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Australia's National Institute for Aboriginal and
Torres Strait Islander Health Research

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Shifting Gears in Career: Identifying Drivers of Career Development for Aboriginal and Torres Strait Islander Workers in the Health Sector

Career development and Aboriginal and Torres Strait Islander workers in health: Do policymakers need a new approach?

Creating sustainable career pathways for Aboriginal and Torres Strait Islander workers in the health sector requires more than the provision of opportunities for skill development. The *Shifting Gears in Career: Identifying Drivers of Career Development for Aboriginal and Torres Strait Islander Workers in the Health Sector* report, released by the Lowitja Institute in December 2014, argues that policymakers need to amend current approaches to health policy development in order to address the career challenges facing a range of Aboriginal and Torres Strait Islander workers across the health sector.

The report presents a conceptual framework comprising five key drivers of change for career

opportunities for Aboriginal and Torres Strait Islander workers in the health sector:

- Policy frameworks
- Workplace process
- Individual characteristics
- Intermediary behaviour
- Professional association interventions.

Aren't individual workers responsible for their own career planning?

In Australia, career planning and management have long been considered as individual responsibilities because, it is argued, individuals ultimately reap the rewards from career progression (Sweet et al. 2010, CICA 2007). In the health sector too, individual

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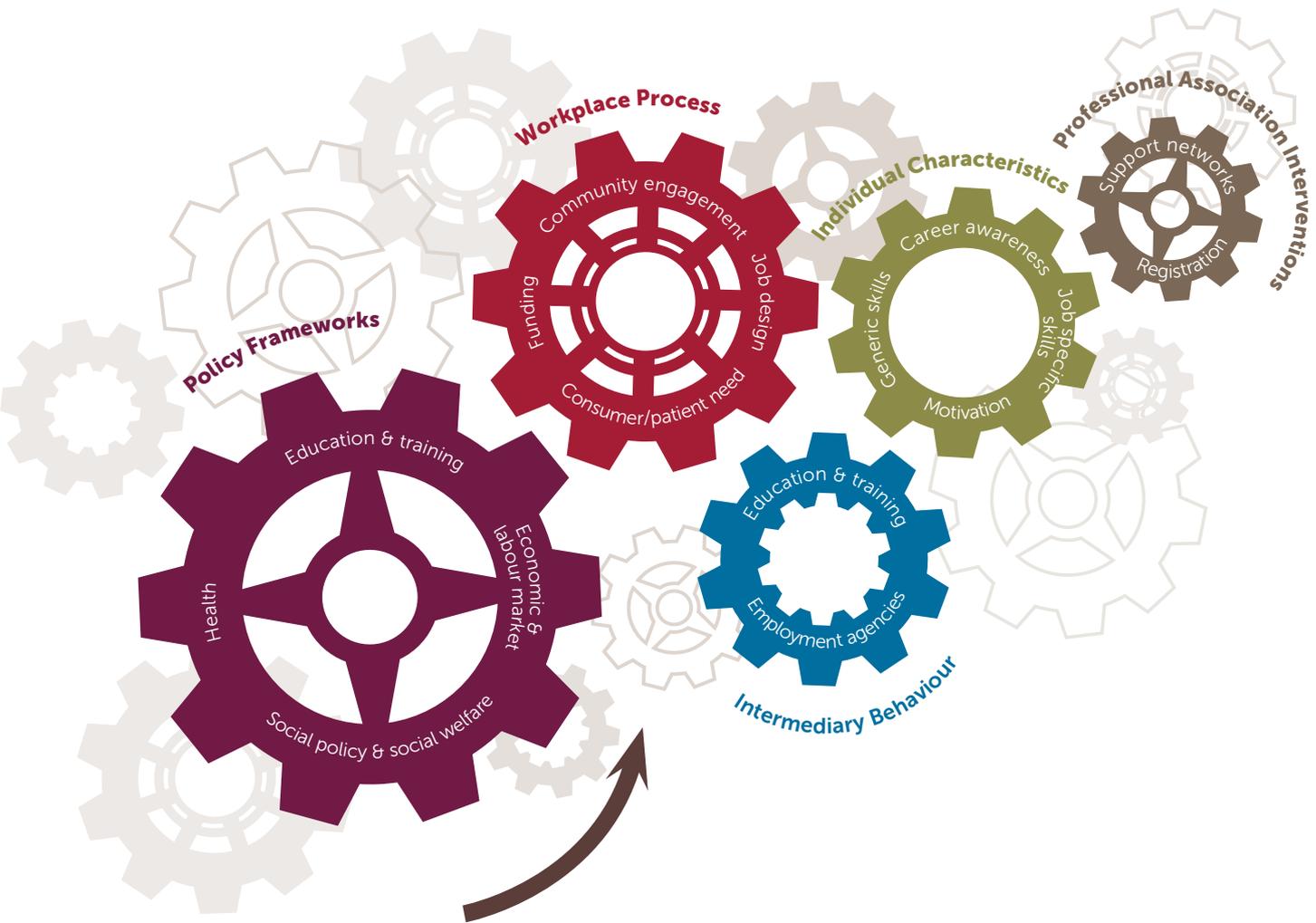


