges of a qualitative longitudinal study) and ready to talk about the sorts of issues I hoped to explore with them.

Various strategies were used to recruit graduates to the study. They included offering incentives of likely appeal to early career public health professionals and use of a peer consultant to assist with promotion of the study to graduates of the participating universities. The incentives are described in detail at 3.6, *Incentives for graduate participants*.

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48 WebCT (course tools) is an e-learning system used by the universities for teaching and communication with students enrolled in degree programs and units.
The consultant was an early recruit to the study from university A, who had been helpful in enlisting her peers (on her own initiative). I sought her formal assistance with recruitment at the suggestion of my coordinating supervisor, in the hope that peer-to-peer promotion of the study might help in boosting the sample for it.\textsuperscript{49} I assumed graduates may have felt more at ease talking with her about the study, be less concerned that expressions of interest may be interpreted as willingness to commit to it, and could ask questions of someone who had first-hand knowledge of what participation entailed and hear her reasons for volunteering.

The use of a peer consultant proved beneficial on a number of fronts. It increased the sample of graduates from university A and those she recruited to the study seemed more relaxed about their involvement in it. This may be because they felt better informed about the nature of the study and their contribution as a result of prior conversations with someone they knew and trusted.

The peer consultant had no success in recruiting graduates from university B despite talking up the study through her social networks and readiness to speak with prospective participants about what it was like to take part in the study. This lack of success I attributed to a number of factors. The consultant, though having a high profile and being well-respected among her peers at university A, was unknown to graduates of university B. There were significant differences in the programming and student population of university B as well, which turned out to be barriers to recruitment. There was no one coursework unit that brought all final year public health graduates together at university B, making it difficult to access students on campus (so they could put a face to the peer consultant or the researcher conducting the study and ask questions directly of one or the other). The timing of recruitment was also inopportune; coinciding with practicums and completion of course assessments meaning smaller numbers of students were on campus. In addition, university B had a higher proportion of international, part-time and mature-age students, and fewer students graduating than was anticipated at the start of the study.

Failure to attract the interest of university B public health graduates was disappointing for staff who had lent their support to the study, but also had potential to weaken the study. The

\textsuperscript{49} The peer consultant played a further and vital role in helping trace graduates whose contact details may have changed, as well as in marketing learning and development opportunities and disseminating preliminary findings to graduates who took part in the study.
The purpose of sampling graduates from the two universities was to add to the rigour and usefulness of the study by allowing examination of differences in responses of graduates and whether this was a reflection of the cosmology of their institutional environments. Nonetheless, I saw large scope for comparison within the sample based on gender, degree (generalist versus specialist), trajectories (individual versus collective) and time (synchronic versus diachronic).

- Educators and Employers

Educators and employers selected to take part in a focus group were sent an invitation by email. Separate, generic emails were prepared for educators and employers and sent as blind copies to protect the privacy of the recipients. The content of the emails outlined the purpose of the focus group to which they had been invited, reasons why they had been approached, and what participation would entail. Not everyone who was approached responded or was able to take part. Those who declined the invitation (mostly due to competing commitments, travel or leave arrangements) were encouraged to identify other potential participants. Nominations were received from two individuals who thought another colleague a more suitable participant.

A Doodle® poll was used to find a convenient day and time to conduct the focus groups with educators and employers who had accepted the invitation to take part in a focus group. A meeting request was then sent using Microsoft® Outlook to confirm the day and time of the focus group, and advise location and catering arrangements. A reminder email was sent to participants the week before their focus group. This email also provided some pre-reading, including a link to a video presentation on the first phase of research with the graduates.51

All prospective participants (graduates, educators and employers) were provided written information, informing them of the purpose and procedure for the study, and inviting their involvement. They were advised that interviews and focus groups would be recorded to ensure accuracy of documentation of the interviews and focus groups, subject to their

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50 Doodle® is an online scheduling tool that can be used quickly and easily to find a date and time to meet with multiple people.
51 Chapter 6, Additional notes on methods, provides a comprehensive account of the practical difficulties encountered in deciding how best to prepare for and run these focus groups.
consent, and that their participation was voluntary. Verbal consent\textsuperscript{52} to take part and to record interviews was sought and the confidentiality of individual responses promised.

Copies of the information sheets for the study and other documentation relating to the recruitment of participants can be found in the appendices.

3.3 **DATA COLLECTION**\textsuperscript{53}

I conducted all interviews and focus groups for the study at times and places convenient for the participants. A quiet and private space in the venues chosen was arranged to increase comfort levels and facilitate free expression. The choice of venues is described in Chapters 4, 5 and 6, which report on each phase of the research (T1, T2 and T3).

The process, for the individual in-depth interviews and focus groups, was semi-structured. A discussion guide provided the framework for the interviews to ensure consistency in method and the issues explored. The discussion guide set out a sequence of issues to be covered as well as suggested questions. This enabled analysis and comparison of data collected at a later stage. Participants, however, were not constrained by the guide with the direction and flow of the interviews and focus shaped by the opinions and views and stories they shared: much like a conversation (Kvale 1996). This was consistent with ‘an assumption fundamental to qualitative research: the participant’s perspective on the phenomenon of interest should unfold as the participant views it (the emic perspective), not as the researcher views it (the etic perspective)’ (Marshall & Rossman 2006, p.101).\textsuperscript{54}

Individual in-depth interviews took 45 to 60 minutes, and the focus groups 90 minutes.

I followed usual procedure regarding informed consent and confidentiality in the conduct of the interviews and focus groups. This is elaborated on at 3.5, *Ethical considerations*.

Individual in-depth interviews were conducted with graduates in their final year of study (T1) with follow-up almost 5 years later (T2). This enabled identification and description of

\textsuperscript{52} The issue of consent is discussed further in 3.5, *Ethical considerations*.

\textsuperscript{53} The process for data collection for each phase of the research is described in detail in Chapters 4, 5 and 6.

\textsuperscript{54} The research interview, however, was not ‘a conversation between equal partners’ (Kvale 1996, p.6). The role and influence of the researcher is discussed further in this chapter. See sections 3.5, *Ethical considerations* and 3.8, *Limitations of the study*. 
changes in their aspirations, perceptions of preparedness for employment and socialisation into the workplace, as well as thoughts on public health as a vocation. Data on age, gender, and prior employment experience were collected at T1, and professional activity at T2.

The transcript of their first interview (T1) was also provided to each of the graduates prior to their follow-up interview (T2). The graduates were encouraged to think about what had changed since we last spoke: shifts in hopes, doubts, motivations, values and career preferences, and influences on these, being a focus of this interview. Corden and Millar (2007a, p.531) opined that ‘asking people to apply hindsight to their narratives is one of the tools of longitudinal qualitative research and can produce useful insights’. Farrell (2006, p.7) also noted that reporting to respondents what they said in previous interviews can elicit better data: ‘often this signals to respondents that you have taken the time to read and think about the previous interview with them and it does not automatically lead to a respondent simply agreeing with their previous thoughts or feelings.’

After each phase of interviewing (T1, T2), a copy of the transcript of their own interview was returned to the graduates for correction or clarification of information provided in their interview.

I maintained contact with these participants in between the interviews by periodic email to keep them informed about the progress of the study and to update their contact details where required. Graduates were also alerted to professional development events open to them as participants in the study.

Separate focus groups were conducted with educators and employers once during the fieldwork (T3). The focus groups were conducted on completion of research with graduates and these participants were invited to reflect on the aspirations and trajectories of the generation Y public health undergraduates, the meanings they attached to their experiences, and to comment on the researcher’s preliminary thoughts on the relevance of the findings for the field. Data on age, gender, years teaching in the tertiary sector and/or supervisory experience of public health graduate employees were also collected.

A summary of when and how the data were collected, and from whom, is provided in Table 6 overleaf.
Table 6: Timing of fieldwork, participants and methods used

<table>
<thead>
<tr>
<th>Phase</th>
<th>Period</th>
<th>Participants</th>
<th>Method</th>
</tr>
</thead>
<tbody>
<tr>
<td>T1</td>
<td>October 2008 to April 2009</td>
<td>Graduands</td>
<td>Individual, in-depth interviews</td>
</tr>
<tr>
<td>T2</td>
<td>May to July 2013</td>
<td>Graduates</td>
<td>Individual, in-depth interviews</td>
</tr>
<tr>
<td>T3</td>
<td>September 2015</td>
<td>Educators</td>
<td>Focus group interview</td>
</tr>
<tr>
<td>T3</td>
<td>September 2015</td>
<td>Employers</td>
<td>Focus group interview</td>
</tr>
</tbody>
</table>

All interviews and focus groups were audio recorded and transcribed. Additional data pertaining to this aspect of the research process included my field notes and reflexive journal. The former were records of my observations and reflections on the in-depth interviews and focus groups made soon after each (Liamputpong 2009a; Spradley 1979). The latter was a contemporaneous record of my ‘thoughts on paper’ about the research process per se and the phenomenon under investigation. Like a diary, the journal contained a record ‘of experiences, ideas, fears, mistakes, confusions, breakthroughs, and problems that [arose] during field work’ (Spradley 1979, p.76). A sample of my field notes and journal entries is provided in Figure 12.
3.4 DATA ANALYSIS

The textual data gathered during the research was analysed thematically using a combination of deductive and inductive processes. Data analysis was concurrent with data collection.

The intention of my research was to explore a particular phenomenon in order to obtain a deeper understanding of it, gather data, and develop new insights and ideas from these data through a process of deductive and inductive reasoning: the analysis of the data informed by ‘a priori’ issues and questions derived from the aims and objectives of the study as well as issues raised by the [participants] themselves and views or experiences that recur in the data’ (Pope, Ziebland & Mays 2000, p.116).

Thematic analysis is a common method of data analysis used in qualitative research. A ‘flexible approach that can be used across a range of epistemologies and research questions’ (Braun & Clarke 2006, p.97), its focus on identifying patterned meaning across a dataset I thought sat well with the aims of the study, which was to gain an understanding of what it is
I was mindful too through my reading of texts on qualitative research methods that ‘analysis is not an isolated stage, but permeates an entire interview inquiry’ (Kvale 1996, p.205). Liamputtong (2009b, pp.133–134) laid emphasis on the ‘need to treat data analysis as part of the research design, the literature review, the formation of theory, the data collection, the ordering of the data, and the writing process. All these issues will have significant ramifications of how we undertake our data analysis.’

My approach to the analysis of the data was largely based on Braun and Clarke’s (2006, p.77) step-by-step guide to doing thematic analysis: the guide helping to ensure the analysis was conducted ‘in a more deliberate and rigorous way.’ A description of the steps is provided in Table 7.

Table 7: Phases of thematic analysis (Braun & Clarke 2006, p.87)

<table>
<thead>
<tr>
<th></th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Familiarising yourself with your data</td>
</tr>
<tr>
<td></td>
<td>Transcribing data (if necessary), reading and rereading the data, noting</td>
</tr>
<tr>
<td></td>
<td>down initial ideas</td>
</tr>
<tr>
<td>2</td>
<td>Generating initial codes</td>
</tr>
<tr>
<td></td>
<td>Coding interesting features of the data in a systematic fashion across the</td>
</tr>
<tr>
<td></td>
<td>entire data set, collating data relevant to each code</td>
</tr>
<tr>
<td>3</td>
<td>Searching for themes</td>
</tr>
<tr>
<td></td>
<td>Collating codes into potential themes, gathering all data relevant to each</td>
</tr>
<tr>
<td></td>
<td>potential theme</td>
</tr>
<tr>
<td>4</td>
<td>Reviewing themes</td>
</tr>
<tr>
<td></td>
<td>Checking the themes work in relation to the coded extracts (Level 1) and</td>
</tr>
<tr>
<td></td>
<td>the entire data set (Level 2), generating a thematic, map of the analysis</td>
</tr>
<tr>
<td>5</td>
<td>Defining and naming themes</td>
</tr>
<tr>
<td></td>
<td>Ongoing analysis to refine the specifics of each theme, and the overall</td>
</tr>
<tr>
<td></td>
<td>story the analysis tells; generating clear definitions and names for each</td>
</tr>
<tr>
<td></td>
<td>theme</td>
</tr>
<tr>
<td>6</td>
<td>Producing the report</td>
</tr>
<tr>
<td></td>
<td>The final opportunity for analysis. Selection of vivid, compelling extract</td>
</tr>
<tr>
<td></td>
<td>examples, final analysis of selected extracts, relating back of the analysis</td>
</tr>
<tr>
<td></td>
<td>question and literature, producing a scholarly report of the analysis</td>
</tr>
</tbody>
</table>

My approach to the analysis of the data was by no means a linear process, as may be suggested by the description of Braun and Clarke’s (2006) step-by-step guide to thematic analysis and my own processes for analysis that follow. Rather it was a more recursive process, the analysis involving ‘a constant moving back and forward between the entire data
set, the coded extracts of data that you are analysing, and the analysis of the data that you are producing’ (Braun & Clarke 2006, p.86).

The audio recordings of the interviews with the graduates, and focus groups with the educators and employers, were transcribed verbatim into written form and this data imported into QSR NVivo (ver.8–ver.11), a qualitative analysis software package. This software was used to help manage the storage, searching, sorting and coding of the data.

The interviews and focus groups were transcribed using a commercial transcription service. The transcripts provided a verbatim or word-for-word reproduction of the dialogue spoken, including hesitations in speech, laughter, sighs, pauses, false starts and repetitions. All transcripts were checked by me for accuracy. This entailed repeated listening to all recordings and re-reading and correction of errors found in the transcripts.55

For each phase of the research (T1, T2 and T3):

- Hard copies of the interview and focus group transcripts and field notes were read multiple times. I did not make any notes or attempt to interpret the data during the first few readings, the focus being on developing familiarity with the data and allowing time for reflection [step 1 in Braun and Clarke’s (2006, p.87) phases of thematic analysis].

- In later readings, I began to make notes on the hard copies of the transcripts, highlighting words or phrases that caught my attention [the ‘surprising, unusual, or conceptually interesting’ (Creswell, cited in Liamputtong 2009b, p.134)] and perspectives and experiences that seemed common or particular to some participants in the study [step 2 in Braun and Clarke’s (2006, p.87) phases of thematic analysis].

- A thematic or coding framework was developed drawing on a priori issues and questions derived from the aims and objectives of the study as well as issues raised by the participants themselves and views and experiences that recurred in the data. This phase of the analysis was undertaken in two steps. First, I allocated a colour to each of the main themes and then using coloured marker pens worked through each hard copy transcript highlighting data relating to each theme. Second, I followed the same process using QSR NVivo software to highlight or code data contained in each

55 Corrections comprised adding of missed dialogue, and editing of dialogue that had been misheard and technical terms and acronyms that had been misspelled.
electronic copy of the transcripts. The software was then used as an aid to more exhaustive coding, collating and grouping of data relating to these themes into sub-categories in order to fully elaborate themes and patterns identified in the data [step 3 in Braun and Clarke’s (2006, p.87) phases of thematic analysis].

- The thematic framework continued to be refined as the analysis of the data progressed: the collating and grouping of the data helping to identify similar and overlapping categories or need for new categories, and encouraging more intensive reading and re-reading of transcripts and comparison of accounts of the participants [steps 4 and 5 in Braun and Clarke’s (2006, p.87) phases of thematic analysis].

- Data gathered during the in-depth interviews with the graduates (at T1 and T2) were analysed for each individual at each time point and between time points: the latter focussed on changes over time in the graduate’s values, beliefs, motivations and career aspirations, and ‘what contextual and intervening conditions appear to influence and affect participant changes over time’ (Holland, cited in Calman, Brunton & Molassiotis 2013, ‘Analyzing data’, para 2).

- The analysis of the data gathered during each phase of the research culminated in a draft chapter of the thesis that reported key findings under each main theme using appropriate verbatim quotes to illustrate those findings. Care was taken to include quotations from different participants. All participants in the study were assigned a unique alphanumeric code to maintain confidentiality. The codes began with ‘G’ for graduates, ‘EDU’ for educators and ‘EMP’ for employers. There was minor editing of some participants’ quotes. This was done to correct small grammatical errors, add missing words (usually missing prepositions or conjunctions) or replace proper nouns with common nouns to protect the anonymity of a participant or third party. Edited text was enclosed in square brackets for ease of identification.

A sample of documentation that illustrates phases in my approach to the analysis of the data is provided in Figure 13.
Figure 13: Sample of data analysis
Change was ‘a central focus of analytic attention’ in my reading and re-reading of data collected during my research with the graduates (at T1 and T2) (Thomson, Plumridge & Holland, 2003, p.185). These data were explored cross-sectionally (synchronously) and longitudinally (diachronically). Comparisons were made based on the structure of the sample, such as gender, degree (generalist versus specialist) and trajectories (individual versus collective). Similarities, differences and contradictions in their explanatory accounts of the transition to employment were also analysed. Similarly, data collected during my research with educators and employers (at T3) were interrogated for differences in perspectives based on age, gender, SEIFA decile, and years of experience or sector of employment, and in the case of the educators whether an employee of university A or B.

In settling on my approach to the analysis of the data, I noted Barbour’s (2001, p.1116) criticism of approaches to data analysis that:

...do not use qualitative datasets to full advantage. That would involve applying the constant comparative method to continuously compare the views and experiences of respondents who have been selected precisely—indeed, purposively—in order to illuminate subtle but potentially important differences. In other words, samples may have been selected purposively, but they are not being used purposefully to interrogate the data collected.

To warrant the integrity of the study, the research process was comprehensively documented, and I talked with other researchers about the research process and interpretation of the data. This was done to lessen the likelihood of investigator bias, misinterpretation of the data or discounting of important insights.

Interpretation of meaning was also intended to be a shared iterative process engaging those studied (the graduates), me (the researcher) and those ultimately receiving the study (educators and employers). This was partly achieved by returning transcripts to the participants for comment and/or correction.56 I also shared a first draft of the chapter relating to the phase or phases of the research in which they had participated and invited their feedback on the findings. I was keen to ensure ‘that the participants’ own meanings and

56 Graduates were only shown transcripts of their own interviews.
perspectives are represented and not curtailed by the researchers’ own agenda and knowledge’ (Tong, Sainsbury & Craig 2007, p.356). On this, I had mixed success with most participants providing feedback on their transcripts, either to correct errors in their interview transcript or to provide additional explanatory detail. Few participants, however, commented on draft chapters on the research findings. Although disappointing, the reasons for this were understood. Respondent validation can ‘make considerable demands on participants’ time’ (Barbour 2001, p.1117). The protracted nature of data gathering and analysis also meant that the first drafts of chapters were often shared with the participants many months later. What is more, these draft chapters presented information to which most participants had ‘contributed only a portion of the data’ (Burnard et al 2008, p.431). As Mays and Pope (2000, p.51) point out, ‘the account produced by the researcher is designed for a wide audience and will, inevitably, be different from the account of an individual informant simply because of their different roles in the research process.’ I was cognisant too that people’s attitudes and interpretations can change over time making it difficult to ‘[draw] clear conclusions about the meaning and significance of the research findings’ (Corden & Millar 2007a, p.531). In the end, respondent validation was ‘part of a process of error reduction, which also generates further original data, which in turn requires interpretation’ (Mays & Pope 2000, p.51), and less a means of refining explanations (Kitto, Chesters & Grbich 2008).

3.5 ETHICAL CONSIDERATIONS

There were a numerous ethical issues that I considered before embarking on my research and during the conduct of it.

Requirements of The University of Western Australia of research involving humans provided some guidance, as did methodological texts on qualitative research (Corden & Millar 2007b; Farrall 2006; Holland, Thomson & Henderson 2006; Kvale 1996; Marshall & Rossman 2006), which also highlighted issues unique to, or heighted in longitudinal qualitative research. Namely, what to do with the data from interviews with participants who may withdraw from the study at a later stage; how best to inform prospective graduate

57 The absence of response from some participants, however, was not taken to signify corroborate of my interpretation of the data.

58 Respondent validation, or member checking, entails offering participants the opportunity to provide feedback about the accuracy of the data they have given, and the researcher's interpretation of that data (Kitto, Chesters & Grbich 2008; Mays & Pope 2000).

participants about the study given its very nature and duration make it difficult to fully describe and anticipate the types of subjects it may explore and methods it may use in the future; and risks to the impartiality of the researcher and privacy of participants due to the prolonged contact. These issues were considered in the planning and conduct of this study together with compliance with ethical codes on research with human subjects, informed consent, confidentiality, and consequences for the participants and the researcher, the role of the researcher and reciprocity.

**Compliance with ethical codes**

All aspects of the research were handled in a way that was respectful of the rights and needs of participants and consistent with The University of Western Australia’s and National Health and Medical Research Council’s *National Statement on Ethical Conduct in Human Research*\(^{60}\) and The University of Western Australia’s *Code of Conduct for Responsible Practice of Research*.\(^{61}\) Approval to proceed with my study was sought and given by the University’s Human Research Ethics Committee (project number RA/4/1/1889).

**Informed consent**

Informed consent was sought from all participants at the commencement of each phase of research (T1, T2 and T3). Participants were provided with an information sheet outlining in clear, simple terms the purpose of the study and the procedures for the research. Contact details for the chief investigator and the Secretary to the University’s Human Research Ethics Committee were also provided as required by the University.

Consistent with National Health and Medical Research Council general requirements for consent, participants were asked to give oral consent after the purpose of the study was explained and continuous implied consent whilst they were being interviewed.

The approach to obtaining informed consent proved to be tricky with the two schools originally overseeing my doctoral research having quite different policies on how obtaining

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informed consent should be done. The School of Social Sciences required written consent for all research involving human subjects, whereas under the policy of the School of Population Health the form of consent depended on the type of research and vulnerability of population to be studied.

After some discussion, it was agreed that oral consent was ethically preferable, in this instance, and more respectful of the participant’s autonomy than obtaining initial written consent to administer a straightforward research interview. It was argued that ongoing participation must be completely voluntary and the participant must feel completely free to withdraw from the research at any point during the interview: this right being emphasised before an interview commenced. On the other hand, a research participant who signed a written consent form before commencement of an interview may feel compelled by a perceived obligation to continue their involvement even if they started to feel uncomfortable with the interview and would prefer it to stop. The experience of the School of Population Health was that research participants did not expect to sign a consent form prior to being interviewed about health and lifestyle issues, and to request this would cause unnecessary concern and stress in the mind of the participant that the research process was something other than what was manifestly obvious. In other words, research participants themselves usually perceive prior written consent to be inappropriate and illogical for an interview process from which they should be free to withdraw at any time.

McLeod and Thomson (2009, p.167) note how temporality brings certain ethical issues to the fore, including ‘questions of whether consent endures, or what it means for participants to give consent.’ The duration of this study, and demands of the graduates who elected to take part, meant that informed consent was ‘not a one-off event, but a process, with continuous consultation necessary throughout all phases of the research’ (Holland, Thomson & Henderson 2006, p.26). There was interim contact with graduate participants during the course of the study by email about whether they wanted to continue to take part, and to keep them up-to-date with what I was doing with the information that had been provided in their interviews. I also communicated with graduate participants about how the research was progressing, including any planned changes in the research process that may have become

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62 Formerly the School of Social and Cultural Studies, the School was disbanded following a reorganisation of The University of Western Australia, and the disciplines of social work and social policy incorporated into the School of Population Health.
necessary to accommodate changes in the environment for the research and the circumstances of those taking part. The intent of this interim contact was not only to confirm willingness to continue with the study, it was also to ensure they were informed about subjects it may explore and methods it may use in the future.

Two of the graduates were lost to the study. One could not be traced to participate in their follow up interview (T2) and another decided to withdraw from the study at a later time (T2). All information obtained relating to the former was destroyed and was not used in this research. The latter gave permission for information gathered in their first interview (T1) to be used. This was in accord with undertakings made when seeking the graduates’ consent to participate in the study.

Confidentiality
Holland, Thomson and Henderson (2006, p.27) in their paper on qualitative longitudinal research commented on how ‘studies that collect data on the same individuals over time are likely to accumulate a unique data set that acts as ‘fingerprint’ identifying that individual.’

Graduate participants in this study were asked to speak frankly about their career aspirations and doubts, and the adequacy of academic programs in preparing them for employment in public health and experiences of employment. Similarly, educators and employers were asked to give their opinion of generation Y as future public health leaders and the role of their sectors in attracting, developing and retaining their enthusiasm and preparedness for employment in public health. Pseudonyms were used in reporting on the findings of the study to maintain the anonymity of participants and all data were stored securely on the University’s premises or electronic data management systems (with access restricted to me and controlled by password or key).

Transcripts of interviews were returned to participants for feedback and correction. When communicating preliminary findings of the research to participants for feedback, care was taken to minimise the inclusion of details that might potentially identify other individuals or agencies. All the same, it was impossible to achieve complete protection of the confidentiality and privacy of participants. Many of the graduates socialised with one another or through their attendance at professional development events open to them, became aware of others taking part in the study. Educators enrolled in the focus groups had helped with the
recruitment of graduates, and participants in the focus groups (educators and employers) were generally known to one another because of the relatively small size of the Western Australian public health community. Still, participants respected one another’s privacy. No breach of confidentiality was observed, demonstrating the professionalism and integrity of those taking part.

In addition, I was aware that lengthy contact with the graduate participants heightened ‘risk of disclosure of matters of a distinctly personal nature’ (Farrall 2006, p.11), and hence the need to take even greater care in protecting their privacy and the confidentiality of their data, as well as a readiness on my part to make referrals to individuals or services better placed to deal with matters that might arise (be they personal or related to career) where appropriate.

Consequences

Every effort was made to minimise any risks to participants’ careers (the primary concern here being for graduates as prospective employees or early career professionals), social standing or sense of self-worth. Participants were given opportunity to ‘voice experiences and feelings in a safe setting with someone who would validate the importance of their participation’ (Doppler, cited in Marshall & Rossman 2006, p.86). Confidences and privacy were respected. The potential benefits of their participation in the research to the development of the public health workforce, and understanding of professional barriers for early career public health specialists, were emphasised too.

Worries for me as the researcher were that I might not be successful in building a rapport with the participants, or conversely that I might become overly empathic to graduates’ interpretations of their experiences, fail to look critically at data provided through interviews, and as a result frustrate achievement of the aims of my study—to get to know generation Y public health graduates better in order to develop insights into their preparedness for employment and induction into the workplace. Returning transcripts of interviews, presenting on preliminary findings of phases in the research and offering incentives of value to early-career public health professionals were helpful in gaining the trust of participants, and in creating further opportunities to interact and share information. Seeking different perspectives on my interpretation of data gathered during research with the graduates (inclusive of the graduates, educators and employers who took part in the study), and time
away from the research was beneficial too, making me aware of my own potential for bias and how this might affect the conduct of the research and interpretation of the data. It also reminded me of the importance of being open to unanticipated and contrary responses.

As a part-time doctoral candidate in a demanding, full-time job, interruptions to my studies were the cause of much guilt and frustration, and the benefit this might afford, was slow to be appreciated at first. Smith and Firth (2011, p.60) noted that ‘for part-time students, other work commitments can make it difficult to re-engage with the data after a period away, although it can prevent over-immersion. Returning to data analysis after time away and re-reading all the transcripts to consider the phenomena as a whole resulted in data analysis becoming much more meaningful.’ The unsteady pace of the research did have consequences for the study, in particular retention of graduate participants. This was offset, to an extent, by a more careful and considered analysis of the data than may have been the case otherwise.

The role of the researcher

The methodological texts on qualitative research stress the need for sensitivity to ‘personal biography and how it shapes the study’ (Marshall & Rossman 2006, p.3). Separating out what I knew, or thought I knew, from what I might learn from the research process required conscious effort on my part. To that end, I kept a journal in which I recorded my experiences, assumptions, insights and ideas, and reasons for asking certain questions, or proceeding with the research in a particular way, to encourage reflection on my thoughts and actions and how they might influence the study. My research colleagues were useful sounding boards, providing feedback on preliminary ideas before they were considered for further development.

An ongoing concern for me as the researcher was the possibility of conflict between my various other roles as mentor, potential employer and member of a shared community of practice and whether it would affect how participants in the study responded to me. Whether this was a problem, I cannot be certain, other than to say I was alert to the issue and the need for care and reflection on my interactions with participants in the study, and the analysis of their data.

Kvale (1996, p.117) emphasised the critical role the researcher plays in qualitative research as ‘the main instrument for obtaining knowledge’ and need for ‘sensitivity and commitment
to moral issues and action.’ High moral principles and professional standards were clearly integral to the quality of my research, and I strived to demonstrate these qualities throughout the research process.

Reciprocity
A priority in planning the study was how I might show my appreciation of the contribution of participants to the research. People were being asked to adjust priorities and routines to help me gain an understanding of the worldview of generation Y public health graduates and expectations of them in the workplace (Marshall & Rossman 2006). This meant not only making time for interviews, but also for responding to requests for help in clarifying issues or feedback on my interpretations of the data.

I tried hard all through the fieldwork to spot benefits of the study for graduates and its audience (educators and employers). For some graduates my interest in their experiences and views was a positive experience. Many liked knowing they were contributing to research that may lead to a smoother transition to employment for others by providing guidance to educators and employers on how to better prepare graduates for professional practice, and to improve future employment opportunities and conditions so they were more attractive to new graduates.

There were also tangible and more immediate benefits for graduates, like the incentives outlined in the section that follows, and opportunities through interviews and discussions about the findings of the research to improve their own understanding of an important and topical issue. For educators and employers, the chances to hear what a cohort of public health graduates thought about their transition from student to public health professional was sufficient inducement to take part in the study, as was the prospect of discussing the findings of my research and relevance for the field.

3.6 INCENTIVES FOR GRADUATE PARTICIPANTS
All participants (graduates, employers and employers) volunteered to be included in the study. I was particularly keen to ensure graduates taking part in the study reaped some immediate and ongoing benefits as a means of maintaining their interest in the study given its planned duration and the commitment I was seeking from them.
Graduates, on enrolment in the study, were offered the opportunity to attend a ‘Transition to Work’ seminar delivered on a *pro bono* basis by a leading provider of specialist recruitment services to the health and community service sector in Western Australia. The seminar was exclusive to this group, and covered tools and skills essential to managing their job search more effectively, such as setting achievable career goals, compiling a targeted resume, understanding how recruiters work and interview preparation. The idea for the seminar was canvassed with course coordinators and tutors who thought it would be attractive to their graduates, whom they described as highly motivated and keen to take up opportunities that might improve their prospects of gaining employment. It was noted that there was some duplication of sessions available through the universities’ career services, but overall the view was that the seminar on offer was more comprehensive and customised in its coverage. It was also felt by some that graduates did not necessarily take full advantage of the universities’ career services, so there was low risk of offering an incentive that would be perceived as a repeat of seminars they may have already attended. In all, seven graduates attended the seminar. Feedback from some graduates (n=3) suggested it was considered worthwhile by those who attended and that aspects found especially useful were the discussions on goal setting, action planning, resume and interview skills, and networking: with one commenting how integral the latter was ‘to finding out about career opportunities and sometimes getting a job.’ The program for the seminar is provided at Appendix E, Graduate incentives to participate.

Graduates who remained with the study were also offered access to an annual program of professional development events, and career coaching and mentoring by the researcher. The former encompassed invitations to launches of campaigns, research publications and seminars; opportunities to meet with visiting public health leaders to hear about their work and careers; private tours and briefings on various public health programs and services; and the chance to be a ‘fly on the wall’ during closed meetings of program staff on strategic planning and grant application processes. Professional development opportunities were also arranged for the lone graduate who gained employment with a Canberra-based agency. This entailed meetings with public health leaders in Canberra and Sydney to talk with them about

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63 Up-take of these offers is described in Box 3: Strategies used in retaining graduates to the study in Chapter 5.
the work of their agencies and their career development. Copies of the annual programs are provided at Appendix E, Graduate incentives to participate.

Three of the graduates took up the offer of career coaching and mentoring, although this was not regular or sustained all through the study. The topics discussed ranged from their experiences of adapting to new professional roles and workplaces, to current work and thinking about future career options. Information shared in these conversations was not included as new data for interpretation.

The graduates’ uptake of the offer of an annual program of professional development events and career coaching and mentoring, and the nature of career coaching and mentoring offered, is expanded on in Box 3 in Chapter 5.

3.7 The Challenges of a Qualitative Longitudinal Study

By no means did this study unfold as smoothly as the description of the study design and research methods may perhaps suggest. In fact, fully documenting the study design and research methods proved a highly discursive process highlighting ‘the richness and variability of the subject matter’ (Greenhalgh & Taylor 1997, p.740), and the ‘messiness inherent in this research’ (Marshall & Rossman 2006, p.9).

I found the intensity of the research and volume of data it generated could have easily overwhelmed and diverted attention to lines of inquiry that, though interesting, were less important to the study. Over the course of the study, I came to appreciate even more so the discipline and persistence required of qualitative researchers and the need to stay focussed on the aims of the study.

