

# GRADUATE EMPLOYMENT OUTCOMES OF HEALTH SERVICE MANAGEMENT WORK INTEGRATED LEARNING PLACEMENTS

Sheree Lloyd\*<sup>1</sup>, Minalli Vasandani<sup>2</sup>, Jose Oscar III Salvacion<sup>2</sup>

1. University of Tasmania, Australia

2. Griffith University, Queensland, Australia

Correspondence: [Sheree.lloyd@utas.edu.au](mailto:Sheree.lloyd@utas.edu.au)

## ABSTRACT

### INTRODUCTION

Australian universities are increasingly focused on graduate employability outcomes. Industry and government are also seeking job-ready graduates. Employment outcomes for degree programs are measured by national surveys. Understanding employment outcomes for health service management university programs however are not able to be determined by these surveys as the data are not sufficiently granular. Universities embed a range of employability activities into their degrees to promote and support job-ready graduates such as work-integrated learning placements.

### STUDY DESIGN

This study employed a novel approach to measuring employability outcomes for graduates who had completed a health service management work integrated learning placement.

### FINDINGS AND RESEARCH OUTCOMES

Our study shows that graduates of a health service management program who complete a work-integrated learning placement have good employability outcomes and are gaining employment in roles related to their degree. Further research is needed to understand the impact of the placement and other embedded approaches in health service management degree programs to determine the role of each and other possible contributing factors.

### KEYWORDS

employment, work integrated learning, LinkedIn, industry placement, international students, health service management.

## INTRODUCTION

One of the objectives of Australian higher education is to develop work-ready graduates [1,2] and enhance graduate employment outcomes [3,4]. Employers are seeking graduates with discipline-specific knowledge, and transferable skills, combined with “practical work experience” and academic abilities [5]. Work-integrated learning (WIL) plays an integral role in preparing graduates

for employment by supporting students to acquire the necessary skills and to apply their theoretical knowledge in the professional work environment [6]. According to Palmer and colleagues [3] measuring graduate employment outcomes is essential to evaluate the efficacy, need for and to improve the WIL experience. Internationally, WIL is a recognised mechanism for building graduate skills, developing discipline-specific [7] knowledge and applying theory into practice.

In Australia, students in the field of health have the highest WIL participation rate (57.7%) with placement as the primary type of WIL activity [1]. This is due to the applied nature of many health disciplines and the competency requirements needed to meet registration and accreditation requirements in fields such as nursing, medicine, physiotherapy, and psychology. These competencies are usually acquired in a health care setting. Multiple studies have shown the benefits of WIL on graduate employability outcomes such as improving work readiness, developing a professional network and identifying transferable skills [8–10].

In Australia, employability is of interest to universities [1,2,11] and international and domestic students. For domestic students, a post graduate qualification can support a change of career direction or cement opportunities for growth and promotion. For international students, Post Study Work Rights (PSWR) are influential in study destination decision making and expectations related to employment and life goals and migration aspirations [10,12]. The Temporary Graduate (485) Visa is a drawcard for international students who study at an Australian University [10]. Tran and colleagues studied the impacts of the post-study works rights policy in Australia and found showed that 51% of the respondents who remained in Australia and were past and present holders of the Temporary Graduate (485) Visa 'were in full-time employment, with 36% and 15% working full time in and outside their field of study respectively; 16% of respondents worked part time; and another 15% worked as casuals' [10].

The employability outcomes of graduates are also of interest to university leaders and academics convening WIL courses. WIL courses have been offered to health service management students at the Australian public university we studied since 2009 (hereafter referred to as the University). During a WIL placement students acquire skills and knowledge and, on these placements, learn by completing projects of value for health industry partner organisations. The WIL placement, at the University, provides students with an opportunity to foster proficiency in discipline-related skills and develop themselves for employment through the learning that occurs on placement and the active engagement with industry [13]. Working with the health sector, students have completed placements in a broad range of settings and projects including workforce planning, strategy and policy development, consumer engagement, governance,

electronic patient records, informatics, and health service accreditation [13].

The HSM WIL is completed at the end of the study program. International and domestic students can complete one or two substantial industry-based WIL placements of four (4) days a week for 13 weeks with attendance at a weekly academic workshop. Completion of a significant placement, at the end of their degree provides an opportunity for students to practice knowledge and skills learned and apply theory into practice. There are no GPA or other hurdles for international and domestic students seeking a WIL placement and all students can participate in at least one placement. For international students, this is particularly relevant and other studies have shown that access to WIL for this cohort is important [6,12,14]. A study cited by Ferns et al [7] found that only 17% of the international students in their study undertook an internship in Australia. In the health service management program under study, all international students are given the option of taking one or two WIL placements depending on the Program of study they enrol in.

