

'WORK READINESS' OF HEALTH PROFESSION GRADUATES FROM DIVERSE CULTURAL BACKGROUNDS: THE PERSPECTIVES OF VARIOUS STAKEHOLDERS

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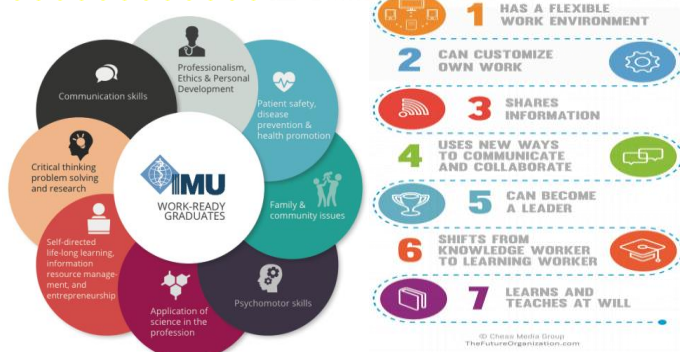
BACKGROUND

There is continuing concern about Health profession graduate Work Readiness (WR) in developing countries like Malaysia due to fast evolving healthcare system & needs. Gender, ethnicity, emotional intelligence, psychological capital and sense of coherence are suggested to also affect graduate's WR. Various tools encompass wider range of skills and attributes, needed for smooth transition and adaptation of fresh employees into the highly demanding, stressful and long hour of work environment

Research aims:

- Conceptualization of WR in the health-care setting of the institution, with the development of valid, reliable tools that can be appropriately used to measure WR
- Use of data thereby obtained to inform curriculum development in alignment with "IMU Learning Model"

Fig 1: IMU Learning Model



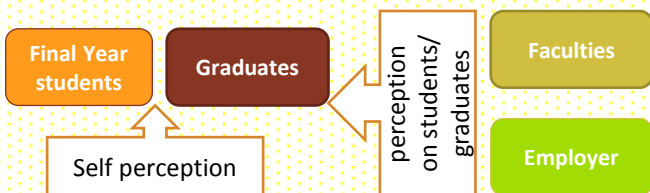
METHOD

Adaptation of "Deakin University' Work Readiness Scale (WRS) - 64 items (Caballero 2011, Walker 2013 & 2015) with FOUR domains. The scale was modified to Likert 1 to 4 (Strongly disagree, Disagree, Agree, Strongly agree).

Fig 2: The domains in WRS: Work Competence, Organisational Acumen, Personal Characteristics, Social intelligence



The survey was distributed online to 4 groups in year 2016. Other factors considered are gender & educational context (Medical, Dentistry or Pharmacy program).



REFERENCES:

Caballero, C., Walker, A., & Fuller-Tyszkiewicz, M. (2011). The Work Readiness Scale (WRS): Developing a measure to assess work readiness in college graduates. *Journal of Teaching and Learning for Graduate Employability*, 2(2): 41 - 54.

RESULTS

A- Validation of Instrument

Principal Component Analysis for Factor Analysis was performed after 664 responses. Extraction with 40% variance into four factors.

Table 1: Four factors in WRS and Reliability Analysis (cronbach alpha)

WC	QA	PC	SE
12 items (0.84)	15 items (0.87)	6 items (0.71)	11 items (0.87)

B - Work Readiness

- Overall, >80% of 386 students felt they are work ready and there is no significant difference than the perception of graduates, faculties and employers. Medical and Dental students had lower scores in PC whilst Pharmacy had in SI.

- The mean scores for students and faculties in all domains are as below: There was no significant difference (p>0.05).

	WC	OA	PC	SE
Students (N=386)	3.37	3.70	2.68	3.35
Faculties (N= 99)	3.01	3.07	3.04	3.05
R ²	0.537	0.2	0.112	0.46

- The mean scores for graduates (N= 46) and employers (N= 59) were only for Medical program. There was no significant difference (p>0.05)

WC: grads - 3.485, empls - 3.41 **OA: grads - 3.86, empls - 3.50**
PC: grads - 2.45, empls - 2.64 **SI: grads - 3.42, empls - 3.32**

C - Factors affecting WR

1. Educational context: There was no difference of mean scores among programs. It was consistently > 3 in WC, OA & SI but <3 in PC.

2. Gender - There was significant difference in WC and PC as Male rated themselves higher than female (WC: p- 0.047; PC: 0.019).

3. Ethnicity (Malay, Chinese, Indian) was only analysed for Medical program. There was no statistically significant difference in all domains.

4. Prior work experience - only found to affect WC (p- 0.023).

CONCLUSION

There is lack of preparedness in Personal characteristics in healthcare students for work. Student self assessment should best be triangulated with opinion of others. In evaluating WR, a reliable instrument that is appropriate for specific educational context, work nature and learning culture is crucial.