Figure 1: Proposed framework for analysis of career development of Aboriginal and Torres Strait Islander workers in health

workers have historically assumed responsibility for identifying career aspirations, making and managing decisions about training and education participation, assessing and anticipating market and sectoral change, and negotiating and initiating the pursuit of promotional opportunities. Findings from the report, however, highlight that ebb and flow in health policy form an important backdrop for job and career deliberations across the health sector, and related sectors such as community services. Regardless of geographic location, clinical focus or mode of service delivery, policymakers exercise a profound impact on career development, both directly and indirectly. Health policy is fundamental to the emergence of career opportunities for Aboriginal and Torres Strait Islander workers across the health sector for a range of complex and interconnected reasons, such as:

- Health policy creates the parameters within which all workers, but especially Aboriginal and Torres Strait Islander workers, are initially recruited to the health sector, and the terms of employment and quality of working life these workers may ultimately achieve.
- Operational protocols and policies that govern health care organisations impact how all occupations (both identified and non-identified roles) are stratified within promotional hierarchies and configured within health care units and teams.
- Health care policies prescribe the financial accountability requirements of service providers, and this shapes patterns of service delivery and the workloads of staff.
- The term (length) of health funding agreements shape patterns of employment across the health sector. Health policy dictates how funding is apportioned to specific regions, programs and models and this deeply impacts the capacity for career development at the local labour market level.
- The proportion of budget ultimately designated for labour costs and the creation of new jobs at the health care unit level is shaped by health policy at the highest levels.

Who are the key policymakers in shaping career development for Aboriginal and Torres Strait Islander workers in the Australian health sector?

The *Shifting Gears* report implicates a wide range of policymakers as key stakeholders in the career development challenges facing the health sector, with both macro and micro level agencies and actors identified as influential.

Public health agencies, instruments, conventions and agreements at the international level have deeply influenced the philosophical formation and development of health careers for Australia's First People.

The formation of policy responses to Aboriginal and Torres Strait Islander health concerns in Australia has been deeply influenced by the broader philosophical and scientific precepts of public health. Public health-oriented policy measures typically focus on populations as a demographic whole, with the greatest emphasis placed on the refinement of measures that can systematically track aggregate improvements or declines in health outcomes. Health promotion and prevention often play an influential role in these policy approaches. As the World Health Organization describes it, public health policy responses 'aim to provide conditions in which people can be healthy and focus on entire populations, not on individual patients or diseases' (WHO 2014). While health promotion and prevention represent important professional pursuits for the health sector to maintain, a high proportion of Aboriginal and Torres Strait Islander workers in Australia are employed narrowly within these roles. In addition, the long term career development opportunities that might emerge from these jobs (which are often structured around a very specific program focus), are difficult to discern because it is unclear whether transferability can be achieved between these jobs and mainstream health care delivery roles.

Federal and state government departments of health and their associated administrative and management protocols and advice structures deeply impact the scope for career development across the sector.

In Australia, federal and state health policy agreements in both mainstream and Indigenous health care streams shape the nature and direction of skill development across the sector. In the most

recent iteration of these agreements (Closing the Gap), health care programs are characterised by a highly structured set of program initiatives, and a prescriptive set of requirements about the composition of professions and job roles required in order for the health system to meet health performance targets.