The emergent and iterative nature of qualitative research also demanded design flexibility: Marshall and Rossman (2006, p.18) also reminding of the need to make clear to the reader that ‘considerations as yet unforeseen may well dictate changes in this initial plan.’ As was discussed at the beginning of this chapter, Additional notes on methods were included in later chapters on the research. These sections describe issues that occurred at specific phases in the research which are not covered in full in this chapter.
Data analysis and interpretation were complex and time consuming as well. The span of the research meant that analysis and interpretation of the data always had a provisional feel to it ‘with new rounds of data always threatening to render interpretations redundant’ (Thomson & Holland 2003, p.243). Analysis of changes in the graduates was challenging, requiring scrutiny of the present, trajectories and the influence of social and historical contexts (Brannen, cited in Corden & Millar 2007b), as well as the multiple causes of, and possible explanations for change (Pettigrew, cited in Corden & Millar 2007b). The adoption of a longitudinal perspective also demanded cross-sectional and longitudinal analysis of the data and identification of similarities and differences within and across the sample of graduates at set points in time and over time (Thomson & Holland 2003).

‘The interplay of research time and biographical time’, highlighted by Thomson and Holland in their longitudinal study of youth in transition (2003, p.235), added to difficulties I experienced in making sure data collection and analysis were timely and kept pace with changes in the personal and working lives of the graduates (the latter impacting on their capacity to take part or relevance of matters I hoped to explore in interviews with them). The developing relationship between the researcher and the researched counted as data too with Thomson and Holland (2003, p.242) having pointed out how prolonged engagement and fieldwork ‘demands (even produces) a high level of reflexivity on the part of both the researchers and the researched, drawing analytical attention to the effects of the research intervention on both.’

Retention of graduates to the study, given its span, was an ongoing concern with considerable effort put into finding novel ways of keeping graduates committed to the study and sustaining relationships with them. This included offering incentives they might find attractive as early-career professionals and encouraging engagement in the research processes (and described earlier in this chapter and discussed in later chapters where relevant).

Longitudinal studies are particularly vulnerable to attrition (Corden & Millar 2007b; McLeod & Thomson 2009). Sustaining ‘long-term active participation’ (Graziotti et al 2012, p.120) was critical to the integrity and the success of the study, although ‘time consuming in itself’ (McLeod & Thomson 2009). In considering strategies for minimising attrition I heeded the advice of more skilled researchers, who also warned of the ‘tensions that may be inherent between minimising attrition and encouraging people to make preferences about whether and
how they take part’ (Corden & Millar 2007b, p.587), and their concerns ‘that the research relationship is not and does not become exploitative with the passage of time and the growth of familiarity and trust’ (Holland, Thomson & Henderson 2006, p.28).

3.8 LIMITATIONS OF THE STUDY

Public health embraces a wide range of disciplines and professional groups with many possible career destinations for graduates of public health degree programs. The graduates who participated in this study were almost exclusively drawn from one university and from select undergraduate degree programs in public health. The samples of participants (including graduates, educators and employers) were small in number. As the researcher, and a participant in the research process, I also had influence on the data and may have introduced bias into the results.

The purpose of this study, however, was not to provide a measure of how common the experiences or widely-held the perspectives of those who took part. The study was deliberately constructed around a relatively small number of participants. I wanted ‘to gain an in-depth understanding of the experience of particular individuals or groups’ (Greenhalgh and Taylor 1997, p.741): ‘to see specificity and context in some fine grain’ (Yates 2003, p.224). Crouch and McKenzie (2006, p. 496) have argued that ‘this is the way in which analytic, inductive, exploratory studies are best done.’ The focus on a small number of participants, namely the public health graduates, and longitudinal interest in changes in their values, beliefs, motivations and expectations of employment before and after graduation and entry into the workforce, was also ‘important to the integrity of a project which claims to do something different from surveys and snapshots’ (Yates 2003, p.227). Even so, I was aware of the problem of dealing with small numbers of participants too: Yates (2003, p.224) highlighting ‘the potential over-reading we bring to it.’

Greenhalgh and Taylor (1997, pp.741–742) argued ‘that there is no way of abolishing, or fully controlling for, bias in qualitative research’, suggesting that ‘the most that can be required of the researchers is that they describe in detail where they are coming from so that the results can be interpreted accordingly.’ Similarly, Ezzy (2001, p.295, 297) reasoned that ‘subjectivity is at the heart of the interpretative process’, arguing ‘qualitative researchers are increasingly moving away from the myth of being able to objectively identify participants’
true opinions to a more sophisticated analysis of how the research findings reflect the particular social contexts in which the research was conducted.’ In dealing with the problem of bias in this study, I applied traditional techniques such as ‘thick description, and checking the credibility of findings with participants (Ezzy 2001, p.295).’ Most critical to my own developing appreciation of the demands of qualitative research processes, however, was the ongoing reflexive attention that it required.

The challenges presented by research that ‘courts uncertainty and lack of clarity … but also provides a certain respect for intuitive hunches’ (Liampittong & Ezzy 2005, p. 258) was testing of my competence as a researcher, and stimulating. In planning and executing the research I drew on criteria promulgated by established qualitative researchers in the social and health sciences for assessing the quality and soundness of such research (Greenhalgh & Taylor 1997; Kitto, Chesters & Grbich 2008; Liampittong 2009a; Marshall & Rossman 2006; Mays & Pope 2000). The curiosity that inspired the study was linked to ‘general research questions’ (Marshall & Rossman 2006, p.30), and the study situated within a scholarly context. The logic supporting choice of methods was made clear and the study design and research processes thoroughly documented. I was sensitive to ethical issues that might arise in the research, and problems the methods would present. Analysis of the data was systematic and I took time to reflect on my role in the research and the effects of the research on the participants and results. Other perspectives were sought on provisional findings to guard against bias, misinterpretation or discounting of important insights, and the relevance of findings to policy and practice in health and other contexts discussed. I also looked to Tong, Sainsbury and Craig’s (2007) consolidated criteria for reporting qualitative research (COREQ), a 32-item checklist for interviews and focus groups and to Braun and Clarke’s (2006) guide to analysis to help ensure completeness of the audit trail and the rigour of the study.64

In summary, I followed the advice of more experienced researchers on how to make sense of the chaos, and ensure the study had rigour. Mays and Pope (2000, p.52) best summed up the approach taken: ‘the basic strategy to ensure rigour, and thus quality, in qualitative research is systematic, self-conscious research design, data collection, interpretation and communication.’

64 While taking note of Barbour’s (2001, p.1115) concern that while these checklists may be useful for improving rigour in qualitative research, their use ‘does not, in itself, confer rigour.’
4 PHASE 1: THE GRADUANDS—LOOKING FORWARD

This chapter describes my research with students on the verge of graduation. The research explored their aspirations and desired career trajectories with the results providing a basis for subsequent assessment of changes in the graduands’ outlook over time (individual and collective). Data gathered during this phase of the research also allowed the opportunity to gauge whether attitudes expressed by the graduands aligned with popular beliefs about generation Y.

Individual, in-depth face-to-face interviews were conducted with 16 graduands in all: 15 from university A and one from university B. The settings for the interviews were decided by the graduands, and included offices, parks, meetings rooms and one attempt to interview in a workplace café (which had to be moved to a quieter location, a vacant office, to minimise background noise). The period of interviewing spanned seven months (from October 2008 to April 2009). The majority of interviews with graduands (n=11) were conducted while they were on practicum66 (October to November 2008). Interviews conducted in the early part of 2009 were with graduates67 (n=5) who had just commenced part or full-time work or were actively seeking employment (February to April 2009).

Data on the graduands’ age, gender, current course of study and SEIFA decile were collected immediately before commencement of their interviews (presented in Table 4, p.55). Data were also gathered on prior or deferred studies, preference for medicine as a course of study,68 vocational work experience, receipt of early job offer, and favoured sector for employment (government, non-government or private sector), and is set out in Figure 14 overleaf. These additional data helped to draw out in the interview the values, beliefs and experiences that had influenced graduands’ choices and ideas about future career. The data were gathered using a self-completion form.

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65 One graduand from university A was lost to the study. Data relating to this participant was excluded from the study, and later destroyed, as it was not possible to obtain permission for it to be used.

66 The practicum for BHlthSci and BHlthSci/BCom graduands from university A was completed as a 13-week full-time block and undertaken in their final semester. The practicum for the BSci(HIM) graduand from university B was 6 weeks full-time and split across the last two semesters of study (with four weeks completed in semester 1 and two weeks in semester 2).

67 These graduates were recruited as graduands in 2008.

68 I had been informed by lecturers from university A that for some students the Bachelor of Health Science degree was considered an alternative or pathway to entry into a medical degree program at a later time (the students having either been unsuccessful in gaining admission into an undergraduate medical degree and/or hoping to gain admission into a postgraduate medical degree).
Figure 14: Graduands—sample description—select attributes
The interviews, for this phase of the research, delved into the graduands’:

- Reasons for, and influences on their choice of degree program
- Career goals
- Expectations of future work and employers
- Perceptions of preparedness for work
- Awareness and thoughts about social commentary on generation Y
- Impressions of their generation’s likely contribution to public health

A copy of the discussion guide is provided at Appendix B, *Phase 1—graduand interviews (TI)*.

### 4.1 Introductory Remarks Concerning ‘Looking Forward’

This period of research marked a significant moment in time for the graduands and the researcher. We were all on the brink of something new. For the graduands, it was the prospect of a career in public health. For the researcher, it was the possibility of gaining a deeper understanding of the values, beliefs, motivations and career expectations of the next generation of public health professionals. Looking forward, we were all naturally apprehensive about our new beginnings.

William Bridges (1991, p.51) in his landmark publication, *Managing transitions: making the most of change*, described beginnings as ‘strange things. People want them to happen but fear them at the same time … for they are the time to make a new commitment and actually be the person that the new situation demands.’ For the graduands and the researcher that time was upon us.

Unfortunately for the graduands, world events foreshadowed challenging times ahead for those about to embark on their careers. Economic and therefore employment conditions changed sharply as fieldwork began with the ‘2008–09 global financial crisis’ deepening in the latter part of 2008.69 The labour market seemingly favoured job seekers in the earlier part

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69 The global financial crisis was caused by a lack of appropriate financial regulation in some countries (particularly the USA). It led to the catastrophic failure of some big mortgage lenders, significant falls in share prices and difficult financial market conditions for lending and borrowing. As a result employment prospects in many countries contracted sharply. The impact of the global financial crisis began to be keenly felt in Australia from the latter quarter of 2008 (Reserve Bank of Australia 2009).
of that year, the annual Australian Graduate Survey\textsuperscript{70} showing ‘the strongest employment figures for new graduates since 1990’ [Graduate Careers Australia (GCA) 2008, p.2]. However, 2009 saw a deterioration in employment prospects for new graduates as demand for labour shrank in the wake of a worldwide economic crisis (GCA 2009; Plumb, Baker & Spence 2010). A small number of graduands who had the good fortune to be offered internships with private companies before completion of their studies had commencement dates put back, as much as six months in one case. The emergence of the global financial crisis underscored very early into the research what Mannheim (1952) in his essay on ‘The problem of generations’ argued should not be ignored in any explanation of generations, namely the relationship between biography and history and personal and social change. Special attention was therefore paid to the surrounding environmental conditions and their influence on the graduands’ outlook over the course of the study. Bronfenbrenner’s (1994)\textsuperscript{71} ecological model was helpful in achieving this aim. It provided a framework that was inclusive of all the systems in which the graduands were entangled. It reflected the dynamic nature of the ‘busy, interconnected world of people, things, ideas and events’ inhabited by the graduands, and other participants in the study (Howe 2009, p.108). Moreover, it encouraged me to ‘think beyond the immediate and obvious’ (Howe 2009, p.118).

4.2 ADDITIONAL NOTES ON METHODS

This phase of the research was critical to the study as a whole, so it was imperative that it began well. If I were to get to know generation Y graduates, then I needed to:

- Build rapport with graduands taking part in the study and gain their trust;
- Allow them to get to know me and my motives for the study;
- Be true to the principles of participatory research by being open about all aspects of the research and engaging them in the research process, where able; and
- Retain an adequate number of study participants.

It would be ingenuous, however, to describe my study as an example of participatory research: the rider ‘where able’ a pointer to its true nature, namely a blend of conventional

\textsuperscript{70} The annual Australian Graduate Survey (AGS) is a study of the activities of new higher education graduates around four months after the completion of their qualifications. (Source: http://www.graduatecareers.com.au/research/researchreports/gradstats/)

\textsuperscript{71} A synopsis of Bronfenbrenner’s ecological model, and the systems thinking integral to it, is provided in Chapter 2, Review of the literature.
and participatory research approaches and methods. Although I had aimed for deeper participation in the research process and outcome, this proved difficult to achieve. The intensity of engagement required for collaborative and collegiate participation was hindered by the uncertain pace of the research, and meant I set the research agenda and took responsibility for the analysis and representation of findings. In the end, the graduands, and others who took part in this study ‘participated in a process which [lay] outside their ultimate control’ (Cornwall & Jewkes 1995, p.1669). Nevertheless the study design and methods chosen enabled participation in a process of mutual learning and participants shared in the interpretation, analysis and presentation of findings and ownership of results. In spite of the difficulties, the study design and methods offered a process that was open and consultative and went beyond mere participation in data collection.72

In my first foray into fieldwork with the graduands, I was keen to ensure my approach to the interviews put them at ease given the hope they would all continue with the study. Early into the fieldwork I arranged for one of my supervisors to review the first two interviews. His comments were positive and did not suggest a need to change my manner, or the construct of questions used to prompt discussion for the remaining interviews in this phase of the research.

I was mostly satisfied with how I conducted myself during this phase of research too. I was warm and friendly, took time to explain the research and answer questions, and allowed reflection on questions. I acknowledged graduands’ contribution to the study and encouraged their active participation in the research process as well.73 Pleasingly, graduands were ready to talk with me and spoke candidly about their doubts and hopes for the future. Their outward behaviour in the interviews and interest in continuing with the study also suggested they did not find the interviews uncomfortable.

Even so, listening to and reflecting on the interviews later highlighted areas for improvement (such as keeping questions and summaries of things said shorter and simpler, letting the interviewee ask for further explanation if needed—as different understandings of questions

72 The ‘problem of participation’ is also discussed in Chapter 3, *Study design and methods* and Chapter 7, *Discussion*, where I expand on the challenges anticipated and encountered in the research.

73 The latter was not as comprehensive as planned at the outset of the study, and reasons for this are also outlined in my discussion of challenges presented by the methodology of the study (see Chapter 3, *Study design and methods*), and section on Additional notes on methods in chapters on later phases of research.
often yielded different information—and chatter less as most graduands seemed to enjoy the opportunity to talk and be listened to). Indeed, this first phase of research made clear the interdependencies and shared stakes in the research process. As researcher I too was voluntarily offering myself up for appraisal of sorts, and the associated self-consciousness and desire to be understood, no doubt also felt by the graduands in their interviews, were traits I would need to ensure were carefully monitored and moderated in future interviews with the graduands and other participants in the study.

This first encounter with the graduands brought to the fore the difficulties of developing a research relationship with participants. Reciprocal sharing of personal stories was potentially helpful in building rapport, but was it appropriate to this study (Dickson-Swift et al 2007)? This was something I had to think through: at each encounter with the graduands and other participants, and at each phase of the research. In the end, I was comfortable with a certain level of self-disclosure, but the study was not about me. I wanted the stories of the graduands to dominate.74

Seven months after the interviews (November 2009), I contacted the study participants (now graduates) letting them know I was keen to present my first analysis of research with them and share a draft of the introductory chapters to my thesis (which covered the rationale for the study, literature review and study design and methods). I was mindful that not all participants would be able to attend a presentation, and that a presentation in and of itself limited graduates’ involvement in the research process. I wanted them to have opportunity to review and comment on my work, to see what I was doing with their ‘stories’, to challenge my thinking and to see their trust in me was reciprocated.

Settling on the best method for sharing drafts of my written work, however, proved difficult and was exacerbated by substantial delays in the analysis and write up of results as a consequence of changes in my personal and working life. In the end, draft copies of the introductory chapters to the thesis were shared via Google Groups75 in April 2013 (four years after completion of the interviews). Most participants accessed the Group set up for the study,

74 The experience of undertaking qualitative longitudinal research, and the issues it raised for me as the researcher, is also described in Chapter 3, Study design and methods and Chapter 7, Discussion.
75 Google Groups is a service from Google Inc. that supports discussion groups, including many Usenet newsgroups, based on common interests. Membership in Google Groups is free of charge and many groups are anonymous. Users can find discussion groups related to their interests and participate in threaded conversations, either through a web interface or by e-mail. (Source: https://groups.google.com/)
but did not comment on the chapters shared. This was not unexpected. The participants may not have felt they were in a position to comment given the material provided did not directly relate to data they had provided (Bryman 2004) and reading the chapters would have made considerable demands on their time (Barbour 2001). Nonetheless, I was keen for transparency about my purpose and approach to the study, but understood the results of the research rather than the preamble would be of greater interest to them: and it was.

The results of this phase of research were shared with the graduands in October 2014. Copies of a PowerPoint presentation on the preliminary results and an earlier draft of this chapter of the thesis were uploaded to Dropbox76 and circulated via email to those graduands who were not subscribers to Dropbox.

The long delay in sharing the results and my preliminary analysis of it had obvious benefits and disbenefits. Maturity and work and life experiences gained in the years following graduation had potential to benefit the study through new perspectives, greater insights and self-confidence graduates might bring in talking about their aspirations and desired career trajectories and how these might have changed over time. All the same, a lapse of five years since graduation had potential for less visceral responses in talking about the person they were then and the person they had become or were becoming, and there was risk too of diminished and altered recall of past thoughts, feelings and circumstances, and events and changes that had occurred in the period between the T1 and T2 interviews. The significance of time and memory for the study was strongly felt throughout, especially in the analysis and discussion of the results of the T1 and the T2 interviews that follow in this and subsequent chapters. In the final analysis memory was raw data for the study forming ‘a certain sort of evidence that can be appreciated and interrogated, mined for meanings and feelings and opportunities to better understand the performances of memory as an expression of an indeterminate past’ (Bochner 2007, p.206).

The slow, faltering progress that came to characterise this study, and which early reading of methodological texts on qualitative longitudinal research had forewarned (Corden & Millar 2007b; McLeod & Thomson 2009), presented practical lessons on the difficulties of, and

76 Dropbox is a free file hosting service operated by Dropbox Inc. that supports cloud storage, synchronising, and sharing of files (includes photos, documents, videos, etc.) across multiple devices and platforms. (Source: https://www.dropbox.com/)
possibilities for, maintaining contact and engaging the participants in research processes of a study with an increasingly uncertain endpoint. This is captured in part and in brief in Box 2 below and in Box 3 in the chapter that follows. Box 2 covers communication tools used to share and invite comment on draft chapters of the thesis with graduands. Box 3 covers the graduands’ responses to learning and development opportunities and mentoring offered as incentives to continue with the study.

**Box 2: Internet tools explored in communicating with graduands**

In 2009, I canvassed a number of options for facilitating involvement in the research process with the graduands. They included setting up a site for posting my written work and capturing discussion on Google Groups or Facebook, or a university webpage and feedback survey. These options were suggested by one of the graduands, University of Western Australia IT support staff and me, and were based on Internet communication tools widely used within the universities from which the graduands had been recruited. Over-riding concerns for me in settling on a tool was that it appealed to graduands, was easy to access and use, and privacy and security settings offered adequate protection for information shared.

Graduands who responded expressed preference for a Google Group, as it was familiar to them (at that time the service was used in many undergraduate programs and by alumni as a tool for keeping in touch with members). Facebook was not favoured because it was seen as a tool for social interaction and keeping in touch with friends. A university hosted webpage and survey was liked least – perceived as ‘like going back to school’ by one graduand.

A Google Group proved easy to set up and offered additional and important features for me as the researcher, namely the ability to create discussion threads making it easier to capture and collate graduands’ comments on my written work. The look and workings of the Group could be customised (with tools to manage access, membership, correspondence, searching and sorting of information). It would also be easy to delete the Group in the future.

In 2013, the introductory chapters to my thesis were shared with the graduates via Google Groups. No comments were offered on the written work. However, the invitation to join the group and responses to it made clear a lot had changed since 2009. Possible and preferred modes of sharing information had changed for various reasons. Some had difficulties signing in to Google Groups. Others expressed preference for or suggested Facebook as an alternative to Google Groups (but not all graduates used Facebook). There had been a proliferation of new Internet communication tools over the intervening years, which offered equal or greater functionality and aesthetic appeal compared with Google Groups. Other priorities were no doubt competing for graduates’ time and attention too. The last thing I wanted was for the tool for communication to become a

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77 The Internet is awash with critical comparisons of services that support group discussion, which I don’t cover here other than to explain the choices I made.
barrier to communication! Evidently there was need to reconsider how drafts of my written work could be shared, and if there were more convenient ways of doing this now that would suit the graduates.

After further discussions with university staff as to tools currently in favour (in 2013, Facebook and DropBox) and with the graduates, the following was decided. Primary contact with the graduates would be via their preferred email address (this changed to their work email address for some as this was regularly monitored whereas personal email addresses were not with most non-work related communications via their work email or social media). Documents would be shared by DropBox (as most had access to this service, which was also available as an app for mobile devices) or email (depending on personal preferences of the graduates). This approach seemed to work most of the time.

This was a study of a small number of participants: a fact that was front-of-mind as I launched into the analysis of the data and presentation of results that follow. In tackling this task, I heeded the words of Yates (2003, p.224), ‘the point of dealing with small numbers of subjects in a lot of detail is to see specificity and context in some fine grain; the problem of dealing with small numbers is the potential over-reading we bring to it, either in what we make of those individual stories, or in the claims we make from them about our big issues.’

Care was taken to ensure my interpretation of what the graduates shared with me was supported by the data and that the significance of my findings was not overstated.78

4.3 RESULTS

Reasons for, and influences on their choice of degree

- Choice of degree

An undergraduate degree program that might lead to a non-clinical career in public health was not the preferred option for some graduands when deciding what to study. Six of the graduands had ‘originally wanted to do medicine’ (G16) with one graduand having ‘started out in medicine’ (G3). Three others had briefly considered other degree programs [‘I did want to do physio’ (G1); ‘I would have liked to do nursing, but I have a really bad phobia of needles’ (G2); ‘The only other thing I really had my heart set on was doing an arts degree to study languages’ (G11)]. Two had ‘started off doing a different degree’ (G8), one in natural

78 The advantages and disadvantages of a study dealing with a small number of participants are also discussed in Chapter 3, Study design and methods.
resource management (G8) and the other in commerce (G2). Another’s route to public health was more circuitous:

I started off in arts/economics ... Didn’t really like the course, either of them really, and I was a bit lost for quite a while, although I did pretty well in the units, but I didn’t really know what I wanted to do and I wanted more direction. So, at the time I went through a big phase of wanting to do medicine and I sat the UMAT a couple of times and didn’t get very good scores. So then didn’t get into medicine, I thought my next best chance would be pharmacy, so went to pharmacy at [university B] for a couple of weeks. My first day there they asked people “Who’s here because they didn’t get into medicine?” and everyone’s hand went up. So I decided after a while that was quite hard even at the start, I didn’t want to be a pharmacist, so I went back to [university A], came crawling back. I enrolled in science/commerce because I wanted to do more of a business thing but not straight economics ... I did science/commerce for, maybe a semester. I did some of the core units, then [I] read about health science in a [university A] handbook ... (G15)

One graduand took a gap year before tertiary study spending a year overseas as a high school Rotary Youth Exchange student (G11). While the experience had no bearing on the graduand’s choice of degree, it had sparked an interest in working overseas in the future.

- Making a difference

All the graduands shared a strong desire to ‘make a difference’ (G17), and this featured strongly in their explanations for their final choice of degree. Making a difference meant helping others; a core value that sat well with a possible future career in health or a related field: ‘I was always attracted to health because I always wanted to make a difference. I figured that health was one of those things where you really could’ (G11).

Some spoke of the personal satisfaction fostered through involvement in an important cause such as the public’s health: ‘you do get satisfaction out of helping people’ (G1), ‘because it seemed like it would be helping the community—it gave me that vague, warm fuzzy feeling’ (G8).
Helping people was connected with a desire to have a meaningful life too ['I still wanted that underlying meaning, purpose in my work’ (G15)]. This seemed especially important to BHlthSci/BCom graduands keen to pursue a career in the private sector ['if I was just doing commerce it would just be about me and how I was going to progress ... if I was doing something else health-related, then maybe I could help the wider good rather than just myself in a way’ (G9)].

The capacity to make a difference on a large scale appealed to all graduands, and was particularly significant for those who had aspired to a career in medicine, perhaps helping put to rest doubts they might have had about their alternative course of study.

*I have the opportunity to help more people at once by doing what I do in health science. When you’re a doctor you sit down one on one and you try and cure someone’s disease, that’s one person, at most 10 patients a day. With this, I can produce something that may help a whole population of people at once. I’m happy with the ability to have my work extend beyond my desk, and that’s what I told my parents. (G3)*

Acquiring a deeper knowledge of how to make a difference also appealed.

*The more I speak to some of my friends that are doing med, the more I go “Yeah, it’s fantastic; medicine has so much to offer”. But at the same time, I think health science has a greater understanding of all the different ways that you can influence health; social change, and smaller things that can make a huge [difference] that aren’t necessarily just medical. (G12)*

For a couple of the graduands the opportunity to make a personal contribution to societal efforts to promote health was ‘really exciting’ (G10) and attractive. ‘I really am attracted to that sort of opportunity to change things, but also be able to leave your own mark through creativity. It’s not yours per se, but part of you is in it, that’s making the difference’ (G11).

**Other motivations for choice of degree**

The graduands’ choice of degree was also guided by their interests and self-assessment of their abilities. As expected, they all showed firm interest in health as a subject: ‘Health has
always been something that interested me’ (G12). Although not necessarily in future roles that involved direct patient care: ‘I knew I didn’t want to do anything hands-on’ (G6). A couple of graduands’ interest in health, specifically preventive health, was partly stimulated by personal and/or family members’ experiences of ill-health and injury: ‘I do really like the idea of prevention before treatment because I’ve actually had a lot of personal injuries myself’ (G7); ‘there’s a lot of health issues in my own family like ... diabetes and type 2 diabetes’ (G9).’ And for some, their choice of degree was in keeping with personal perceptions of their academic aptitude: ‘I didn’t want to waste my high TER79’ (G7); ‘Because of the grades I got I felt I should do a double-degree just to make the most of my TER’ (G9).

The rigour and scientific basis of their undergraduate degree program also added to its status and acceptability as an alternative to medicine for those graduands who had or aspired to have a career in medicine.

So I had it in my mind as a back-up if I didn’t get in, and I didn’t get in. I got into health science and that’s how it all happened ... I tried one more time to get into medicine, but by second year I was pretty happy with what I was doing. (G5)

I thought it would also be a good stepping stone if I did want to do medicine. (G14)

Other considerations for the graduands were the breadth and flexibility their choice of degree allowed. Breadth was attractive to graduands who were uncertain about occupational preferences [‘I wanted something broad because I didn’t know exactly what I wanted to do’ (G8)], who wanted to combine a range of interests [‘I got to cover a lot of my interests at once’ (G5); ‘It seemed to allow me to combine my sciences that I liked in high school with the commerce degree’(G9); ‘I could combine applied science and more social science’ (G13)], or who just wanted to make their studies ‘a bit more exciting/interesting’ (G9/G2). The latter was specifically mentioned by the BHlthSci/BCom and BSci(HIM) graduands who felt the breadth and variety offered within their degrees had countered the factual dryness of some units.

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79 The Tertiary Entrance Rank (TER) was a tertiary entrance score used in Western Australia, and other states, as a tool for selection to universities in Australia. In 2010, it was replaced by the Australian Tertiary Admission Rank (ATAR). (Source: www.tisc.edu.au/static/guide/atar-about.tisc)
The sheer number of career pathways made possible was also very attractive.

I guess another reason why I chose it was because of the flexibility and I can go lots of different places. I don’t really want to end up in one spot. I think when I first started I was going for the health promotion area because I was really involved in organising events and that sort of thing. I always have been. As I’ve learnt more about the degree, health administration and the policy side of things and economics, just all of it, I just really want to try everything. (G17)

The range of opportunities which a health science degree offered was a selling point for graduands who had been contemplating a career in medicine too.

I guess other than medicine I hadn’t really decided what I wanted to do and the one big selling point was it’s very flexible, you can go out and work not only in research but in other different areas of health. (G16)

For BHlthSci/BCom graduands, the option of a double-degree was valued because it allowed them to specialise in two fields with the prospect of broader career options and opportunities further down the track.

...and that would just give me an extra scope instead of just health science, more opportunity at the end of it. (G7)

A hankering for change was of importance to one graduand.

I wanted a change. When I was in Year 12 I did all the calculus and applicable maths and all that sort of stuff and I just wanted a big change when I went into Uni. So, I just did it for a change really. (G1)

- Influences on choice of degree

External influences on the graduands’ choice of degree encompassed people, place and happenstance.
The expectations and advice of family, friends and teachers were particularly influential in graduands’ researching and weighing up of their options. For most their ‘parents were pretty big influences’ (G17). Mothers were very involved in the process ['My Mum made me go to all the university open days. She had me go even in year 10 when I had to choose what subjects I wanted as prerequisites to get into TEE80 subjects’ (G13); ‘My Mum got me on to it, “This looks good honey”. I had no idea.’ (G7)]; although there was no suggestion that fathers were less involved or interested ['I was pretty good at economics at school, and my Dad was always “You should try and do a business degree” and that kind of thing’ (G15)]. For one graduand, advice from a grandparent had an effect on thinking about choices.

My grandfather was a doctor, so he was telling me things like eighty per cent is sniffles and colds, [which] made me think perhaps something with the option for a bit more diversity would be good. (G11)

One graduand chose health science ‘because my brother was also doing health science’ (G1), whereas another had to overcome initial resistance to the degree for the same reason.

My brother was doing health science ... He’s a year ahead of me at uni ... I didn’t want to do it because I didn’t want to do the same degree as him, because we’re very different. (G17)

For another, academic achievement resulted in pressure from teachers to consider medicine as an option. ‘My school was trying to push me [toward medicine] because it would look good for the school; you’ve got high enough marks’ (G10).

One tried ‘speaking to as many as people possible’, in part prompted by the newness of the degree program being considered. ‘At that stage there wasn’t as many graduates, and I didn’t know that many graduates, and there wasn’t as many health science events and things like [that]’ (G12).

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80 Tertiary Entrance Examination (TEE) refers to the set of academic examination year 12 secondary students in Western Australia were required to complete in order to be eligible for entrance to a public university in the state. The exam results were the basis for metrics used to determine eligibility. (Source: http://en.wikipedia.org/wiki/Tertiary_Entrance_Exam)
Place of study was also important. Key considerations were ‘what the university could offer’ (G9), ‘the prestige that goes with the university’ (G12), ‘proximity to home’ (G12) and for one, knowing ‘it had a good social scene’ (G6). For one graduand the faculty offering the degree along with prestige of the university mattered, the former better positioning for entrance into a postgraduate degree later, and the latter easing doubts about the marketability of their undergraduate degree.

The thought always was it might be easier to gain a graduate position if you’re already known within the faculty, how it works etc. So that was always in the back of my head, in terms of possibly going into graduate medicine, and proximity made me look mainly at [the university]. Part of it as well, because the degree for many people was bogus and they really weren’t quite sure what it was about, [was] having that extra weight as a [the university] degree for whatever that’s worth, probably kind of pushed me towards [the university]. (G12)

There was also an element of happenstance with many stumbling across their chosen degree through university open days and handbooks.

I just came along to [the university] Open Day and I thought I was going to hear a different talk on microbiology or something, but I ended up stumbling into the health science one and came out of that thinking “Wow, this sounds exactly like what I want to do”. (G10)

I just looked through the list of courses in one of the books that unis give out and found something that looked alright. (G8)

University events and information helped to increase the graduands’ knowledge of their options. Current staff and students of the universities also played a critical and guiding role, inspiring interest and enthusiasm among some graduands for their choice of degree program.

I went along to [an] information night and [a member of staff] was presenting at that. I thought that sounded pretty interesting ... She’s quite charismatic, but just the way she presented it that you’ll be helping people but not on the hands-on level but more
on a population level. It’s more all-encompassing than just dealing with one person at a time. So that was quite attractive to me. (G11)

I actually contacted [student] ... she was the President then of the Health Science Society. She went on to be quite well known within the Uni ... I contacted her to find out more about the degree because I wanted to do something maybe health related but not necessarily clinical. It sounded really good ... (G15)

- **Likes and dislikes about their degree program**

Overall, the graduands were satisfied with their choice of degree, even if they weren’t all sure of their choice at the outset.

