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**Lowitja**  
Institute

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

**POLICY BRIEF: JULY 2019**

## **Working Well:**

### **Tailoring a workforce development model to deliver sustained improvements in community-controlled health care. The story of Gurriny Yealamucka Health Service**

Acute workforce shortages limit the capacity of Indigenous primary healthcare services (PHC) to deliver quality services to meet Australia's healthcare equity gap (Larkins, Sen Gupta, Evans et al 2011). Indigenous PHC services struggle to maintain appropriate staffing levels and mix. Retention and turnover were listed as their top challenges in the national Online Services Reports in 2014–15 (Australian Health Ministers' Advisory Council 2017). The 'Working well' project responded to a call of one Indigenous PHC for workforce development: Yarrabah's Gurriny Yealamucka Health Service (Gurriny). It evaluated the state of Gurriny's workforce development in 2018 and suggested ways forward.

Defining an optimal workforce model for improved healthcare delivery is challenging (Larkins, Panzera, Beaton et al. 2014). The National Aboriginal and Torres Strait Islander Health Workforce Strategic Framework 2016–2023 identified six priority areas for building

a strong and supported health workforce. These are: 1) recruitment and retention of Indigenous health professionals; 2) skills and capacity of the Indigenous workforce; 3) culturally-safe and responsive workplace environments; 4) recruitment of Indigenous students in health; 5) Indigenous students' completion/graduation and employment rates; and 6) information for health workforce planning and policy development (Australian Health Ministers' Advisory Council 2017). Previous projects have shown that workforce factors (stability, leadership and teamwork) along with collaborative quality improvement approaches are key contributors to improving health service quality (Larkins, Panzera, Beaton et al 2014). But health workforce issues are complex, with no one clear best practice approach, or one size fits all option (Larkins, Panzera, Beaton et al 2014; Panzera et al 2016). Defining how these factors and processes can be operationalised within a particular PHC requires a tailored approach.



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HEALTH SERVICE ABORIGINAL CORPORATION



## Who was the study conducted with?

Gurriny assumed community control of PHC services from Queensland Health on 1 July 2014. Since transition, Gurriny grew its employment of local people by more than 75% to improve culturally safe healthcare to Yarrabah's 3,394 clients, and achieved optimal practitioner to client ratios and workforce stability in some areas (McCalman & Jones 2015).



Source: Bentleys (2014). Gurriny Yealamucka Health Service: Organisational capacity review 2014. (Unpublished report).

However, multiple funding sources with separate agendas and accountabilities had created disjointed workforce planning (Larkins, Panzera, Beaton et al 2014). At the start of the Working Well project in 2017, Gurriny management considered that further improvements were required in: Indigenous leadership, capacity, competencies, strengths, wellbeing, roles/professions, coordination, responsibility, control, accountability, liability, performance, retention, progression, underpinning systems and impact. Such issues are common to many Indigenous PHC services.



## What did we do?

The research comprised three steps:

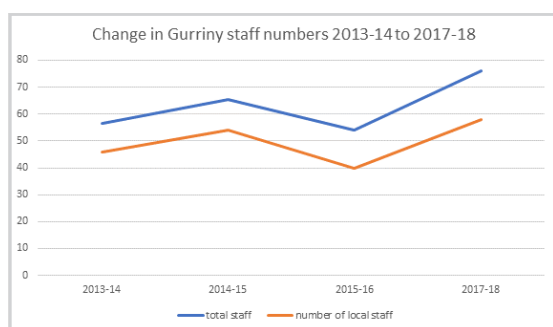
1. A systematic scoping review of the literature to identify Indigenous PHC workforce models in Canada, Australia, New Zealand and the United States (CANZUS nations) and their enabling conditions, strategies and impacts;
2. Retrospective mapping of changes in Gurriny's workforce characteristics against evidence-informed workforce management systems (2014–17);
3. A grounded theory analysis informed by 1 and 2 plus interviews/yarning circles with staff and key stakeholders about what worked well, what did not, and how improvements could be made; developing a workforce model.