LinkedIn is a professional networking site and developing a personal profile can assist graduates by highlighting an individual's professional story, and documenting their experience, skills, and education [15]. LinkedIn was launched in 2003 and in 2016 had 430 million members [16]. Students as they transition out of university are encouraged to complete a LinkedIn profile to represent themselves professionally and because online social networks, such as LinkedIn are an emerging tool for identifying, attracting, and screening recruits [17,18]. LinkedIn can also be used by employers of health service managers to verify information in resumes and to advertise roles suitable for graduates. It is also recognised that companies such as LinkedIn 'profit from and contribute to the promotion of the employability discourse as well as a focus on skills' [11]. Social media and professional networking sites such as LinkedIn collect vast amounts of personal and professional data. Companies, such as LinkedIn can mine this data and benefit from user provided data. The LinkedIn platform is not immune, and users of these platforms should be aware of the risks and potential dangers of social media sites such as privacy, fraud, and phishing [19].

There is limited literature on the roles and destinations of health service management graduates. Few studies could be found on the use of LinkedIn as a tracking tool for graduate employment destinations. A study conducted by

Heydenrych and colleagues [20] used LinkedIn to track employment outcomes for engineers in South Africa and found that LinkedIn allowed for a straightforward capture of data.

This study explored the employment outcomes of and Australian University health service management (HSM) graduates after a Work Integrated Learning (WIL) placement. We applied a novel method of tracking outcomes based on LinkedIn data and examined graduates who had completed a WIL placement in HSM from cohorts in 2018-2020.

## RESEARCH QUESTIONS

*What are the employment outcomes for health service management graduates who take a work-integrated learning course?*

*What are the sectors where graduates are now employed?  
How many graduates are working in roles for which they studied i.e., HSM?*

## RESEARCH DESIGN AND METHODOLOGY

We used a pragmatic lens in conducting this research. This approach is widely used in the health industry whereby knowledge of the world can be obtained through observation, experience and experimentation and making

decisions on what will work best [21–23] Consequently, we used routinely available data to answer the research questions posed in this inquiry. Using class lists we identified the students who had completed a health service management WIL between 2018 – 2020. Students on placement, as part of the employment-related tasks, were encouraged by the Work Integrated Learning Convenor and The University Careers and Employability Group to create a LinkedIn profile. We determined graduate outcomes by checking each graduate with a current LinkedIn profile and their employment status in October 2021 and recorded this on a spreadsheet. It was noted if they were employed, employed as a health service manager and the sector of employment.

## PARTICIPANT SELECTION AND SAMPLING

To select participants, for the period studied, a total of ninety-two placements occurred, eight (8) students completed two placements (Figure 1). We removed duplicate names for students who completed two placements resulting in eighty-four potential participants. Exclusion criteria for the study were those students that did not have a LinkedIn profile (n=12) or had not updated their profile to record their current employment status (n=18). From the cohorts 72/84 (86%) had a LinkedIn profile with 54/72 (75%) having an updated profile which included their current employment status. Figure 2 shows the participant selection process for inclusion in the study.