*I didn’t really know what I was getting into. As the years progressed you get more of an idea of what you’re doing and what it’s about. I’ve definitely completely liked it since the second semester of second year because that’s really where we start doing all those public health things.* (G3)

Specific aspects of their degree they particularly liked were its breadth ['it’s so broad’ (G10)], its multidisciplinary approach ['I liked that it wasn’t purely science-based ... I thought it was quite well-rounded’ (G14)], the scope for creativity ['it also allows your creativity to come into it as well’ (G14)], the unique insights into the health system allowed ['learning about the health system’ (G5)] and working with data ['the biostatistics and epidemiology, the case-mix and clinical classification, the coding was interesting ...’ (G2)].

Graduands of university A spoke too of the camaraderie that typified their experience of the BHltSci degree program with a couple describing it as ‘like a/my family’ (G15/G17). The friendship and trust developed between students and staff involved in the degree program was also seen as unique to the program:

*...when I talk to anybody else in any other degree program no-one has the interaction they have like we do with teaching staff.* (G6)

This was a particular observation of graduands enrolled in a double-degree program.
...you develop quite good friendships with other people in health science because you're around each other all the time and it's quite an intimate setting rather than commerce. (G5)

Nonetheless, some graduands also expressed regrets or discontent with some aspects of their undergraduate degree. One graduand regretted her choice of major fearing it might limit career prospects.

*I love that I did anthropology and I found it interesting but it’s a dead end as far as a job goes. I kind of just wish I had more of a science basis because it’s very hard to argue with someone that I’ve done science when I did anthropology.* (G6)

Graduands of university A also spoke of the difficulties and stress that came with juggling the demands of their practicum, studies and part-time work.

*I work a full day Saturday and a full day Sunday and I’ve got three other jobs while doing my practicum, so finding the time to actually sit down and actually say “this is what I want to do”, finding that time to steady myself ... when we go on prac, because prac is full time Monday to Friday and it’s not paid, so people have to find ways of being employed and getting some money, that’s when it starts to really take its toll.* (G1)

A lot of students struggle with it ... (G15)

All the same, the practicum and professional experience it provided was highly valued, providing multiple benefits for the graduands, which are discussed in a later section on Perceptions of job readiness.

For some, the seemingly late introduction of units that provided the vocational context for their degrees was a disappointment.

*I don’t really feel like I really did health that much until my final year. I think last semester was amazing and I finally grasped how the Australian health system worked. Prior to that, you’ve got your grounding in the evidence base and that sort of thing,
and that’s important. I think they’ve rectified it now ... that will make a world of difference to people and understanding what they actually are studying, because effectively until third year you’re doing a science degree, you’re not really touching that much onto it. (G6)

Career goals

- The new beginning

Nearing the end of their student careers, most graduands were apprehensive about their new beginnings: even those who had already secured employment. And there were additional challenges for a few of the graduands.

For one graduand, a career in Australia would be dependent on graduation, gaining skilled work experience and obtaining the necessary work visa. ‘First of all I have to get permanent residency and to get that I have to graduate and I have to get a job’ (G3).

The breadth of their degree and the opportunities it allowed now seemed a drawback for some too, especially those who had been uncertain about their career path at the outset.

...health science is such a broad degree and we get talks about what types of areas that you can go into and we’re given so many options ... It’s great having the choices to go wherever you want in the health field, but at the same time it can be quite daunting especially if you don’t know what you want to do, then you’re given so many choices that you just get overwhelmed with them. (G1)

I picked it because it’s so broad because I didn’t know what I wanted to do. But then that’s when the problems come, later down the track, when you don’t know what to apply for. (G6)

That’s something I thought about towards the end of the course quite a bit. It’s a benefit because you do have the opportunity to go into a wide range of areas, but you’re probably not as well qualified for any one particular area. (G8)

A dilemma also experienced by some graduands who had opted for the BHLthSci/BCom.
It’s hard because they’re both really broad and not only are they broad degrees but what I did in them is really broad. (G15)

I think it would be nice to have a direction really. (G13)

Discovering the consequences of their choices added to the apprehension felt by some as well.

I know what I’ve enjoyed studying but in practice they could be totally different. I think I like policy because I like looking at how the health system works, but in principle I could end up sitting at a desk writing reports and I could potentially hate it ... the practice could be entirely different. (G6)

Most graduands were focussed on the immediate goal of finding employment with the exception of those who had either been admitted into a graduate development program or had accepted an early job offer (as was the case for seven or almost half of the graduands at the time of interview).

The graduands were pragmatic, accepting their first job might not be their ideal [‘I know that I am not going to get a wow job out of graduation’ (G11)], including those who had already secured employment [‘I don’t feel that I am at a stage where I can be too picky just yet’ (G12)].

Early career was seen as a time to explore and acquire experience and for finding career direction [‘I’d just like to try as many areas as I can and just see what I like and what I don’t like ... I don’t have anything set in mind yet. I guess I’m just waiting to stumble upon it.’ (G1)]. Help in finding career direction was a perceived benefit of the graduate development programs into which some graduands had been accepted.

I’ve got a graduate position with [the department]. I applied for that because of the perpetual question of “What are you going to do?” and I guess that was kind of a way I felt to weed out the things that I liked and didn’t like so much: to try and streamline my direction a little. (G12)
The majority of graduands were unsure of their career plans ['I’m not really looking that far ahead’ (G7) ‘I’m more interested in trying a few different areas and seeing if there’s anything that really interests me. I don’t have any specific path or any one place I want to get to’ (G8)].

Some ventured ‘that there would be a few career changes’ (G16) as they gained experience ['I imagine in the next interview in six months’ time I’ll probably have a completely different view of things’ (G15)] and their careers developed ['the ideal job for me now and for furthering my career would be different’ (G10)].

A few of the graduands did have longer term goals envisaging progress toward technical specialist ['further down the line I would be interested in doing research, but not straight out of uni’ (G10)] or administrative roles in time ['in the longer term I’d definitely like to get into some health management areas’ (G17)]; pursuit of ‘further qualifications’ (G5) in their specialist area of interest, health or business administration; and in a couple of cases establishing their own consultancy ['I’d like to have a health consulting business’ (G15)].

Some also hoped to ‘marry travelling and work’ (G16) noted benefits being the ‘personal development’, ‘challenge’, experience of ‘other cultures’ and ways of working ['meeting people from different organisations and broadening your scope of knowledge’ (G12)], and opportunity to play a part in global philanthropy (the latter tempered by some practical considerations).

I’d love to be working in some capacity with Doctors without Borders. It seems like a fantastic organisation and I like that philanthropic side of the organisation as well. I’m drawn to that. At the same time you need to be able to make a living as well if you’re going to have kids etc. down the track. You can’t be devoting all your time for minimal money or for free. (G12)

For another travel was an alternative ‘depending on how my job goes’ (G2).

- Influences on thoughts about career

Figuring out career was ultimately a heuristic process as defined by one graduand.
I just want as much experience as I can so I know the types of jobs that are out there. At the moment you study four years and people tell you about their jobs, but you don’t really know what it’s like until you actually go out there and do it yourself basically. (G1)

This view was in keeping with the graduands’ notion of early career as a time to explore and to discover for themselves what they want in a career [‘trial and error … it’s the only way to go’ (G6)]. Nevertheless, figuring out their career options was helped by talking with other people, attendance at health industry presentations and networking events, and professional practice and other work experience.

These conversations and experiences served to increase their knowledge of career opportunities; alter perceptions of what certain career opportunities entail; prompt self-assessment of knowledge and abilities, and what they want in a career; and form ideas about what it might be like to work in different sectors and for certain employers.

For one graduand observing the developing career of an older sibling had ‘opened my eyes to what sorts of jobs are out there’ (G1).

For another hearing from former students helped in gaining a realistic understanding of the types of work offered to new graduates.

…you think, “Oh is that where I am going to be?”, but then they say “That’s a stepping stone to get somewhere else and somewhere else.” A lot of them are in Assistant Project Officer roles or that sort of thing. (G17)

Listening to a senior researcher speak about her career trajectory highlighted the sometimes haphazard and serendipitous nature of career, but also showed an openness to experience that particularly appealed to one graduand.

…she did the outline of her career path and it was just so—this is what happened next so then I did that, then this is what happened next—and I went “Yeah that seems like a pretty good way to do it”. It just impressed me. She started … on the Busselton
study⁸¹ in the mid-1970s ... just right when it started up and now she’s ended up just wiggling her way through all this stuff ... because she took whatever was offered to her next, she took it. That’s a lot of what I embrace actually. (G7)

Professional practice and other work experience assisted in identifying what was important to the graduands in choosing a job or occupational field to explore too: and caused many to reflect on their skills, interests, personality and values.

The fruits of my practicum have been very large, I’ve been very grateful ... It has got me a lot more interested in research whereas I wouldn’t have been before at all ... Now I realise I can actually do it and if I really applied myself—I really would have to apply myself—I might be able to actually go into that. I find it quite interesting as well ... Looking back on it I’m really happy that I did decide to do this one because it really helped me work on my weaknesses rather than continue [to work to] my strengths. (G7)

...that was one of the things I discovered whilst on prac, that I didn’t want to just be shut away in an office all the time, I wanted the opportunity to get out. (G16)

A noted benefit of professional practice and other work experience for the graduands was the insights each provided into different types of workplaces and job roles.

I think that’s been one of the good things about doing practicum as well is that we’ve all been able to gain a little bit of experience from each other on which organisation has nice team morale and ... the different kind of tasks and things that different organisations do, the different programs that they run. The only way you could find out is, in some ways, is having someone there that you can speak to within the organisation. (G12)

The profile of organisations was also taken into account by the graduands when thinking about possible future employers.

⁸¹ The Busselton Health Study commenced in 1966 and is internationally recognised as one of the longest running population health research programs of its kind. (Source: http://bpmri.org.au/)
I think subconsciously [you] go for big names maybe, or at least names that you recognise and are familiar with before you consider the smaller ones and what they do. Just because I think you’re exposed to these big organisations and you know what they’re doing and if it’s something that you’re going to be interested in. (G9)

The reputation of organisations, however, did matter ['I don’t think you’d go somewhere where it didn’t have a good reputation’ (G9)], as did how they were represented.

...the particular person that came in and gave us a talk about the [organisation] was really energetic and motivated and that draws you towards that organisation. For example, we had someone come in and speak to us about the [organisation] scholarships and they were totally disorganised, stumbled over their words, the slides were all over the place ... That immediately for a lot of the people that I spoke to was “If this is what they’re like in a 10 minute presentation to us, how is it going to be working for them?” so that was a bit of a turnoff. It does, it depends on how that organisation is represented and if it seems like it’s going to be an energetic, motivated place to work, yeah. (G12)

- **Fields of interest**

Knowing your interests was mentioned by one graduand as a good starting point for thinking about career.

...you kind of really have to base [it] on what you enjoy studying as to what you think you’ll do in the future (G9)

For one graduand the experience of working alongside public health professionals with clinical expertise during a practicum, and seeing how this expertise was applied in non-clinical roles, had sparked interest in ‘the clinical side of things’ (G8).

The more time I spend here the more I find the clinical side of things interesting because there are a lot of people here that have worked as nurses and things like that ... Even if you didn’t stay in that, you would take a lot of that knowledge to any other job in the health sector that would probably be pretty beneficial anyway ... how hospitals themselves are run and how things are organised there. I think it would give
you sort of a much better understanding of human biology and physiology and things like that that would probably be useful in quite a lot of areas in the health sector. (G8)

Some graduands expressed interest in health administration, the appeals being the perceived dynamism, human interaction, systems perspectives and chance to use the range of their abilities that work in this field might allow.

I’ve been looking at doing HR within either health—I think the only areas that would ever be interesting is health, or the mining sectors—because I think that’s the most dynamic and has the most problems ... there’s always something happening. (G6)

I’d like to go into a management role I guess, because I think I’m more people focused than anything else... (G15)

I guess in hospital settings or policy settings. I’m just really interested in the interactions with people and the different relationships, just how things are run I guess. (G17)

...probably more of an administration [role] that allowed me to use all of my qualities (G9)

And another showed some interest in health economics as a field, although was unsure of the career opportunities in health economics. ‘I’m also interested in health economics. I had a lot of fun doing the project I was doing here, but I don’t really know what category it would fall under’ (G13).

A few graduands were ‘attracted to the really health promotiony things’ (G11): one for purely practical reasons [‘in terms of travel, I think the best opportunities are with health promotion’ (G11)]. For another, health promotion offered a bundle of benefits both communal and personal.

...we’ve all seen the benefits of prevention versus finding cures and treatments ... it also allows your creativity to come into it ... You can develop initiatives ... it’s nice to be able to see interventions or your campaigns being implemented in the community:
[there’s] a sense of satisfaction ... also having that interaction with people appeals to me. (G14)

Health promotion, however, didn’t appeal to everyone. ‘I know it’s really beneficial, and I think it fantastic people do it, [but] it’s a bit flimsy for me’ (G6). And another, though claiming no interest in health promotion as a field, conceded ‘you never know depending on what’s out there’ (G13).

Research as a field of interest also drew contrary views. For five of the graduands a career in research appealed with most expressing a liking for research with populations: ‘that’s the sort of thing I want to go into, people research, instead of sitting down and doing a lot of lit reviews, or just being an armchair scientist’ (G3). The potential to influence practice added to the appeal: ‘studying epidemiology and health research design I found that, it’s hard to explain it, but it’s like the output of the studies is something that can be acted on’ (G8).

Laboratory-based and desk-bound research, however, was roundly rejected by the graduands because of the monotony and solitariness of such research as experienced during their coursework or practicums.

I’m not a fan of labs even though I did all the pharm and we had all day labs. I couldn’t do that ... they’re just so monotonous; you could be there just pipetting all day. (G10)

I do find it quite interesting but I don’t think I’ve got a career in research ... I sort of realised in the first few weeks that I’m not destined to sit at a computer entering data ... I’ve realised that I need interaction—that’s why I went into health—I need interaction with other people. (G6)

- On sectors

The graduands were asked if they favoured a particular sector (government, non-government or private sector) for employment. Half of the graduands had no preference. One expressed sole preference for employment within the non-government sector. Preferences for the rest, primarily BHlthSci/BCom graduands, were evenly distributed across the three sectors with different permutations of pairings of the sectors favoured (see Figure 14, p.84).
The majority of the BHlthSci/BCom graduands expressed interest in the private sector, and most nominated government as their preferred alternative. Within this cohort of graduands one had no preference, another expressed preference for employment in the non-government or government sectors, and another for employment in the non-government or private sectors.

In talking with the graduands though it was clear that most were keen to gain experience and work in a pleasant work environment; the sector for employment was of less importance ['I'd like to work anywhere really’ (G1)]. All the same many had formed opinions about the different sectors largely based on what they had ‘heard from other people’ (G16) or limited personal experience.

Among the graduands there were mixed views about the sectors. A few acknowledged the particular reputations of the sectors, both positive and negative, and that these did not necessarily hold true in all circumstances.

\[\text{Before I came here I expected that the government sector would be very rigid and bureaucratic. The private sector would be a lot more laid back. I think I’ve found that this [practicum placement with a government agency] has been a lot more relaxed and laid back than I’d have expected.}\] (G8)

The government sector was seen as offering opportunity to gain skills in a range of areas, mobility plus stability.

\[\text{I am attracted in general to the [organisation] because you can move within it and there are options and it’s so broad.}\] (G11)

\[\text{I felt there was a lot more stability in government work.}\] (G9)

The graduate development programs offered by government organisations drew some of the graduands to the sector, although this did not necessarily mean they were committed to work in the sector in the longer term.
...it’s also great experience in terms of being able to try the different departments and that’s what the graduate position offers ... a bit of a taste of a few different things. We’re doing training in the meantime. It was something that could give me a bit of direction without being a permanent job that I was then tied to. It’s not something that you can be casual about, a permanent job, whereas this is something I know is a one year contract. I’ve got some flexibility in terms of afterwards. I can do whatever I like. They mentioned there’s a good chance you’ll be offered a job within the [organisation], but by that stage I may not necessarily [want to stay with the organisation]. (G12)

This sector was also seen as having lots of complicated rules and processes and sluggish.

I found it really difficult to work in the public sector, to be completely honest ... It was all very structured and process oriented and it wasn’t relaxed like I felt it was in the private sector ... The formality, the bureaucratic organisation, and a whole heap of things ... and the way the jobs are organised you’re on levels and really my manager at the time only gave me duties to that level; whereas I would have preferred higher level duties. I wasn’t getting that. To a certain extent that can almost be de-motivating. (G2)

It’s very hard to get things done, which I found through my practicum. Things always have to be okayed by someone above you and then the person above them. There’s a lot of bureaucratic red tape. (G14)

I just think some government departments are really stagnant. You could be there for a good amount of time before you really progress. (G15)

The non-government sector was perceived as doing good work, having committed staff and a positive workplace culture.

...in my time at the [non-government organisation] people seemed to be more satisfied with what they were doing ... there’s just a different culture [in] the workplace ... the people might be more committed and passionate about their work, which would make a big difference and it would sort of motivate you to work a bit harder as well. (G8)
It just feels to me that you get more of that satisfaction that you’re doing something and helping the community and that’s important to me as well. (G14)

It was also thought to provide less job security because of uncertainty about funding and to offer limited career prospects.

I’ve had a look at the non-government organisations, but it’s kind of hard because you don’t know what funding they have or whether they can take you on or not ... [and then there’s the uncertainty about] job security and where you can go to further ... whether you can move up and get, how do you say it? Yeah, promotional opportunities I guess. (G1)

The constant need to source funding was discouraging for many of the graduands too.

I feel that in NGOs you’d need to be constantly justifying why you need to be there so that you can apply for funding. I guess that’s like a struggle in itself. (G16)

I think it would make me pickier. It would definitely be something that may influence whether I took the job or not. (G10)

The private sector was considered by some to offer better conditions ['a great culture’ (G8), 'more training and more development really quickly ... better access and to more resources’ (G15)], challenging work and rapid career progression.

Just based on my short experience with government I don’t get as much challenge as I could. I think their progression isn’t as quick as what I’d want, because I’m after somewhere that rewards you for your work really quickly ... With my preferences it would definitely be private... (G15)

One graduand was very upfront about the appeal of the private sector.
Private sector sounds very appealing because of the money that’s involved and I guess personally money is important to me because I’m quite accustomed to my lifestyle and I want to maintain that. (G14)

Conversely, this sector was also thought to be more demanding [‘they said that they had to work very hard, probably more so than I’ve had to here’82 (G8)], and conceivably less satisfying. ‘I’ve done a lot of research and going into something like [organisation] or [organisation] you won’t end up in health, you’ll end up doing tax; that’s the experience of everyone I’ve talked to (G6).’

A couple of the graduands reflected on the drivers for the private sector and potential for conflict with their personal desire to contribute to the social good.

I’m hoping to stay in the private sector but not lose sight of the bigger picture out there … I don’t want to [to be] just [about] personal gain and things like that. (G9)

…you’re serving the public in the health industry, but when you’re advising clients how to make more money it’s going to be a bit more difficult. So that’s why I do want to try and retain that health focus somewhere along the line. (G15)

The leaning toward particular permutations in terms of preferred sector for employment provided further evidence of the dilemma for some graduands, BHlthSci/BCom graduands in particular, namely choosing a career path that fulfilled their desire for material success and to be of service to the community.

I went to India a couple of years ago and I worked for a non-government organisation. It was a crisis centre for abused women and children. I worked there voluntarily for a couple of months. I had great interaction with the people that you’re catering for plus the colleagues; they’re all so passionate about what they’re doing and they all want to make a difference. I like that as well, but then there’s the money. (G14)

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82 The graduand was on practicum placement with a government agency at the time of this interview.
Expectations of future work and employers

The graduands expectations of work highlighted conditions and aspects of the workplace that were important to them, although one perceptive graduand noted the difficulty of knowing whether an organisation and the organisation’s culture was a good fit when choosing a job: ‘The things that for me make a difference are the things that you can’t judge when you go into an interview so much’ (G11).

Of greatest importance to the graduands as a whole was the nature of the work and culture of the workplace. Priorities for all was work that was ‘meaningful’, ‘interesting’, ‘challenging’ but ‘tackle-able’, ‘varied’, ‘busy’, ‘stable’, and that offered ‘a bit of independence’ and ability to be ‘continually learning.’ For one graduand work that enabled acquisition of portable skills [‘something I can travel with ... that I can transfer’ (G11)] was also essential.

The desire for work that was busy not only gave insight into how some graduands lived their lives, but it also gave insight into the importance to them of working days that were full of things to do and of people.

'I like being involved in lots of things. Just in my life at the moment: work, volunteering, friends, and family. I just like being busy and being busy with lots of different things. It kind of motivates me to have lots of different tasks; if you get bored with one thing you can move onto something else then come back [to it]. (G10)

The graduands gave weight to a work environment in which they felt ‘comfortable’, that was ‘friendly’ and ‘supportive’, ‘somewhere where I felt that I was valued’ (G16). ‘What if I’m stuck in a place where everybody is horrible?’ (G14) was a worry for some. ‘Working in a team’ (G13) and one with ‘shared values in terms of what you’re trying to do together as a team’ (G9) was also important.

The informality of the Australian work environment, however, was confusing for one graduand.

Back home we still hold pretty much the same values as our parents—the hierarchy, the respect for others, the taking over the parents’ company. Here it’s much different
because there's a lot of emphasis on choice and a lot of emphasis on freedom, a more relaxed work environment. I'm influenced by what it's like back home and coming here it gets confusing ... I still don't know whether I like it or [not]. I'm happy that it's informal but I'm worried that I might get too relaxed. (G3)

Some graduands also stated a preference for employment with a bigger organisation because of the greater opportunity for social interaction and for the different experiences they were held to offer compared to smaller organisations.

There’s about five of us in a room ..., but you could very much easily sit there all day and not really talk to anyone if you were trying to get through the work. That’s when I realised I do want to go back into a bigger company. (G6)

It was bigger so there [were] more people all the time and more opportunities for rotations and that kind of thing, different jobs and being in teams with different people. So that I thought was good and just the general culture of the place it fitted me the best. (G5)

The graduands had high ideals about the type of supervisors or managers with whom they would like to work. For the graduands, their ideal manager was someone who was ‘genuine and upfront and open and honest’ (G2), who gave ‘positive feedback’ (G14), who was ‘available [but not] constantly breathing down my neck’ (G16), who showed trust and confidence in their abilities [‘they’re not afraid to let you have a go’ (G17)], who would ‘inspire me’ (G17).

There are people that I would want to be working with. Just working with them you’d be inspired to do more work or you feel that what you’re doing is valuable. (G16)

Several graduands gave examples of individuals they had encountered during their studies and work experience that showed qualities they admired and had achieved careers and levels of success to which they aspired.

Qualities that they admired were mastery of and standing within their profession [‘she knows what she’s doing, she's been in the industry for a long time and she has all these connections’
the ability to balance career success with a personal commitment to lifelong learning ['the balance that she’s been able to do in terms of creating a name for herself whilst still maintaining her learning’ (G9)], ‘a passion to do something for the community: not necessarily their own community’ (G14), an ‘enthusiasm for public health’ (G15) and a ‘you can do anything mindset’ (G17).

The individuals described by the graduands were not only instrumental in developing career aspirations ['I’d like to work with people like that so that I can be like that one day and have someone else sitting in that office going “Oh my God I want to be like her” ’ (G3)]. They were also instrumental in attracting graduands to work with particular employers. ‘I guess seeing qualities that I feel I have, that care and the passion for the topic. I guess I’m more attracted to those sorts of people’ (G11).

- **Attitudes toward financial versus non-financial benefits**

Monetary reward was not of chief concern for the graduands who accepted ‘You have to be realistic and I guess understand you’re a graduate’ (G12). They did however hope for a level of financial remuneration ‘that justified me studying’ (G16), was sufficient to meet their needs ['I guess I’d want to feel like I was getting enough to get by on’ (G16)], and allowed planning for the future ['the worry at the moment is that I will never buy a house’ (G13)].

Non-financial benefits that were salient for the graduands were ‘opportunities for progression’ (G17) and ‘recognition that you’re doing a good job’ (G15). ‘Good IT support’ (G8) was mentioned by one graduand who noted the extent to which the modern workplace was highly dependent on information technologies.

Topmost for all graduands however was the ability to maintain work-life balance, in particular ‘flexible working hours’ (G10).

Flexible working hours got a ‘big tick’ (G16) especially for one graduand looking to the future ‘because I do plan further down my career pathway to have a family and things like that’ (G10). Future possibilities, such as family, were not front-of-mind for most graduands in talking about work-life balance: the emphasis being on quality of life as lived now.
I definitely want work-life balance ... It is pretty important to have that because you don’t want to burn out and you don’t want to just do the job, you want to have something more as well in your life ... that’s why I was actually attracted to [organisation] as well because they stress that quite a lot, that you should have time to do your sport and go to the gym, that kind of thing. (G15)

As to their loyalty to an employer, most graduands indicated they would or could be—if the conditions were right. ‘Meaningful work and a good atmosphere, that’s what would keep me at a place’ (G15). Congruence between personal and organisational values was also important [‘but it’d be a case of finding that organisation that you did feel the aims and visions of the organisation were aligned with things that you believed in’ (G12)]. The graduands also indicated they could or would put up with frustrations they might encounter in the workplace if these other conditions were met [‘If I’m interested in my work I’ll push on’ (G2)].

Perceptions of preparedness for work

- Optimism about finding work

About half of the graduands had secured employment at the time of interview (this included graduands from university A and university B). Of the rest not all were currently looking for work [‘I wouldn’t say that I’m actually looking for jobs at the moment’ (G16)]. Some had chosen to delay finding work until the New Year, having made plans to take a holiday once they completed their coursework [‘I’m too worried about going on my holiday’ (G14)]; and a couple of others intended to undertake postgraduate studies in the New Year [‘not really looking that far beyond Honours next year’ (G7)].

Predictably the graduands were optimistic about the labour market [‘A lot of people think that it is not that hard to find a job’ (G3)], although few took for granted the ease with which they or their peers might find work.

I have a feeling it’s not going to be that easy. I remember last year when the graduates finished up, they all got jobs fairly soon, within the next few months. I feel like it’s not going to be that easy. Maybe it’s because of the credit crunch and times aren’t as good as they were... (G14)
The global financial crisis was also perceived as causing a shift in ‘people’s attitudes.’

*There are a lot of people from my degree; particularly people that did health science and commerce that have had jobs that they were expecting to go into, disappear and things like that.* (G8)

*A friend of mine, he was going to start work in Feb or March at [organisation] and they pushed him back to July...* (G15)

Still, graduands were relatively upbeat about their job prospects despite the economic rumblings.

*I think people are just basically expecting it to take a bit longer than they thought. No-one’s going to be stressing too much about it.* (G8)

This was in part bolstered by the belief that they were job ready, as covered in the section that follows. On the whole, the graduands were pragmatic in their approach, accepting that finding work depended on ‘how picky you are’ and that ‘we’ve got to be realistic and say “No it might not be what you want, but you’ll still get lots of opportunities” ’ (G17). In fact there was a greater nervousness about their first job than the business of finding it for many of the graduands.

*There is definitely nervousness because you don’t know exactly where you’re going to end up and whether the first position you gain is going to be that one that you’re going to stick with.* (G12)

- **Perceptions of job readiness**

The graduands were confident that their studies and professional practice had given them a good grounding in public health and insight into expectations of employers, but they were apprehensive all the same. ‘*I’m ready to work but still I am very worried about finding a job I want to do*’ (G6).
Belief in their job readiness was attributed to a range of sources that included their coursework ['It’s given me the confidence to take on new learning experiences ... and it’s equipped me with the basic skills’ (G2)], the standing of their course within the health industry ['(the university) has a very good professional reputation for high quality graduates, especially in health science’ (G15)], comfort with technology ['and you’ve got that IT savvy side to it ... so you’ve got that edge that a lot of employers are looking for’ (G2)], exposure to their future community of practice through ‘work experience’ and involvement in extra-curricular activities such as industry events ['but also my involvement in extra stuff has really helped me’ (G17)].

For the graduands, their practicum and other work experience was invaluable in building self-confidence in their abilities.

The practicum we did at the end of our degree helped a lot. If I’d had to go into a job without having that I would have felt like I didn’t know what I was doing at all. (G8)

Professional practice also helped in developing their understanding of the health industry (‘it gives you a bit of insight’ [G5]) and ‘how things actually work’ (G12), and facilitated entry into workforce for some ['quite a few people will get a job out of it’ (G13)].

The capstone unit offered by university A on health science professional practice also helped prepare graduands for future employment.

I think the prac helps, but also the Health Science Professional Practice Unit I think that’s really clarified some things in terms of project management and different approaches to going about things. (G11)

The emphasis on professional practice was a distinguishing feature and ‘a vital component of the course’ for one BHlthSci/BCom graduand.

I think the health science program prepares you a lot more than commerce in many ways. Firstly, there’s a decent amount of—actually a whole unit of professional practice—that’s really good. (G15)
Graduands of university A also acknowledged the support provided by the university and staff,83 noting emails forwarded by individual staff, ‘the Alumni’, ‘the School’ and ‘the university’ alerting students to job vacancies, as well as general career advice offered by staff and the university [‘the (School) is quite proactive in telling students what’s going on in the job scene and stuff .. and there’s the (university) CareerHub’ (G15)].

**Awareness and thoughts about social commentary on generation Y**

Many of the graduands were aware of the social commentary about their generation, and were generally cynical of generational profiles, which they saw as descriptive of some individuals but not all. Popular ideas about their generation were understood to be ‘usually quite negative’ (G5): ‘We live at home ‘til we’re 35 and we don’t like to work (G3)’; ‘they sit around on Facebook all day’ (G5).

The graduands’ responses to renditions of their generation ranged from indignation [‘but I always think who raised us? You’re a product of how your parents raised you so you can’t blame everything on generation Y’ (G14)] to amusement [‘apparently we have no job commitment. We move between jobs too readily and we’re a bit slack (laughs). That’s what I’ve heard’ (G8)].

Many rejected the stereotyping of their generation. ‘It’s really a stereotype ... My peers and my classmates ... they’re definitely not like that, they’re just the opposite’ (G3); and doubted its relevance to the sorts of people drawn to a career in public health.

*I think people that do this kind of course do it because they want to do something good rather than just doing it for themselves. So I don’t think it would really fit that closely with what people say about generation Y.* (G8)

A few did concede some relevance to themselves and their peers [‘I guess we recognise some parts of ourselves’ (G11); ‘There are people who are like that in my age group’ (G17)].

Explanations were also offered, particularly on the purported fickleness of their generation.

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83 The support of the university and staff was not mentioned by the graduand of university B, although it was not taken to have been unavailable or immaterial to the graduand.
wanting to work at different agencies and have different careers whereas my parents and grandparents if you start at an organisation you work your way up. There’s that loyalty. I don’t want to say we’re disloyal so much it’s just that we want more experiences. (G10)

I would like to think of it as a stereotype and that these people aren’t necessarily working less hard or being more difficult to work with per se but they just feel more secure in what they’re doing so they feel that they can jump around from organisation to organisation. (G16)

One of the BHlthSci/BCom graduands suggested that a lack of constancy in career was more likely a product of market forces than a defining characteristic of her generation: ‘its demand and supply ... that’s how it operates now. It’s different. You don’t have a job for life’ (G6). Noting too that negativity about her generation was unlikely to present as a barrier to future employment: ‘... they don’t really have a choice do they? Obviously more important is the skill shortage but there’s just a general people shortage as well.’ (G6)

**Impressions of their generation and likely contribution to public health**

Virtually all graduands believed their generation showed much promise [‘I am constantly amazed by what these guys are doing now and I think a lot of them are gonna do big things’ (G7)], but had difficulty imagining the form this might take [‘I’m sure that they’ll make a difference but I just can’t think of anything’ (G1)]. Despite that they were all prepared to reflect on their generation’s potential as employees and public health leaders.

- **As employees**

One graduand felt that contrary to expectations, her generation could prove dedicated to a career in public health.

_I think if you’re motivated by something enough, and I think health does motivate people who go into the area, that you are going to dedicate a lot of your time and you’re going to stick at it, rather than they say we’re a bit all over the place. That might be a bit true, like I’m not sure if I want to go into health promotion or health_
...that balance of understanding public health, a bit of health economics, a bit of epidemiology and having that broader range of thought could be a positive thing in terms of being able to integrate a lot of the different aspects of health. (G12)

- Contribution to public health

The graduands were generally hopeful their generation would make a positive contribution, anticipating it would ‘build on from what’s already been started ... [and] learnt from past generations’ (G17) with a continued focus on ‘the major chronic diseases like obesity’ (G12), and elevated priority for ‘primary prevention, especially as Diabetes II and heart disease becomes more prevalent’ (G11). The graduands speculated they would ‘have different problems to tackle’ too (G3).

