



EDUCATION FOR HEALTH

BRIEF COMMUNICATION

Barriers to Advanced Education for Indigenous Australian Health Workers: An Exploratory Study

CM Felton-Busch, SD Solomon, KE McBain, S De La Rue

James Cook University, Mount Isa, Queensland, Australia

Published: August 2009

Felton-Busch CM, Solomon SD, McBain KE, De La Rue S

Barriers to Advanced Education for Indigenous Australian Health Workers: An Exploratory Study

Education for Health, Volume 22, Issue 2, 2009

Available from: <http://www.educationforhealth.net/>

ABSTRACT

Introduction: Aboriginal Health Workers (AHWs) play a crucial role in the delivery of primary health care services in underserved rural and remote communities throughout Australia. The Mount Isa Centre for Rural and Remote Health (MICRRH), in Northwest Queensland, Australia, has been involved in training AHWs since 2001. During this time, it has been observed that while there has been interest in pursuing further education in other health careers, the uptake for advanced study by AHWs has been minimal. This exploratory study was designed to assess the career aspirations of local AHWs (both qualified and students) as well as community stakeholder views to identify barriers experienced when undertaking advanced education.

Methods: The study used a descriptive and exploratory design. AHWs and key stakeholders were invited to participate. Open-ended interviews were undertaken with nine participants in two communities in the Mount Isa Health Service District in Northwest Queensland, Australia.

Findings: While there was some interest expressed in careers like medicine and nursing, the majority of participants indicated a preference for advancement to management or specialist areas as AHWs. In relation to the barriers faced by AHWs and students in continuing study or career advancement, three main themes emerged: support; infrastructure; and promotion.

Keywords: Aboriginal health workers; recruitment and retention; Indigenous health; barriers to education



Introduction

Policy context: There have been many policies developed to improve the health of Aboriginal and Torres Strait Islander people (Indigenous Australians), many of whom reside in underserved rural and remote communities. Recently, there has been a major focus on ways to recruit and retain Indigenous Australians in health careers, in order to encourage the delivery of culturally appropriate health services. This focus is reflected in both National (National Rural Health Policy Forum, 1999) and Queensland (Queensland Health (QH), 1999) policies. The objective is to increase opportunities for non-Indigenous staff to learn from their Indigenous colleagues about how to improve health service delivery. Subsequent policies reiterate this point such as the *Aboriginal & Torres Strait Islander Health Workforce National Strategic Framework* (Standing Committee on Aboriginal and Torres Strait Islander Health, 2002) with its first objective to: 'Increase the number of Aboriginal and Torres Strait Islander people working across all health professions'.

However, to achieve these goals it will be necessary to make significant changes in current training programs and how they articulate with each other. For example, the Queensland Health policy observes that it will be necessary '...to encourage universities to promote articulation from other health courses into university courses' and 'establish distance education and/or regionally-based educators' (QH, 1999: pp. 7-8). Further, the Indigenous Nursing Education Working Group (INEWG) clearly states that there needs to be better articulation from the present Aboriginal Health Workers (AHWs) training programs into nursing education in order to facilitate the progression of AHWs to nursing careers (INEWG, 2002: p. 78).

This brief account of the relevant policies highlights the level of support for the articulation of AHWs into other health careers. However, there is little evidence that these policies have had any impact on the career pathways of AHWs. Some reasons for this have been identified (INEWG, 2002), particularly in terms of problems associated with the recruitment of individuals to further academic study and their ability to complete courses once enrolled. Unfortunately, strategies to minimise the impact of these issues, including support structures and mechanisms, are not clearly defined. It is also likely that these may vary between different Aboriginal groups across Australia.

Existing training pathways for AHWs: The role of AHW varies from community to community and may involve all health-related services from health education and health promotion through the delivery of clinical care in both hospital and community settings.

