



## Healthcare Assistant's transition into higher education: The role of the training firm

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The new upper secondary apprenticeship qualification 'healthcare assistant' has become highly popular among school Leavers since it was introduced in 2004. Further it is seen as an important recruiting pool for the healthcare professions at tertiary level. It has been recommended that yearly 60% of all VET healthcare graduates should move on to the tertiary Level (Dolder & Grünig, 2016). Healthcare assistants' decision to start tertiary education is therefore of great interest for the analysis of future staffing needs. Previous research has shown that the probability to enter tertiary-Level education after initial VET depends on young people's social origin, school performance and training occupation (Schmid & Gonon, 2016; Trede & Kriesi, 2016). Little is known regarding the possible impact of the training firm.

Therefore, we investigate to what extent the structural characteristics of the training firm facilitates or hampers healthcare assistants' transition into tertiary education. Theories of Labour market segmentation posit that the Labour market is divided into segments, which differ regarding aspects such as product markets, average firm size or qualification Level of the staff (Sengenberger, 1987; Tolbert et al, 1980). These structural differences result in varying working conditions, opportunities for further training, mobility and wages for the staff. This, in turn, may affect work satisfaction and career decisions at the individual Level (Kalleberg & Sorensen, 1979). This also holds true for the healthcare area, where the impact of staff level and work environment on outcomes such as work satisfaction and turnover decisions is often highlighted (i.e. Aiken et al., 2017). We focus on two main segments within healthcare: acute care organisations (hospitals) and nursing homes (Stevens, 2011). Hospitals are generally equipped with higher financial and staff resources and better career opportunities compared to nursing homes. In this contribution we test the hypothesis that young people who were trained in hospitals are more likely to pursue a tertiary-Level education than those training in nursing homes. Our analyses are based on a full national sample of health care trainees who were surveyed in the Last year of their apprenticeship, one year and five years after completion. The data thus enables us to observe enrolment in tertiary education up to five years after completion of the apprenticeship. The dependent variable distinguishes between work in the trained occupation and tertiary education. Structural characteristics of the training firm are captured by the segment (acute hospitals vs. nursing homes). Since selection into the primary and secondary segment is likely to be non-random, we use propensity score matching to reduce the possible selection bias. Results show that young people who trained in a hospital were more likely to choose a tertiary education compared to those who trained in nursing homes. Hence, the allocation to a nursing home or a hospital during apprenticeship affects subsequent career choices. Given the existing and forecasted shortage of nurses (Mercay et al. 2016). future research should pay more attention to structural characteristics of training firms and their significance for further education and apprentices' allocation into the labor market.