One graduand thought her generation would demand greater rigour and efficiency of systems: ‘I think there’s a real possibility for it to become a lot more efficient ... and ... everything being evidence based’ (G6).

A few also believed their generation had potential to be ‘braver or bolder in the things that we try and get done’ (G14), to lift the pace for change [‘Things might not be as gradual as they have been’ (G13)], to bring new perspectives to old ways of working [‘they might have a slightly different way of seeing things in terms of how it’s always been’ (G15)], to place greater weight on ‘collaboration’ (G7) and to be more culturally aware and sensitive to the needs of minority groups.
I think there’s still a lot of barriers which can be overcome and I think through both the health science degree and society in general we will bring a bit more of that sensitivity to the work and maybe take into account the minority groups a bit more. (G10)

Another graduand felt this next generation would be less dogmatic in its approach to health promotion and place greater onus on individuals for their health choices.

It’s one thing to be passionate about it, but it’s another thing to be preachy about it; and I think that’s going to be a fine line in the future in terms of leaders.

...making people responsible for their own choices (G11)

And in keeping with popular assumptions about their generation, a couple thought their generation would make innovative use of technology to communicate.

...the technological stuff even just the way we present reports and the differences in that. Just presenting material and utilising what’s out there in things like Facebook and those sorts of things, ways of getting to people and getting to our generation. (G17)

4.4 DISCUSSION

My interest in undertaking this study had been prompted by public discourse and media coverage of socio-demographic and labour force trends in Australia, the implications for the human services in particular, and conjecture about what the next generation, in this case generation Y, might be like as employees. Much of what had been said and written suggested this generation would be less motivated to help others and society through work, and be more demanding as employees (Salt 2006; Sheahan 2005).

This phase of research laid the groundwork for the next, providing important insights into the values, beliefs, motivations and expectations of graduands on the threshold of a new career. The results were in many respects reassuring with the graduands’ musings on the influences
and choices that had set most on the path to a career in public health reflecting a blend of idealism and pragmatism and self-interest and concern for the welfare of others.

There were few differences between the graduands based on their age, gender, SEIFA decile, prior or deferred study, and receipt of an early job offer, vocational work experience or preferred sector for employment; although some differences were observed based on current course of study and on preference for medicine. For the BHlthSci/BCom graduands their choice of double-degree had enabled a balancing of the desire to make a difference with more worldly ambitions. For those graduands who had hoped to study medicine, the comprehensiveness of a degree in health science and the span of influence of a career in public health had helped to allay doubts about their alternative course of study.

The sample of participants also included a graduand on a student visa. This participant was accepted into the study having met all eligibility criteria, including intent to seek employment in Australia. The values, beliefs, motivations and expectations of the graduand were similar to those of other graduands taking part in the study; however, beginning a career presented special challenges for this graduand. The pathways to employment and permanent residency were linked each with uncertain outcomes; in addition the Australian workplace was an unfamiliar cultural environment. Despite the obstacles ahead, this graduand displayed a blend of dignity, calm and determination.

Making a difference was a core value of the graduands and one that sat well with a career in health.

They were realistic about their career prospects and acknowledged the limits of their expertise. Consequently early career was seen as time to develop their professional competency, trial different roles and employers, and gain a deeper understanding of their strengths and interests.

All hoped for an enjoyable and fulfilling career too with the type of work and culture of the workplace considered critical to achieving this. They also showed potential to be loyal employees and to stick with a career.
And they were positive about the future, believing their studies had prepared them well with the breadth of their courses, the vocational context and relevance of units offered, and the exposure to and work with communities of practice their studies provided, highly valued.

All the same most were uncertain of their career plans and struggled with surmising the contribution their generation might make to public health in the longer term, although they did believe their generation showed much promise.

Career was a nebulous concept for most of the graduands. Even so ideas about future occupations, employers and careers were being formed well ahead of entry into the workforce based on what they heard, what they observed and what they experienced.

The thoughts and feelings the graduands shared in their interviews resonated with the literature on generational change and employment and on the transition from student to professional.

Their desire to make a difference and to have a meaningful life was in keeping with literature on the idealism and commitment of generation Y to ‘making the world a better place’ (Huntley 2006, p.117), as was their valuing of flexibility and choice, shared values, teamwork, mentoring and empowering leadership, and their drive and ambition (Cole, Smith and Lucas 2002; Huntley 2006; Mackay 1997; Sheahan 2005). The influence of family members and peers on their views and opinions was also in accord with ideas of generation Y (Cole, Smith & Lucas 2002; Taylor 2003). The graduands, however, did not exhibit the characteristic self-centeredness, laziness or fickleness often attributed to their generation (Huntley 2006; Salt 2006). Although they expressed concern for self, this did not seem to take precedence over their desire to make a difference in the lives of others; and they showed willingness to work hard and the potential to stay with an employer and on a career path though subject to some conditions.

Many of the characteristics and expectations revealed through the course of the interviews with the graduands, however, weren’t unique to generation Y. Altruism has been found to be a central motivating factor for those attracted to the helping professions such as social work, teaching, and the health professions (Crossley & Mubarik 2002; Kaighin & Croft 2013; Mansfield, Wosnitz & Beltman 2012; Miers, Rickaby & Pollard 2007). Other research has
found that ‘contrary to popular press reports GenMe does not favour altruistic work values (e.g. helping, societal worth) more than previous generations’ (Twenge et al 2010, p.1117). Studies have also shown that work-life balance is not just a demand of generation Y, but a demand of all ages often related to stage of life and individual circumstances (ABS 2012; Pleffer 2007; Skinner, Hutchinson & Pocock 2012). And research by Wong and colleagues (2008) has added to a growing body of research debunking the notion that there are intrinsic generational differences in work ethic, motivation and values; instead finding few differences between the working generations, and that differences when detected were better explained by age, or stage of career, rather than by generation.

The excitement, anticipation, confusion and uncertainty the graduands disclosed in their interviews was typical of the mixed emotions that major life changes, such as the transition from student to professional, can evoke (Ailwood et al 2007; Bridges 1991; Graham & McKenzie 1995a; Nystrom 2009; Schlossberg 1981). Graham and McKenzie (1995a, p.5) in their study of the transition from academia to working life suggested:

The move from education to work is a time of major change for any person. For new graduates, often with little practical experience of the world of work, the transition can be particularly difficult. After perhaps 18 years of formal education, their expectations tend to be high, though their feelings of optimism will be balanced by the natural apprehension associated with such a major change in their life.

Discovering the consequences of their choices added to the apprehension felt by some as did the realisation among most graduands that beginning professional practice had potential to be a very unsettling experience: a phenomenon much of the literature identifies as a significant issue for new graduates (Crebert et al 2004; Graham & McKenzie 1995a). Cowin and Hengstberger-Sims (2006, p.61) in their study of new nurses’ adjustment to professional practice described the phenomenon as ‘reality shock ... the sudden comprehension that their imaginings and perceptions of their new workplace are far different to the actual circumstances.’

For the graduands, concerns for the future were eased by the professional practice and industry insights and exposure their courses had enabled. This was consistent with the burgeoning body of literature providing strong evidence for the importance and benefits of

The literature also pointed to the difficulty of envisioning professional futures, as was the case for graduands taking part in this study. Perrone and Vickers (2003, p.70) noted:

Today’s graduate labour market is substantially different from what it was ten or 20 years ago. Where it was once the case that graduates faced a favourable labour market, it is now less predictable, more rapidly changing and more competitive… High rates of organisational downsizing, delayering and outsourcing have also produced immense uncertainty about the kinds of careers that now exist for graduates.

A view echoed by Bennett et al (2010, p.5) who observed ‘the working environment of future public health practitioners is unlikely to mirror that of the existing workforce.’

Finding career direction was a dilemma for many of the graduands, and one that was only partly resolved through their choice of degree. For some, choosing a more vocationally oriented degree, such as the BHlthSci/BCom and BSci(HIM) degrees, had removed, or alleviated any uncertainty about the future. For others, choosing a broad degree, such as the BHIthSci degree, had allowed postponement of decisions about future career paths: both behaviours remarked on in other studies of graduates and their career trajectories (Feldman 2003; Nystrom 2009; Perrone & Vickers 2003).

Highest in priority for the graduands was finding work in their chosen field and to explore and discover for themselves what they want in a career. And their eagerness to begin, to apply and build on knowledge and skills gained through their studies underscored how crucial are beginnings to making a career. Graham and McKenzie (1995b, p.33) declared that ‘there are very few occasions in a career which are so primed for intensive development. New recruits are enthusiastic and willing to learn: they want to understand the world of work and how they can contribute.’
4.5 CONCLUSION

This phase of research explored the graduands’ aspirations and desired career trajectories, providing a basis for comparison some years later. It also marked the beginning of a developing relationship of trust between the researcher and the graduands as joint participants in the study: a relationship of longer duration than was anticipated at the outset.

Almost five years would pass before we would next talk in-depth about their career beginnings and development. The intervening years would be characterised by periods of promise and restraint as governments and institutions responded to global and domestic economic cycles and events, and planning for the future. For many of the graduands, the realities of working life, and surrounding conditions, would challenge ideals that had steered them towards a career in public health and, over time, shape the professionals they were becoming.

**Last words from the graduands on looking forward**

‘I’m not going to just waste away my time just working for the sake of working. I want it to be working for something. That’s not necessarily money...’ (G11)

‘...it is definitely a desire to do something more than making money, I do want to have a really good enjoyable career’ (G15)
5 **Phase 2: The Graduates—The Transition to Work**

This chapter describes follow-up research with the graduates nearly five years after completion of their studies. The research explored their activities and experiences of making a career over the intervening years, and changes in outlook and circumstances that had occurred. Data gathered during this phase of the research also provided opportunity to consider whether the graduates had become the restless, demanding employees that many social commentators had predicted of generation Y.

Individual, in-depth interviews were conducted with 15 graduates in total: 14 from university A and one from university B.\(^84\) Fourteen of the interviews were conducted face-to-face, and in settings decided by the graduates. These included offices and meeting rooms located in their workplaces or my place of study or work. One interview was conducted via Skype\(^85\) to accommodate a participant who was now based interstate. The interviews occurred over three months (May to July 2013).

Each graduate was provided with the transcript of their previous interview, prior to our meeting, and encouraged to reflect on what had changed for them since we last spoke. The interviews opened with a recap of what was talked about then, and in any interim contact that was relevant to this phase of research.

Immediately following their interviews, the graduates were asked to fill in a self-completion form that documented their employment over the previous five years, as well as time out for further study or travel. The results are presented in tabular format in Appendix C, Phase 2—graduate interviews (T2) and in Figure 15 overleaf. Data were collected on ease of finding employment on completion of their studies, features of employment (employers, occupations, lengths of stay, concurrency of employment, industry sectors and current occupation), nature of career trajectory (vertical or horizontal), overseas travel (work-related or recreational) and constancy of employment in the health industry (categorised on a continuum of never to always). These data showed the mobility and career patterns of the graduates over the period

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\(^84\) One graduate from university A did not participate in this phase of research (T2). Permission was given to use personal information gathered in the first phase (T1) for the purpose of this study.

\(^85\) Skype is an Internet facility that enables text, voice and video communications via computer, mobile, tablet, TV or home phone. Video and voice calls, instant messaging and file sharing with anyone else on Skype is free of charge. (Source: [http://www.skype.com/en/what-is-skype/](http://www.skype.com/en/what-is-skype/))
of the study to that time point (2009 to 2013), and the results are discussed in section 5.3, *Results*.

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<tr>
<td>n=2</td>
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</table>

Nature of career trajectory  
Constancy of employment in health

![Figure 15: Graduates—career mobility—2009 to 2013](image)

The interviews for this phase of the research, dealt with the graduates’:

- Mobility and career patterns
- Experience of the transition to work and making a career
- Changes in hopes and aspirations and career paths
- The surrounding conditions and their influence
- What had mattered most in getting off to a good start to their careers
- Thoughts about future career based on early experiences

A copy of the discussion guide is provided at Appendix C, *Phase 2—graduate interviews (T2).*
5.1 INTRODUCTORY REMARKS CONCERNING ‘THE TRANSITION TO WORK’

Five years prior the graduates and I were on the brink of new beginnings. The graduates were looking forward to a career in public health, and I a deeper understanding of this next generation of future public health leaders. Over the passing years, we all experienced a process of change as we developed professional knowledge and competence in new roles and strived to fulfil earlier ambitions. These changes occurred against a background of climatic, institutional, social and economic turbulence that affected us all in different ways.

Reporting by Australian mainstream media agencies for this period\textsuperscript{86} presented a relentless onslaught of human-caused and natural disasters; continuing political and financial market turmoil in the aftermath of the global financial crisis\textsuperscript{87}; and an uncertain labour market with employment growth in some industry sectors, cutbacks in others, and increased casualisation of the workforce. National and state politics were fractious, and significant achievements in public life were offset by corporate, political and sporting scandals that served to increase cynicism and distrust of institutions and public figures. There was erosion of the image of government as a model employer too; a consequence of ideologically driven reforms, the impact of the global financial crisis (and the need to find and justify reductions in government spending) and persistent criticisms of the costs and efficiency of the public sector, its role in competition, and its size and shape (Colley 2012). The generations, their differences and the implications of these for different industry sectors were continuing preoccupations.

Bridges’ (1991, 2009) model of transitions and Bronfenbrenner’s (1994) ecological model helped to untangle the graduates’ experience of the transition to work, and my own development as a qualitative researcher. Each provided a lens through which to view the process of change and its contexts with the insights they offered informing the discussion of results in this and the final chapter of the thesis.

\textsuperscript{86} A concise summary of ‘What made the news?’ over this time, and secondary sources used to collate this, is provided in Appendix F, \textit{Contextual information of relevance to the study}.
\textsuperscript{87} See footnote 69 for an explanation of the global financial crisis.
5.2 ADDITIONAL NOTES ON METHODS

Resuming research after such a long hiatus had benefits, but it also presented some difficulties. At the commencement of the study, I had planned to conduct three in-depth interviews with each of the graduates over three years: the first in their final semester of study, and the second and third interviews six and 18 months after completion of their studies.

As noted in the discussion of the study design and methods at Chapter 3, the literature offered no guidance on the duration or timing of longitudinal research (Calman, Brunton & Molassiotis 2013; Farrall 2006). Decisions about the length of this study and time points for data collection had been based on what I considered to be critical stages in the graduates’ transition to work (which was influenced by my reading of the literature) and on what I thought was feasible within the period of my candidature as a doctoral researcher. However, I discovered very soon into the study how central is time to qualitative longitudinal research and how important it is ‘to balance the pragmatics of research design with flexible notions of time’ (Calman, Brunton & Molassiotis 2013, ‘Time’, para.2). A constant throughout the study was the need to reconsider its length and the intervals and methods of data collection in response to changing circumstances.

The length of time it took to recruit and then interview for the first phase of research resulted in an interval of weeks between one wave of interviews and the next. And the slow start of employment for many of the graduates meant few had accumulated the new experiences that were of interest in this phase of the research. I had settled on interviewing the graduates six months after finishing their studies because I was keen to capture the rawness of their responses to their first few months of professional practice. A longer interval had also seemed a risk to retention to the study given the importance of a developing research relationship and the risk of losing participants to follow-up. In retrospect I had not factored in graduands’ holiday plans at the end of their studies, uncertainty about job prospects for some and delays in commencement of appointments for others.

In 2009, I made the decision to defer interviews with the graduates by six months (to 12 months after completion of their studies), but changes in my personal and working lives

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88 I had hoped to complete my doctoral research within five years, even though part-time.
caused further delays. Early 2010, I took up a sessional lecturing role for a semester, and later that year a new and intensely demanding promotional position that upset research plans for the next couple of years. These disruptions and subsequent postponements of the graduates’ second interview had consequences for the timing and focus of the third phase of research too.

After some time, the second round of interviews with the graduates was rescheduled for four years after completion of their studies (almost five years later for some depending on the timing of their first interview) and plans for a third in-depth interview with each graduate abandoned and replaced with a focus group to cap the research process, and in which the graduates were invited to reflect on their shared experience of the transition to work and the responses of educators and employers to their collective journey.

These revisions to the study design were to its betterment. While a shorter gap between the first and second interviews would have offered a ‘more immediate as-it-is-happening sense of change and development’ (McLeod & Yates, cited in McLeod & Thomson 2009, p.67), it would have focussed the research on ground that had been comprehensively tilled by other researchers. The longer gap allowed the graduates ‘to experience some distance from earlier events and recollections, and to have a sense of themselves in the longer view’ (McLeod & Yates, cited in McLeod & Thomson 2009, p.67), and focussed the research on ground less broken. Nonetheless, it was difficult to escape the underlying self-reproach and guilt I often felt over interruptions in the research. This was partly assuaged by intermittent contact with the graduates: some planned and some by chance. This took the form of email correspondence from me updating on work-in-progress, conversations with individual participants at events I was hosting in my work role and chance encounters at other professional events. These occasions provided opportunity to talk with the graduates about their current work, and suggested topics to explore in interviews at a later time. Interim contact with individual graduates also piqued my curiosity about the experiences of others in the study group, and served to maintain my own enthusiasm for the research which waxed and waned during breaks in fieldwork.

89 The first few months of the transition to work for graduates, from a range of disciplines, has been well and truly plumbed by researchers, and in hindsight was of less critical importance to the study.
90 A benefit of breaks in fieldwork was time to reflect on the research process and to make improvements to the study design that might not have occurred if it had been done in a three-year timeframe as originally planned.
91 And to which invitations had been extended to participants as an incentive to remain with the study
Maintaining participation was an ongoing worry and challenge because of the unsteady pace of the research: sustaining ‘long-term active participation’ (Graziotti et al 2012, p.120) being critical to the integrity and the success of the study. In chapter 3, I described some of the strategies used to engage the graduates and encourage them to continue with the study, such as the offers of an annual program of professional development events and career coaching and mentoring. Copies of the programs are provided at Appendix E, *Graduate incentives to participate*. Box 3 below covers their responses to the incentives that were offered.

### Box 3: Strategies used in retaining graduates to the study

A number of strategies were used in retaining graduates to the study. They included an annual learning and development program, an offer of mentoring, periodic emails updating on work-in-progress and the sharing of drafts of my written work with the graduates. Each created further opportunities to interact, to deliver a potential benefit and to establish a congenial and trusting relationship with the graduates.

There was strong interest in the annual learning and development programs which were offered from 2008 to 2010. All but two graduates attended at least one event. This initiative was not continued as it was thwarted by changes in my own employment, the increasing busyness of the graduates’ lives, and the reluctance of some to ask for time to attend events that were not sponsored by their employers. With time, the graduates were better placed to access professional development opportunities through their employers too, reducing the practical value of this initiative.

Three of the graduates took up the offer of career coaching and mentoring, two in their first year of employment while the third maintained irregular contact right through the study. Early meetings dealt with their experiences of adapting to new professional roles and workplaces, whereas later meetings with the third graduate covered topics ranging from current work, to thoughts about future career options, to more personal matters, including an interest in the development of my professional and research careers. Meetings took place in local cafés or were via email.

There was periodic email contact with the graduates in between the interviews to update on work-in-progress, check for changes in their contact details and alert them to professional development events open to them as participants in the study. Pleasingly, the graduates were quick to respond when contacted, and in some cases took the initiative to advise me of leave, travel or changes in employment that might affect their ability to attend events or the timing of their participation in the research.

Drafts of their own interview transcripts were shared with the graduates so they could clarify issues or add information if desired, as were drafts of the introductory chapters of the thesis and preliminary analyses of the results of each phase of the fieldwork in which they were directly involved. It was rare not to receive a reply
from each of the graduates acknowledging receipt of the written work and expressing curiosity about its content. All graduates provided comment on the transcripts of their own interviews (to correct errors in transcription or provide additional explanatory detail where I was uncertain what had been meant by particular statements); however, they did not comment on my interpretation of their stories as presented in drafts of the chapters that were shared with them.

Did these strategies have a bearing on graduates’ interest in and retention to the study? In all honesty, I don’t know. The graduates showed interest and took part in the selection of initiatives offered and conveyed their appreciation. That I was successful in retaining 15 of the 17 graduates to the study may be a reflection of the small services and favours I offered. It may also be a reflection of the natural curiosity and steadfastness that seemed to typify this cohort of graduates.

Pondering the volume of data amassed in this and the previous phase of research raised other issues, namely how to convey the more recent findings ‘in a way that was meaningful for others’ (Wertz et al. 2011, ‘Introduction’, para.1), and was sensitive to the interplay of time and context and their influence on the unfolding careers of the graduates.

Much thought was given to the presentation of results for this chapter. I deliberated over the benefits of following the format of the previous chapter against the use of individual case studies or composite first-person narratives. The latter was suggested to me as an approach to presentation of the data that might help to show the archetypal career paths of the graduates and express ‘the wholeness of [their] experience’ (Wertz et al. 2011, ‘Abstract’, para.1). In the end I decided to follow the format of the previous chapter. Settling on a few cases to the exclusion of others\textsuperscript{92} did not sit well with me, and seemed contrary to the spirit and intent of the study.

In an earlier meeting with a former supervisor, I was counselled against ‘falling into the next phase of research.’ The dynamism of the research process, however, contributed to an ever present sensation of tumbling all through the study; a sensation that was possibly shared by some graduates as they navigated their careers.

\textsuperscript{92} Limits on time would have resulted in focussing on a few rather than the cohort as a whole. I was keenly aware of the generosity of the graduates who had taken part in the study. To overlook the experiences of some would have showed a lack of respect for and appreciation of their contribution and importance to the study.
5.3 **RESULTS**

*Mobility and career patterns of the graduates, 2009 to 2013*

- **Ease of finding employment**
  Eleven of the graduates who were retained to the study found employment in their chosen field before or soon after completing their studies, having been accepted into a graduate development program or offered employment by the host agency for their practicum placement. Only four were actively looking for employment at the start of 2009, three taking up postgraduate studies or professional appointments within the first four months, and the fourth continuing to work in the retail sector (and completing a vocational education course in the last two years of the study period).

- **Features of employment**
  The graduates gained a variety of experiences in the years between completion of their studies and their second interview through exposure to different employers, professional positions and industry sectors. Over this period, the graduates worked with as many as five separate employers and in up to seven different positions. Five of the graduates juggled two or three positions at one time: two graduates managing part-time employment with postgraduate studies or vocational education, another two holding part-time positions (that equated to full-time employment) with two different employers and one holding dual appointments as part of a consortium project. The lengths of stay with any single employer ranged from five months to almost five years. Two-thirds of the graduates shifted between industry sectors: more than half of the graduates had worked in the government, non-government or higher education sectors at some time; and a third in the private sector.

A sample of positions held by the graduates is provided at Table 8 (p.136).
**Nature of career trajectory**
The graduates’ careers tended to follow either a vertical or horizontal trajectory with half the graduates moving into positions that suggested growing expertise and responsibilities over time and the other half to positions that indicated a widening portfolio of knowledge and skills.

**Constancy of employment in the health sector**
Over half of the graduates were continuously employed in the health industry over the study period (employment included postgraduate studies and vocational education). Two were mostly employed in the health industry with spells in other industry sectors (totalling five and eight months respectively) and significant breaks to travel interstate and overseas (totalling ten and 12 months in that order): the travel was unrelated to employment in the health industry. Three were employed for some time in the health industry, but had mostly worked in other industry sectors. One graduate had not worked in the health industry since finishing university.

**Travel**
Five of the graduates had travelled interstate or overseas for extended periods that ranged from one month to a year: two travelled overseas for recreational purposes and another two travelled interstate and overseas respectively to explore extracurricular and career interests: the former to pursue ambitions for a career in the arts industry, and the latter, having received a fellowship, to attend conferences and participate in other academic activities that would support her career development. One spent a year overseas as a volunteer on assignment with an international development program.
<table>
<thead>
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<th>Fields</th>
<th>Industry sectors</th>
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<tr>
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</tr>
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<td></td>
<td>Senior Policy Officer</td>
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</table>
Experience of the transition to work and making a career

- **Recognition of the naïveté of their younger selves**
Looking back over the transcripts of their first interview, several of the graduates remarked on their confused state-of-mind at that time, ‘I didn’t really have an idea about where I wanted to work, what I wanted to do’ (G1), ‘I felt really lost’ (G16); the ‘naïveté’ and idealism of their younger selves, ‘I was so wide-eyed and didn’t really know what was coming’ (G17); and their complacency about future job opportunities, ‘I didn’t realise just how difficult trying to find a job was going to be back then. I thought it shouldn’t be too hard because there are jobs out there’ (G3). A few figured that their naïveté at that juncture was ‘true of everybody about to enter the workforce’ (G11) and ‘just part of being young and not really understanding the workforce’ (G14).

For another, reflecting on what had changed since their first interview had ‘made me realise how much I had matured... Looking back, I felt I had grown a lot. I guess I’ve got more life experience now’ (G2).

- **Reception into working life**
The smoothness of the graduates’ transition to work was affected by the culture and environment of the workplace in which they began their careers; previous work experience and exposure to their community of practice; the workplace induction and ongoing support provided; participation in a graduate development program; and self-perception of their role and capabilities.

For one graduate becoming part of a small close knit office had been a very positive experience and start to her career.

I went into a very non-corporate small workplace so that was quite an easy start for me, I suppose. The team was very small, there was only five or six of us and it was quite like a family, everyone was quite personable and very happy to support you in your learning. [It] was also really good for me [in] that I was very independent in that role: ...resources were stretched so there was [limited ability to offer] close supervision. I think I really flourished in that environment and it gave me a [steeper] learning curve than I [would have] had otherwise ... I really appreciated that. (G6)
Another noted the value of ‘getting in early, even trying to pick up some sort of work part time while you’re studying’ (G2) and of course practicums in helping to acquire ‘a better ... more practical understanding of ... the types of jobs you could go into’ (G2). Even so knowledge of the workplace did not necessarily soften apprehension about their new beginnings.

_**I had already had a taste from doing a summer internship a couple of months beforehand. So it wasn’t completely new, but actually walking in as a full-time employee was [still] daunting: [knowing] that you were now a part of this.** (G9)

Workplace induction processes also made the graduates’ entry into the workforce easier, although the formality and quality of these were dependent on the busyness of the workplace and the priority employers gave to introducing new staff to the workplace and providing the necessary ongoing support. This was exemplified in the experience of different employers early in the career of one graduate.

_[On employer #1] I think the people there were a bit busy and ... didn’t have a lot of time to ... show you around ... and things like that. Also, I think when I was at the [organisation]: because I started as a student ... I missed the induction that new staff generally gets._ (G8)

_[On employer #2] the job I started here was a job that would be targeted at a new graduate, like an entry level job, so you’re offered support and training and eased into things, given some simple work at first, while you’re familiarising yourself with the organisation and the team._ (G8)

Another noticed how the effort put into the induction of new graduates ‘tapers off when you become part of the furniture’ (G9).

Those who had been accepted into graduate development programs felt they had benefited from the more intensive support and structure these programs offered. Elements of the programs liked by the graduates were the ‘camaraderie’, the inbuilt ‘mentoring’ and ‘buddy’ systems and ‘structured’ learning that were common to the programs they experienced.
I had a support network of nine other people who were just like me (G10)

There was that whole sort of camaraderie which you felt with other grads [in] that you were starting this huge, new step together and you had each other. I did feel the employees who had been there for longer did take you under their wing and try and teach you and they took pride in being able to train up a younger person as well, which was nice. [And there was a] buddy system. You [were] assigned someone who started the year before and they looked after you and did all the admin things with you and you went to them when you had technical questions and was sort of like your mum in the workplace, I suppose. (G9)

There were other benefits too.

The graduate program probably taught me a lot. I wouldn’t say as much as my four-year degree but in terms of [the] practicalities of working ... with people and [on] projects...’ (G12)

With that came heaps of benefits, getting to sit in on meetings that no-one else at that level would ever get to do. (G6)

The construct of the graduate development programs created an environment that was similar in some respects to the university environment of their recent past: providing the bridge between university study and the workforce that one graduate thought a missing and important preparatory step in developing the competency expected of work-ready graduates.

... I think in the graduate entry there needs to be some kind of ... interim step ... a market for ... students after they’ve graduated. I know [there are] graduate programs, but they have very limited positions. (G16)

For one graduate the transition to work was a fairly seamless process based on perceived self-efficacy and an awareness that learning does not stop once employed.
I think that transition was quite smooth, to be honest, because [in] each role that I moved into, I was still in a learning phase. So when I moved into [occupation] I still felt like a student. I was studying for things. I had to learn new things, learn lots of technical aspects [of the job]. Even when I moved into [occupation], I was the new person in the department and I [had] to learn lots as well. (G14)

For a few, the transition to work was a less satisfying experience, frustrated by the inattention of past employers to their orientation into the workplace ['a lack of supervision that I felt I had with my first job’ (G16)] and a competitive and uncertain labour market.

Because I’d had no experience, including my prac, of any sort of projects my applications weren’t as strong. There was this myriad of just rejections. (G16)

I think with me particularly, it was a bit more difficult because I didn’t have a residency status. Especially government jobs, they ask for a minimum of permanent residency and I didn’t have enough points to apply for one. I ended up applying for a temporary residency instead and I was trying to find work, because I still needed to support myself. I was doing part time work while trying to find something as well. (G3)

The graduates’ reception into working life tested their resolve and proved their ability to cope with setbacks: qualities essential to a long and successful career, particularly in the preventive health services (whose very nature demands altruism, patience and resilience). It also helped to find or caused a shift in career direction. Both these topics are discussed in later sections on Early hopes and aspirations satisfied and frustrated and Developing clarity about career.

The graduates’ descriptions of their reception into working life also highlighted other aspects of their induction into the workplace that had frustrated or satisfied, underscoring ‘dos and don’ts’ for future employers, and expectations to be managed.

[An] open mind about what other skills this person has (G1)
...you may not be used to your maximum capacity and you may not enjoy everything you do (G6)

...having all the key staff and supervisors present when somebody starts their orientation week is always rather important, because in several jobs I’ve kind of been left floating for a couple of weeks (G11)

...making your expectations really clear early on, and having a chat about your management style (G11)

...gradually building up to a higher level [of tasks] and giving more responsibility (G17)

...spelling things out ... it really, really helped me, as a fresh grad, to make sure I was doing exactly what I was supposed to do ... [especially things I hadn’t] done before... (G17)

...regular communication or catch-ups, even if they’re informal ... I know from having prac students, they’ll be sitting there for a week ... too scared to ask [for help] (G17)

- Adapting to the work environment

Beginning professional practice was also a time of adjustment to a new work environment as graduates got used to holding down a full-time job, overcame self-doubts, forged positive working relationships with new colleagues, and became accustomed to different ways of working.

One graduate mourned the student life.

*The shock of working full time was something that I was expecting—you mourned your university days and having free time—but I did enjoy having my week nights to myself and weekends again, so that was lovely.* (G6)

Others spoke of the self-doubts that troubled them during the first few days, weeks and months of work, ‘I was always trying to prove that I could do things’ (G1); increased by the
rigid, hierarchical nature of particular workplaces; and self-perceptions of their own youth and inexperience: the latter a nagging doubt for a few.

...it’s also difficult as a younger person with a different way of thinking, going into a kind of organisation that can be quite hierarchical... (G12)

I have often thought I feel a bit young for this. Who should rely on me? Why would people rely on me? (G14)

There have been ... occasions where I’ve felt like I’m not competent for the job, but you ... just get on and do it. (G14)

I know that I’m growing in leaps and bounds, but I still think I’m probably not quite there [yet]. (G7)

The graduates also had to learn and adapt to the workplace culture and to approaches to supervision and control that were very different to that experienced during their university days.

...the culture of the workplace, how you fit in with other people, how you manage and talk to other people and I guess how you get along with them as well... (G1)

When I [went to organisation] that was a bit of a shock to the system because suddenly I had a manager. That was new to me ... It probably took about six months to get used to it and to working with new people... [But] it’s also helped me because it’s [a] more realistic [workplace scenario compared with what I had experienced previously] and it’s probably helped me [to] be a bit more organised. (G17)

I think the biggest change is probably the approach that you need to take to work. When you’re at uni you’re given ... a lot of direction. If you have an assignment to do you’re pointed [to] the right resources and you’ve been studying that particular topic over the past few months [anyway]. There’s a lot of support that is offered to you in doing the work. Whereas in the workplace you’re given a piece of work and maybe
there’s an expectation [as to the end result], but it’s really up to you how you progress the work... (G8)

After almost five years’ of working life, most of the graduates seemed at ease in the work environment and showed increasing ‘confidence’ in their knowledge and skills [for one, the last mentioned balanced by the realisation that ‘the more you grasp and understand, the more you realise how much you don’t know’ (G12)].

Social networks in the workplace had been formed.

There have been changes in the office and staff movement, but I feel a lot more relaxed now... I don’t know if it’s maturing or if it’s just the fact that there are more young people around, so it’s a bit more social... I’ve formed friendships... (G2)

Some professed a better understanding of how things work.