FIGURE 1 TOTAL HEALTH SERVICE MANAGEMENT PLACEMENTS BY YEAR AND TRIMESTER

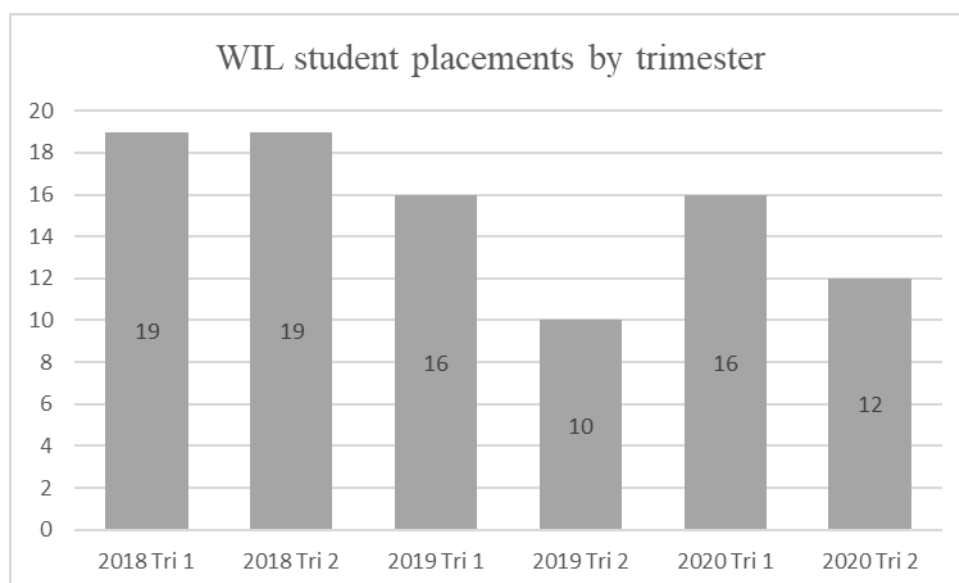
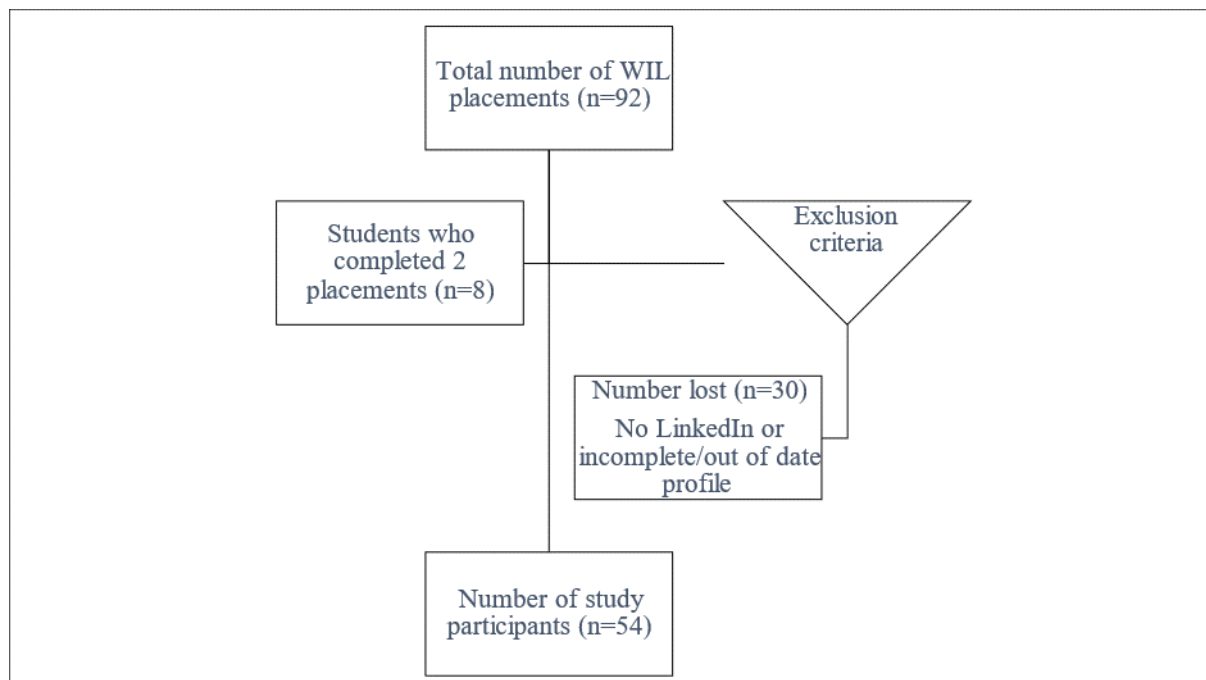


FIGURE 2 PARTICIPANT SELECTION



The following data for each participant was collected, using a spreadsheet.

1. Trimester of placement
2. Last name and first name
3. International student at time of placement (Y/N)
4. Employed (Y/N)
5. Role title for the position that the graduate is employed.
6. Working in a role requiring a health service manager (either in Australia or overseas) (Y/N)
7. Sector where graduates are employed (Private, public, Not for Profit)
8. LinkedIn Address

While data on students who had completed a placement in 2021 was available these cohorts were not included as it takes time to find employment particularly during a time of disruption, such as that experienced in Australia with the COVID 19 pandemic.

## DATA ANALYSIS

To make sense of the data [21], we used Excel to summarise the data and quantify employability outcomes. Pivot tables were used to create tables to measure patterns and trends [21]. The small size of the participant sample prevented further statistical analysis.

## ETHICAL APPROVALS

This study was considered low and negligible risk and the following ethical approval was obtained from Griffith

University Human Research Ethics Committee (GU Ref No 2021/860).

The Ethics Committee recommended the opt-out approach to participation as part of ethical approvals, and this was included as part of the study design. The chief investigator sent a message to all potential participants via LinkedIn and informed them of the research and their ability to opt-out by request. Graduates were invited to ask further questions and to opt-out within a 14-day period. Questions received from graduates were addressed with no graduates opting out of the study.