## What did we find?

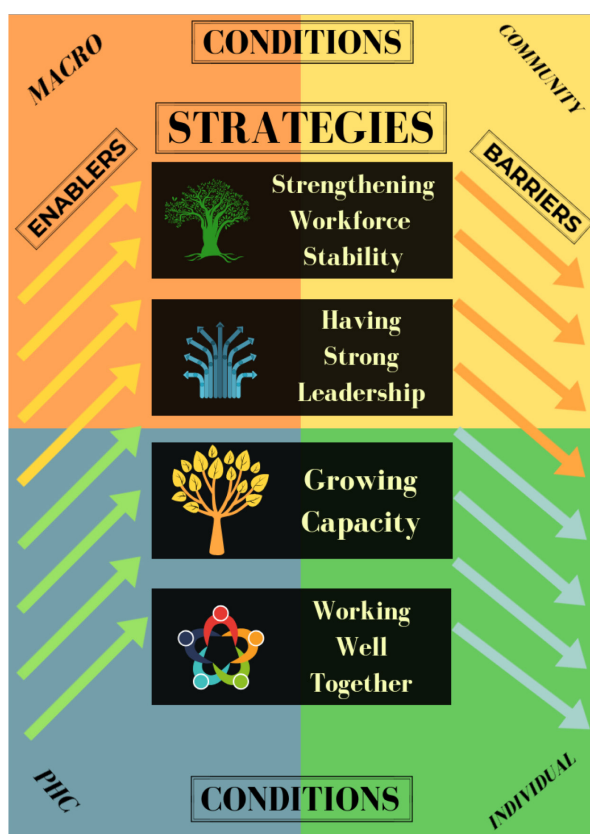
### SYSTEMATIC SCOPING REVIEW

The review found 28 studies that described or evaluated models and systems that support the sustainability, capacity or growth of the Indigenous PHC workforce to provide effective PHC provision. Enabling conditions for workforce development were: government funding and appropriate regulation, support and advocacy by professional organisations; community engagement; PHC leadership, supervision and support; and practitioner Indigeneity, motivation, power equality and wellbeing. Strategies focused on enhancing recruitment and retention; strengthening roles, capacity and teamwork; and improving supervision, mentoring and support. The 12 evaluation studies reported impacts of improved workforce sustainability, workforce capacity, resourcing/growth and healthcare performance improvements. The review concluded that PHCs can strengthen their workforce models by bringing together healthcare providers to consider how these strategies and enabling conditions can be improved to meet local healthcare and health needs. Improvement is also needed in the quality of evidence.

## WORKFORCE MAPPING



The numbers of staff and mix of workforce skills required to maintain service delivery under Gurriny's current model of care has grown considerably since transition of PHC services to community control. Overall, staff numbers increased by 71 per cent from 44.5 FTE in 2013–14 to 76.0 FTE in 2017–18. Gurriny has actively recruited local Yarrabah health professionals and operational staff. The proportion of local people employed has been maintained at high levels, with 58/76 (76%) positions filled by Indigenous people in 2017–18. The composition of the Gurriny workforce has also changed with additional management, drivers, administrative/clerical, cleaning, health worker, medical, nursing, drug and alcohol worker, health promotion and health trainee capacity recruited.



## WHAT DID GURRINY STAFF SAY?

Interviews conducted with 17 Gurriny staff members from various positions in the organisation provided staff members' perspectives on the conditions, strategies, enablers and barriers of Gurriny's workforce development.

The core process for Gurriny's workforce development was identified as **growing a stable, capable and cohesive/collaborative workforce that is responsive to community health needs**.

### FOUR KEY STRATEGIES WERE:

- strengthening workforce stability
- having strong leadership
- growing capacity
- working well together

The key conditions, or contextual factors, included the broad political and economic systems, and health and social inequities experienced by Indigenous people as well as community, PHC service, and individual factors. For example, the transition of PHC services to community control brought challenges such as changes in the workforce culture and a degree of change fatigue, especially among local staff who have been with Gurriny throughout the transition process and beyond. Whilst change has entailed challenges, it also led to significant organisational growth with a large increase in employment, including of local Yarrabah community members, and the provision of a wide array of comprehensive PHC services and programs.

## What were the priority recommendations?

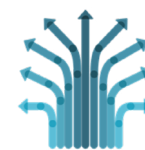
### STRENGTHENING WORKFORCE STABILITY

- Ensure that staff members are paid appropriately and consistently across equivalent roles.
- Fill workforce gaps for nursing and male health worker workforce as priorities.



### HAVING STRONG LEADERSHIP

- Provide greater leadership clarity and direction through manager/coordinator positions for Nurses and Health Workers, and more clearly differentiated lines of leadership responsibilities and role boundaries.



- Provide leadership encouragement and positive feedback in formal and informal ways to make staff members feel more valued.
- Promote a learning culture, creating more space for staff members to bring in new ideas.
- Bring staff along on the journey of organisational growth and improvement by communicating about how “the Big Picture” PHC and Aboriginal Community Controlled Health Organisations (ACCHO) sectors, policy, funding and regulations impact on strategic directions and growth.
- Ensure that staff members feel listened to and heard through inviting their input into change options, raising concerns, and sharing ideas about strategic directions; and following through on staff input and feedback.

### GROWING CAPABILITY

- Strengthen local leadership by providing improved career progression pathways, raising up the next generation of leaders, raising the vision of health worker, and being clear about the role that non-Indigenous professional staff play in local staff capacity development.



- Strengthen support for the development of staff capacity through clear, transparent and fair professional development opportunities, and supporting the maintenance of clinical skills and professional requirements.

### WORKING WELL TOGETHER

- Strengthen communication systems and structures to facilitate communication about managers roles and responsibilities, role expectations and professional development opportunities.
- Support staff cohesion by encouraging and facilitating work outside of role and program boundaries, creating more opportunities for cross-organisational bonding, and facilitating greater understanding about expectations and the impacts of personal circumstances.



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