After working in the system for a little while you gain [an] appreciation for why some things have to happen the way they do. (G10)

And many showed an appreciation of their growing expertise ['I feel like I'm developing bit more of a specialty in this area’ (G10)]: the latter sometimes brought home through their interactions with friends and colleagues.

...people are coming to me to ask about things (G8)

I didn’t appreciate that I had [a professional] identity until [after I had] come home and [was] chatting with some people who worked in the private health sector [about my work]... they were quite impressed by my knowledge of the system ... I suppose, yeah, that made me think maybe I know more than I do. (G6)

There was a budding awareness too that becoming a professional was becoming part of a community of practice, although the graduates’ role within this and its perceived value was dependent on where they saw themselves in their career cycle.
...there is a community, but maybe I’m just still a bit fresh to be immersed in it. I think a lot of people would just see me still as [my supervisor’s] number two to some extent. (G7)

…it’s not something that I have put a huge amount of effort into, but … as my role has changed … I’m starting to see the value in it more …As [you] get more experience … you get handed larger pieces of work and it [becomes] more important for you to be aware of what’s going on [beyond] your own desk, to take more of an interest in the [sector], to be aware of the work that other people are doing. I guess it [comes with] having more of a role in running projects as opposed to doing small pieces of work for other people’s projects. (G8)

The graduates also showed a commitment to and capability for continuous learning and reflection.

I try to seek out opportunities at work and if I’m interested in certain seminars … I’ll ask if I can attend them. Also going along to meetings with higher level people, while you might not necessarily always contribute to those meetings, [you’re] trying to take on board the bigger picture stuff that’s [talked] about [in the meetings] because it’s very easy to get focused in on the specific task that you’re here to do. (G10)

Changes in hopes and aspirations and career paths

- Early hopes and aspirations satisfied and frustrated

In 2008–09, the graduates hoped for a career that would satisfy their innate desire to ‘make a difference’ and enable them to apply and build on the knowledge and skills learned in their undergraduate degrees. Success in making a career in health or a related field was more easily achieved by some, in particular those who had been accepted into a graduate development program.

I managed to find the area that I wanted to go into through that program (G6)

I wake up every day and enjoy coming to work. Some people [might think] I’m crazy for [saying] that, but I think I’ve found a job that I find stimulating and engaging...
It’s not monotonous and it matches up with a lot of my values. So I’ve been really lucky. (G10)

For others starting a career in health was a harder task with several struggling to find their first job after university and needing to keep an open mind about the types of jobs they would accept.

There was some disappointment in that it wasn’t quite what I wanted, but I really just wanted full-time work; at that time I just remember there was sort of a dearth of things being advertised. (G11)

I found it quite difficult. I applied for a few government positions, but didn’t get anywhere with them... I was finding they were looking for people with more experience... I applied for maybe six or seven jobs... Then a friend who was working as a [occupation] for a private company said, “They’re always looking for people. You don’t really need any experience. They train you. As long as you have a bit of a science background they’re happy to take you on.” So I went for an interview, got the job straightaway and I worked there for a year. (G14)

Early disappointments and rejections lead to a reassessment of career goals in a couple of cases prompting one ‘to go back ... to study’ (G16), and another to reconsider a past unexplored career interest.

Ever since I was little I just always thought I would be good at it but, for whatever reason, I never really pursued it. Then because I found it hard to get a job in health and I [wasn’t enjoying my job at the time], I thought I might as well give it a go. It was only another year to do the Dip Ed. I really enjoyed it when I started studying it. (G14)

And it was even more difficult for the remaining because of choices made or changed circumstances. The pursuit of a career exclusively in the private sector, while satisfying for one BHlthSci/BCom graduate, had presented limited opportunities for combining their different interests and skills (health science and commerce) in ways that enabled them to feel they were making a difference at a population level.
I was hoping to blend, somehow, my Health Science and Commerce degree together ... I still do think about merging them eventually and there are weeks when I’ll have a bad day ... in the office ... and I’ll think about how I’m not doing anything to help the population. (G9)

The linked pathways to employment and permanent residency for the sole international graduate taking part in the study had been beset by obstacles with changes in migration policy, and the reluctance of employers to sponsor an international graduate, major barriers to beginning a professional career in Australia.

Back then I thought I’ll be able to do what I like, I’ll be able to do what I love and help people at the same time, I’m going to like doing it and I will advance in it. Now, it’s more like I may have to work somewhere I don’t like, hopefully it’s still within the health industry... (G3)

Setbacks early in their careers tested the graduates’ commitment to a particular career path, and showed their resilience.

I got myself a PhD scholarship with [university X], but then it all started to fall apart... I couldn’t focus on a topic... I put in three project proposals, all of which were turned down... The stuff at [university X] was horrible and sucked, but I [survived it] and I’m still enjoying what I’m doing. I think I’ve learnt a lot; and I don’t see that period as a complete waste of time because I certainly learnt a lot through the barriers I had to overcome. (G7)

The stoicism of the international graduate was particularly affecting, and who at the time of this interview was faced with the prospect of returning home and to an uncertain future.

I’ve been away for so long [nearly 11 years now] that I don’t know what it’s like there anymore … In a way, when I look back, I feel that I’ve grown much more, in that even though I don’t get to do things I thought I was going to be able to do, I’ve got stuff in my resume that I can go ‘Ooh, check this out.’ That’s something to be proud [of]. And being able to support myself overseas is a pretty cool thing, to me
anyway, even though lots of people do it. I did it while keeping within the 20 hours a week work limit... (G3)

- **Making a difference/health as calling**

Making a difference had been an expressed core value of the graduates at the outset of the study, and remained mostly unchanged, ‘That’s why I’m in health care’ (G12). One confessed that their passion for making a difference was not as strong as it once was, ‘it’s more a career rather than a passion now, I think’ (G7). Health continued to be a calling for the majority of the graduates too because of its natural affinity with their idea of themselves as a compassionate person and their desire to be of service the community [‘I am a caring person [and] I’m naturally interested in people’s health and how things affect their health’ (G2)].

Work-life experiences since graduation had also helped to develop a deeper understanding of the abstractness of the concept. For one graduate making a difference had meant ‘that I was going to help individuals live a healthier ... better quality of life’ (G11), but changes in employer and job roles had shown this to be:

> more abstract than what I thought it would be, because when I was working at the [organisation]... and dealing directly with [consumers] ... you felt like you were making a difference to an individual and you had that interaction and [immediate]... feedback that ... was very rewarding... However, now [that I am working to make] a difference on a population level ... there’s very little of that positive feedback... You hope that [your work] will [help to make a difference], but [doing so is also dependent on] a lot of [other] people... So it’s still there, but it’s much more removed than what I was experiencing in health promotion. (G11)

Another wrestled with other aspects of making a difference, namely the idealism of the concept versus the reality [‘the reality of doing that is very different to the ideal’ (G12)], and the act of making a difference versus its end [‘I don’t know whether (making) a difference is the same as feeling like you’re giving something back... (They’re not the same thing)’ (G12)]. For this graduate making a difference was linked with ‘Giving something back... feeling like you’re doing productive work’ (G12).
Making a difference took a range of forms for the graduates from directly working with communities ['talking about issues (with) community groups and people on the ground’ (G1)] through to contributing to policies and programs with ‘the potential ... to [bring about] long term changes’ (G15) in populations to voluntarism and global philanthropy ['I spent last year in Cambodia doing (just) that’ (G12)].

Making a difference was also linked to the meaning and purpose that was flagged as being so important to job satisfaction in their first interview: ‘that’s also why I enjoy my work so much ... I find it meaningful ... working towards, in this instance, changing the drinking culture, which is not an easy task’ (G10); ‘just knowing that the work and effort you put in is going to some kind of social good’ (G15).

There was an acceptance too that they were minor players within a larger cast (alluded to in an earlier quote in this section) and that their efforts might not be recognised by the communities they served, or that more ambitious health goals would be achieved within the term of their careers: the final point offset by ‘the little wins’ (G7).

*I’ll probably not be rewarded or recognised by the local community, but at least I’ll know that I’ve done it. (G15)*

*It’s not going to be a quick thing, and maybe not even something that I’ll see in my career, but just thinking that I might be a part of that change, I find that exciting. (G10)*

Making a difference was no less important for the few graduates who were not working in health.

*Just being able to help a student understand a concept or give them extra help so that their marks start improving. At the schools that I’ve been at I’ve had opportunities to do a lot of community-based work. So being able to raise money or help out at a shelter or something like that, you get a sense of belonging, a sense of community. Yeah, that’s something that I value quite highly. (G14)*
For one, however, there was ‘that internal struggle of [wanting] to do something worthwhile ... but having followed a different path’ (G9).

**Career trajectories**
The graduates’ developing careers revealed to them the sometimes unpredictable, serendipitous nature of career.

Some had been set on a particular career path through their practicum or graduate development program.

*I fell into that placement that’s just snowballed into a potential career.* (G7)

*When I first left I was in the [organisation’s] graduate development program. I had three placements over that year: ...my first was actually here at [Agency X] with the Community Programs Team. I was really lucky [because] when I finished [the program, they] called and offered me a job, which was kind of the perfect job for me. I enjoy coming to work every day. I love the team. I love the work.* (G10)

For others, new forks in the road to a career had emerged through random emails, chance encounters with prospective employers, mentors found during the first stages of their working life, and opportunities available to them at the time.

*I wasn’t particularly looking for a different job,..., but I just received an ad for the job I’m in now, in an email, and thought I’d give it a go because I wanted to move into research and to an NGO.* (G8)

*Then from [Company A] I moved here, where I am now, at [Company B]: that was just a natural progression from working in tax at [A]. [Company B] was actually a client of [A] and the opportunity came up.* (G9)

*...when that ended my previous boss at [Company X] said, “Do you want a job? Come and work for me”. So that’s why I’m here, because [current supervisor] I used to work for him at [Company X].* (G15)
...the opportunities that I’ve had have then kind of ended up leading onto [other] opportunities [that] weren’t necessarily specifically chosen by me because [they were areas of interest] ...in so much [as it was] what was available at the time. (G12)

Nearing the end of their studies, the graduates had anticipated that the focus of their early career would be a time to explore and find career direction and this was reflected in their mobility and career patterns over the intervening years and described earlier in this chapter. Career direction was still elusive for some with one noting that the focus was now more on building and honing a portfolio of portable skills that would strengthen their overall employability.

To be honest, I probably still don’t have a clear idea about where I want to go. I think my goals have changed to a focus on [developing a] skill-set ... that [could] be universally translated to any job that I [might] do. (G1)

For one graduate, the focus was less on career and more on their personal development, the completion of their studies providing opportunity to rediscover forgotten talents and interests that were a nice counterweight to their working life.

I did some acting for a while and I went to Sydney and I worked in IT... I’ve been [more focused on my] personal development... I’ve really enjoyed getting back into ... dancing and acting and things like that. I think I’m quite arty and I’d forgotten about that... So I guess over the [last four and half years] work hasn’t really been my focus at all. Although it’s settled down, my focus has been completely on other things. The fact that I’ve had the opportunity to do these things and work with artists and make films, yeah, I just love it. (G2)

- Developing clarity

The graduates’ developing careers also brought with it greater clarity about their career situation and goals.

Some observed how, as students, thoughts about their future career had been bounded by circumstances as they were then: an observation that had relevance not only to their career beginnings, but also to their unfolding careers, ‘it was very situational; ...the direction I
thought I wanted to go in had a lot to do with what I’d recently been studying’ (G6), ‘I probably just wasn’t as aware of some of the other things that I could do with my degree’ (G10).

There was also a new appreciation of things that matter in pursuing career ambitions, and their relative importance, ‘in the big picture, it doesn’t really matter so much what were your majors’ (G6). Balancing work and family life also figured more prominently in the thoughts of the female graduates.

At the moment it doesn’t really matter. I love my job. I’m happy to spend outside hours on it, but if you have family then there are other time constraints and other priorities, and I can see how hard it is for some. I hate to say that it’s just women, but it is a noticeable difference that there are a lot of men who can make it all the way and don’t seem to have their careers interrupted by having children, whereas for women it seems to be all or nothing. (G11)

A few of the graduates had originally aspired to a career in medicine, but had been unsuccessful in gaining admission into an undergraduate degree program. While most had been content with their alternative course of study, doubts had stayed with one who was still torn between the two career paths.

...well, now I’m enrolled in Medicine. I’m enjoying and it’s wonderful and it’s challenging, but I’m still not entirely sure that I will necessarily be a clinical doctor for the rest of my career ... There’s still that push-pull between the public health and the medical realms. (G12)

Two had no regrets, neither of them wanting the responsibilities that came with a career in medicine (‘I’m still very happy with my decision not to do medicine ... the responsibility feels a little too heavy’ [G16]); and experience of a clinical environment helping to confirm self-doubts about their suitability for a career in medicine for one of those graduates ['that’s when I ... realised that this wasn’t really for me’ (G14)].

There were epiphanies for others too in weighing the costs of career paths that had been forgone.
There’s not really a career in acting, to be honest. You’ve got to be very fortunate to be able to make money through it and a lot of people know that when they go into it. You’ve got to have [a] huge desire to do it because you forfeit so much … structure, a reliable income and things like that… (G2)

At some level commerce has been closed off to me because I would have to start again at an entry level… (G6)

A couple of the graduates were working in other industries. One had begun work in the health industry, but was untroubled by the change to another, ‘I do miss health but at the same time I’ve kind of made [my] peace [with that]; … [I have] wanted to explore … other areas as well …’ (G1). For the other, a BHlthSci/BCom graduate, a career in the private sector, while providing material benefits, had frustrated a strong desire to do good, creating a dilemma that was yet to be resolved.

    As much as I’d like to go back to health, I … now have a mortgage and car loan and things like that and it’s hard to think about starting from the bottom again in a different industry. (G9)

- Fields of interest
Experiences over the last five years had caused some graduates to reconsider their field of interests.

In 2008–09, there was no interest shown in pursuing a career in allied health; however this had become attractive to one graduate concerned by the lack of security (‘no permanency’) and longer term career prospects (‘no progression’) in research.

    That also was another reason why I wanted to go clinical as well, even though positions will be funded for a short time and that kind of thing, at least if I say that I have clinical experience it sounds like I’ve got more behind me than [would be the case] with [just] my original degree. (G16)
For others, assumptions about a career in health administration had been validated with work in this field providing the dynamism, human interaction and systems perspectives they had hoped for.

_In Canberra I started, towards the end, working in hospital policy [and] financing ... Then I was very lucky ... when I moved back home, to get the opposite side of my job in the state: ...that’s working in health and hospital reform. It’s a nice tie-in with my [studies in] commerce and organisational behaviour... (G6)_

_I’m still very ... interested in project and people management ... [and] bringing those skills together. I couldn’t sit at a desk all day ... I need to be interacting [with others]. (G17)_

Health administration had also proved more appealing to another graduate, over-riding an interest in health promotion.

_While I do appreciate that campaigns are very important to help change behaviour, the work that I do now is more around the policy and creating supportive environments, and realising how both of those work hand in hand is interesting. (G10)_

A few graduates had worked in health promotion roles for a period, but interest in this as a field had waned over time for one.

...it was a fabulous job: lots of health promotion, lots of getting out in the community, lots of selling a message, talking to people, creating things, and it was a great job. I really enjoyed it, but I didn’t find it as stimulating as the research job ... I’d gone as far as I could with the health promotion job, it was starting to get a bit repetitive, and there wasn’t any way to go up ... the research just kept stimulating me. It felt like there were more challenges and I just enjoyed the work. (G11)

There was some irony in the statement above in that this graduate had shunned the idea of a career in research in their first interview, ‘I had a bit of a laugh when I read that I never ever
wanted to go into research because that’s my full time job these days’ (G11). Even so, a career in research was not without its problems.

    I really enjoy research, but you also notice how few women there are in it [that] have families and are of child bearing age. When children go to school it can be a really hard balance to actually be competitive as a researcher and have a life outside research. So yeah, [as a] long term plan, I’m not sure. (G11)

Another graduate had also fallen into a career in research enabled through their final course practicum, ‘I was just going with the flow a lot back then. But I think it’s all turned out alright… since then I guess, I wouldn’t say [I’ve] fallen in love [with research], but I really do enjoy [it]’ (G7).

A third, in their first interview, had shown tentative interest in research as a field of work, the appeal being the opportunity to influence practice: an expectation that was being met in their current role.

    I’m quite happy working in research. I think its work that’s worthwhile because it can lead to change within the health system … there are definitely worthwhile outcomes that can come from working in this area, even if at times it can take a while to make progress.

What sort of research are you doing in your current role?

    There’s a fairly broad range, which is part of why I wanted to come and work here. It’s a mix of qualitative and quantitative research. A lot of what we do is work that’s requested by the different operational areas within [the organisation]. (G8)

Laboratory-based and desk-bound research had been roundly rejected by the graduates in 2008–09 because of the perceived monotony and solitariness of such research; however these faults had subsequently become a drawcard for one graduate after years of working with the public in the retail sector, ‘I just decided “You know what, I want to work in a lab, I think I’d like it’ (G3).
And another had ‘moved away from an interest in clinical trials ... I just became more interested in public health and epidemiology. I think if I had [had] more of a clinical background or medicine then clinical trials might have been [of ongoing interest], [but] I just felt that the job opportunities, not being a clinician and trying to work in clinical trials, were a bit limited (G13).

- Views on sectors

The graduates’ views of work in the different sectors had undergone some changes too. In 2008–09, the graduates were asked if they favoured a particular sector (government, non-government or private sector) for employment. At that time, half had showed leanings towards or away from particular sectors (see Figure 14, p.84).

One had eschewed the idea of work in government ['when I was leaving uni, I talked a lot about wanting to do campaigns and not necessarily working in government ... where I’ve ended up now is pretty much the total opposite of that’ (G10)], and was now making a career in a government policy role that ‘I very much enjoy’ (G10).

Another graduate who had also expressed an aversion to working for a government department ‘back then’ felt much had ‘changed since ... I am more open to the range of possibilities and can see the benefits of each of [the sectors]’ (G14).

Working across the upper two tiers of government had given one graduate ‘a broader perspective’ on ‘how funding and policy decisions are made’ and the sometimes ‘organic’ nature of policymaking itself. Differences between the levels of government had also been observed: ‘the influence of politics on policy’ seeming far more pronounced in federal government, and work in state government offering greater opportunity ‘to see in practice how policies pan out’ and to work more directly with stakeholders and health services ['I get a bit more experience (of) stakeholder relations and (to visit) sites (and see) what’s happening that end’ (G6)].

For one, the third tier of government offered the best of the non-government sector and state government: ‘With local government you get the best of both worlds ... I get to work with community groups and run community forums to find out what they think about [the local
A brief stint in government had validated one graduate’s preference for work in the non-government sector, ‘I find there’s bit of a different culture and I think it’s a lot more positive. That’s something that makes me, I guess, a lot more satisfied in the work that I’m doing and in my choice of career’ (G8). And led to another’s appreciation of some aspects of the bureaucratic systems that were seen to typify government, ‘...some of the bureaucracy irritated me ... [but] I probably [have] a greater appreciation for formalised structures [now] after working in not-for-profits [that] weren’t... so [well organised]’(G11).

Some concerns about working in the non-government sector had been borne out too, namely the limited career prospects [‘the career progression was quite stagnant’ (G1)] and uncertainty of funding [‘even though the work was really fulfilling you struggle (with) seeing what you could do, but can’t do because of funding issues’ (G6)] were mentioned in the graduates’ first interviews. Nevertheless, work in the non-government sector was seen as a good place to start, ‘it is a tough environment, but it’s a quick learning environment ... I think it was a good starting point for me to learn [new] skills and to really [show] what I could do’ (G1).

The private sector had lived up to expectations for some graduates, providing the better conditions [‘all that support to get you up to (speed)’ (G9), ‘a very good social side of things’ (G15)], more challenging work [‘the performance aspect’ (G15)] and rapid career progression [‘they’re very big on professional development’ (G15)] they had anticipated so many years ago.

A short period of work in the private sector had been as ‘I thought it would be’ for another graduate, who had mostly worked in the government sector, finding it ‘a lot more flexible’ and ‘relaxed’ and offering greater job security than government colleagues might imagine.

Government workers maybe shy away from it because they feel there’s not that level of security that you get in government positions. It’s sort of still there. ...If you work hard, they [will] hold onto you. It’s just not on paper... (G2)
However, there were disappointments and frustrations for a couple of the graduates. One who had been very ‘private focused’ quickly found ‘that it probably wasn’t for me.’

*I knew prior to going into [private organisation] the feel and culture that it would have, but I didn’t appreciate how much that does affect [you] in terms of your work-life balance, your happiness and motivation at work.* (G15)

A shift to the non-government sector had proved ‘a better fit for my skill base and interests’ providing more fulfilling work (‘I’d rather be at a place where I could use both degrees that I’d studied rather than purely business: even at [private organisation] I wasn’t really using much of what I’d learnt, I was checking receipts and things like that’) and a work environment that was ‘less pressured’, ‘less intense’, and more collegial (‘slightly more approachable staff’, ‘like a family’), and overturned past preconceptions about the sector.

...at [non-government organisation] the role offered was a business analyst—I think that would take two to three years’ experience [to achieve] at [private organisation]—so it was a real quick jump to a very good starting point... I thought that a NGO, by and whole, would have lower salaries, less opportunities, and I found the reverse to be true. (G15)

For the other, the material benefits provided by a career in the private sector had come at the expense of altruistic values resulting in a quandary for the graduate.

*It’s [a dilemma] ... should I be doing things that will please me from a social values aspect or should I just stick ... it out and perform well and ... think about doing something [else further] down the track?* (G9)

Indecision about future career direction for this graduate was also attributed to valuing of ‘a certain pay and lifestyle’ that a career in the private sector enabled and an employer-employee relationship that the graduate later wryly likened to a form of Stockholm syndrome.93

93 ‘A psychological phenomenon in which hostages express empathy and sympathy and have positive feelings towards their captors, sometimes to the point of defending and identifying with the captors’ [Source: http://en.wikipedia.org/wiki/Stockholm_syndrome]
They do invest a lot of time in talking themselves up. I like to call it brainwashing... trying to get your skills up and the right ways to present yourself to reflect well on the company and how you should feel very proud to be working in a company like that and just a lot of boosting your ego as well, I suppose. (G9)

And one graduate remarked on a sector and career path that had been overlooked when considering options during their university days.

...academia or working in a university didn’t really come up. It came up in terms of doing Honours or a PhD, but it didn’t come up in terms of opportunities as graduate research assistants or project coordinators, which is what my roles have been. I never even considered that as a possibility. (G17)

The surrounding conditions and their influence

- The self
The graduates’ self-confidence, resilience, and sense of self-efficacy in dealing with the transition to work and subsequent career changes were influences on their career decisions and trajectories, as were the surrounding conditions and circumstances.

Self-doubt and fear of the unknown caused some to gravitate towards career paths that were familiar.

...back then, I was just so scared of working ... it wasn’t even, is it going to be hard to find a job because there’s no jobs out there, it was would I even be able to perform in a job if I got one ... that was another driving force [behind the decision] to go into Honours, because it was there for me. I was pretty confident I could do it. Yeah, whereas [going] into the workforce ... it was the great unknown. (G7)

An attitude of curiosity and willingness to explore new learning opportunities spurred on many of the graduates, ‘I think for me it’s about [the] learning that comes from working in different organisations [and] different industries and seeing what I can pull from those I guess’ (G2).
Significant others, such as family, peers and ‘mentors’, were other influences. For one BHlthSci/BCom graduate, talking with colleagues who had been in the workforce for a longer period of time had soothed concerns about a lack of direction early in their career and boosted self-confidence.

...when I finished university, I had a lot of chats with people in various industries to ... get some advice and to see where they had ended up and how... for most of them, one thing led to the next, which led to the next. There weren’t any concrete decisions made about things, [they] just ended up in an area that they enjoyed. Maybe that’s why I’m not too concerned [about having a] strict career path to follow... (G6)

Yet this equanimity was sometimes unsettled on hearing about the developing careers of their peers who were now working in roles outside of health, triggering thoughts about what it would be like ‘experiencing the other side’; although the graduate was generally content with their current career path [‘I think at the end of it I like working in health, so I don’t feel that need to go somewhere else, but it does make you think’ (G6)].

Another graduate wrestled with reconciling the different expectations of family and mentors with the need to take control of their own life choices and opportunities.

Part of me thinks I actually ... want to do something for me for a little bit. I’ve put off ... travel ... and [other] things. I’d really just like to just go away for six months or a year and just see what it is I want to do... The problem is that I usually [end up doing] things because that’s what others want me to do. (G17)

- The environment

In 2013, the graduates displayed greater awareness of their surrounding conditions than was the case in 2008–09 with turmoil in the global and domestic economies and labour markets, and changes in public policies having affected most in some way. For one, these challenges were all part and parcel of working life [‘that’s life ... I haven’t let it affect me and it hasn’t affected me’ (G2)], while for others these had been cause for anxiety and for reflection at different points in their careers.
Many had felt the effects of the ‘global financial crisis’ on employment. Some felt it starting out.

_I was quite fortunate [in] that the company I ended up going with just delayed my start date [by six months] as opposed to [paying] me out and saying, “Don’t bother starting at all,” which is what happened [with] a couple of the other firms._ (G9)

...when we graduated, [it was the time of] the recession, so people stopped hiring and I ended up in part time employment. I guess you’d [have called] me officially underemployed. (G11)

Others felt it at later stages in their early career as governments and businesses adapted to fluctuations and changes in the economy.

...when [it] came to the end of the Grad Program we weren’t guaranteed employment ... That was a very anxious time for us all then, probably more so than [when] we finished uni because we knew we had the Grad Program set up... and there was talk about a freeze on positions, [meaning vacancies] couldn’t be filled [or] new positions created. (G10)

_I was originally ... brought [in] on a three month contract [with prospect of permanency], but the area underwent [a] restructure. [There] was a constant [cycle of] contract renewal and job uncertainty [that] was a bit [wearing]. (G1)_

_I stayed there for two years, [but] then they had some funding issues, so I started looking elsewhere because our contracts weren’t going to be extended._ (G6)

Increased competition for fewer jobs was also felt by some graduates, and their peers.

_When I talk to friends of mine, who are around the same age as me [or] a little bit older, they seem to end up doing something different entirely from what they studied. A few of them do find that in order to find good work, or advance in their work, they have to study more._
It sounds like you’re surrounded by a cohort of friends for whom study has been a way of trying to secure work, and progress with it?

Yeah, you have to—well, in their case anyway—you have to keep studying ... we want to work and we apply to a lot of places, but they always say experience is essential. We get beaten by people who have previous experience, even if it’s just a year or two. (G3)

And, the situation was discovered to be no better overseas [‘...looking for work in England... I found the job market ... was very hard at the time and it still is’ (G15)].

Shifts in government policy had a marked effect too, creating and putting an end to some career opportunities.

That was a short term contract with [organisation], but then that organisation [was] wound up [when] the Federal Government brought in Medicare Locals... (G15)

For one BHlthSci/BCom graduate work with multinational firms had exposed them to the volatility of the domestic and global markets—and prompted reflection on a sense of entitlement when first contemplating their future career.

[In 2011] ...the new mining tax had just come out as well ... so that opened up ... more ... work at [organisation] because it [was affected].

[In 2013] …We actually got an email today from our head [office] in the US, saying that they were doing a restructure and some redundancies are [likely] in the near future...

[Experiencing] a downturn, it’s made me think about how naïve I was back then, thinking I deserved to be in this job or a higher paying job ... and now [facing the prospect of] losing a job. It makes you really reflect and think... (G9)

Changes in Australian immigration policy had and continued to frustrate the international graduate’s hopes of a making a career in Australia.
the rules on immigration change every year ... When you apply for residency you must nominate an occupation from the skilled occupations list. Every year they shorten [the list] ... Back then the skilled occupation list ... still had [occupation] in there. Last year they took it out ... I’m still looking for anyone who would be able to sponsor me, any workplaces. (G3)

For this graduate, career choices back home offered little chance of being able to apply knowledge and skills acquired during their studies in Australia, ‘*Health promotion isn’t huge unfortunately*’ (G3).

There was recognition too of ‘the influence of politics on policy decisions’ (G6), as mentioned in the previous section on *Views on sectors*. The international graduate also noted how the toughening of Australian immigration policy had coincided with a time ‘*when there were a lot of issues with asylum seekers*’ (G3).

*What had mattered most in getting off to a good start?*

The graduates’ work values were relatively unchanged from 2008–09. At that time the graduates had all hoped for an enjoyable and fulfilling career with the nature of the work, the culture of the workplace and relationship with their immediate supervisor or manager thought critical to achieving this. Of particular importance was work that was meaningful and would allow them to apply and build on skills and knowledge gained through their studies, a collegial and supportive work environment, and supervisors and managers who demonstrated qualities they could admire and respect (such as trust and confidence in the graduates’ abilities, a passion for and mastery and standing in their profession). In 2013, however, the graduates showed greater certainty about their work values, the intervening years and experiences they had accumulated confirming what mattered most to job and ultimately career satisfaction.

*I’ve become less naïve about the kinds of jobs that I would take [up]... I’d be very selective ... based on how motivated I feel, how good the fit...* (G16)
- **Nature of work**

Of continuing importance was work that ‘*challenged*’ and provided ‘*variety*’, increasing ‘*responsibility and autonomy*’ (G15), ‘*job security*’ and opportunity to ‘*showcase our abilities*’ (G1) and ‘*to build skills*’ (G11).

The graduates’ concept of work that was ‘*meaningful*’ had also become more nuanced and tangible much like their earlier ideals of ‘*making a difference*’: the former now taking in practical services to others, their learning in the workplace and the ‘*sense of accomplishment*’ (G10) and satisfaction that flowed from this.

*I’m quite happy with the work that I’m doing here partly because there is variety in the work, as I’ve mentioned, which makes it a lot more interesting day to day, rather than being stuck on one project all the time. Another factor is... that its work that’s going to be put into practice, or at least considered. You know that it’s worthwhile; you’re not doing work that’s just going to sit on a shelf. I guess that makes me a lot more positive about the work that I’m doing.* (G8)

*I guess the connectedness with other people and just the ability for ongoing learning, that’s something that I find exciting. I’m learning something new every day. I find that really stimulating, and it is a hard job because we’ve got tight deadlines and we’re up against lawyers. I don’t have a [legal] background, so it is very challenging, but I find that rewarding... there’s this sense of accomplishment.* (G10)

The graduates now attached importance to work that offered ‘*a lot of networking opportunities*’ (G1) too, both for the learning and insights and for the social interaction and connectedness with the broader community of practice it facilitated.

*...in my role now ... we meet with police and ... with licence applicants and [others]. I think if I was just stuck at a desk permanently, for the whole week, it would get hard. It’s nice to have things to break it up a little bit.* (G10)

The limitations of a past role had been disappointing for one graduate, highlighting the importance of networking to their job satisfaction.
I started to be a bit disillusioned because one of the aspects I loved about the analytical roles [was that] I got out and about a lot and I spoke to a lot of hospital execs and managers. My clients as a product developer were internal and I didn’t really like that too much. (G15)

- **Culture of workplace**

  Working life had also driven home the importance of the workplace culture to their happiness and motivation at work.

  Originally I thought that if I found something that I really loved doing that would be the greatest thing. But now I realise that you could be doing something that you really love doing but if the culture around you is not supportive you kind of lose track... (G1)

  Still valued by the graduates was a work environment in which they felt ‘comfortable’, that was ‘positive’, ‘friendly’, ‘supportive’ and fostered collaboration.

  ‘It’s a really open environment for sharing ideas. We do a lot of teamwork, so [there’s] a lot of bouncing ideas off each other and brainstorming, which I really enjoy.’ (G10)

  As was a sense of empowerment, an element one graduate found lacking in an early research role.

  The projects that were being worked on weren’t very, I don’t know, I just feel that they weren’t very good in terms of actually benefiting me as well. They benefited the supervisor, but they did very little for me [because I didn’t feel] that I could take any agency [with the research]...’ (G16)

  A common ‘purpose’ remained important too, ‘if [you’re] surrounded by nice people who ... are working towards the same goal, then you can’t complain’ (G9).

  A few graduates spoke of the potential for work with others to inspire [‘to keep trying, to know more, be more, see more, do more’ (G12)], and to frustrate [‘because I’ve had some issues ... with people not pulling their weight’ (G7)].
Another thought ‘there [was] a lot of responsibility on employers to provide the right working environment’ (G15) in order to get the best out of new graduates as employees. The need for some formality to the workplace was understood, ‘but [not so] full on, [so] strict, [as] to stifle innovation and ideas. It’s got to be casual enough ... that you can feel comfortable at work. It’s got to be flexible’ (G15).