## RESULTS

Results are divided into three sections 1. characteristics of participants 2. overall employment outcomes and sectors employing HSM graduates, 3. graduates working as health service managers.

### CHARACTERISTICS OF PARTICIPANTS

The only identifying information collected in this study was the residency status of the student at time of placement with forty-five having a residency status as international and nine as domestic.

Students completed their placements in a broad range of public, private, non-government and not for profit health care organisations. Non-government and not for profit

organisations operate independently of government to address social and other issues [24]

### EMPLOYMENT OUTCOMES AND SECTORS

What are the employment outcomes for health service management graduates who take a work integrated learning course?

What are the sectors where graduates are now employed? Table 1 shows the sectors where graduates in the sample found employment and student residency status when

they completed a WIL placement. Overall, the private sector was the largest employment destination for health service management graduates who had completed a WIL (n=29, 54%).

Some student's LinkedIn profiles showed employment in overseas locations, the majority were employed in organisations located in Australia, demonstrating student uptake of their post study work rights. For international graduates the majority were employed in companies in the private sector.

TABLE 1 TOTAL DISTRIBUTION BY STUDENT RESIDENCY STATUS AT TIME OF WIL PLACEMENT AND EMPLOYER TYPE

Employer Sector	Residency status at time of WIL placement		Total N (% of respondents)
	Domestic Student	International Student	
Private	2	27	29 (54)
Public	7	9	16 (30)
Non-Profit	0	9	9 (17)
<b>Total</b>	<b>9</b>	<b>45</b>	<b>54 (100)</b>

TABLE 2 GRADUATES WORKING AS HEALTH SERVICE MANAGERS

Graduates Working as Health Service Managers N (% of graduates)	
Working as a Health Service Manager	Total
Yes	40 (74)
No	14 (26)
<b>Grand Total</b>	<b>54 (100)</b>

TABLE 3 RESIDENCY STATUS AT TIME OF PLACEMENT

Graduates working as a Health Service Manager	Residency status at time of WIL placement N (% of graduates)		
	Domestic	International	Total
Yes	9 (22.5)	31 (77.5)	40 (100)
No	0 (0)	14 (100)	14 (100)
<b>Grand Total</b>	<b>9 (17)</b>	<b>45 (83)</b>	<b>54 (100)</b>

**TABLE 4 GRADUATES WORKING AS HEALTH SERVICE MANAGERS BY EMPLOYER TYPE**

Employer Type	Graduates employed as health service managers N (% of graduates)		Total N (% of graduates)
	Domestic Student	International Student	
Private	2 (22)	20 (64)	22 (55)
Public	7 (78)	7 (23)	14 (35)
Not for Profit	0 (0)	4 (13)	4 (10)
<b>Total</b>	<b>9 (100)</b>	<b>31 (100)</b>	<b>40 (100)</b>

**GRADUATES WORKING AS HEALTH SERVICE MANAGERS**

Seventy-four percent (74%) (40) of graduates in our study were employed in roles identified as related to their studies in health service management. Twelve graduates were working in the health sector but not in position titles related to HSM (clinical roles). See Table 2.

For international students, LinkedIn profiles reflected that most were working in their chosen fields as health service managers (n=31, 69%). All domestic students in the sample (n=9, 100%) were employed as health service managers. See Table 3.

**SECTORS OF EMPLOYMENT – WHO IS EMPLOYING OUR HSMS WHO COMPLETED A PLACEMENT**

More than half of the graduates employed as health service managers, (n=22,55%) were working in roles within the private sector, with 14 (35%) in the public sector and 4 (10%) working for not-for-profit organisations. Table 4 shows the breakdown of graduate employment outcomes, working in degree-related occupations, by residency status at time of placement.

For international students who completed a WIL placement the private sector was the largest employer of graduates followed by public and not for profit sectors (Figure 3). This contrasts with domestic students although our data set is too small to draw conclusions.