Similar to community health worker models in other countries that utilise community health worker programs, AHWs are local members of their community (WHO, 2007). However, there are key government and professional requirements that bring the AHW role in line with American and Canadian community health worker models (New York State Department of Health, 2009). For example, AHWs are not volunteers; they work for government health agencies, non-government health organisations or Aboriginal Community Controlled Health Services across the country (Mitchell & Hussey, 2006). Training for AHWs is competency-based and delivered within the Vocational Education Training (VET) sector through a series of complementary Primary Health Care certificates. The recently endorsed National Health Training Package now provides scope for AHWs seeking to advance through the AHW career structure.

AHW students wanting to embark on a different career pathway can usually pursue other health courses once completing Certificate IV – in particular Enrolled Nursing (EN) within the VET sector or Registered Nursing (RN) offered as a bachelor degree within the university sector. Articulation to Medicine is possible through other science-based degrees such as Biomedical



Science. Historically, participation in the Indigenous Primary Health Care Certificates has proven to be high, however, as mentioned previously, the number of Aboriginal people undertaking study in higher degree courses remains low.

Training opportunities within Northwest Queensland: The Mount Isa Centre for Rural and Remote Health (MICRRH) is ideally located to strategically investigate the discrepancy between policy regarding the Indigenous Australian healthcare workforce and practice at the local level. The Centre, a University Department of Rural Health and affiliated with James Cook University (JCU), has established good working relationships with key stakeholders, including Aboriginal Community Controlled Health Services, Aboriginal Land and Cultural Organisations and State Health services. The Centre is also involved, in some capacity, with a wide range of health-related education, including AHW, EN, RN and medical training. However, despite efforts to encourage Indigenous students to engage in advanced education, the number of Indigenous Australian students attending higher degree courses, such as the Nursing Science degree offered at MICRRH, remains low (MICRRH, unpublished data). The present study was designed to assess the career aspirations of local AHWs and AHW students, as well as key stakeholders' views, and identify the difficulties and barriers AHWs encounter when engaging in advanced education.

Methods

The original concept for this study was developed by a senior Indigenous health worker educator in consultation with the first author, an Indigenous researcher with cultural and familial ties to the area and a non-Indigenous senior researcher at MICRRH. This study used a descriptive and exploratory design and was developed in consultation with local Aboriginal people to ensure a culturally appropriate approach was taken. This consultation involved the first author providing draft copies of the questionnaires to senior Indigenous staff and board members of the local Aboriginal Community Controlled Health Service for comment and advice.

Convenience sampling was used to recruit Aboriginal health workers given the low numbers available (5 in the remote community and 6 in the rural community). All 11 were invited to participate. The community stakeholders were purposively selected because of their particular status, including community elders, Indigenous managers of Aboriginal Community Controlled Health Services, non-government organisations that employ Indigenous health workers and providers of Indigenous health worker education in the community. Participants were all Indigenous adults with eight females and one male forming the final participant group. Open-ended interviews were carried out with AHWs (n=5; two who were currently students) and community stakeholders (n=4) in two communities, one rural and one remote, in the Mount Isa Health Services District, Northwest Queensland, Australia. While there are number of classifications of rurality and remoteness used in Australia, in this study rural and remote were used in a more general sense. For rural communities, these were areas outside capital cities or large regional centres; for remote communities, these were areas that had small populations that were geographically distant from major centres. Table 1 describes the participants by community, role, gender and age.

Interviews of approximately 20 minutes were conducted by the first author using an interview guide (see Appendix 1). Topics addressed with AHWs were career aspirations, difficulties experienced in studies, barriers to pursuing advanced education, perceptions of support structures and strategies to address barriers and improve support. The same topics, except for the question of career aspirations, were addressed with key stakeholders also using an interview guide. Data analysis was undertaken by the first two authors, both Indigenous researchers (one female, one male) with experience in Indigenous health research and AHW education. The interview transcripts were imported into NVivo7 for coding in an attempt to detect emergent themes using a grounded theory approach. To ensure rigour, coding was undertaken by the first two authors independently. In a first pass through



the transcript, open coding was undertaken to breakdown, examine, compare and conceptualise data to identify themes. Agreement on themes was reached prior to a second pass through the transcripts in which relationships between themes were identified and additional categories generated.