And working life for one graduate had shown the benefits of generational diversity in the workplace as well.

*I think it’s nice to have a balance... [You] learn a lot ... from older people ... you need the company of younger people [as a younger person] and ... you can help [to] mentor [even younger people]. So I think it’s good to have that balance of ... ages ... it also increases your [ability] to build friendships with people [in the workplace] because you might identify with people of a certain age, maybe older or younger people or people your own age... I think diversity is a good thing. (G2)*

- **Relationship with managers**

The graduates’ notions of their ideal manager had not altered over time, although their experiences of the good, the bad and the indifferent had confirmed for many the attributes that mattered most and the importance of this relationship to their comfort at work [‘It just makes you feel a lot more at ease in the workplace’ (G14)], productivity [‘if (I’ve) got a supportive manager I definitely feel a lot more motivated to work harder’ (G2)] and even their commitment to a particular employer.

*Person* was a fantastic manager and leader and very inspirational. I had the best time at [organisation] when he was there ... after he left to go to [organisation] a lot of my own motivation suffered... Yeah, I think it’s important to work for a very good boss rather than simply the organisation. (G15)

For the graduates, the good managers had been distinguished by their commitment to ‘nurturing your development’ (G2), ‘open door policy’ (G10) and ‘interest in what you’re doing’ (G13); as well as their ability to ‘inspire... motivate... make you feel a valued part of
the team... go the extra mile for staff ... and lead by example’ (G15); and last but not least, their expertise (‘knowledge’) and the calibre of their professional networks (‘contacts’).

For one graduate the trust and confidence shown in them by a manager early on in their career had made a lasting impression, influencing their own approach to working with subordinates in later roles.

So even when I was 23 he said “Go out and meet these directors,” and I’d say “Well who else is coming with me?” and he’s like “Well no one.” So I really respect him for doing that: the hands off management and the autonomy and freedom [he allowed] but also the chance to demonstrate what I could do. And that’s largely the management approach I’ve taken now with my own reports. (G15)

Working to an inexperienced manager early in another graduate’s career had been ‘a very good learning experience’ (G6) offering lessons in ‘what not to do’ when managing others (‘she was very good [at her job] but blurred the line between friend and boss, [which] led to a lot of issues within the team’), and preparing for the different management personalities and styles that are inevitably encountered over the course of working life (‘so when I went into a bigger corporation [and was exposed to] many different [management] styles, it wasn’t a shock’).

- The role of mentors

Many of the graduates had benefited from a mentor, described as a ‘sounding board’ (G12) by one graduate. These relationships were arranged through ‘quite structured’ (G9) workplace programs that were offered to new graduate or general employees, or ‘just happened’ (G2).

For the graduates, the wise counsel and other services offered by their mentors had helped to build confidence in dealing with challenges and issues [‘they understood (what) I was going through and concerns I had’ (G9)], clarify career direction [‘I’d meet with him semi-regularly for coffee just to touch base and get advice... on where I wanted to go within health, given that he’s had quite a few roles within the health system... and is very well-regarded’ (G15)] and create opportunities to further their personal and professional development [‘they listened to what I was interested in and (created) opportunities for me to develop skills or try new...']
things or challenge myself’ (G11); ‘from the very beginning I had someone who took me on with the purpose of ... (providing a) launching pad for (my) career’ (G17)].

Mentors had also been instrumental in teaching about the organisations in which they were working and in growing their personal professional networks (‘for me it was more about networking and finding out what other people did’ [G1]).

Several saw mentoring as a joint project that offered mutual benefits ['it goes both ways... you learn from each other... through your shared experiences’ (G1)] and was personally rewarding.

The relationships that you form with certain [mentees] and the mutual benefits that you get out of it, the [mentee] benefits but so do I, it’s really nice. It’s rewarding. (G14)

And a few had gone on to become mentors themselves.

When I finished the [organisation’s] graduate development program, I put my hand up to be a mentor and continued with that for a couple of years... I really, really enjoyed it. It was great to be able to share those small things that I [had] learnt along the way that [had] made things easier. (G12)

Overall, the graduates’ experiences of mentoring were very positive, although these relationships weren’t without difficulties, particularly when it came to striking a balance between their own and their mentors’ ambitions for them, ‘other people have these big dreams for me, [but]... I don’t know if they necessarily fit with what I want to do long term’ (G17).

• Attitudes towards financial vs. non-financial benefits

In 2008–09, the graduates were asked what would attract them to a potential employer and make them want to stay in a job. Monetary rewards were not of paramount importance for most of the graduates then, although some expressed the hope that their earnings as beginning professionals would be sufficient to meet needs, justify their years of study and allow planning for the future. Non-financial benefits that were salient at that point in time were
flexible working arrangements, opportunities for career advancement and recognition of their contribution to the workplace. Most indicated they could or would be loyal to an employer—if requirements like those outlined in earlier sections in this chapter on Nature of the work, Culture of the workplace and Relationship with managers were met.

Almost five years on, little had changed. Although money was important, it was not ‘a major motivator’ (G2).

*I’ve worked hard. This is my third degree now. I did a master’s degree in between. You want to get something back because you have worked hard, but getting something back isn’t necessarily only [about the money].* (G12)

Of more importance was working with an employer whose values aligned with their own [*‘It’s being able to link what you do to a social good outcome; certainly if I was at (private organisation) and worked up to partner and was making ten times as much money, I’d be ten times less happier’* (G15)], and who provided a collegial work environment [*‘for me it’s more about being happy in the job and being surrounded by supportive people’* (G14)], opportunities for training and development [*‘Pay rises are nice but the next step (in my career) development is more important in my decision making’* (G11)] and flexible working arrangements.

*I guess one of the good things about government is the flexi-time, which my friends who are in private don’t get and who quite often tell me that they could be at work until 8 pm at night, which doesn’t appeal to me at all. I do like to try and balance my time.* (G10)

*…that was a huge part of why I left [private organisation] because I was working 12-hour plus days and coming to work and leaving work when it was dark and not having any interaction with people outside of the office. It really breaks you down fast.* (G9)

However, achieving the next step in their career development sometimes called for a rethinking of assumptions about career progression, as one graduate found.
I totally understand I need to put in the time and develop the experience [needed to] advance to [the next] level, [but] I think my concept of the time frame for this is possibly shorter...

**Why do you think that?**

Because, I suppose, for me ... the leap from one level to the next [doesn’t seem] very large, [especially] when I realise that I’ve been in a position for [a while] and I’m [competent] in my work—I don’t see the point in having to log your hours at a certain level before proceeding [to the next].

**Is that because you don’t necessarily see a big difference between what you’re doing and maybe others at more senior levels?**

Yep, absolutely, and having known people at different levels, knowing what it is that they do and working with them quite closely, I [think] I have a fair understanding... However at [organisation] ... it’s quite hard to judge what it is that’s required. (G6)

In 2013, the graduates seemed more ambivalent about job security: their attitude to this swayed by other support available to them [‘I think I’ve a relaxed attitude to that because I can; I have a family that can support me if, for whatever reason, I was out of work’ (G6)], and their perceptions as to how real a concern was job insecurity.

It’s not such a big issue for me anymore because I’ve observed that it is possible [to make a living as a researcher] ... if you work for the right people and the right team of investigators. (G13)

It is a consideration, but I don’t think it would be a deal breaker... I know a lot of people who are on contracts, [which get] rolled over. So even though there might be a bit of anxiety [about their job], it’s still pretty secure. (G10)

How highly valued was job security was also dependent on ‘where I’m at in my life’ (G17) with job security mattering most to those looking to the future.
...there is some freedom in contracts ...you know you’re not locked in long term and there’s no expectation you’ll stay, but by the same token if you wanted to get a mortgage or start a family it [could be a problem].

**And would that influence your decision to stay or to look for another job?**

*Probably not in the next couple of years but I think long term it probably will.* (G11)

*Yeah, definitely, in terms of being able to make decisions in my life like buying a house, just knowing that [my job is secure], or that I’ll be able to get a job... That [matters a lot].* (G16)

The graduates showed willingness to stay with an employer, particularly those who provided a work environment that promoted and supported their personal and professional development.

*For me, it’s really about the culture of the organisation, so creating that safe environment that provides opportunities for professional development and upskilling. That’s something that I’ve really valued and why I want to stay here.* (G10)

*In my current position, I would not move unless I felt I had stopped learning and work ceased to be a challenge.* (G11)

Some also showed a commitment to their employers despite frustrations with aspects of their work, as was the case for one graduate, ‘I can’t imagine wanting to work anywhere else [even though] I’m struggling with [some of the limitations of] my current position (G6).

In 2008–09 some graduates had stated a preference for employment with a bigger organisation because of the greater opportunity for social interaction and for the experiences they were held to offer compared to smaller organisations. This was not raised in their 2013 interviews with other elements of the workplace described earlier in this section, such as the experiences offered and culture of an organisation, being most top-of-mind.
On worth of degree

Starting out the graduates’ had expressed confidence in their job readiness based on the belief that their studies had ‘prepared me well’ (G1) for working life: a belief that was borne out in practice. Parts of their studies that had proven their worth over time were the coursework, professional practice, and exposure to communities of practice it had enabled.

Valued by the graduates was the breadth ['you got a taste of so many different areas’ (G17)] and relevance of their coursework, which had provided ‘a good grounding for what I do now’ (G8) and formed the ‘bedrock for my daily work’ (G11) for most of them.

...the things that I learnt studying my Bachelor of Science at university B [have been] highly relevant to what I do now and I’ve used most of [what I learned] at one point or another, if not built on it. (G2)

As were the unique insights into the health system that their coursework had allowed, providing an advantage early in the careers of some.

Going into the Commonwealth [graduate development] program, everyone had very different backgrounds, [but] I was a step ahead ... just in understanding how the system worked and different areas of health which [other graduates] hadn’t had exposure to [in their studies]. (G6)

The substantial professional practice component of their studies was likened by one graduate to ‘the sprinkling of fairy dust ... [it set us apart] from other graduates coming through’ (G17), giving industry-relevant experience ['a better and more practical understanding of the types of jobs you could go into’ (G2)] and a ‘foot in the door’ (G1) for some who ‘literally got a job out of it’ (G6). The graduates also felt they had benefited from the exposure to and work with communities of practice their studies had provided: this seen as helping ‘to form networks, as well’ (G2).

The graduates were asked what they thought was the role, if any, of their educators and their university in preparing them for working life. Some questioned the notion of job or career-ready graduates thinking ‘it would be hard for anyone to step straight into a job and run with it’ (G10), oversimplified the role of university ['it’s certainly not all about getting ready for
the workforce ... there’s a lot of personal development that happens (while) at university ... that isn’t necessarily related to work (G15)], and potentially shifted responsibility away from employers for providing ‘that supervision and guidance still required [by new graduate employees]’ (G16). Other graduates reasoned ‘there’s got to be an element of learning on the job’ (G7) and that employers needed ‘to be realistic; [new graduate employees] coming in won’t necessarily know exactly how things operate and what’s expected of them in their approach to work, so [employers need] to be prepared to take the time to help [them] adjust’ (G8).

One graduate was adamant that educators and the university had a responsibility to ensure they offered programs that covered ‘the skill-set’ and exposed students to the ‘sorts of situations’ that are a necessary part of working life.

*It shows that you can not only write and work well in teams—and it puts you in those sorts of situations—but you can [do the] research ... if you don’t know the answer to something...* (G1)

Another graduate thought educators and the university could do more to temper graduates’ expectations of the transition to work: ‘*maybe just setting more realistic expectations. Nobody ever said to me, “You’ve got a degree, so you’ll get a job,” but that was kind of the impression*’ (G14).

In 2012, university A implemented a new framework for undergraduate and postgraduate study reducing the choice of undergraduate courses to five [Bachelor of Arts, Bachelor of Commerce, Bachelor of Design, Bachelor of Science and Bachelor of Philosophy (Honours)], and replacing Bachelor courses (double degrees) by sequential undergraduate and postgraduate pathways. As a consequence, the BHlthSci and BHlthSci/BCom degrees completed by most of the participants in this study were no longer offered. Under the new course structure, prospective undergraduate students aspiring to a career in public health would now need to elect Population Health as a major or second major within any of the five bachelor’s degrees. Population health was one of 68 majors offered by the university across a broad range of disciplines.
The participants from university A were asked for their thoughts on these changes, of which most were aware. A few thought it was ‘a good step’ (G1), figuring the change was pragmatic [‘For the first three years you’re kind of just getting used to Uni life and you don’t really know what you want to specialise in’ (G1)], and ‘depending on what’s taught in the degree(s)’ had the potential to expose ‘a wider variety of students to [health sciences and public health]’ (G13).

One view expressed was that having ‘that passion’ for making a difference to the lives of others was more important than the degree done, ‘changing the degree won’t necessarily change someone’s ability to do the work we’re doing’ (G16).

Half of the participants from university A had some misgivings, speculating whether the changes would have adverse consequences for the profile of and interest in public health as a subject and future career, and for the quality and supply of public health graduates.

One graduate doubted ‘you’ll get as many people doing public health’ (G12), a view shared even by those who were supportive of the changes (‘to get people to [choose] public health they have to be highly motivated and interested in the topic to do it... I know here, they have a lot of trouble attracting and retaining students in Public Health. A lot are doing it because they want to transfer into Medicine or a related degree’ (G13). An observation that was echoed by another who thought there was some risk public health would ‘get somewhat lost amongst the dentistry and medicine students ... looking to go into clinical positions’ (G11).

There were also concerns that there was ‘the risk that you would lose those people [who might have been] swayed towards public health’ (G12) had they been exposed to the subject early in the course of their degree(s) or benefitted from the camaraderie that, for them, had been a distinguishing feature of the BHlthSci degree and instrumental in engendering a passion for public health.

You had that really family feel, which I had never heard of anyone else on the campus having really. I think that will absolutely be lost. It was good because you knew the staff so much more; they made you passionate about what you were learning. (G6)
I think about what the collegiality brought, as well, in terms of enthusiasm for public health… (G12)

Two of the graduates ventured that ‘the industry long term may suffer because you’re losing that dedicated pool of high quality grads’ (G15), described by one as ‘a really valuable resource … for [the] different skills that they bring’ (G10).

Thoughts about future career based on early experiences

In 2008–09, several of the graduates predicted they would progress to specialist and more responsible roles in time. A few expected they would undertake further studies and a couple contemplated establishing consultancies one day. Data on their activities and employment over the last five years, and presented in tabular format in Appendix C, Phase 2—graduate interviews (T2), pointed to progress on the first and second mentioned, but not the third.94

The graduates’ descriptions of their career trajectories showed a movement from exploration of different roles and options through work, travel and volunteering to consolidation of knowledge and skills and belief in their suitability and capacity as professionals.

Overall, most seemed satisfied with their career development, if uncertain of their longer term plans, ‘I don’t have a set career [path] in mind … I have found the niche that I enjoy for the moment, whether that will change, I’m not sure … I’m happy just to go where the experiences take me’ (G6). One or two were still finding career direction, ‘I am still [going through] a process of elimination, finding out what I like doing and what I don’t’ (G1).

A few of the graduates did have longer term goals. One was considering postgraduate studies, both to cultivate an interest (‘I’ve thought about doing a Masters in Biostatistics … it’s something I have bit of a knack for’) and to advance their career [‘it’s not realistic to expect to go that much higher in research than I am with just an undergrad degree’ (G8)].

Several graduates hoped to move into roles that enabled them to combine their different interests and skills.

94 In 2015, two of the graduates who had participated in the study were known to have established their own consultancies operating as sole traders.
I’d like, in the future, for my background in public health policy and research, and my understanding of the clinical side [of things to] come together [into] some sort of role. (G12)

I have often [wondered], will I do this forever and, if not, what could I do? One of the things that I have thought about is, with my Education degree and my Health degree, doing corporate training. I know of people who go to workplaces and give seminars on health in the workplace and things like that... That could be something else for further down the track, when I’ve had enough of the school environment. (G14)

One of the BHlthSci/BCom graduates, frustrated by limited opportunities to satisfy their altruistic ideals in the private sector, was also heartened by the experiences of a former colleague who had taken up a position with The World Bank Group.

So looking at what he’s been able to do ... [it] gave me a lot of comfort in thinking it’s never too late... he really was my inspiration ... maybe I can still use my technical tax knowledge and ability in an organisation like the World Bank and be doing something for the greater good. (G9)

Half of the graduates were working in the health industry, and although some were unsure whether there would be a change of jobs or career in the future, most saw themselves continuing to work in the industry in some form.

I’d like to stay in public health because I do really enjoy it; I believe in it and would like to make a difference... It’s definitely a space I want to continue [working in], just in what form I’m not sure yet. (G17)

For a number of the graduates, the prospect of changing career direction and/or starting over was daunting, their ideas of future possibilities constrained by some practical realities.

I think obviously working in the [industry] and being used to a certain pay and lifestyle and things, it would be hard to take a complete back [step] and [go into] a
graduate role at a not-for-profit, or something like that, just because of that practical aspect of still having to pay bills and a mortgage and things like that. (G9)

Family figured prominently in the future thinking for one or two of the female graduates.

At some point I want to have kids and get married, that sort of thing. While other people have these big dreams for me ... I don’t know if they necessarily fit with what I want to do long term. The other stuff’s important to me as well. (G17)

Travel had also been on the agenda for several graduates in 2008–09: an ambition that had been fulfilled for some ['that was last year... I did some more acting and [worked] on a part-time basis to support that’ (G2); ‘I had always wanted to go overseas and … do something more philanthropic, so I applied for the Australian Youth Ambassadors for Development Program’ (G12)], deferred by others ['I’d like to go overseas after I finish (my studies)’ (G13); ‘it is something that I still want to do’ (G16)] and become of less importance for one.

It’s still there, probably a bit less though these days. I think it’s a bit of an age thing. I always knew Perth was home, but I have a goddaughter now and people are starting to get married and you kind of want to be around for these sorts of things. (G11)

Other graduates from within this cohort had travelled or now planned to travel, driven less by altruistic desires and more by a hankering ‘to do something a bit different’ (G15). This seemed to be prompted in part by a plateauing in their career trajectories or learning with travel seen as a means to recharge, refocus and reassess what they actually want to do—and potentially learn new skills along the way that would add to their employability.

It wasn’t as challenging for me and I didn’t have as much to do. So I went to them and said how I was feeling and then this opportunity to spend some time overseas came up... I really, really enjoyed [it] and [got to see] what else was out there, [and now I’m] thinking “Oh my goodness, I’m stuck in Perth for three more years”. (G17)

Probably more for a life experience than a career experience... I also think it will be [beneficial] in terms of my career. I’ve gotten to a point in my current role where, while they’re very supportive in one sense, they’re not very proactive [when it comes
to] career progression ... in terms of what I need for this position to move forward, [the] experiences will translate. (G6)

Attitudes towards generation Y in the workplace

In 2008–09, many of the graduates had been aware of, and critical of, social commentary about their generation. In 2013, they were asked whether popular beliefs about generation Y had had any bearing on their reception into the workplace.

Two-thirds of the graduates did not feel they had been treated differently as employees ['I was just accepted as someone who actually wanted to work and would work’ (G16)]; nor had they observed attitudes or behaviours in their workplaces indicative of generational differences in outlook or ways of working.

Within our department we’ve a range of ages. I’d be one of the youngest but our director is [over 60 years of age] and the rest all ages in between. I think we all work really well [together] and there’s no conflict over our approaches to work or expectations that [you would attribute to being of a particular] generation. (G8)

This graduate also observing that conditions of employment said to be expected by generation Y were benefits enjoyed and valued by all generations, ‘I hear in the media that we demand a lot of flexibility and things like that, which I guess I am offered here, but so is everyone else’ (G8).

Although most of the graduates felt their generation was irrelevant to their reception into working life, it was not to say they had never felt a need to demonstrate their capability ['I think with some people I’ve certainly had to prove myself’ (G17)] or witnessed tensions between younger and older employees, although the example given by one graduate, spoke more to the culture of the workplace and cliques within it than the generations it comprised ['It was very noticeable; when you walked into the staffroom, (you noticed how) older and younger (staff were seated at separate tables)’ (G14)]. Some had worked, or were working in environments in which age was of little or no significance.
I don’t know if it’s the dynamics of working relationships in research, probably more public health-related research than lab-based research, I just find that it’s different. There’s less of a power relationship [between the people in the research group]. (G13)

No, because I was still [surrounded by] students. All the professionals that I was dealing with [in my work] were … used to dealing with students… Even in my first job at [organisation]… most of the [staff] were pretty young. (G7)

We’re all … around [the same] age… We all get along quite well, and the sense that I get is that we are respected by our management… On the whole, I feel like my opinion is valued. (G10)

The remainder of the graduates had experienced some differences in how they were treated as employees or had observed attitudes or behaviours in their workplaces, and in themselves, which were indicative of generational differences in outlook or ways of working. For example, one had been disappointed by the apparent prejudices of a former employer.

I’ve certainly faced discrimination in terms of my age on pay issues. One of my bosses was advocating for a pay rise for me [on equity grounds], and she was told and I was told that I was young and I was going to move on so there was no point giving me a pay rise, even though I had more continual service than [someone] who was older than me in a [similar] position… (G11)

The attitude of this employer was seen as possibly symptomatic of a general undervaluing of the contribution of younger employees.

I think they see a young person and think “Oh well, they’re starting out, they’ve got things to learn”. Yeah, I certainly do have things to learn, but it’s not age that counts as much as experience. (G11)

A few graduates thought their mobility over the course of their short careers demonstrated the claimed fickle nature of their generation [‘I hate to say it, but ...’ (G9)], and repeated explanations offered in 2008–09: changes in jobs and employers being a sign of their thirst
for experience [‘I guess the learning curve kind of plateaus after a while’ (G1)] and a more volatile labour market [‘there’s a lot more contract work ... I think we’re trying to adapt to the workplace ... the nature of (it) has changed over the last 40 years’ (G1)] rather than a lack of commitment to a particular career path or employer.

...people talk about Gen Y’s swapping around and doing different things and not necessarily committing to anything for a longer period of time. I guess if you looked at my [career over] the last four years, you would say that, but I’ve been within health the whole time. I know that health is where I want to be; there are just different challenges and different aspects [of health] that I would like to [experience]. (G12)

For one graduate, generational differences were most evident in times of change.

...we’ve gone through a tremendous growth period from about 23 staff to 70 or 80 plus within 12 months. People have come and gone. There’s now more accountability and performance based work ... and I have seen a lot of push back from [older workers]. (G15)

The experience of managing older and more experienced staff for this graduate had also highlighted differences in outlook, testing their maturity and personal insight too.

There have been some tensions where I’ve had responsibility of someone that’s a lot older than me, and that’s a bit different because obviously they may have had their role for 10 or 15 years and then they see a very young whipper snapper come in and say “Go and do this”. [But] I think that’s something to learn and grow from: as long as you value them and appreciate their point of view ... [although] if you didn’t have that emotional intelligence then you could fall apart very quickly. (G15)

**Impressions of their generation and its likely contribution to public health**

The graduates’ ideas about their generation and its likely contribution to public health were still ‘a bit hazy’ (G1), and their confidence in its potential unshaken (‘I think that we will be able to make a difference, but I’m just not sure how just yet’ [G3]): even if uncertain of their
own role as future leaders [‘I don’t really think of myself as a major player in this area … At the moment, I’m just happy doing the work that I’m doing’ (G8)].

- **As employees**
  Overall, the graduates’ saw themselves as ‘loyal’ (G17), ‘proactive, ideas-driven’ (G15) employees, who were open to new ideas and ways of working [‘I am willing to look at new ideas, to understand and to try something new’ (G12)] and brought ‘a fresh perspective’ (G3) to the workplace courtesy of a well-rounded education [‘the variety in our education … I think that would be [our] greatest asset’ (G9)]. And while they still valued ‘a work-life balance’ (G6), they were hard-working [‘we still work hard and we get the work done’ (G10)].

- **As leaders**
  The graduates expected their generation would ‘build on the advocacy and other work’ (G16) of past generations and persist with efforts in tackling major preventable public health issues like ‘obesity and alcohol’ (G1), to which they now added the problems of ‘traffic congestion, infrastructure, how we deal with a growing population’ (G1), ‘sedentary’ lifestyles (G2) and ‘mental health’ (G7). One thought their generation would give stronger emphasis, and take a more ‘holistic’ approach to preventive health, based on a better ‘understanding now of what you can do to prevent problems in the future and how important that is and, although you don’t see results straightaway, that it’s the most [cost-effective] way to go’ (G2).

Another graduate thought ‘our generation really likes to challenge the status quo’ (G15) aided by technology. This view was shared by several of the graduates, who considered their generation’s embrace and innovative use of technology to be both a strength [‘technology is our generation’s bread and butter’ (G16)] and ‘a huge part of [its] ability to make change’ (G15). This generation’s adeptness with technology was seen as central to efforts ‘to promote public health’ (G10) and foster collaboration [‘with technology that might become easier’ (G10)].

Another graduate felt this next generation may place greater onus on individuals for their health choices, noting some intolerance amongst her peers and the possibility of a ‘harder line’ being taken against ‘people who abuse systems that are in place or who don’t help themselves and who expect a lot from society’ (G14), ‘but whether that actually [plays out] in
another 20 years when my generation is in positions [of influence]...’ (G14) was open to question. This contrasted with the observation that ‘I’m seeing younger and younger people really wanting to contribute to the community, both local and global, so having this [civic engagement] .... That’s something else I’ve noticed’ (G14).

Ideas about their generation’s future legacy resonated with past thoughts on the subject: though their ability to take a broad and longer-term view of their careers was clearly bounded by their perception of themselves as early career professionals more concerned with settling on a career path.

_‘I don’t really think about those things. At the moment I feel like I’m still to an extent finding my feet and settling on a career path, thinking about things like further study, rather than where I’ll be in 10 or 15 years. I’m still thinking in the short or medium term, basically is what I’m saying.’ (G8)_

### 5.4 DISCUSSION

There were few differences between the graduates based on their age, SEIFA decile, prior or deferred study, and receipt of an early job offer or vocational work experience; although some differences were observed based on gender, course of study, (past) preference for medicine, and favoured sector for employment. Among the female graduates there was growing awareness of the challenges of reconciling family and career aspirations, and for a couple of the BHlthSci/BCom graduates there were difficulties balancing their need to make a difference with more worldly ambitions. A latent desire to pursue a career in medicine had caused at least one graduate to commence a Bachelor of Medicine, Bachelor of Surgery (MBBS) course. Additionally, the realities of work in the private sector had inspired ambivalence in a couple of the graduates who had favoured this sector for employment. For the sole international graduate taking part in the study, their visa status and a shifting migration policy had continued to impact on their chances of securing both permanent residence in Australia and employment in their field of study.

The mobility and career patterns of the graduates over the period of the study showed a movement from exploration of different roles and options through work, travel and volunteering to the honing of a widening portfolio of knowledge and skills.
Exposure to different employers, professional positions and industry sectors had highlighted aspects of their studies, workplace inductions and professional development that were most helpful in acclimatising to the work environment and to becoming professionals.

Their developing careers had also brought with it greater certainty as to their career situation and goals, their work values and what was central to job and in the end career satisfaction. Furthermore, the graduates’ descriptions of their developing careers were of a dynamic process that provided social meaning to their lives, and their notions of career as much a felt need as an outcome of the times and opportunities available to them.

Their passion to ‘make a difference’ was undimmed by working life, although experiences since completing their studies had helped to develop a deeper, more nuanced understanding of the abstractness of the concept and the forms it might take.

After almost five years in the workforce, most seemed satisfied with their career development, if uncertain of their longer term plans. They remained positive about their generation and its future contribution to public health, though they still struggled with describing how the latter might manifest.

The graduates’ attitudes and behaviours and experiences of the process of becoming professionals were in accord with the literature on generational change and employment (Huntley 2006; Salt 2006) and a growing body of literature taking an in-depth look at graduates’ experiences during the first few years of employment (Graham & McKenzie 1995a, 1995b; Nystrom 2009; Nystrom, Dahlgren & Dahlgren 2008). Their mobility and career patterns were suggestive of generation Y’s purported fickleness and thirst for a variety of experiences (Huntley 2006; Salt 2006). However, the graduates’ accounts of their career trajectories did not show them to be capricious or unreliable: changes in their careers were indicative of the need for flexibility and employability in a more unpredictable labour market, and of their career stage, rather than purely generational differences. This finding was in keeping with the emerging literature questioning assertions about generational differences in career patterns and work values (Lyons, Schweitzer & Ng 2015; Twenge 2010; Twenge et al 2010).
Lyons, Schweitzer and Ng (2015, p.17)\textsuperscript{95} in their study of the career mobility patterns of four generations of Canadian workers observed a trend towards increased job and organisational mobility across the generations that has been amplified, but ‘has not intensified with successive generations’, positing that the increased mobility of recent generations was a reflection of and response to changing economic and social conditions. This theory is supported by earlier research by Twenge (2010, p.208) whose review of the empirical evidence on generational differences in work values found that generational differences show linear patterns, suggesting that ‘the usual view of generations as categorical, separate entities may need to be reconsidered. Instead, generations can be viewed as part of social change, which occurs gradually over a number of years.’

The work values of the graduates were a relatively unchanged feature over the course of the study: their altruism and valuing of flexibility and choice, shared values, teamwork, mentoring and empowering leadership; their drive and ambition; and the influence of family members and peers on their views and opinions seemingly unaffected by their experiences of different employers, professional positions and industry sectors. This phenomenon is consistent with a ‘stream of research [that] reaffirms the conceptualisation of values as stable constructs tending to form early in life’ (Twenge et al 2010, p.1138). The graduates continued to show willingness to work hard and to stay with an employer and on a career path; although the employment relationship was ‘more of a conditional attachment’ (Baruch 2004, p.68), characteristic of modern careers. This was consistent with the lack of generational differences in the data on job hopping observed by Twenge (2010, p.201), which ‘suggests that [generation Y] workers who are satisfied will be retained.’

The graduates’ experiences of their career trajectories also reflected themes and patterns found by Nystrom and colleagues (2008) in a longitudinal study that explored how graduates construe their professional trajectories in terms of their envisaged future work as senior students, and later as novice and early-career professionals with 18 and 34 months of work life experience. Six thematic categories were identified as illustrative of the graduates’ visions of their professional trajectory: learning continuously, establishing oneself, mastering

\textsuperscript{95} The authors analysed the career mobility patterns of four generations of Canadian professionals (n=2,555): Traditionalists (born prior to 1946); Baby Boomers (1946–1964); Generation Xers (1965–1979) and Millennials (1980 or later). Job mobility, organisational mobility and the direction of job moves were compared across groups through analysis of variance.
a tool-box, fulfilling a commitment, searching for a professional field, and changing directions.

The set of categories, depicting the graduates’ visions and experiences of their professional trajectories, do not seem to follow a specific temporal and logical order of appearance in their career. Rather, they appear in different order and at different points in time after graduation. The graduates display a movement from taking in new knowledge and making it their own to a need to change direction and for some, do something different. This dialectic relationship contrasts with the traditional vision of a career (Baruch 2004; Arthur, Hall and Lawrence 1989) as well as Dreyfus and Dreyfus’ (1986) argument of professional development as a straight line: from novice to expert. The results, rather, endorse the discourse of lifelong learning and the need for flexibility and employability on the labour market. (Nystrom, Dahlgren & Dahlgren 2008, p.228)

Graham and McKenzie (1995a) in their study of the transition from academia to working life, found most graduates experience some degree of difficulty in making the adjustment to a new working environment, claiming too that new graduate employees proceed through four stages after joining an organisation; uninformed optimism (despite some apprehension, graduates feel positive and optimistic about this new stage in their lives); informed pessimism (graduates begin to doubt their abilities and feel some frustration with aspects of their work and organisation); hopeful realism (graduates acclimatise to the organisation developing allies and a better understanding of how things work); and informed optimism (graduates have experienced some success with projects and see opportunities to make an impression and to thrive). In the main, the experiences of graduates taking part in my study had not led to the ‘great deflation of expectations’ observed by Graham and McKenzie (1995b, p.37), although their career beginnings were suggestive of the series of stages they described.

Graham and McKenzie’s (1995a, p.4) research underscored the importance of a ‘good start’ to job satisfaction and commitment.

The first few days and months of a job can make a lasting impact on the graduate’s perception of the organisation and their commitment to it. It is crucial for both
graduate and organisation to make a good start to their relationship, to live up to the message communicated in the recruitment process.

For the graduates, the process of becoming a professional had been assisted by the vocational context and professional practice that had been a feature of their degrees, and the help and encouragement provided by mentors and supportive managers. The literature reaffirms the value of the former in preparing graduates for employment (Crebert et al. 2004; Daley 2001; Graham & McKenzie 1995b; Jackson 2013; Kaighin & Croft 2013) as well as the helpfulness of mentors in coping with setbacks in difficult times and in energising and advancing the careers and professional development of mentees (Landis 1990; Wright & Wright 1987).