**FIGURE 3 INTERNATIONAL STUDENTS WORKING AS HSM PERCENT DISTRIBUTION BY EMPLOYER TYPE**

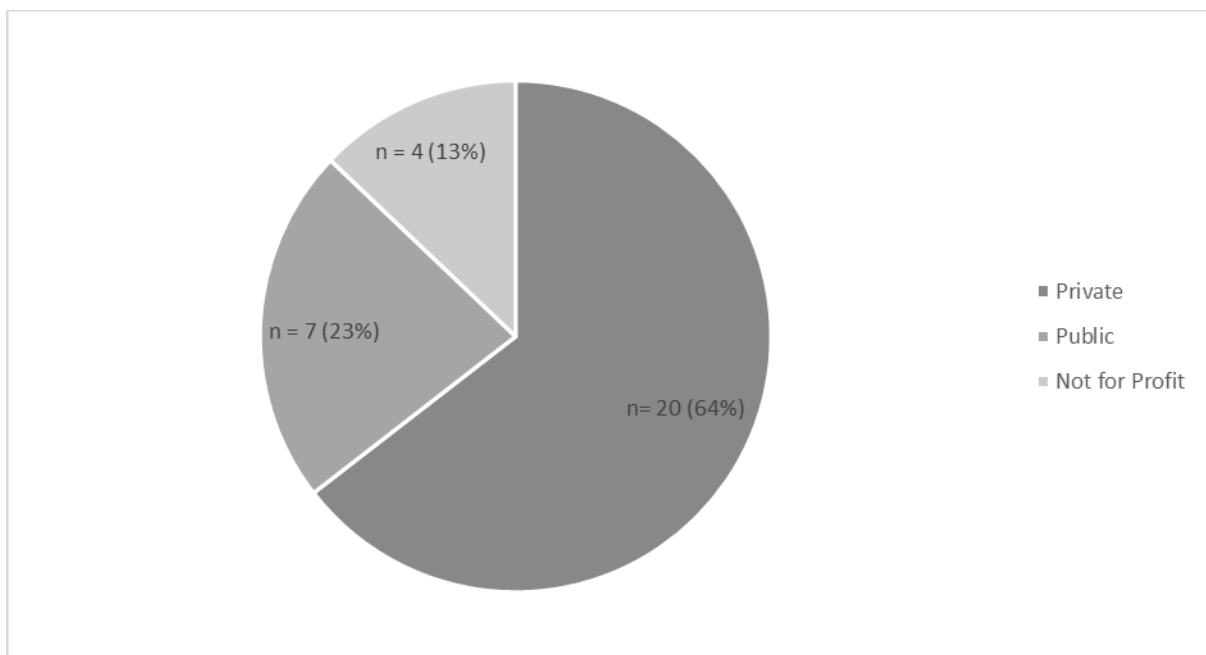


TABLE 5 BROAD ROLE OF HSM DESCRIBED ON LINKEDIN

Broad role and role described on LinkedIn	Percentage of total	Total
Health service manager	25%	10
Assistant Manager		1
Business Co-ordinator		1
Business Development Officer		1
Health Manager		2
Healthcare manager		1
HR Manager/Business Support Manager		1
Operations Manager		1
Program Manager		1
Senior supervisor		1
<b>Primary care manager</b>	<b>22.5%</b>	<b>9</b>
Clinic manager		2
Lead medical administrator		1
Medical Administrator		1
Practice Manager		5
<b>Technical manager/officer</b>	<b>15%</b>	<b>6</b>
Clinical specialist in medical technologies		1
Environmental Services Officer		1
Health and safety specialist		1
Medical Billings Officer		1
Senior Technical Advisor		1
Technical Advisor		1
<b>Project management/officer</b>	<b>12.5%</b>	<b>5</b>
Project Coordinator		1
Project Manager		1
Project Officer		1
Senior Project Officer		2
<b>Planning manager</b>	<b>10%</b>	<b>4</b>
Executive Strategy and Planning		1
Health planner		1
Planning Manager		1
Strategy and Business Development		1
<b>Information manager/officer</b>	<b>10%</b>	<b>4</b>
Clinical documentation specialist		1
Digital Health Expert		1
Information Manager		1
Information Technology Officer		1
<b>Consultant</b>	<b>2.5%</b>	<b>1</b>
Consultant		1
<b>Insufficient detail to code</b>	<b>2.5%</b>	<b>1</b>
Insufficient detail available		1
<b>Grand Total</b>	<b>100%</b>	<b>40</b>

## ROLES HSM GRADUATES ARE EMPLOYED IN?

Graduates were employed in a variety of roles relevant to their qualifications in health service management that were coded to broad functional job titles as shown in Table 5. Twenty-five percent (n=10) were in roles that were described as health service managers, twenty-two percent (n=9) primary care manager. Other broad roles were information managers, technical managers or planning managers.

## DISCUSSION

This study applied a novel approach to understand the employment outcomes for health service management graduates who complete a work integrated learning placement, the sectors where they are employed and the number of graduates that are working in roles for which they studied, in this instance health services management.

Graduate employment outcomes for the students completing a work-integrated learning placement between 2018 and 2020 confirm the finding from other studies that demonstrated similar employment rates [25]. We note that all the domestic students were already working or had recently worked in the Australian context, in other disciplines or as clinicians at the time of their WIL placement. This cohort sought an industry placement to develop new skills, apply theory into practice and use this to transition to management roles.

