

THE ASSESSMENT OF PUBLIC HEALTH SPECIALISTS' DISTRIBUTION IN THE LABOUR MARKET AND PUBLIC HEALTH MONITORING SPECIALISTS' KNOWLEDGE AND SKILL DEMAND

Project implementation period: 2012–2013

Aim of the study – To assess the termination of studies (dropping out), graduates' distribution in the labour market and the withdrawal from the occupation of those who enrolled in public health bachelor's studies (level I) and master's studies (level II) in 1999 and 2000, and in 2004 and 2005.

Tasks:

1. To determine the number of people enrolled in public health (bachelor's and master's) study programme and the number of graduates.
2. To determine graduates' distribution in the labour market in 2012 in healthcare (public health) area and the withdrawal from the occupation.

Material and methods.

The data was collected on 695 people who enrolled public health studies in 1999 and 2000, and in 2004 and 2005 in universities of Vilnius (VU), Lithuanian University of Health Sciences (LSMU), and Klaipeda (KU). The graduates' distribution in the labour market was assessed on 1 March 2013. 35 public health monitoring specialists working in public health offices of 33 municipalities were surveyed by means of questionnaire survey.

Results.

A lot of public health specialists are prepared in Lithuania: during the year of investigation a total of 487 people enrolled in public health bachelor's studies in VU, LSMU, and KU. 208 people enrolled in master's degree studies in LSMU after finishing other universities (or specialities). 630 of the 695 people who enrolled in the studies graduated: public health students' termination of studies amounted to about 10%. In four years more than 100 graduates joined the labour market yearly. The vast majority of them (80.3%) were working, 1.6% were unemployed, while the data of 17.9% of the graduates was not found in the labour market and this is associated with emigration. The distribution of the employed in the labour market showed that only one third of the graduates were working in institutions belonging to the public healthcare system. The majority of the specialists worked in areas where healthcare knowledge is unnecessary: one fifth worked in personal health care institutions and pharmacy and medical tool institutions each, one tenth worked in institutions that do not belong to the personal healthcare system but carry out public health functions, while 5% work at universities and colleges. Around half of the public health graduates have withdrawn from the occupation.

During the investigation the inconsistencies of public health monitoring specialists' occupational qualification improvement were determined. Specialists evaluated the improvement of qualification positively (63%), even though they stated that the selection of public health events in Lithuania is insufficient (60%), and that there is a lack of information on qualification improvement events (77.1%). The majority of the specialists would like to improve their competences, and the lack in practical skills is bigger. The most acceptable forms of improvement are 1-2-day practical training and improvement courses.

Conclusion.

When planning specialists' even order it is necessary to consider the fact that public health specialists are prepared by several higher education institutions, they can work in various areas (education and science, and economic areas unrelated with health) and that part of those enrolling in studies already have a university education and public health master's studies are considered to be an additional qualification.

Contacts: Virginija Kanapeckienė, e-mail: virginija.kanapeckiene@hi.lt