The graduates’ accounts of their career trajectories also highlighted the interconnectedness and influence of personal, institutional, social and economic factors on their attitudes towards and navigation of their careers, as found in other studies. Their capacity for self-reflection was an important and integral part of the transition process and the graduates’ understanding of it (Delaney 2003; Nystrom 2009); as were the influence of events, of people and communities of practices in which they participated, and their increased professional knowledge and experience, on the graduates’ concept of themselves as ‘professionals as well as how they envisage their future professional trajectory’ (Nystrom 2009, p.49).

5.5 CONCLUSION

This phase of the research explored the graduates’ experience of their career beginnings and development, and helped in gaining an understanding of what it is like for public health graduates entering the workforce, their preparedness for work and induction into the workplace. More importantly, the findings from this and the previous phase of research helped to illustrate the power of higher education and professional practice to enthuse—an already primed cohort—with a potentially lifelong passion and commitment to public health where there are strong synergies between the two domains.

What is more, the research findings reinforced the importance of open minds and communication to workforce planning and development, and the need to eschew ideas of ‘generation’ as a problem: that in fact hearts and minds are as critical to the vitality of the public health workforce as its size and skills.
The mutual benefits of a more seamless nexus between academia and industry was also apparent, as well as the need for broader thinking about the concept of career in public health: a phenomenon that is at once personal and social, inspired and constrained by other people and events, increasingly reliant on a developing portfolio of knowledge and skills, and as much driven by a need to make a living wage as the desire to make a meaningful contribution and closely aligned to personal values.

The next and final phase of research provided opportunity to present on the results and provisional findings of my research and discuss its relevance with educators and employers.

**Last words from the graduates on the transition to work**

‘I’ve confirmed for myself what I want to do. When we last spoke I said that I wanted to do research for an NGO, but I wasn’t that certain. Now I’ve started doing it and I like it, and I’m quite certain that it’s what I’d like to keep doing.’ (G8)

‘Where to next? It depends on so many things, both professionally and personally.’ (G17)
6 PHASE 3: EDUCATORS AND EMPLOYERS—REFLECTIONS ON THE
GRADUATE EXPERIENCE

This chapter describes my research with educators and employers, which explored their views on the results of earlier research with the graduates and my preliminary thoughts on the relevance of the findings for the field.

Separate focus groups were conducted with educators (n=8) and with employers (n=9). The groups, however, were not completely homogenous. Two educators participated in the focus group with employers and one employer in the focus group for educators: this was done to accommodate a few individuals who were unavailable on the day of their respective peer focus group, but still willing to take part. The composition of the focus groups is discussed in a later section on Additional notes on methods. The setting for the focus groups, which were held in September 2015, was a private meeting room at my place of study.

The participants were provided with background reading a few days prior to their focus group. This comprised a video recording, accessed via YouTube, in which I presented on the context for the study and the results of the first phase of research with the graduates, as well as a copy of the PowerPoint presentation on which the video recording was based. The focus groups opened with a recapitulation of the key findings of the first phase of research with the graduates, followed by a presentation of the results of the second. My thinking as to the implications of the research for the design of undergraduate programs, and for the recruitment, induction and retention of new graduates within the public health workforce was shared in the latter part of the focus group discussions.

Demographic data on age, gender and SEIFA decile was gathered from all participants using a self-completion form that was completed either immediately before or after their focus group. Additional data on the number of years of their having taught public health undergraduates was collected from participants in the educators’ focus group, and on the number of years supervising new graduate employees and industry sector of employment from participants in the employers’ focus group. Three of the educators indicated they had

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96 Like the graduates, the sample of educators who took part in the study was drawn from university A and university B.

97 These participants were at that time graduands on the brink of a career in public health.
been or were also an employer of public health undergraduates. The data are presented in Table 5, p.57 and in Figure 16 overleaf.

A note-taker was recruited to assist with the set-up and recording of the focus groups. The role of the note-taker is expanded on in the section on Additional notes on methods.

For this phase of the research, participants in the focus groups were invited to reflect on:

- Aspirations and career trajectories of the graduates who had taken part in the study, and the meaning they had attached to their experiences
- Implications of the research results for the design of public health undergraduate programs and for the recruitment, induction and retention of new graduates within the public health workforce
- Bearing of external events on the tertiary education and employment sectors of likely relevance to this study

A copy of the discussion guide is provided at Appendix D, Phase 3—educator and employer focus groups (T3).
### Educators—teaching experience (n=8) | Employers—supervisory experience (n=9)

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### Educators—supervisory experience (n=3) | Employers—employment sectors (n=9)

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Figure 16: Educators and employers—sample description—select attributes

^ Four of the employers had worked in more than one sector

### 6.1 INTRODUCTORY REMARKS CONCERNING ‘REFLECTIONS ON THE GRADUATE EXPERIENCE’

I approached this phase of the research with some trepidation. Through the focus groups I was subjecting my years of research with the graduates to a form of peer review: and the ‘critical outsiders’ were not anonymous. The nature of the study, and the connectedness of the Western Australian public health workforce, meant that many of the participants were known to me. Even so, I looked forward to the learning that this process would enable: the different perspectives that my peers brought to the study helping to make clear the significance of its findings, and to deepening my understanding of factors influencing the tertiary education and health sectors and their labour forces. The latter was particularly critical to my developing ideas about the implications of the findings for educators and employers now and in the near future: a concern throughout my study being that conditions
would be so changed by the time it was completed that the problem it addressed and the insights it offered would be of limited contemporary relevance.

Consistent with my approach to earlier research with the graduates, careful attention was given to the historical context, in particular political, economic and organisational policies and events that were influential on the evolution and shape of the tertiary education and employment sectors, and germane to this phase of the research.

Not unexpectedly, the surrounding conditions for educators and employers were found to have been as tumultuous as that of the graduates: their worlds also shaken by large shifts in national policy priorities and economic outlook and the consequent effects on programs, service delivery and labour markets.

Post the 2008–09 global financial crisis, spending on education and health was front of mind for state and federal governments as they grappled with the twin pressures of surging demand for services and spiralling costs. The introduction of a demand-driven tertiary education system in 2009 had led to a substantial increase in student numbers rising from about 440,000 federal government supported places in 2009 to around 600,000 in 2014 (Department of Education and Training 2015; Dow 2014). This was accompanied by a significant increase in federal government expenditure on tertiary education teaching and learning and research (from approximately $10 billion in 2009 to $15.4 billion in 2014) (Department of Education and Training 2015). The problem of funding a rapidly expanding tertiary education system was an ongoing concern for successive Australian governments prompting calls for a radical overhaul of the sector with the 2014–15 Australian federal budget foreshadowing ‘a shift to a more user-pays, market-based model, with greater competition from private providers and changes to funding arrangements for universities and students’ (Griffiths & Harrington 2016, ‘Changing the structure of higher education funding’, para.1). Measures proposed in the budget met a mixed response with the claimed potential for a strengthened and expanded tertiary education sector counterbalanced by concerns over the potential for some measures to act as barriers or deterrents to participation in higher education, to stratify the sector and to intensify competition for students and government funds (Dow 2014; Griffiths & Harrington 2016).

98 Figures reported are the domestic students Equivalent Full-Time Student Load (EFTSL) as provided by the federal Department of Education and Training.
At a state level, the universities from which participants in this study had been drawn had introduced their own institutional reforms in response to an increasingly competitive global market and the need to become more productive in the face of cuts in public funding and other fiscal pressures. Reforms implemented by the universities broadly encompassed resetting of strategic direction and priorities, and introducing changes to improve organisational efficiency and research performance, and the quality of teaching and facilities and of the student experience (University A 2010, 2015, 2016; University B 2010, 2015, 2016). University A undertook the most comprehensive reforms with implementation of a new course structure that took effect in 2012 (described in detail in Chapter 5), and work on a major reorganisation of its operations that commenced in 2014 (University A 2015, 2016).

For the health sector, the years 2008–09 to 2014–15 had been equally chaotic with abrupt swings in national policy and funding priorities. In the lead up to a new decade the Council of Australian Governments (COAG) agreed on a raft of ambitious health reforms that would improve the delivery of health care, address the rising prevalence of lifestyle-related chronic diseases and close the gap in Indigenous health outcomes (under National Partnership Agreements on Preventive Health and on Closing the Gap in Indigenous Health Outcomes) (National Preventative Health Taskforce 2009). The Federal Government also committed to establish a new network of primary health care organisations, known as Medicare Locals, to coordinate and connect health services (AIHW 2012). New federal funding under these initiatives supported the rapid development and expansion of state, territory and national programs and infrastructure and creation of new employment opportunities (ARTD Pty Ltd 2014). The change of government following the 2013 Federal Election, however, saw the sudden and unexpected termination of the National Partnership Agreement on Preventive Health, uncertainty as to future investment in the National Partnership Agreement on Closing the Gap in Indigenous Health Outcomes and abolition of Medicare Locals, resulting in significant loss of federal funding for programs and infrastructure support and uncertainty as to the national policy agendas for preventive health, Aboriginal health and primary care.

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99 The references provided are for annual reports published by university A and university B for the years 2009, 2014, 2015. The institutions are not named in order to maintain the anonymity of participants in the study.
100 The Council of Australian Governments (COAG) is the peak intergovernmental forum in Australia. The members of COAG are the Prime Minister, State and Territory Premiers and Chief Ministers and the President of the Australian Local Government Association. Source: https://www.coag.gov.au/
Policy shifts and other changes in federal government funding arrangements with the states and territories were an indication of differences in ideology between the outgoing and incoming governments. They were also a sign of the rising concern and preoccupation with growth in public spending and debt in the wake of the global financial crisis and fuelled by revenue and spending projections that suggested ‘Australia is on track for more than a decade of deficits between 2008 and 2019’ (Daley & Wood 2015, p.4).

State governments were also facing significant budget pressures. Economic conditions for Western Australia deteriorated sharply over this period following large falls in royalties from mining, and a dramatic decline in its share of GST revenues, and were exacerbated by reduced funding from the federal government to states and territories to areas such as health and education (Daley & Wood 2015; Department of Health 2015; Department of Treasury 2014).

With health and education spending forecast to grow strongly over the next decade, federal government measures to alleviate its own budget pressures added to state budget woes: health and education making up almost half of state government expenditure, and health the most significant spending pressure on state governments (Daley & Wood 2015; Department of Treasury 2014). In the years that followed the global financial crisis, total national health expenditure increased markedly, rising from $127.7 billion in 2008–09 to $161.6 billion in 2014–15. Spending by governments accounted for 67 per cent of total health expenditure in 2014–15 with the federal government contributing 41 per cent ($66.2 billion) and state and territory governments 26 per cent ($42 billion) of total spending (AIHW 2016). In 2014–15, health represented 28 per cent ($8 billion) of Western Australian general government sector expenses compared to 24 per cent in 2008–09 ($4.3 billion) (Department of Health 2015; Department of Treasury 2014; Department of Treasury and Finance 2008).

Successive budgets in the latter part of this period saw the introduction of similar measures by the federal and state and territory governments to curb growth in public spending and

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101 Total health expenditure = recurrent plus capital expenditure
102 Constant health expenditure is expressed in terms of 2014–15 prices
debt: they included reduced and deferred government expenditure, commitments to reduce the size of the public sector, institutional reforms to drive improvements in the cost-efficiency of publicly funded services and programs, and the planned sale of assets (Department of Health 2015; Australian Government, Department of Health 2015; Department of Treasury 2014).

Weakening economic conditions for Western Australia saw a softening of the labour market too with more recent trends suggesting ‘West Australians now face a labour market future that is marked by weaker demand, growing precariousness and reduced work hours’ (Duncan et al 2016, p.87). An increasing, and ageing, population continued to drive jobs growth in the health and social services sector, and in education and training (Department of Training and Workforce Development 2016; Australian Government, Department of Employment 2016). Even so, major employers like the Western Australian Department of Health were cautious in their own analysis of influences on health workforce demand, noting that:

> Fiscal constraints also affect whether a workforce is in shortage or over-supply. Employers in no-growth or negative growth scenario are unlikely to be actively recruiting, rather striving to utilise their existing resources more effectively and undertaking targeted recruitment for specific workforce gaps. (Department of Health 2016, p.8)

Policies implemented by successive Australian governments over the past decade that encouraged older workers to stay in the workforce longer (ABS 2010; The Treasury 2015), although ‘likely to create even greater opportunities for those able to extend their working lives beyond the traditional retirement age’ (ABS 2010, p.7), also had potential to limit opportunities for young people keen to enter the labour force and to progress in their careers.

Duncan and colleagues (2016, pp.87 & 89) in their examination of recent economic trends and implications for the wellbeing of Western Australian households noted ‘strong signals emanating from the labour market that career pathways will be less straightforward; it may be that more and more West Australians will need to hold multiple jobs at any point in time to make up preferred work hours, and multiple job turnovers and career shifts before retirement would not be unusual’, and surmised ‘that the labour market of the future—flexible, multi-
faceted, portfolio-based—may well be substantially different from the labour market of the past.’

6.2 ADDITIONAL NOTES ON METHODS

This phase of the study presented its own set of unique and practical problems. I struggled at first with how best to prepare for and run the groups. The participants selected to take part in the focus groups were busy professionals. It was essential that I made optimal use of their time. I also needed to adequately inform them about the purpose of the study and my expectations of the groups. I was very mindful too of the potential to overwhelm the participants with information, and the effect this might have on their readiness to attend and on time available for discussion in the focus groups. I had allowed 1½ hours for the focus groups. Any pre-reading material distributed prior the focus groups would need to be concise and engaging; as would any preliminary information presented in the focus groups.

An inspired suggestion of one of my supervisors was that I make a video recording on the context for the study and results of the first phase of research with the graduates (T1), and provide this as background information for participants to view before attending their focus group. The focus groups would then open with a brief recap of the results of T1 and an overview of results of my interviews with the graduates four to five years later (T2), so maximising time for discussion of the research findings. This proved an efficient and effective method for informing participants about the study and for exciting interest in taking part, although in hindsight I could perhaps have provided less contextual information in the video recording (which was almost 54 minutes in duration).

Difficulties were also encountered in scheduling the focus groups given other demands on the selected participants’ time; consequently the groups were not entirely homogeneous as planned. In earlier discussions about the composition of the groups with a past supervisor, I had floated the idea of mixed rather than separate focus groups with educators and employers for this phase of the study. An experienced qualitative researcher, my supervisor questioned the wisdom of this noting the different perspectives and agendas each cohort would bring to the study.
Texts on qualitative research often emphasise homogeneity as an important and distinctive feature of focus groups, the participants’ sharing of certain characteristics considered to be more conducive to a free-flowing discussion (Crabtree & Miller 1999; ed. Jupp 2006; Liamputtong 2009a; Marshall & Rossman 2006). Nevertheless, the convention of a homogeneous group has been debated (Crabtree & Miller 1999; Liamputtong 2009a) with some researchers arguing that heterogeneous group composition can ‘maximise exploration of different perspectives within a group setting’ (Kitzinger 1995, p.300), ‘stimulate and enrich the discussion’ (Crabtree & Miller 1999, p.115), and help to maintain the flow of discussion in some circumstances (Khan et al 1991). Although the composition of the focus groups conducted in this phase of the study was mostly homogeneous, the presence of an ‘other’ in the groups (two educators in the employer focus group, one employer in the educator focus group) did ‘inspire other group members to consider the topic under discussion in a different light’ (Crabtree & Miller 1999, p.115). Given the benefits of a more seamless nexus between academia and industry noted in earlier phases of research with the graduates, I did and continue to wonder what might have emerged from the focus group discussions if they had been heterogeneous.

I also arranged for a colleague to be note-taker, in addition to my audio recording of the focus group discussions. The use of a note-taker was essential for this phase of the research. It enabled me to concentrate on asking questions and listening to what the participants had to say. More importantly, there was someone else present who could record ‘the key issues emerging in each session and other factors that may be important in the analysis and interpretation of the results’ (Liamputtong 2009a, p.77), observe non-verbal responses of participants, eavesdrop on side conversations not necessarily captured as part of the larger group discussion, and later play ‘the role of the critical friend who thoughtfully and gently questions the researcher’s analyses’ (Marshall & Rossman 2006, p.203). In addition, the size and layout of the room available for the focus groups meant I could not solely rely on equipment used to date to record the focus group discussions, it being more suited to one-on-one interview situations.
6.3 RESULTS

Reflections on the aspirations and career trajectories of the graduates

- **Values, beliefs and career aspirations**

The values, beliefs and career aspirations of the cohort of graduates who took part in the study in the main corresponded with the observations and experiences of educators and employers of that generation.

Both groups remarked on the altruism of those drawn to public health as a course of study and career [‘students who pick public health do tend to be altruistic ... to have a motivation to give something back to the community’ (EDU3), ‘they’re public service minded, wanting to do good’ (EMP6)], and their passion to ‘make a difference’ to the lives of others [‘it has been crucial from their point of view that they are making a difference’ (EMP7)]. Employers’ noted too how central this was to job satisfaction and to the attraction and retention of graduate employees.

...talking about [organisation] specifically, you may have seen some of the ads [about] us moving to a health partnership relationship and making a difference in people's lives. That has resonated very well with generation Y and though we had them knocking on our door [before], now it's two, threefold... (EMP4)

A lot of the difference we make isn't really obvious straight away. So you have to talk through that ... and show them the ways that they can get that sort of feedback, to realise that they are. [Otherwise]... they would just leave straight away because that's really the bottom line for them... (EMP7)

The graduates’ expectations of working life, their valuing of ‘flexibility’ (EMP9) and choice, ‘work/life balance’ (EMP6), shared values [‘They have their standards and if they don't see the values of the organisation (aligning with these) they'll speak up’ (EMP7)], teamwork [‘they really enjoy being part of a team and having peers that they can work with and bounce things off’ (EMP7)], ‘a positive work environment’ (EMP7), ‘learning’ (EMP8) and ‘mentors’ (EMP7) [‘Particularly in the first couple of years out of university’ (EDU8)], was mostly consistent with the experiences of educators and employers as well.
- **Skill-sets that graduates bring as employees**

Both groups were generally positive in their assessment of the competencies the graduates thought they brought as employees, commenting on their ‘varied skill-set’ (EMP6), comfort with ‘social media and IT’ (EDU3), drive and ambition [‘they come with strong motivation to really attack a program and do a really good job’ (EMP8)], and readiness ‘to challenge the way you do some things sometimes’ (EDU3).

Nonetheless, both groups noted differences in this generation of public health graduates and employees compared with previous generations. A few participants thought this generation more self-confident and forthright than their own or past generations. For employers this was most apparent in this generation’s preparedness to ask questions, particularly as they related to conditions of employment and career advancement.

> It used to be at the end of interview you'd say “Have you got any questions?” and [there] would just be silence, but not anymore. (EMP9)

> “Why [have you] chosen to work at this organisation for such a long time?”, “What is the culture like within the organisation?” The first time I was asked that I sort of sat there. “Really? Gee, I haven't prepared anything for that.” It was quite funny. (EMP8)

This was ‘not necessarily [seen as] a bad thing because it does challenge you and make you think... but not something you [would] have seen fifteen years ago’ (EMP6). One participant in this group thought this generation less confident than they seemed [‘I still find that there's a fairly high level of insecurity or anxiety that they're doing a good job. They might come over quite confident but I'm not sure that the confidence is that high internally with a lot of them.’ (EMP7)], while another noted ‘that enthusiasm, that confidence’ (EMP4) was a quality their organisation looked for in all new employees regardless of their age and observed that a preparedness to ask questions of future employers was not unique to this generation rather a demonstration of learning acquired during their tertiary education and of initiative.

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103 This view was not specific to participants of a particular age, gender, and years of experience or sector of employment.
I think that's coaching not only from an academic setting though. You can go to any website on interviews and there are 50 questions that you could ask an employer. So I don't find that restricted to generation Y. I think that's just a general trend. (EMP4)

The latter remark was in part confirmed by one of the educators participating in the employers’ focus group.

We do encourage them to think about what career they would like and therefore what pathway [to achieving their longer term career aspirations]. So that is thinking about what are the opportunities and those opportunities might be about professional development and they often are. (EDU3)

Others also questioned impressions that had been formed of this generation.

I've had such a variety of new graduates... Some have been over confident and it hasn't matched their skills, others have been confident and it's matched their skill level and others have really needed you to help them more than you would think [necessary], but were still very capable. I think they're just not a homogeneous group of people. (EMP5, murmurs of agreement)

...we've just had this most amazing young woman as a graduate for four months and I'd love to employ her. She's great ... she's got unbelievably lots of emotional intelligence. Her ethics and just the whole way she works; [but] I think you could find like-minded people in any generation... (EMP2)

This generation of graduates was seen as more risk adverse and sensitive to criticism and failure by some employers too ['I actually think there is an adversity to failure that's different in this generation; they probably haven't failed before in their life... sometimes you have to fail to grow... they're not used to that’ (EMP9); some murmurs of agreement].

For educators the self-confidence and forthrightness of this generation was perhaps reflected in the candour of questions and feedback on course content.
They take great pleasure in telling me “I didn't really think that was relevant for you to teach that in that year”. I always think that's really interesting that they know what's going to be relevant and less relevant. (EDU2)

Other differences noted by educators included a perceived decline in written communication skills and the standard of finished work submitted for assessment ['Some of the basic stuff around written communication has declined a little bit' (EDU2); ‘what goes in is their first draft: there's none of that finessing, thinking, it's just “I've got to get the thing done”’ (EDU5)], offset by greater interest and participation in policy issues and voluntarism ['their engagement around policy and politics has increased' (EDU2), ‘lots of volunteering experiences’ (EDU1)]. However, there was some scepticism as to the depth of their understanding and engagement in policy and political issues, which one participant thought was ‘probably associated with having good access to the Internet and their use of that’ (EDU1).

I don't know that they always go as deep as what students used to. I think it's a lot more superficial... Whereas, you know, a decade ago I think they were probably a lot more critical and thinking about things a lot more. (EDU1)

The perceived lessening of attention to some aspects of their coursework was thought indicative of the busyness of the lives of students these days ['Uni is a part of life ... “I'm also having an active social life and I'm volunteering and I'm doing 30 hours a week of paid work and Uni just has to fit in with that”’ (EDU2), murmurs of agreement], and of slow changes in the student body over the past 20 years ['It's (been) the trajectory over the past 20 years. It's not (happened) suddenly 10 years ago. It's just been a slow change.’ (EDU5)]: the latter evidenced by increasing student numbers, ranging abilities and varying commitment to a future career in public health.

I think our numbers have increased too. We have a dedicated health promotion degree, but we also have a lot of health science students that do our units whereas when [X] and I first started we pretty much just taught health promotion students. So it was a little group, everyone knew each other. It was a lot more... [collegial]. (EDU1)
The sole employer who participated in the educators’ focus group mostly concurred with the educators’ assessment of differences in this generation of public health graduates, but did wonder whether the differences that were being observed were ‘a generational thing’ (EMP3).

*I actually agree and [have] seen through [organisation] even in just the last two years what has changed. I look at the students that are coming out now and they're quite innovative, they think differently and they are moving with the time which is awesome. I also see the differences in where we had a lot more structure and this is how you do reports and that sort of stuff; but having other opportunities, like looking at the political environment, that is changing the way that they're working and their understanding [of their role] in the workforce. Yeah, it's quite amazing ... whether this is a generational thing...* (EMP3)

Changes in the quality of graduate and early career employee written communication skills and standard of finished work was not talked about by participants in the employers’ focus group. Though, one participant did remark, ‘I get surprised at how good they are. I guess I get to pick and choose these days among a big group’ (EMP7).

- The transition to work
The graduates’ accounts of their transition to work and what had mattered most in getting off to a good start was familiar to educators and employers (see also the later section in this chapter on Reception into working life).

It also prompted lively discussion among the participants in the employers’ focus group as they questioned their own assumptions about graduates’ knowledge and capabilities and the adequacy of supervisory support and guidance they had provided in the past.

*I've employed a number of this generation over many years ... I find they come in very confident and articulate and ready to work, but the [trick for me] has been trying to adjust for them. Sometimes we get that bit wrong. We hear [they want] flexibility ... but we may give them too much ... they still need some structure.* (EMP9)
This was a conundrum that was well-illustrated by an anecdote shared by one participant in the employers’ focus group,

... Some of them are so competent, and because they're so competent [you assume] they can pick up [the work] quickly and run with it. I've had the experience, which I do feel bad about, where I had a graduate involved in [a project] who seemed to be doing a really good job. Halfway through she said, “Who is the target audience and what's this going to be used for?” ...I felt really bad that I hadn't explained [the project from the outset] ...I think if she had been someone less competent I would have gone back to the beginning, “We've got this project and it's because of this, etc.”  

(EDU8)

- Making a career

The graduates’ career trajectories were also in accord with the observations and experiences of educators and employers, with both groups noting the mobility of this generation ['they're moving around a lot' (EDU3), ‘I see our graduates coming and going which is kind of in line with Gen Y’ (EMP5)] and some of the factors that contributed to this ['the nature of the (job) market’ (EMP2); ‘we've got a very flat structure, (and) there's not a lot of movement’ (EMP5)].

The graduates’ career trajectories were also seen as universal by participants in the educators’ focus group, and not specific to the sample who took part in the study, the majority of whom were drawn from university A ['there’s lots of similarities’ (EDU2), university B].

Participants in the employers’ focus group also acknowledged the need to manage graduates’ expectations of career progression,

... particularly in terms of promotion in the workplace, some of those soft skills take some time to mature, to develop... so it’s managing the expectations of that particular person and what learning now is. Learning is no longer a graduate certificate: it’s that ongoing journey. (EMP4)

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104 Participants in the educators’ focus group mostly signified this through murmurs of agreement and nodding of heads during the presentation of results rather than through extensive discussion within the group.
This was a need that was underscored by one of the participants in the employers’ focus group, who told of past experience as a generation Y graduate employee, ‘You do go in expecting there will be something set up for you in terms of work and [career development]’ (EMP1).

Equally there was recognition of the need to at times temper employers’ expectations of graduates [‘We push them along a little bit too quickly because they look like they want it and they can do it’ (EMP9)], and for more candid conversations with graduates about the skills and experiences fundamental to career advancement [‘life experience does matter... and (the lack of it) will sometimes limit the roles that you might be able to take on’ (EDU8)], and on the latter the potential ‘for employers to accelerate that learning ... [through workplace] culture and programs’ (EMP4).

One participant in the employers’ focus group also wondered if there was need to rethink the notion of career progression.

...how can we as employers change that language? How can we change that notion [of career progression] so we're not reinforcing this idea that unless you're going up a level [you're not progressing]? (EDU8)

Relevance of the research for teaching and practice

The data from the interviews with the graduates were distilled into three sets of tips on which educators and employers who took part in the focus groups were invited to comment. The first two sets highlighted features of course design (Box 4) and workplace induction (Box 5) that the research suggested had been most helpful in adapting to the work environment. The third presented strategies for inspiring an interest in and fostering a commitment to a career in public health based on insights gained through these interviews (Box 6).

- **Design of public health undergraduate programs**

Educators who took part in the focus groups agreed with the set of tips on course design (see Box 4 overleaf) and considered them applicable to the student population for undergraduate public health degree programs at their universities.
Box 4: Tips on course design—educators

Breadth, flexibility and vocational relevance and context of courses of study
• Noting the distinction between a course that has a vocational context and a vocational course
Early and ongoing exposure to industry leaders and settings
Profile, standing and connectedness of academic staff
• And capability to infuse students with a passion for public health
• Not necessarily contingent on a cadre of larger-than-life personalities
Culture and cohesiveness of the academic community linked to courses of study
• And inclusive of students and staff, and the latter’s professional networks
A mutually-reinforcing system of curricula, activities, people and incentives
• That engage and inspire students

Educators thought that ‘on the whole there [was] a good synergy between the skills that graduates have and what employers want’ (EDU6): demonstrated by the graduates’ own belief that their studies had prepared them well for working life and the feedback and support educators themselves received from employers in the delivery and design of their undergraduate degree programs.

Certainly for the students that go out on practicum we do ask the supervisors whether the students were ready for the workforce ... the feedback is usually really positive and yeah, I guess we know because they take them back; a lot of the students get employed as well. (EDU7)

We have an academic advisory board ... [the] need [for] more policy came out of one of the meetings we had recently and because of that we created a new unit ... because that was deemed to be very important. (EDU2)

Nonetheless creating a mutually-reinforcing system of curricula, activities, people and incentives presented unique challenges for educators, as described by one.

I think one of the tensions with a course that has a vocational emphasis is the vocational experience versus the conceptual development and the expectation, for example in our courses, that you will do units on interprofessional practice and you'll do foundations and you'll do ethics and a whole range of staff that's about working, and then making sure we have enough time for, I think a conceptual understanding,
the critical thinking and the reading and the other stuff that actually makes up the knowledge set that people take out. That is a challenge in our course. (EDU2)

For the educators the high standing of the public health undergraduate degree programs offered by their universities was also testimony to the foresight and pragmatism of those involved in their design and development, and the connectedness with industry noted in previous comments.

...when I was setting up this program I always thought about what it was like for me as a graduate. I felt that I had knowledge and skills, but certainly not in terms of those transitional skills. You spend so much of the first few years not really knowing whether you're making a difference and what you're doing is right. I think that we have encouraged the students to be reflective, to ask questions, sometimes more successfully than others. The whole point of having a practicum, and the unit that they do before the practicum, is to prepare them for that transition to work too ... So it's incorporated [colleague Y’s] vision including that leadership unit. (EDU3)

Listening to what employers had to say about the broad skill-set and vocational readiness of graduates made clear for one of the educators in the employers’ focus group that,

...even as staff of the university we sometimes underestimate how much the nature of the assignments and the tutorial activities and the ... [guest lectures] ... expose [our students] to a whole array of stuff that maybe they [wouldn’t] get in other courses. I think it's good for us to hear that even more of that is valuable. (EDU8)

Participants in the educators’ focus group were asked if they thought changes in modes of course delivery and the offering of more units and degrees online, and the different experiences they provide, might weaken their capacity to infuse students with a passion for public health. This wasn’t necessarily seen as a risk, particularly by educators from university B, which one participant stated had ‘a long history of online education’ (EDU5).
Another conceded that while,

\[ I \text{ would certainly always argue [for] face-to-face as giving a really good experience, and it's nice for students to come onto campus, ...there's lots and lots of [online] technologies now that try and recreate that same atmosphere and students still work in groups and they still communicate with each other. I think it does take a little bit of time for people to learn all the different technologies, but we're getting better at doing that, so I think [students] are still getting that experience and hopefully still being inspired. } \] (EDU1)

These same participants had also observed changes in the student population over the past two decades and effect on the *esprit de corps* among the student body.

\[ ...now we have students from all over the place. So, there's still that really good group of students, but then you've got a whole lot of other students that may not be quite as passionate... \] (EDU1)

\[ ...but also [enrolment in the] general health science degree has grown as a response to all the graduate entry master's programs [on offer]. When I coordinated [the degree], it [comprised a] very small [cohort of students] but now it's got hundreds of students [enrolled] that [want to pursue a variety of career paths]. \] (EDU5)

The graduates’ reflections on the benefits of the professional practice component of their studies, especially in developing an understanding of the health industry and how things actually work, provoked much discussion among the educators and led one educator to muse,

\[ If we had more time within our undergraduate degree, perhaps you might disagree with this, but it would be really nice to have I guess an experience more like the grad program in which [the students] are exposed to some of those different [industry] environments prior to [graduation]... \] (EDU2)

Although another noted ‘we’ve discussed increasing prac time to give them more opportunity [to experience a wider variety of industry environments] ... but then there’s a whole range of issues associated with that’ (EDU1). Nevertheless one other educator thought this might be
accommodated ‘it's certainly something I could see introducing into the prac unit that exists though: more discussion and more acknowledgement around that’ (EDU5).

The benefits of exposure to different kinds of industry environments was also endorsed by the sole employer who took part in this group, ‘I think it would be good to have a bit of experience in all [sectors]... because the skill-set [that would be required] is going to be quite different [for each] and ... adaptability is important’ (EMP3).

However, one educator did not think students truly realised the value of their professional practice unit until they had been out in the workforce for a few years, ‘including more stuff in the unit doesn’t necessarily mean they will engage with it or see the importance of it’ (EDU7). Another thought this ‘true for some but not all’ (EDU5) causing the former to wonder whether the timing of professional practice was a factor.

I guess it's the timing of when they have those practical experiences. So in the Bachelor of Health Science the practicum was usually [in] their last semester. Now in the population health major it's at second or third year. [It’s] usually [in] third year that they do a shorter practicum, but they do come back to university to complete some of their units, and I think those students have said that they've actually valued that because it gives them a bit more direction for their final semester. (EDU7)

- Reception into working life

The tenor of the focus group discussions did not suggest disagreement with the tips on workplace induction (see Box 5 overleaf), or the research findings that had informed these.