Table 1: Study participants by community, role, gender and age

Remote Community				
Identifier	Role	Gender (F/M)	Age range	# Years as AHW
REAHW1	Aboriginal Health Worker – General Primary Health Care	F	50’s	30
REAHW2	Aboriginal Health Workers – Team Leader	F	50’s	20
REAHW3	Aboriginal Health Worker – General Primary Health Care	M	40’s	10
REAHW4	Aboriginal Health Worker – General Primary Health Care	F	30’s	15
REKS1	CEO - Aboriginal Community Controlled Health Service	F	40’s	0
Rural Community				
Identifier	Role	Gender (F/M)	Age range	# Years as AHW
RUAHW1	Aboriginal Health Worker – General Primary Health Care	F	30’s	5
RUKS1	Health Service Manager	F	40’s	0
RUKS2	Health Worker Educator/Registered Nurse	F	30’s	0
RUKS3	CEO - Aboriginal Community	F	50’s	0

Findings

AHWs and AHW students expressed a preference to remain in the Indigenous Health Sector, improve their skills and progress to management or specialist positions such as in the public health sector. While stakeholders expressed the need for advanced education for careers like medicine and nursing, only one participant mentioned an interest in becoming an enrolled nurse. Based on our analysis, the barriers to continuing study or career advancement faced by AHWs and AHW students could be categorized around three core issues: support; infrastructure; and marketing.

Support barriers ranged from family to workplace to wider community barriers. The importance of family support was a recurrent theme. One participant reported that separation from grandchildren was an important barrier to her further training: “I get homesick and miss my grandchildren. I think it would be great if I do it here” (REAHW1). Another participant identified the importance of family ties: “They really have to leave town if they want to become doctors or if they want degrees, and that’s a barrier because of the support they get from family and community they get when they are studying” (RUKS3).

Perceptions of negative workplace environments were identified barriers to further advancement: “I think a lot of Aboriginal people would feel uncomfortable working in the hospital because of racism that people experience” (REKS1). Failure to backfill positions and approve study leave were other barriers in the workplace: “because they won’t release me to do the 2 subjects and that puts me back 12 months and now I feel I have to do it externally to fulfil my dream” (REAHW2).

Lack of appropriate childcare was a major identified barrier, with one participant stating: “One of the main issues, is the lack of childcare facilities, there were a lot of young mums and women and men who wanted to come along and do the courses that we were running but couldn’t commit due to their kids not being the school age and there was no childcare available they could attend or people they could trust to leave their children with. So childcare is a huge issue.” (RUKS2).



Infrastructure barriers centred on access to library and internet services: “We should have better facilities for research, library with books and a quiet study area with computer access. A quiet place away from family just for a couple of hours with a phone so we can talk to our tutor or our lecturer” (RUAHW1).

The need to improve *marketing, promotion and knowledge about opportunities* for advancement of health careers was identified as a third issue: “Use graduates that we have within our community as role models. Because a lot of our graduates who people probably would never have thought could complete a course they actually did and did quite well” (RUKS2).

Lack of awareness of health careers among rural and remote Aboriginal youth was identified as a concern: “Firstly is the lack of information that’s getting out to the community on what is available and what, even as early as the young people at the school, there is really no promotion amongst our young people as to what sort of subjects they might need to do in year 11 & 12 if they want to go on and be doctors or nurses or health workers or whatever” (REKS1).

Limitations

The major limitation of this study is that it focussed on one geographical area, and the views of AHW and community members in other areas may be different. It is also possible the responses of our nine participants are not representative of topics and themes that might be identified by other AHWs, students and stakeholders. This is an exploratory study and findings need to be interpreted with these limitations in mind.

Discussion and Conclusions

This study highlights a number of barriers faced by AHWs pursuing advanced education. It is noteworthy that financial barriers were not mentioned by the participants. This could be attributed to the fact that AHWs seeking to undertake advanced education have access to a variety of workplace and government financial support initiatives in Australia. However, it could also be argued that AHWs generally belong to a low socioeconomic tier in which the issues of finance are inherent in day-to-day life, making the identification of cost as a barrier essentially redundant.