Our graduates working as health service managers have found employment in a variety of private, public, and non-governmental agency settings including pharmaceutical companies, general practices, large tertiary referral hospitals and State health departments. The private sector and not-for-profit predominately employed the majority of students working as health service managers however this probably reflects the characteristics of the cohort of students (i.e., international students). The roles are appropriate for new graduate health service managers and will position them to utilise their undergraduate, postgraduate, experience skills and knowledge to further progress their professional careers.

Other studies have observed [1,26] that international students have multiple barriers to overcome when looking for postgraduate employment such as a lack of, or small social and professional networks, perceived notions or issues on communication skills, technical ability and cultural

differences. This is further complicated by advertised roles in the public sector, requiring a permanent residency/visa status and prior work experience in Australia effectively locking out international students. Job roles in areas of need or remote and regional Australia can be difficult without a driver's licence and transport.

That the private sector was the largest employer of international health service management graduates reflects that in Australia, employers may be more willing to risk investing in international students who can fill temporary or contract roles that are suited to the graduate visa requirements.

Of course, we would like to see a greater proportion of our graduates work in their chosen field of health service management and Universities strive to ensure that the curricula incorporate evidence-based approaches to support graduates to achieve desirable employment outcomes. But we are encouraged by the results and the strength of our employment outcomes may be attributed to the development of the student cohort, program design, industry support for our program and characteristics of the WIL course. We believe the success of employment outcomes lies in the characteristics of our HSM Programs as shown below in Figure 4, however this is anecdotal and validation through further research is needed.

Relevant discipline and professionally relevant knowledge and skills is embedded into courses throughout the University's health service management program curriculum. Courses utilise authentic assessment to build these skills and students will complete a variety of tasks such as conducting research and projects, oral presentations, reflections, authoring reports, preparing executive briefing notes, analysing data, preparing plans, and creating poster presentations. The program studied provides an opportunity for a WIL placement to all domestic and international students. All students who have completed the required courses and compliance requirements irrespective of their overall GPA can complete a WIL placement. This provides equity in access to WIL and holds our course apart from others that may have GPA, interview, and other hurdles. Student learning in the WIL is underpinned by a strengths-based approach, strong scaffolding of learning to match industry expectations and valuing diversity and prior experience.



## CONCLUSIONS

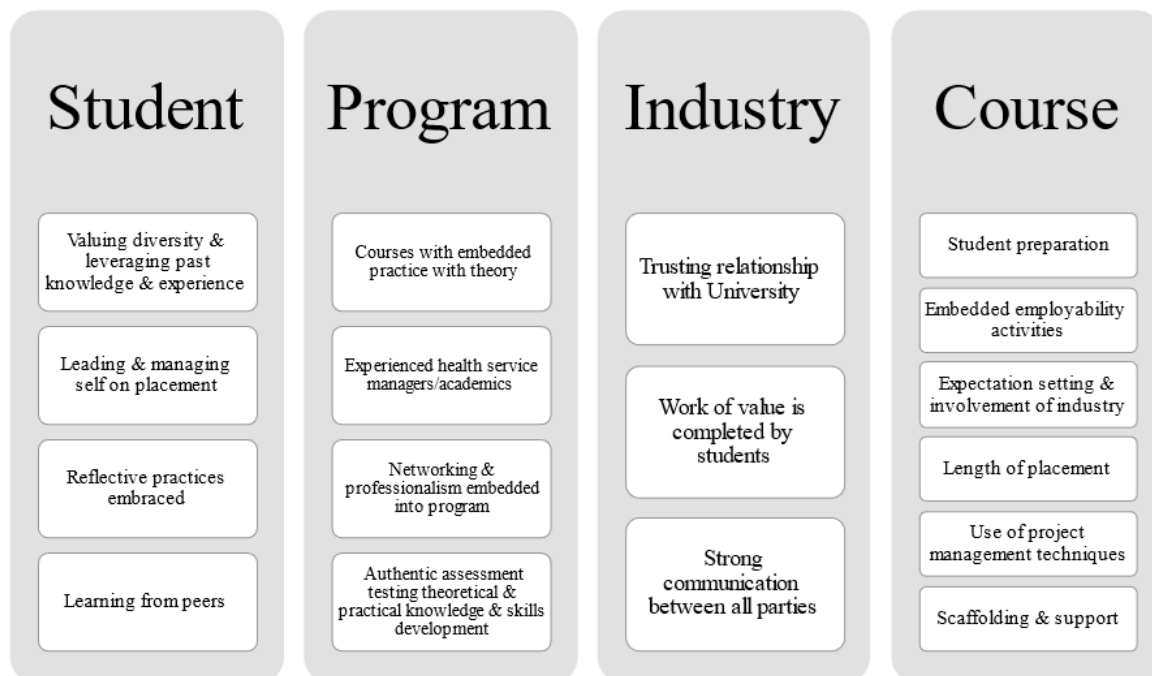
Universities are focussed on employability as government and employers demand work ready graduates [12,27,28]. Consequently, empirical data on graduate outcomes and destinations. is needed by HSM academics, program leaders and WIL academics to understand employment outcomes and the factors related to success.