Senior level management and administrators (as policymakers within health bureaucracies) also shape career development options and possibilities for staff employed across the health sector. As Lomas (2005: 58) notes 'policy and management also save lives or cause deaths albeit in a less visible and direct fashion than clinical care'.

The policymaking structures and principles of organisations and associations responsible for the regulation of professional disciplines also influence career development opportunities for Aboriginal and Torres Strait Islander workers across the health sector.

Opportunities for career development in health are inherently defined by professional boundaries. In historical terms, career development in health has been deeply linked to strong occupational alignment, and the core skills used to define the practice space. Maintenance of a core skill set (particularly a clinical skill set) has historically represented a foundation for career development because professional practice guidelines shape the scope of an immediate health care role, the relationships and responsibilities in regard to other workers, and the career goals associated with an occupational career path. While research on health jobs for Aboriginal and Torres Strait Islander workers remains an expanding field, research findings to date suggest a high level of variation in delivery context, patient demographic/s and disease/pathology focus across Indigenous health job roles. This can make career paths within the sector, and links between Indigenous health work and mainstream health care, appear less transparent to workers seeking to chart a career course through the sector.

Policymaking at the local workplace and health care provider level has some very direct impacts on career development across the health sector.

Employment and staffing policies at the level of the local health care service directly shape career development opportunities for Aboriginal and Torres Strait Islander workers. Workload (patient load, performance indicators and targets, working hours) and workload management strategies (including everything from staff:patient ratios, rostering and work allocation) have all been identified as features of

workplace practice that directly impact on the quality of the working lives of Aboriginal and Torres Strait Islander workers. For example, high levels of work intensification, long working hours and inflexible rostering arrangements can limit the capacity of workers to seek out and participate in further skill development, and this can have long term impacts on the ability of workers to transfer to other jobs within the health sector, or indeed seek promotion. The *Shifting Gears* report notes that local health employer management practices are often a flow-on effect from administrative decisions and directives at the highest levels of health policy. Resourcing issues, for example, directly impact the ability of the workplace to make provision for career development. There is extensive literature examining the broad impacts of 'cost containment' on the health service generally, but also on specific occupational and professional groups (Yu, Bretherton & Schutz 2012; Germov 2005; Buchanan et al. 2004).

Why having a workforce development plan in place may not be enough to encourage career development opportunities across the health sector

The report highlights that while the incorporation of workforce development plans may be common place within formal health policy and planning regimes, these initiatives are often very skewed towards the resolution of supply-side concerns and challenges. This **supply-focus** has traditionally placed greatest emphasis on lifting the education and training levels of existing employees and/or expanding the opportunities for new groups of workers to undertake formal health care training. While these skill development policy approaches play an important role, and can help to expand opportunities for Aboriginal and Torres Strait Islander workers to access training, they also fail to recognise the need for **demand-side** responses to career development. Human resource management practice, workload

management tools, and recruitment and retention policies all represent notable examples of demand-side concerns. Health employers make key decisions about sourcing, recruiting and managing labour, define the prevalence of jobs in an area, mandate the degree of employment stability associated with these jobs, and shape the composite of skills required within a region. The behaviour of employers, and the workplace cultures they create and foster within their organisations, also shape whether the health sector is perceived as a desirable place of employment in the long term for both existing and future health workers.

Where to next?

The *Shifting Gears* report represents an important first step in identifying the universal and conceptual underpinnings for career formation for Aboriginal and Torres Strait Islander workers across the health sector. A number of important next steps for policymakers can be identified.

Raising awareness of the need for health care providers to make provision for career development in the long term, in a way that purposefully steps beyond access to training, should represent a first order priority for health policy stakeholders.

Health policymakers need to strengthen and expand their understanding of not just the skill composition of job roles held by Aboriginal and Torres Strait Islander workers in health, but also the day to day experience of work, and the employment arrangements that govern working life for these workers.

The conceptual framework provided by the *Shifting Gears* report could be adapted to develop a diagnostic tool for policymakers to survey and assess the existing career development capability across a range of health workplaces.

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