The results presented here can help to form the basis of a more extensive research program aimed at developing strategies to address the issues identified, in particular providing student support structures and changing employer attitudes to providing AHWs with opportunities for career advancement.

In addition, it is hoped that the outcomes of this study will provide local services with a means to achieve a better rate of recruitment and retention of local students, based on an understanding of their needs and the issues that stop them from achieving their educational goals. As such, care will be taken to disseminate the outcomes of this, and future studies, so that these issues will be taken into consideration when developing policies or programs to improve the engagement of Indigenous people in formal education.



Acknowledgements

Deb Smith for her efforts in preparing the original grant application for this project. This project was funded by a James Cook University Merit Research Grant.

Ethical Approval

Ethics approval for this study was sought and granted from the Human Research Ethics Committee of James Cook University.

References

Indigenous Nursing Education Working Group (INEWG). (2002). 'Getting 'em n keepin' 'em': Report of the Indigenous Nursing Education Working Group to the Commonwealth Department of Health and Ageing. Canberra: *Office for Aboriginal and Torres Strait Islander Health*.

Mitchell, M., & Hussey, L. (2006). The Aboriginal health worker. *Medical Journal of Australia*, 184, 529-530.

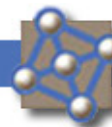
New York State Department of Health. (2009). Community Health Worker Program. downloaded on 05/08/09 from <http://www.health.state.ny.us/nysdoh/perinatal/en/chwp.htm>

National Rural Health Policy Forum (NRHPF). (1999). Healthy Horizons: A Framework for Improving the Health of Rural, Regional and Remote Australians 1999-2003. *A Joint development of the National Rural Health Policy Forum and the National Rural Health Alliance for the Australians Health ministers Conference*. Canberra: National Rural Health Alliance.

Queensland Health (QH). (1999). Indigenous Workforce Management Strategy 1999-2002: Our Jobs, Our Health, Our Future. Brisbane: *Queensland Health*.

Standing Committee on Aboriginal & Torres Strait Islander Health. (2002). Aboriginal & Torres Strait Islander Health Workforce National Strategic Framework. Canberra: *AHMAC*.

World Health Organisation. (2007): Community health workers: What do we know about them? Evidence and Information for Policy. *Department of Human Resources for Health*, Geneva.



APPENDIX 1

Developing Career Pathways for Indigenous Health Workers

Interview Proforma

Current Health Workers / Students

Hello, my name is Catrina Felton-Busch and as outlined in the letter you would have received I am conducting a research project to try and find out in which health careers Aboriginal or Torres Strait Islander health workers and students would like to train.

The interview will take about 20 minutes and with your permission I would like to tape record the interviews. This just helps me keep accurate notes. If you do not wish for the interview to be recorded that is fine, please let me know and I will just take notes.

No names, addresses or any other identifying information is recorded so your answers to questions cannot be traced back to you. You will also have the right to pull out from the study at any time if you want to.

When the study is over the findings will be compiled into a report outlining recommendations for improved recruitment and retention of Indigenous students in the Mount Isa District. Feedback and a summary of these findings will be available on the MICRRH website and may be published at a later date.

Firstly, I would like to ask you about the health services in your community.

1. Can you describe the current health services that are provided in your community?
2. How well do you think these services meet the needs of the community?
3. What other health care services would you like to see in your community?
4. In your opinion what is the most appropriate way to deliver these services?

The next few questions are about you.

5. Can you tell me what are you currently doing?
Prompt: studying, working or current occupation?
6. What are your future career aspirations?
7. Will you need to study to achieve these? If yes, what will you have to do?
8. Are you currently, or have you previously undertaken any study? Yes No
9. If yes, did you experience any difficulties or barriers?
 - If yes, can you describe what these difficulties were?
 - How did you overcome them?
10. Are there any barriers that are affecting your ability to undertake further study or promotion?
11. Can you describe any current support structures and mechanisms provided locally to help you study?
12. How would you improve these current structures?
13. What other things did you find useful to help you study?

Thank you very much for your time!