We used a novel approach utilising LinkedIn rather than surveying graduates to determine graduate employment outcomes. The approach enabled us to measure graduate employability outcomes and obtain data that is more granular than can be extracted from surveys such as the

Quality Indicators for Learning in Teaching (QILT) student experience studies that are not sufficiently detailed to measure discipline specific outcomes[29].

This exploratory study has revealed that the LinkedIn platform can be used to track graduate outcomes with several provisos, described in the limitations section and that international graduates can achieve strong employment outcomes in health services management. Graduates have been appointed a diverse number of position titles including project officer, senior project officer, practice manager, operations or service managers, business co-ordinator or business development officer, clinical documentation specialist or information technology officer.

FIGURE 1 CHARACTERISTICS OF HSM PROGRAM RELATED TO EMPLOYABILITY OUTCOMES



## LIMITATIONS

Self-reporting by graduates is limited by the engagement with, the accuracy of, and completeness of participant LinkedIn profiles. Researchers were not able to determine that graduates accurately maintained their LinkedIn profiles and/or updated them when they left employment or changed roles. Further, the data provides a broad picture and was not sufficiently granular to understand what the roles entailed, the location of employment or the time taken to secure a role. Further, this sample may be biased as students who have a LinkedIn profile were

motivated towards attaining employment. There was a high loss rate of potential participants as 30 of the 92 graduates did not have a LinkedIn profile that contained sufficient information to determine employability outcome.

A further limitation is that every graduate in this study had participated in a WIL and as such we were not able to make comparisons to the employment outcomes of those that had not completed a placement. This study also did not consider pre-graduate employment experience, age, prior qualifications, and their effects on postgraduate

employment outcomes. Palmer and colleagues note that 'the research literature suggests that the relationship between WIL and graduate outcomes is likely to be complex and context dependent' [3]. The empirical evidence on the magnitude of the contribution of WIL to the success of employability outcomes is still emerging and further research needed [30,31].

### FURTHER RESEARCH

Further research to understand the factors that influence graduate employment outcomes is needed. Data to determine if placement sector (public/private), time taken for graduates to secure employment, extra-curricular activities students involve themselves with, the level of health service management positions graduates are attaining and the components of the degree that contribute to employment would enable further understanding of health service management graduate employability.

### AUTHORS CONTRIBUTION

SL was the Chief Investigator for the study. SL designed the study. Literature searches were conducted by SL, MV and JS. Analysis was conducted by JS, MV and SL. JS, SL and MV completed the first draft, edited by all. All authors contributed to the intellectual input and edited emerging drafts. All authors agree on the final version of the article.

### ACKNOWLEDGMENTS

HSM academic colleagues who mentor, support, and guide students prior to commencing the WIL courses in our degrees. Students for their efforts in learning during placement and grad

### References

1. Universities Australia. Work Integrated Learning in Universities: Final Report. 2019.
2. Griffith University. The Griffith Employability and Career Success Framework. 2022.
3. Palmer S, Young K, Campbell M. Developing an institutional evaluation of the impact of work-integrated learning on employability and employment. *International Journal of Work-Integrated Learning* 2018;19:371–83.
4. Jackson D. Employability skill development in work-integrated learning: Barriers and best practice. *Studies in Higher Education* 2015;40:350–67. <https://doi.org/10.1080/03075079.2013.842221>.
5. Bates L, Sampford K. Building a bridge between university and employment: Work-integrated learning Queensland Parliamentary Library Research Publications and Resources Section 2005.
6. Universities Australia, Australian Chamber of Commerce and Industry, Business Council of Australia, Australian Collaborative Education. National strategy on work integrated learning in university education 2015.
7. Ferns SJ, Rowe AD, Zegwaard KE. *Advances in research, theory, and practice in work-integrated learning: Enhancing employability for a sustainable future*. Taylor & Francis Group; 2021.
8. Chowdhury F. Work integrated learning at tertiary level to enhance graduate employability in Bangladesh. *International Journal of Higher Education* 2020;9:61–8. <https://doi.org/10.5430/ijhe.v9n4p61>.
9. Ferns S, Lilly L. Driving institutional engagement in WIL: Enhancing graduate employability. *Journal of Teaching and Learning for Graduate Employability* 2016;6:116–33. <https://doi.org/10.21153/jtlge2015vol6no1art577>.
10. Tran L, Rahimi M, Tan G. Temporary Graduatification: Impacts of Post-Study Work Rights Policy in Australia. *Research for Educational Impact* 2019:1–52.
11. Komljenovic J. LinkedIn, platforming labour, and the new employability mandate for universities. *Globalisation, Societies and Education* 2019;17:28–43. <https://doi.org/10.1080/14767724.2018.1500275>.
12. Matthews D, Radloff A, Doyle J, Clarke L. *International Graduate Outcomes Survey - 2018. Final Report*. Higher Education Research 2019.
13. McConnell D, Linwood R, Day G, Avery M. A Descriptive Analysis of a Health Management Work Integrated Learning Course: moving from Health Services Management learning to employment readiness. *Asia-Pacific Journal of Health Management* 2019;14:56–67. <https://doi.org/10.24083/apjhm.v14i2.269>.
14. Gribble C, Blackmore J, Rahimi M. Higher Education, Skills and Work-Based Learning Article information: Higher Education, Skills and Work-Based Learning 2015;5:401–16.
15. LinkedIn. What is LinkedIn and how can I use it? 2020. <https://www.linkedin.com/help/linkedin/answer/111663/what-is-linkedin-and-how-can-i-use-it-?lang=en> (accessed January 1, 2022).
16. World Economic Forum. *The Human Capital Report (Insight Report)*. 2015.