For participants in the employers’ focus group, the graduates’ description of their reception into working life was instructive prompting reflection on past personal experiences and current practices: one summarising the latter as ‘a view of induction as a tick box’ task rather than seeing it as a crucial element in a person’s ‘development over their whole career’ (EMP9).

105 The participant was referring here to academia, the government, non-government and private sectors.
Among employers there was general agreement that workplace induction should ‘not just [be] about being shown where everything is: that you understand where you fit within the organisation, where you contribute to it’ (EMP1), and that while ‘you can let them run a little bit, there’s still a requirement for some guidance and management’ (EMP9) and an ‘understanding [of] the balance’ (EMP8) between ‘autonomy and micromanagement’ (EMP9). This also meant ‘making the time for those conversations’ (EDU8), including ‘identifying ... [who are] the go-to people, legitimising that it's okay to go and ask these people [questions]’ (EDU8).

**Box 5: Tips on workplace induction—employers**

- A realistic assessment of the graduates’ knowledge and capabilities
- A program of work that gradually increases the complexity of tasks and responsibilities allocated, ensures graduates are fully occupied and takes into account additional skills they may bring
- Clarity as to expectations and rules of the workplace
- Availability and ready access to staff with whom graduates will be working
- Appropriate levels of supervisory support and guidance, especially when allocating new tasks and responsibilities
- Regular communications and catch ups, formal and informal, to monitor progress, make certain issues or questions are dealt with in a timely fashion and provide feedback and encouragement
- Provision of mentoring and buddy systems

There was also recognition of the role of ‘supportive managers’ (EMP5), ‘peer-support’ (EDU8), of ‘being able to talk to people my own age’ (EMP1), ‘mentors’ (EMP7), and working as part of ‘a team’ (EMP7) in providing the ‘reassurance’ (EMP2) and inspiration, ‘that positive momentum’ (EMP7), new graduate employees often craved.

The more intensive support and structure offered through scholarship and graduate programs was also recognised.

*There's a really formal structure around [the scholarship program] and I think those people are really nurtured and supported, but if someone comes [into] a graduate position, just as a project officer, I think they miss out a bit. I think the person on the scholarship gets much better treatment. It's made me think we need to [find a way to] transfer that across [to other graduates] in our workplace...* (EMP5)
One employer did not think the graduates’ experiences of their reception into working life were unique to career beginnings.

Some of the issues that are raised for new graduates are [the same] for people coming into a new area ... I've found [working] in policy ... that people are coming into a new environment and style of working and new governance, different governance [where] you've got less independence sometimes ... than you do running programs because you're in a much more complex, political sort of environment. So, some of the issues for new graduates or very early career people are the same [for others]. (EMP6)

Further reinforcing this point by adding,

We've had people come in from regional areas and go through a [form of] culture shock because it's so different and yet, they're quite experienced people. (EMP6)

- **Attracting and retaining to a career in public health**

The tips on attracting and retaining graduates to a career in public health, or the health industry, as set out in Box 6 over the page, resonated strongly with participants in both focus groups, signified by the vigorous nodding of heads and the opinions and reactions they elicited.

**Making a difference** was thought a message that ‘tapped into [prospective students’ and graduates’] notions of being a ‘good world citizen’ (EDU2), notwithstanding the difficulties encountered in ‘managing expectations about what difference they [would] be making’ (EMP8).

**Keeping it real** reflected a truism of a career in public health (‘health is a long time and not always a good time’ [EDU2]) encouraging some broader thinking too about current approaches to the recruitment of new employees.

I haven't really thought about it in terms of the realness of it. You sort of get stuck using the same ... wording and techniques to attract new staff. I think this has certainly [got] me ... thinking about [how we describe the jobs we advertise]. (EMP8)
## Box 6: Tips on attracting and retaining

### Message
- Making a difference, becoming part of a bigger movement of like-minded people for change

### Medium
- What you say and do
- How they see you, and public health

### Keeping it real
- Not for the faint-hearted
- Challenges and obstacles
- Potential for personal development and career satisfaction
- Celebrating the small and the big wins
- What energises and sustains us

### Work
- Varied, at times demanding, requires individual and collective efforts

### Culture
- Collegial, safe, promotes learning

### Management
- Accessible, connected, competent, respectful, encouraging, shows trust

### Benefits
- Fair pay, flexibility, career development
- Open minds, considered communication
- Alignment of values—and a ‘line-of-sight’

The marking and ‘celebrating of wins’ (EMP9) was considered important to the attraction and retention of graduate employees as well,

> Sometimes they think that they're going to see this huge difference in a really short period of time and really it's managing that expectation and I guess showing them [how] the little wins ... work towards that bigger difference... I think once they understand that, it's a lot easier for them to feel fulfilled in their work and feel like they're actually making a difference, whether it's small, large or something [in between]. (EMP8)

As was the appeal of the broad and transferable skill-set gained in the course of studies in public health, and the benefits this provided in terms of employability and career options,

> I think that's the benefit of [studies in] health promotion and public health; ...they get a set of skills that can [be transferred and applied to a range of situations]: it doesn't actually matter what health issue they're working on or in what setting or what context... (EDU1)
A point that was endorsed by educators and employers alike, ‘that’s something that attracts them ... they're going to have this skillset they can move around with’ (EDU5), ‘[it’s] quite [an] enviable skill-set for other areas and I think that's quite unique as well’ (EMP6), with one employer also observing,

That transferrable skill-set is far more important ... by the time they've applied and are successful [in gaining] an interview. ...the higher education qualification is just a hygiene factor for us because everybody who applies has that. (EMP4)

Having a clear line-of-sight of potential career paths within an organisation, and the skillsets that are valued by the organisation, was also felt to be integral to graduates’ understandings of what is required to progress, with one employer noting how ‘quite often with more senior roles other staff don't actually get to see what you produce because [you’re operating at] a higher policy level or dealing with more senior people in other organisations’ (EMP2, murmurs of agreement).

The tips on attracting young people to a career in public health generated greater discussion among participants in the educators’ focus group, causing some to reflect on their universities’ success in promoting undergraduate degree courses in public health to school leavers and the challenges that were often encountered.

I think we could do more in attracting school-aged undergraduates, but I'm not sure how well we do promoting what is public health to [school leavers]. I know each year when I'm at the Open Day... people come up and say “So what do you actually do? What's public health?” (EDU1)

...a lot of them actually don't know what public health is about when they're entering it ... [even though] there are a lot of activities that they [would have] been exposed to [in the community]. (EDU4)

That's right, yeah. They see the visual stuff ... and that's what they think it is ... when they understand the complexity [of public health] I think that actually interests people

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106 Open Day is an annual event hosted by universities where prospective students are able to visit campuses to talk to academic staff about courses and research programs, and explore career options.
more because they [realise] there are actually a lot of things that go into it. It's not just telling people... (EDU1)

...to change their lifestyle (EDU7)

The ability to better promote public health as a career option was also seen to be hampered by current limitations of health workforce data and reporting, and the difficulties this created in fully determining the career structures and pathways open to public health graduates.

[School leavers] want to know what's on the other end of the degree... When it comes to health workforce analysis you only see three types of health workforces [discussed]: the medical workforce, the nursing workforce and everyone else and because of that muddying of information it's really hard to tell public health students what [types of positions and careers they might achieve once they graduate]. (EDU4)

For this participant ‘a lot of themes [in the research were] reflective of the general graduate labour market as well. Many things, for example the debate about job-specific training, should that be provided by employers or universities? That's actually coming up in a lot of other disciplines...’ (EDU4).

6.4 DISCUSSION

The results of my research with the graduates (at T1 and T2) resonated with educators and employers who participated in the focus groups, signified by murmurs of agreement and nodding of heads during the presentation of results and in the discussions that followed. It also prompted reflection on organisational cultures and practices and their perceptions of and interactions with students and early career professionals. More importantly, the focus group discussions provided other perspectives on the data and further enhanced the meaning-making process.

Educators, drawn from university A and university B, did not identify marked differences between their respective student cohorts (even though the majority of graduates who volunteered for the study were from university A). The results of the earlier research with the
graduates and my preliminary thoughts on the relevance of the findings for the field were also considered to have application beyond the university A graduate population.

There were no discernible differences of opinion within or between participants in the two focus groups based on age, gender, SEIFA decile, and years of experience or sector of employment.

Discussions within the groups tended to focus on the domain of activity of the majority of participants (e.g. academia or industry), and the relevance of the research to this, which was not unexpected. However, the heterogeneity of the focus groups (albeit slight) did encourage new thinking among participants about their respective domains of activity through the exchange of different ideas and experiences that occurred within the groups.

On the whole, the descriptions of the aspirations and career trajectories of the graduates who had participated in the study, and the meaning they had attached to their experiences, were in accord with the observations and experiences of both educators and employers, particularly aspects of their coursework that had been most valued by the graduates and their comments about the realities of working life and what had mattered most to getting off to a good start and to making a career.

There were differing views related to specific traits attributed by some to this generation, namely their self-confidence, forthrightness, perceived superficiality (a concern with or comprehending only what is apparent and obvious) and the strength and depth of some skills (that is to say their written communication and critical thinking skills and political awareness). This was balanced by participants’ general understanding of the heterogeneity of generations and of the effect of surrounding conditions on attitudes and behaviours and the labour market in which graduates were striving to make a career.

There was consensus on the tips on course design. Educators and employers both thought that there was a good synergy between the skills that graduates have and what employers want demonstrated by the graduates’ own belief that their studies had prepared them well for working life and the feedback and support educators themselves received from employers in the delivery and design of their programs. This synergy was thought to be testimony to the foresight and pragmatism of those who designed and developed undergraduate degree
programs, although meeting the demand for a specialised knowledge base and working life skills, and getting the balance right, presented challenges for educators. For some, the strength of the connection between academia (and the programs they devise) and industry (and the skill-sets they value) was brought home through participation in the focus groups. There were differing views on the optimal length and form of the professional practice components of courses of study, but consensus on their importance and the value of exposure to a wide variety of industry environments.

The general nature of the focus group discussions did not suggest disagreement with the tips on workplace induction, or the research findings that had informed these. For employers, the graduates’ descriptions of their reception into working life were enlightening prompting reflection on their own past personal experiences and on current practices. It also deepened their appreciation of the role of workplace induction in the transition to work and to developing careers.

The tips on attracting and retaining graduates to a career in public health, or in the health industry, resonated strongly with participants in both focus groups. They also prompted further reflection among educators on their universities’ success in promoting undergraduate degree courses in public health to school leavers and the challenges that were often encountered, namely the poor understanding of what is public health among those who were not trained or expert in the area, and a lack of detailed workforce data on the career structures and pathways of public health professionals compared with those of clinical and allied health professionals.

Through the focus groups with educators and employers I was able to share insights gained through my research with the graduates and receive thoughtful feedback on the credibility of the findings. The exchange of different ideas and experiences that occurred within the groups also provided further evidence of the dynamic and symbiotic nature of the worlds inhabited by the graduates and other participants in the study.

Close attention to the surrounding conditions and their influence on the worlds inhabited by the graduates, educators and employers plainly showed ‘how social, economic and technological changes at national and global levels diminish or reduce some types of learning and work opportunities and lifestyles and cause others to emerge’ (Herr 1996, p.8). The
changing context for the public health workforce and the Australian workforce generally also showed how critical the role of educators is in preparing graduates for a changing world (Glover 2016; Universities Australia 2013) and the need to work with industry in ‘creating the kinds of high quality, forward thinking courses that students desire, and producing the kinds of graduates industry demands’ (Birmingham 2015). It underscored employers shared role in helping to nurture the expertise, professional skills and interest so critical to the strength and vitality of their labour force too (Birmingham 2015). What is more, it showed how crucial was the efficacy of the collaboration between educators and employers in the design and delivery of undergraduate degree programs to the competitiveness of universities and the courses they offered with research suggesting ‘that the more students pay, the more they focus on the quality of their education and the more discerning they are about provider choice’ (R de la Bedoyere, cited in Griffiths & Harrington 2016).

In addition, the focus groups with educators and employers drew attention to the assumptions that are made about the capabilities and work ethic of new graduates and early career professionals, and the need to be mindful of the propensity for this given the burgeoning body of literature questioning popular beliefs about the different generations that make up today’s workforce (Lyons, Schweitzer & Ng 2015; Twenge 2010; Twenge et al 2010).

6.5 CONCLUSION

This last phase of research helped to ascertain the credibility of the results of my research with the graduates and the practical relevance of the findings. It also reinforced the importance of the nexus between the worlds of academia and industry, as well as the contextual nature of career behaviour and development, and brought differences in expectations to the fore. Furthermore, it showed the strength of existing connections between the worlds of academia and industry in Western Australia. It now remained for me to draw together the findings of the different phases of the research and to revisit the study questions framed so long ago.
7 CONCLUSION

The aims of this study were to gain a deeper understanding of what it was like to enter the workforce from the perspective of generation Y public health graduates and to develop insights into their preparedness for employment and induction into the workplace. The study also provided an opportunity to explore the relevance of popular stereotypes of this generation, which I had perceived as gaining some acceptance with my peers in the health sector.

Through research with public health graduates, educators and employers, the study addressed five key questions, namely:

- What are the career aspirations and doubts of generation Y public health undergraduates, and how do these change over time?
- What is and will be expected of these people in the health workforce?
- Where are the greatest potential gaps between the expectations of generation Y public health graduates as prospective employees and their prospective employers within the health services sector?
- How can educators together with employers better prepare graduates for employment in the field so as to maintain their enthusiasm and commitment?
- How can employers be better prepared to provide employment opportunities and conditions that will be more attractive to generation Y?

In this chapter I draw together the findings of the different phases of the research—as they relate to the study’s aims and the research questions—consider their significance for policy and practice, and make suggestions for future research.

7.1 REVISITING THE RESEARCH QUESTIONS AND AIMS OF THE STUDY

- What are the career aspirations and doubts of generation Y public health undergraduates, and how do these change over time?

Starting out, the graduates had all hoped for an enjoyable and fulfilling career that would satisfy their innate desire to ‘make a difference’ to the lives of others with the nature of the work, the culture of the workplace and relationship with their immediate supervisor thought critical to achieving this. Of particular importance was work that was meaningful and would allow them to apply and build on skills and knowledge gained through their studies, a
collegial and supportive work environment, and supervisors and managers who demonstrated qualities they admired and respected (such as trust and confidence in the graduates’ abilities, and a passion for, mastery of and standing in their profession).

Early career was seen as a time to develop professional competency, trial different roles and employers, and gain a deeper understanding of their strengths and interests. This was reflected in the mobility and career patterns of the graduates over the period of the study, which showed a movement from exploration of different roles and options through work, travel and volunteering to the honing of a widening portfolio of knowledge and skills. They also showed potential to stay with an employer and on a career path.

After almost five years in the workforce most seemed satisfied with their career development, if uncertain of their longer term plans. Their passion to ‘make a difference’ had not lessened, although experiences since completing their studies had helped to develop a greater appreciation of the abstractness of the concept and the variety of forms it might take.

The graduates experienced some self-doubt and uncertainty as they navigated their entry into the workforce and different workplaces and roles, but not the reality shock the literature had suggested was common to starting working life (Crebert et al 2004; Graham & McKenzie 1995a). Most believed, and found, their studies had prepared them well for professional practice: the intensity of the experience was also eased by a positive outlook and realistic assessment of their career prospects and capabilities.

The graduates’ career beginnings and trajectories also highlighted how embedded in contexts is the process of becoming a professional (Herr 1996, 2008; Van Esbroeck & Athanasou 2008): their individual accounts of the transition to work showing the influence of significant others, such as family members, peers and mentors, and the surrounding social and economic conditions on career behaviours and attitudes, and perceptions of opportunities and choices available to them.
What is and will be expected of these people in the health workforce?

The review of the literature (outlined in Chapter 2) and data gathered in the course of this study (discussed in Chapters 4 to 6) stressed the dynamism and uncertainty of the environment in which health services are provided, and the increasing importance attached to a flexible, responsive and highly skilled workforce (Department of Health 2006; Durham & Plant 2005; Productivity Commission 2005a). Considered critical to the latter was the indisputable connection between the worlds of academia and industry:

Indeed, the extent to which we are able to make additional improvements in the health of the Australian population depends, in large part, upon the quality and preparedness of the health workforce, which is, in turn, dependent upon the relevance and quality of its education and training (Gebbie, Rosenstock & Hernandez 2003). (Fleming, cited in ANAPHI 2011, p.2)

Central to this was how well universities and employers continued to work together ‘to ensure that the field is well-represented by competent and capable public health practitioners who can work in an ever-changing environment to advance the health of the population’ (Fleming et al 2009, ‘Conclusion’, para.1).

Where are the greatest potential gaps between the expectations of generation Y public health graduates as prospective employees and their prospective employers within the health services sector?

The research with educators and employers suggested that public health programs offered by the universities from which the graduates had been drawn were meeting ‘a growing expectation or need for public health graduates to be “well-rounded” ’ (Bennett et al, cited in ANAPHI 2011, p.62); supported by the employers’ general assessment of the calibre of graduates they had recruited or encountered in their professional lives and the support and feedback educators themselves received from employers in the design and delivery of their undergraduate degree programs.

Nonetheless, research with the graduates (discussed in Chapters 4 and 5), and later with employers (discussed in Chapter 6), showed some differences in expectations of one another. The guidance and support that the graduates expected of their line managers during the first
few days and months of work was not always offered, or was felt to be insufficient, while some graduates did not feel their work had taxed their skills.

The graduates’ early experiences of working life pointed to inattention by some employers to their orientation into the workplace and an undervaluing of the ‘role of the employer in continuing professional development in the workplace, in particular for those public health workers who are entry-level practitioners’ (Fleming et al. 2009, ‘Conclusion’, para.1).

Research with the employers also pointed to assumptions about the competences of graduates that did not consider ‘new graduates take some time to familiarise themselves with the organisational culture which they have entered and to acquire some much-needed confidence in their own ability’, and therefore ‘the employer's responsibility to enculturate and even train the new graduate for the demands of post-graduation employment’ (Crebert et al. 2004, pp.63 & 48).

- Relevance of generation Y stereotypes to the study participants
Data gathered during my research with the graduates called into question the legitimacy of notions of generation Y and their work ethic. Though the graduates expressed some beliefs and attitudes attributed to generation Y, for example their altruism and valuing of flexibility and choice, shared values, teamwork, mentoring and empowering leadership, these were not unique to generation Y: their mobility and career patterns were also indicative of the need for flexibility and employability in a more unpredictable labour market, and of their career stage, rather than purely generational differences (Lyons, Schweitzer & Ng 2015; Twenge 2010; Twenge et al. 2010).

On the whole, the review of the literature and my research with the graduates reinforced the need to eschew ideas of ‘generation’ as a problem, to see people as individuals and to be sceptical of the ‘popular hype concerning the generational differences at work’ (Macky, Gardner & Forsyth 2008, p.857).

7.2 Significance for Policy and Practice
The graduates’ descriptions of their experience of the transition from student to professional practitioner and of making a career highlighted what mattered most to getting off to a good
start and to making a career in public health, while the focus groups with educators and employers brought forth differences in expectations of graduates. The insights offered by these different perspectives suggested new strategies and approaches to the education of upcoming generations of public health professionals and their induction into the workplace, and to the marketing of a career in public health.

- How can educators together with employers better prepare graduates for employment in the field so as to maintain their enthusiasm and commitment?

Research with the graduates described in Chapters 4 and 5 highlighted aspects of their studies they had found to be most helpful in acclimatising to the work environment and to becoming professionals (summarised in Box 7).

### Box 7: Elements of academic programs of enduring value to graduates

- Breadth, flexibility and vocational relevance and context of courses of study (noting the distinction between a course that has a vocational context and a vocational course)
- Culture and cohesiveness of the academic community linked to courses of study (encompassing students and staff)
- Early and ongoing exposure to industry leaders and settings
- Profile, standing and connectedness of academic staff
  - Their capability to infuse students with a passion for public health
  - And not necessarily contingent on a cadre of larger-than-life personalities
- A mutually reinforcing system of curricula, activities, people and incentives that engage and inspire students

What was of most ‘enduring value’, however, was the coalescence of intellectual, experiential and even ethical (in the sense of values and attitudes) elements of their academic programs, highlighting not only the benefit of such integrated programs but also their ability to attract and imbue students with the professional ethics that underpin public health.

This research, together with the research with the educators and employers described in Chapter 6, underscored the interdependence of academia and industry and the crucial role of experiential learning ‘in the preparation of graduates for employment’ (Crebert et al 2004, p.63). Moreover, the research with educators and employers highlighted how vitally important was health industry engagement ‘for advancing curricula, especially in anticipating
future needs, and the skills and attributes required of graduates’ (Fleming et al 2009, ‘Implications’, para.3).

Furthermore, the renewed focus on prevention in national, and international, health care reforms, accentuated ‘the importance of collaborative workforce partnerships between the primary health care, public health and education sectors to facilitate the planning and implementation of more broadly-based and evaluated inter-sectoral and multi-disciplinary education’ (Lilley & Stewart 2009, ‘Human resources for health’, para.21).

- **How can employers be better prepared to provide employment opportunities and conditions that will be more attractive to generation Y?**

The graduates’ recount of their reception into working life, described in chapter 5, was instructive. Though it highlighted what was important to getting off to a good start (summarised in Box 8), it also pointed to a need for employers to give greater attention and priority to this facet of career beginnings not only for new graduates but also for early career professionals.

What is more, it suggested that despite much research on the significance of career beginnings (Graham and McKenzie 1995a; Perrone & Vickers 2003; Price 2009), the pivotal role of workplace induction programs in developing a sense of belonging to a particular employer or profession was either not widely understood or was a task inclined to be overlooked or underdone by managers with hectic work schedules.

**Box 8: Elements of an effective induction program for new graduates**

- A realistic assessment of the graduates’ knowledge and capabilities
- A program of work that gradually increases the complexity of tasks and responsibilities allocated, ensures graduates are fully occupied and takes into account additional skills they may bring
- Availability and ready access to staff with whom graduates will be working
- Provision of mentoring and buddy systems
- Clarity as to expectations and rules of the workplace
- Appropriate levels of supervisory support and guidance, especially when allocating new tasks and responsibilities
- Regular communications and catch ups, formal and informal, to monitor progress, make certain issues or questions are dealt with in a timely fashion and provide feedback and encouragement
In addition, as their careers developed, the graduates achieved greater certainty as to their situation and goals, their work values and what was essential for job satisfaction in the medium term and ultimately for career-course satisfaction (summarised in Box 9). When first interviewed, they had showed willingness to work hard and the potential to stay with an employer and on a career path (discussed in Chapter 4); however, as borne out in subsequent research with the graduates, this was dependent on the work environment and its accord with their personal values (discussed in Chapter 5).

**Box 9: Creating the right work environment for early career professionals**

- **Work**—varied, and at times demanding and requiring individual and collective efforts
- **Culture**—a collegial and safe environment for sharing ideas and opinions and promoting learning
- **Management**—accessible, well-connected, competent, respectful and encouraging, who show trust and confidence in their staff and exemplify positive and aspirational qualities
- **Benefits**—fair pay; flexible work arrangements; professional development
  - Recognition of contribution, formal and informal
  - ‘Stretch-projects’ that challenge higher performers and encourage broader thinking
  - Job enrichment
  - Opportunities for advancement

**Of over-riding importance**

- Open minds and well-considered communication
- Alignment of values—finding meaning and purpose in ‘what we do’; and a *line-of-sight* between ‘what we do’ and positive community outcomes: past, present and future

*Promoting undergraduate degree courses in public health*

Research with the graduates suggested strategies for inspiring an interest in and fostering a commitment to a career in public health (summarised in Box 10). Their explanations of what had steered them toward public health as a field of study, highlighted the importance of tapping into the values that drive interest (the message) and the multiple influences on individual career behaviour and choices (the medium).

For the majority of the graduates, public health had appealed to them as a field of study because of its natural affinity with their idea of themselves as a compassionate person and their desire to be of service to the community. It was also apparent that thoughts about future occupations, employers and careers were being formed well ahead of entry into the workforce based on what they heard, what they observed and what they experienced.
There was a need to demystify the business of public health too (delivering on the promise), the review of the literature and research with the graduates highlighting how poorly understood was ‘the nature and extent of public health’ (Lilley & Stewart 2009, ‘Human resources for health’, para.12).

Despite students’ good intentions on embarking on a career in health, there is no doubt that undergraduates on arrival at university have a limited understanding of public health and health promotion. Public health academics argue that this is due to the dominance of the medical model (Bennett et al, 2010). Therefore, if we aim to recruit school leavers into public health education programs, public health needs to emerge from the shadows to become more visible to school leavers, their peers and their community. (Bennett et al, cited in ANAPHI 2011, p.56)

Box 10: Marketing public health as a vocation and a cause
- **The message**—You can make a difference to the lives of others by being part of local and global movements of like-minded people striving for change
- **The medium**—You, me and us; we need to be constantly talking up what it is like working for the public’s health; every interaction is an opportunity to shape the views of others about public health, careers in public health and how we define and measure success, personal and professional
- **Delivering on the promise**—Public health isn’t a career for the faint-hearted. The challenges and obstacles are great as is the potential for personal growth and career satisfaction that comes from the work we do and the small and the big wins. It’s this that energises and sustains our interest.

7.3 **LIMITATIONS AND STRENGTHS OF THE STUDY**
This study reflects the subjective experiences of a cohort of 15 generation Y graduates who were almost exclusively drawn from one university and from generalist undergraduate degree programs in public health. This potentially limits the transferability of the study’s findings, although the descriptions of the aspirations and career trajectories of the graduates, and the meaning they had attached to their experiences, strongly resonated with educators and employers who took part in the study.

Furthermore, it was not possible to cover all conceivable matters of interest suggested by the data. The intensity and duration of the research, and volume of data it generated, could have easily overwhelmed and diverted attention to lines of inquiry that, though interesting, were less important to the study. My study was primarily concerned with gaining an understanding
of what it is like to enter the workforce from the perspective of the participating public health graduates and to develop insights into their preparedness for employment and induction into the workplace. For this reason, I did not attempt to explore the multigenerational nature of the public health workforce (or general health workforce); approaches to and changes in the education and training of the Australian public health workforce; differences in aspirations, career trajectories and expectations of graduates of undergraduate as opposed to postgraduate public health programs; the range of workplace practices for inducting, attracting and retaining public health workers; or parallels between the career trajectories of the cohort who participated in the study and contemporary management theory (although the data would lend itself to further analysis on some of these subjects).

I had purposefully chosen a study design and methods for which richness and depth were more important than breadth (Blignault & Ritchie 2009). Over the course of the study, I came to appreciate even more so the discipline and persistence required of qualitative researchers and the methodological challenges of qualitative longitudinal research. The choice of study design and methods, however, was effective and appropriate to fulfilling the aims of the study. The qualitative longitudinal design enabled exploration of the graduates’ subjective experiences of the transition from higher education to work, and examination of contextual influences, providing the ‘“close-up” shot of real lives, with a focus on plot, story line, turning points and defining moments’ (McLeod & Thomson, 2009 p.61). Application of Bronfenbrenner’s (1994) ecological model and Bridges’ (1991, 2009) model of transitions provided useful lenses through which the graduates’ experiences could be seen and understood, directing attention to phenomena connected to their individual accounts of the transition to work.

My review of the literature, and the research with the graduates, educators and employers, reinforced too the importance of workforce planning and development that takes in the requirements of the wider health workforce, and is focused on people and not just the processes to create and maintain a health workforce.

107 A more comprehensive discussion of the limitations of the study and the challenges that were anticipated and later encountered in the research, is provided in Chapter 3 of the thesis (sections 3.7 The challenges of a qualitative longitudinal study; 3.8 Limitations of the study), and in the Additional notes on methods included in Chapters 4, 5 and 6 (which described issues that arose at particular junctures in the research process and how these were addressed).
More importantly, this study has made a significant and original contribution to knowledge of the subjective experiences of those graduating from undergraduate public health degree programs in Australia, providing a rich, dynamic and contextualised account of their transition from higher education to work: and constitutes ‘one of the strengths of the qualitative research’ (Kvale 1996, p.288). The findings also affirmed and possibly extended current understandings of the need for educators and employers to work together to ensure expectations of graduates as employees are clearly understood and embedded in curricula and professional practice; more recent inquiries and commentaries on the sustainability of Australian health systems reaffirming the need for educators and employers to work collaboratively in preparing ‘for a more diverse, agile and fit-for-purpose workforce of the future’ (Sustainable Health Review 2018, p.53).

What is more, my reflection on the methodological reasoning and challenges of conducting this study over more than 5 years contributes to knowledge of qualitative longitudinal research, the method and challenges particular to different settings not being well described in the extant scholarly literature (Calman, Brunton & Molassiotis 2013; Carduff, Murray & Kendall 2015; Corden & Millar 2007a; Farrall 2006; Nystrom 2009; Thomson, Plumridge & Holland 2003).

A concern throughout my study, however, was that conditions would be so changed by the time it was completed that the problem it addressed and the insights it offered would be of limited contemporary relevance. A decade on from the inception of this study, the scholarly and grey literature continues to echo the same shortcomings of workforce planning that I described in Chapter 2. The focus remains on a narrow range of health professions and the ‘production pipeline’ (WHO 2006, pp.41–42): little consideration is given to the traits and career aspirations of younger workers and the significance of these factors for health workforce planning and development (Day 2015; Sustainable Health Review 2018, 2019).

7.4 SUGGESTIONS FOR FUTURE RESEARCH
This study has also suggested areas for future research. The review of the literature, together with the research with the graduates, educators and employers, made clear the poor understanding of the nature of public health among the public, and the lack of detailed
workforce data on the career structures and pathways of public health professionals compared with those of clinical and allied health professionals.

The former indicated a need for qualitative research with school students, parents and teachers to better inform the marketing of public health as a career option, Bennett and colleagues (cited in ANAPHI 2011, p.56) noting ‘while we know that school leavers, together with undergraduates with limited working experience, or undergraduates from other disciplines with an interest in health, are attracted to undergraduate public health courses (Fleming et al, 2009), there is little information on how they acquire their interest in public health.’

The latter suggested there would be value in case studies that showed the diversity of career trajectories of public health graduates and in following the careers of public health graduates over a significantly longer period of time: the potential benefits of such research being three-fold. Firstly, it would enable a more in-depth understanding of the personal attributes and contextual factors most critical to the success and longevity of careers in public health. Secondly, it would help to inform a more sophisticated and forward-looking conception of public health careers and how these are construed. Lastly, it would provide information fundamental to workforce planning and development that recognises the human resources for public health and is aligned to a more focused public health agenda. An important consideration, which warrants investigation, may well be a need to maintain the relatively greater diversity of public health career pathways as an essential ingredient to the high performance and adaptability of public health teams in the workplace.

7.5 CLOSING REMARKS

Understandings gained through my research with public health graduates, educators and employers may lead to measures to achieve a smoother transition to work for graduates by providing guidance to educators and employers on how to prepare undergraduates better for professional practice, and how to improve future work opportunities and conditions so that a career in public health is more attractive to them.
Most importantly, the research highlighted the importance of the nexus between academia and industry, of open minds and communication to workforce planning and development, and the need to eschew ideas of ‘generation’ as a problem.

In closing, I hope this study, while offering new insights and suggestions for future research, will also prove helpful in generating robust conversations between educators and employers and the emerging generations of public health leaders about their shared role in shaping public health (its form, functions and career paths) and above all else, a greater appreciation of the different perspectives that each brings to these conversations, as individuals and members of larger communities of practice.
Perhaps I just feel safer with the history that’s been more or less agreed upon. Or perhaps it’s that same paradox again: the history that happens underneath our noses ought to be the clearest, and yet it is the most deliquescent. We live in time, it bounds us and defines us, and time is supposed to measure history, isn’t it? But if we can’t understand time, can’t grasp its mysteries of pace and progress, what chance do we have with history—even our own small, personal, largely undocumented piece of it?

(Julian Barnes, A sense of an ending, London, Jonathan Cape, 2011, p.60)

This study was one of endings and beginnings, of time and memory, and of shared histories. It stimulated new learning as I developed familiarity with the choice of study design and methods, and the attendant challenges. It prompted reflection on my motivations for the study and the integrity of it (‘did it allow and was it sufficiently inclusive of the voice and perspectives of the graduates who took part? how true was my account of their experiences?’) and an uneasy acceptance of the pragmatism and compromise that forms part of the research process too [‘even when “we” allow the “Other” to speak, when we talk about or for them, we are taking over their voice’ (Denzin 2009, p.85)].

A conundrum as writing of the thesis progressed was how visible I should make myself in the research process as well, and finding a balance to what sometimes seemed an egocentric, but important, undertaking.

Coming to a close, there is finally a sense of an ending and a curiosity—what comes after the writing?


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