17. Zide J, Elman B, Shahani-Denning C. LinkedIn and recruitment: How profiles differ across occupations. *Employee Relations* 2014;36:583–604. <https://doi.org/10.1108/ER-07-2013-0086>.
18. Garg R, Telang R. To be or not to be linked: Online social networks and job search by unemployed workforce. *Manage Sci* 2018;64:3926–41. <https://doi.org/10.1287/mnsc.2017.2784>.
19. Davydoff D. Don't Overlook LinkedIn as a Corporate Security Risk. *Security Magazine* 2019. <https://www.securitymagazine.com/articles/90263-dont-overlook-linkedin-as-a-corporate-security-risk> (accessed January 4, 2022).
20. Heydenrych H, Case JM. Researching graduate destinations using LinkedIn: an exploratory analysis of South African chemical engineering graduates. *European Journal of Engineering Education* 2018;43:693–705. <https://doi.org/10.1080/03043797.2017.1402865>.
21. Liamputtong P. *Research methods in health: foundations for evidence-based practice*. 2nd ed. South Melbourne, Vic: Oxford University Press; 2013.
22. University of Nottingham. Understanding pragmatic research n.d. <https://www.nottingham.ac.uk/helmopen/rlos/research-evidence-based-practice/designing-research/types-of-study/understanding-pragmatic-research/section03.html#:~:text=Pragmatism%20involves%20research%20designs%20that,find%20solutions%20to%20research%20problems>. (accessed March 21, 2023).
23. Long KM, McDermott F, Meadows GN. Being pragmatic about healthcare complexity: Our experiences applying complexity theory and pragmatism to health services research. *BMC Med* 2018;16. <https://doi.org/10.1186/s12916-018-1087-6>.
24. Oxford English Dictionary. Oxford English Dictionary Online. Oxford English Dictionary 2015;2010:<http://dictionary.oed.com/>. <http://dictionary.oed.com>.
25. Quality Indicators for Learning and Teaching. 2021 Graduate Outcomes Survey – Longitudinal. 2021.
26. Kay J, Ferns S, Russell L, Winchester-Seeto T. The emerging future: Innovative models of work-integrated learning. *International Journal of Work Integrated Learning* 2019;20:401–13.
27. Ferns S, Russell L. Enhancing industry engagement with work-integrated learning: Capacity building for industry partners. *Asia-Pacific Journal of Cooperative Education, Special Issue* 2016;17:349–75.
28. Sotiriadou P, Logan D, Daly A, Guest R, Sotiriadou P, Logan D, et al. Studies in Higher Education The role of authentic assessment to preserve academic integrity and promote skill development and employability 2020. <https://doi.org/10.1080/03075079.2019.1582015>.
29. ACEN. Australian Collaborative Education Network - 2021 Summary Report for Graduate Outcomes Survey items 2021.
30. Jackson D, Collings D. The influence of Work-Integrated Learning and paid work during studies on graduate employment and underemployment. *High Educ (Dordr)* 2018; 76:403–25. <https://doi.org/10.1007/s10734-017-0216-z>.
31. Wilton N. The impact of work placements on skills development and career outcomes for business and management graduates. *Studies in Higher Education* 2012;37:603–20. <https://doi.org/10.1080/03075079.2010.532548>